DEPAR	IMENT OF HEALTH	AND HUMAN SERVICES			F	FORM	APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OM	B NO.	0938-0391
-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION (X	,	SURVEY PLETED
		345143	B. WING _			10/3	80/2014
NAME OF I	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
SILER C	ITY CENTER				0 W DOLPHIN STREET ILER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 278 SS=B	ACCURĂCY/COOF	ESSMENT RDINATION/CERTIFIED ust accurately reflect the	F 21	78			11/18/14
	A registered nurse assessment is com	must sign and certify that the pleted.					
		o completes a portion of the ign and certify the accuracy of ssessment.					
	willfully and knowing false statement in a subject to a civil mo \$1,000 for each ass willfully and knowing to certify a material resident assessment	d Medicaid, an individual who gly certifies a material and a resident assessment is oney penalty of not more than sessment; or an individual who gly causes another individual and false statement in a nt is subject to a civil money than \$5,000 for each					
	Clinical disagreeme material and false s	ent does not constitute a statement.					
LABORATOR	by: Based on record re facility failed to accord Data Set to reflect to Screening and Res 6 of 7 residents (Re and #164) identified	NT is not met as evidenced eview and staff interviews, the urately code the Minimum he Level II Preadmission ident Review determination for esident #4, #9, #10, #12, #18 d as Level II PASRR residents.	JATURF		F278 1. The facilityI s Clinical Reimburse Coordinator and MDS Coordinator reviewed the Minimum Data Sets for Resident #4, #9, #10, #12, #18 and # who are identified as Level II PASRR	#164, 8	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

11/17/2014

PRINTED: 12/02/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

	-	AND HUMAN SERVICES			0		APPROVE 0938-039
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		345143	B. WING _			10/3	30/2014
NAME OF	PROVIDER OR SUPPLIER	•		SI	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
SILER C	ITY CENTER				00 W DOLPHIN STREET ILER CITY, NC 27344		
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F 278	Continued From pa	age 1	F 27	78			
	The findings included:				residents, and coded the Minimum Set to reflect the Level II Preadmis Screening and Resident Review	sion	
	on 06/08/2004 and anxiety, depression	initially admitted to the facility had diagnoses including n, manic depression, psychotic I disorder and schizophrenia.			Determination for each of the 6 Re Residents #12,#18 and #164 comp on 10/30/14; Residents #4 and #10 completed on 10/31/14; and Reside))	
	Set (MDS) dated 10	nt #4's annual Minimum Data 0/03/2014 indicated the onsidered by the state Level II			completed on 11/11/14. The facilityl s Clinical Reimbursem Coordinator, MDS Coordinator, So Workers and Admission staff receiv	cial	
	(PASRR) process to and/or intellectual of	ening and Resident Review o have a serious mental illness disability. The results of this			education on 11/18/14, provided by facility s Director of Nursing Servic the Minimum Data Set process as	ces, on it	
	determination of ne appropriate care se	ew are used for formulating a eed, determination of an etting and a set of for services to help develop an			relates to coding procedure/practic residents identified as Level II PAS 2. The facility s Clinical Reimbur Coordinator and MDS Coordinator	RR.	
	individual's plan of				completed an audit on 10/30/14 of facility residents to ensure that, if the were identified as Level II PASRR		
	residents revealed	that Resident #4 was included ts named on the list.			residents, their individual Minimum Sets are coded correctly. All reside were found to be coded correctly.		
	Social Worker (SW did indeed have a L	on 10/30/2014 at 11:40 AM,) #1 confirmed Resident #4 Level II PASRR status. The ment in the social history that			 The facilityl s Social Workers were noticed all new admissions for Lev PASRR status and report any new admission identified as a Level II P 	el II	
	a person has Level	Il status."			resident to the facilityl s Clinical Reimbursement Coordinator and M Coordinator. Newly identified reside		
	10/30/2014 at 12:3 of Resident #4's an revealed the MDS of	7 PM, regarding the accuracy nual MDS. When it was did not reflect the Level II			that have a Level I PASRR will be reviewed in the facility s Morning Standup Meeting by the Social Wo	rkers.	
	Coordinator said, "I	ion for this resident, the MDS I guess I read the information s a lack of communication."			The facility s Social Workers will a facility residents monthly for three r and then quarterly thereafter for Le PASRR status and report any chan	months evel II	
	On 10/30/2014 at 1	:42 PM, the Director of			the Clinical Reimbursement Coord		

Facility ID: 923120

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 345143 B. WING 10/30/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY CENTER SILER CITY, NC 27344 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 278 Continued From page 2 F 278 Nursing indicated it was her expectation that the and MDS Coordinator. The facilityI s Level II PASRR determination would be coded Clinical reimbursement Coordinator and accurately on each resident's MDS. MDS Coordinator will review the audit results monthly for three months and guarterly thereafter and compare with the 2) Resident #9 was initially admitted to the facility Minimum Data Set for each resident. on 08/26/2014 with diagnoses including anxiety, identified in the audit as a Level II PASRR mood disorder, and depression. resident. 4. The facility s Clinical Reimbursement A review of Resident #9's admission Minimum Coordinator or MDS Coordinator will Data Set (MDS) dated 09/02/2014 indicated the present the results of all audits, reviews resident was not considered by the state Level II and staff education to the facility s Preadmission Screening and Resident Review Performance Improvement Committee for (PASRR) process to have a serious mental illness review and recommendations as and/or intellectual disability. The results of this appropriate for three months and quarterly screening and review are used for formulating a thereafter. determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care. A review of the facility's list of Level II PASRR residents revealed that Resident #9 was included among the residents named on the list. During an interview on 10/30/2014 at 11:40 AM, Social Worker (SW) #1 confirmed Resident #9 did indeed have a Level II PASRR status. The SW said, "we document in the social history that a person has Level II status." The MDS Coordinator was interviewed on 10/30/2014 at 12:37 PM, regarding the accuracy of Resident #9's admission assessment. When it was revealed the MDS did not reflect the Level II PASRR determination for this resident, the MDS Coordinator said, "I guess I read the information wrong, or there was a lack of communication."

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

If continuation sheet Page 3 of 10

PRINTED: 12/02/2014

		AND HUMAN SERVICES				FORM	12/02/2014 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
		345143	B. WING			10/:	30/2014
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
SILER C	ITY CENTER				00 W DOLPHIN STREET SILER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 278	On 10/30/2014 at 1 Nursing indicated it Level II PASRR deta accurately on each 3) Resident #10 wa facility on 03/05/201 including schizophra developmental diso A review of Resider Set (MDS) dated 06 resident was not co Preadmission Scree (PASRR) process to and/or intellectual d screening and revie determination of ne appropriate care se recommendations f individual's plan of of A review of the facil residents revealed f included among the During an interview Worker (SW) #1 co indeed have a Leve said, "we document person has Level II The MDS Coordina 10/30/2014 at 12:37 of Resident #10's a revealed the MDS of PASRR determinati	:42 PM, the Director of was her expectation that the ermination would be coded resident's MDS. as initially admitted to the 13 and had diagnoses enia and a pervasive order. at #10's annual Minimum Data 5/02/2014 indicated the onsidered by the state Level II ening and Resident Review o have a serious mental illness disability. The results of this ew are used for formulating a eed, determination of an etting and a set of for services to help develop an care. lity's list of Level II PASRR that Resident #10 was e residents named on the list. on 10/30/14 11:40 AM, Social onfirmed Resident #10 did el II PASRR status. The SW t in the social history that a	F2	278			

If continuation sheet Page 4 of 10

		AND HUMAN SERVICES				FORM	12/02/2014 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		E CONSTRUCTION	(X3) DATE	E SURVEY IPLETED
		345143	B. WING			10/:	30/2014
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
SILER C	ITY CENTER				00 W DOLPHIN STREET ILER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
TAG F 278	Continued From pa information incorrect On 10/30/2014 at 1 Nursing indicated it Level II PASRR det accurately on each 4) Resident #12 wa facility on 06/02/200 07/01/2008 with dia depression, schizop A review of Resider Set (MDS) dated 07 resident was not co Preadmission Scree (PASRR) process to and/or intellectual d screening and revie determination of ne appropriate care se recommendations f individual's plan of of A review of the facil residents revealed to included among the During an interview Social Worker (SW did indeed have a L SW said, "we docur	age 4 ctly. :42 PM, the Director of a was her expectation that the termination would be coded resident's MDS. as initially admitted to the 00 and re-admitted on agnoses including dementia, phrenia, and anxiety disorder. In #12's annual Minimum Data 7/01/2014 indicated the onsidered by the state Level II ening and Resident Review o have a serious mental illness disability. The results of this ew are used for formulating a eed, determination of an etting and a set of for services to help develop an care. lity's list of Level II PASRR that Resident #12 was e residents named on the list. on 10/30/2014 11:40 AM, f) #1 confirmed Resident #12 Level II PASRR status. The ment in the social history that	p	278		RIATE	DATE
	10/30/14 at 12:37 F Resident #12's ann	ator was interviewed on PM, regarding the accuracy of Jual MDS. When it was did not reflect the Level II					

If continuation sheet Page 5 of 10

		AND HUMAN SERVICES			FORM	12/02/2014 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DAT	E SURVEY IPLETED
		345143	B. WING		10/	30/2014
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-	
SILER C	ITY CENTER			000 W DOLPHIN STREET SILER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 278	PASRR determinati Coordinator said, "I wrong, or there was On 10/30/2014 at 1 Nursing indicated it Level II PASRR det accurately on each 5) Resident #18 wa facility on 01/11/200 depression, and an disability. A review of Resider Set (MDS) dated 10 resident was not co Preadmission Scree (PASRR) process to and/or intellectual of screening and revie determination of ne appropriate care se recommendations f individual's plan of A review of the facil residents revealed included among the During an interview Social Worker (SW did indeed have a L SW said, "we docu a person has Level The MDS Coordina	ion for this resident, the MDS guess I read the information is a lack of communication." :42 PM, the Director of twas her expectation that the termination would be coded resident's MDS. It is initially admitted to the D5 with diagnoses including unspecified intellectual in #18's annual Minimum Data D/01/2014 indicated the onsidered by the state Level II ening and Resident Review o have a serious mental illness disability. The results of this eved, determination of an etting and a set of for services to help develop an care. Ity's list of Level II PASRR that Resident #18 was e residents named on the list. on 10/30/2014 at 11:40 AM, f) #1 confirmed Resident #18 Level II PASRR status. The ment in the social history that	F 278			

If continuation sheet Page 6 of 10

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	12/02/2014 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		345143	B. WING			10/:	30/2014
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
SILER C	ITY CENTER			-	000 W DOLPHIN STREET SILER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 278	Resident #18's ann revealed the MDS of PASRR determination Coordinator indicated information incorrect communication. On 10/30/2014 at 1 Nursing indicated it Level II PASRR det accurately on each 6) Resident #164 w facility on 10/03/207 manic depression. A review of Resider Data Set (MDS) dat resident was not co Preadmission Screet (PASRR) process to and/or intellectual d screening and reviet determination of ne appropriate care se recommendations f individual's plan of of A review of the facil residents revealed to included among the During an interview Social Worker (SW did indeed have a L	ual MDS. When it was did not reflect the Level II on for this resident, the MDS ed she must have read the ctly, or there was a lack of :42 PM, the Director of was her expectation that the ermination would be coded resident's MDS. as initially admitted to the 14 with diagnoses including ht #164's admission Minimum ted 10/09/2014 indicated the insidered by the state Level II ening and Resident Review o have a serious mental illness lisability. The results of this ew are used for formulating a ed, determination of an itting and a set of for services to help develop an care. ity's list of Level II PASRR that Resident #164 was e residents named on the list. on 10/30/2014 at 11:40 AM,) #1 confirmed Resident #164 .evel II PASRR status. The ment in the social history that	F2	278			

If continuation sheet Page 7 of 10

		AND HUMAN SERVICES & MEDICAID SERVICES			I	FORM	12/02/2014 APPROVED 0938-0391
STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
		345143 B. WING		10/:	30/2014		
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
SILER CI	TY CENTER				00 W DOLPHIN STREET ILER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 278 F 323 SS=E	The MDS Coordina 10/30/2014 at 12:37 of Resident #164's When it was reveal Level II PASRR det the MDS Coordinat information wrong." On 10/30/2014 at 1 Nursing indicated it Level II PASRR det accurately on each 483.25(h) FREE OF HAZARDS/SUPER The facility must en environment remain as is possible; and	A PM, regarding the accuracy admission assessment. ed the MDS did not reflect the ermination for this resident, or said, "I guess I read the A PM, the Director of was her expectation that the ermination would be coded resident's MDS. F ACCIDENT		323			11/25/14
	by: Based on observat facility failed to iden conditions of pipe a access portals on 4 resided. The findings include During the initial tou one or two pipe acc each of the 5 hallwa One of the two drain covered with duct ta	NT is not met as evidenced ions and staff interviews, the tify potentially hazardous ccess portals for 6 of 8 of 5 hallways where residents ed: ir on 10/27/2014 at 9:35 PM, ess portals were noted on ays where residents resided. In portals on the 200 hall was ape but was still indented inch when compared to the			 F323 The pipe access portals for 6 of access portals on 4 of 5 hallways we repaired by a plumbing contractor. The pipe access portals are now at the safevel as the surrounding hallway floor Completed 11/25/14. The pipe access portals on all 5 hallways were checked by the facility Maintenance Director to ensure that were all at the same level as the surrounding flooring and did not pose 	ere The ame oring. yl s they	

Facility ID: 923120

If continuation sheet Page 8 of 10

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ECONSTRUCTION		E SURVEY PLETED
	of correction	IDENTIFICATION NOMBER.	A. BUILDII	NG _		COM	FLETED
		345143	B. WING			10/3	30/2014
NAME OF	PROVIDER OR SUPPLIER				IREET ADDRESS, CITY, STATE, ZIP CODE		
SILER C	ITY CENTER				00 W DOLPHIN STREET ILER CITY, NC 27344		
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F 323	surrounding floor til pipe portals, one of inches in diameter The tiles around so have worn or chipp middle of the hallwa deeper than the ori During an interview the Director of Main was an older buildin not all used regular stated that a couple covers to make the tiles but most of the anymore or did not A tour was conduct Maintenance on 10 measure the drain hallway. 200 Hall - On 10/29 access in the hallw 203 and 204 was c Director of Mainten and measured the inches in diameter. away to the point th measured 4.5 inche than the surroundir access between re no cover, was not of approximately 3½ i 300 Hall - On 10/29 access in the hallw	es. On 300 hall there were two which was approximately 7 and covered with duct tape. me of the drains appeared to ed away creating areas in the ays that were larger and ginal drain portal. on 10/27/2014 at 9:58 PM, ntenance indicated the facility ng and the drain portals were ly but access was required. He e of the drain portals had m level with the surrounding em did not have covers come with covers. ed with the Director of /29/2014 to review and access portals on each 0/14 at 10:20 AM, the drain ay between resident rooms overed with duct tape. The ance removed the duct tape drain access itself to be 3 Surrounding tile had broken nat the current diameter es and was 1/4 inch deeper ng floor tiles. A second drain sident rooms 207 and 208 had covered with duct tape and was		23	hazard for residents, as well as employees and visitors. Completed 11/25/14 All pipe access portals, located in th facility! s flooring, were checked by facility! s Maintenance Director to e that they were all at the same level surrounding flooring and did not por hazard for residents, as well as employees and visitors. Completed 11/25/14 3. Facility floor level pipe access p have been added to the facility! s F Rounds Checklist. All floor level pip access portals will be checked wee during the formal facility rounds conducted by the Administrator, Maintenance Director and Houseke Supervisor to ensure that all access portals are at the same level as the surrounding flooring and do not pos hazard for residents, as well as employees and visitors. All noted is will be addressed promptly. Complet 11/14/14 and ongoing 4. The results of the facility! s We Rounds Checklist will be reported to facility! s monthly Performance Improvement Committee for review recommendations will be made as appropriate. Completed 11/18/14 ar ongoing.	performance protections as the as the as the se a portals facility e kly e se a sues ated sekly porthe and	

		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	12/02/2014 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE	E SURVEY PLETED
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SILER C	ITY CENTER			-	000 W DOLPHIN STREET SILER CITY, NC 27344		
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F 323	not have a cover ar tape. 500 Hall - On 10/29 access in the hallwa 508 and 510, did ha approximately 3½ ii surrounding tile had Maintenance meas as 1/4 inch deeper tiles. The Director of that he was not awa had been attributed middle of the reside 400 Hall - On 10/29 access in the hallwa 413 and 414, did no approximately 3½ ii surrounding tile had Maintenance meas to be 1/4 inch deep tiles. During an interview Administrator stated as good repair as it	And was not covered with duct 2/14 at 10:31 AM, the drain ay between resident rooms ave a cover and was nches in diameter because the d broken away. The Director of sured this drain access portal than the surrounding floor of Maintenance also indicated are of any resident falls that d to the drain portals in the	F	323			

Facility ID: 923120

If continuation sheet Page 10 of 10