

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2015
NAME OF PROVIDER OR SUPPLIER OAK GROVE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 518 OLD US HIGHWAY 221 RUTHERFORDTON, NC 28139	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident interview, and staff interviews, the facility failed to maintain secure side rails for 2 of 3 residents reviewed for accidents (Residents #98 and #35).</p> <p>The findings included:</p> <p>1. Resident #98 was admitted to the facility on 06/26/15. Her diagnoses included epilepsy, unspecified intellectual disability and nonrheumatic mitral valve disorder.</p> <p>The admission Minimum Data Set dated 07/03/15 coded her with long and short term memory impairment, severely impaired decision making skills and requiring extensive assistance with all activities of daily living skills.</p> <p>On 11/01/15 at 11:19 AM, Resident #98 was observed sitting on her bed playing with blocks. The two half top siderails on her bed were in the upright position. The one on the right side of the bed (closest to the door) was loose moving several inches towards and away from the mattress and at least 6 inches back and forth parallel to the head/foot ends of the bed. The</p>	F 323	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations. F323</p> <p>1. Resident #98 was not injured related to the alleged deficient practice. ζ The Maintenance Director replaced bed and siderails on 11/04/15.</p> <p>Resident #35 was not injured related to the alleged deficient practice. ζ The Maintenance Director replaced the bed and siderails on 11/04/15.</p> <p>2. Residents with siderails have the potential to be affected by the alleged deficient practice.</p> <p>On 11/04/15, the Maintenance Director inspected all beds with siderails and tightened or replaced beds and/or</p>	12/2/15

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

TITLE

(X6) DATE

Electronically Signed

11/27/2015

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.

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F 323	<p>Continued From page 1</p> <p>siderail on the left side of the bed was tighter.</p> <p>The siderails were regularly moved as the right siderail was lowered on 11/02/15 at 2:10 PM when Resident #98 was not in bed. Both rails were up when she was observed in bed on 11/02/15 at 3:42 PM.</p> <p>During an interview with nurse aide (NA) #1 on 11/02/15 at 3:56 PM, staff stated that Resident #98 did grab onto the siderails to assist in turning herself in bed.</p> <p>On 11/03/15 at 8:27 AM, both siderails were down on the bed as Resident #98 was in the dining room. At 10:18 AM on 11/03/15, NA #2 and NA #3 assisted Resident #98 to bed. As NA #2 reached over Resident #98 to position the call light in reach and turn off the light over the bed, the right siderail was observed to move several inches as NA #2 leaned against it. When they left the room, both siderails were upright on the bed.</p> <p>Interview with NA #4 was interviewed on 11/03/15 at 2:50 PM and she reported that when you ask Resident #98 to turn, she grabbed onto the siderail to assist in turning.</p> <p>On 11/04/15 at 11:00 AM, an interview with the Maintenance Director revealed he inspected every siderail in the facility once a month, most recently last week. He also stated there was a clip board at the nursing station for staff to document needed repairs which he checked several times a day. On 11/04/15 at 11:03 AM, the siderails for Resident #98 were observed with the Maintenance Director. He stated the siderail needed to be tightened and may need to be replaced. He also stated the siderails get bent</p>	F 323	<p>siderails as necessary.</p> <p>3. The Maintenance Director in-serviced the Interdisciplinary Team, Licensed Nurses, Certified Nursing Assistants, and Housekeeping staff by 11/27/2015, regarding inspecting and tightening loose siderails and reporting broken siderails to the Maintenance Director. Newly hired employees listed above will be educated upon hire. Broken siderails will be removed and replaced by the Maintenance Director upon finding to ensure resident safety.</p> <p>4. The Maintenance Director will perform Quality Improvement monitoring of 10 resident beds with siderails 5 times a week for 1 month, 3 times a week for 2 months, 1 time a week for 1 month, and then 1 time a month for 8 months and/or until substantial compliance is obtained.</p> <p>The results of these audits will be reported by the Maintenance Director to the Quality Assurance Performance Improvement Committee for 12 months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Nursing, Medical Director, Social Services, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.</p>		

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F 323	<p>Continued From page 2</p> <p>from residents pulling on them and then they can't clamp as tight.</p> <p>NA #3 stated on 11/04/15 at 11:22 AM that Resident #98 did use the siderails and she had not noticed the loose siderail, but if she did, she would tighten it as much as possible herself and report it to maintenance.</p> <p>Interview with central supply staff on 11/04/15 at 11:45 AM revealed she checked Resident #98's siderail this am during morning rounds and it was tight. At this time Central supply staff, the Administrator and surveyor all went to observe the siderail together. The rails was a little loose but in moving the siderail, it loosened up quickly. NA #2 entered the room as the siderail was being examined and stated that Resident #98 frequently shook the siderails in order to get staff's attention causing the siderail to loosen up throughout the day.</p> <p>2. Resident #35 was readmitted on 08/05/15 following a hospitalization with diagnoses including spinal stenosis. Review of a care plan for activities of daily living (ADL) dated 08/05/15 revealed Resident #35 had an ADL deficit due to limited mobility and impaired balance and was not able to move in bed or transfer independently. Interventions for bed mobility included the use of a 1/2 side rail to assist with positioning and bed mobility. Review of the admission Minimum Data Set (MDS) dated 08/11/15 revealed Resident #35 was cognitively intact and required extensive assistance with bed mobility and transfers. Review of the Care Area Assessment (CAA) Summary for ADL Functional/Rehabilitation Potential dated 08/18/15 revealed Resident #35</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>was admitted for skilled services following a hospitalization and required assistance with transfers.</p> <p>Observations of Resident #35's bilateral ½ bed side rails revealed the following:</p> <ul style="list-style-type: none"> - On 11/01/15 at 2:53 PM Resident #35 was out of bed and sitting in her wheelchair. The right side rail was loose and when grasped could be moved up and down and side to side approximately 2 inches. - On 11/02/15 at 11:39 AM Resident #35 was out of bed and sitting in her wheelchair. The right side rail was loose and when grasped could be moved up and down and side to side approximately 2 inches. - On 11/03/15 at 12:32 PM Resident #35 was out of bed and sitting in her wheelchair. The right side rail was loose and when grasped could be moved up and down and side to side approximately 2 inches. - On 11/03/15 at 4:20 PM Resident #35 was resting in bed. The right side rail was loose and when grasped could be moved up and down and side to side approximately 2 inches. <p>An interview with Nurse #1 on 11/02/15 at 9:50 AM revealed Resident #35 used the bilateral side rails for positioning in bed.</p> <p>During an interview on 11/03/15 at 12:32 PM Resident #35 stated she used the right side rail when transferring in and out of bed and had noticed the rail was loose today.</p> <p>An interview with Nurse Aide (NA) #1 on 11/03/15 at 4:32 PM revealed Resident #35 used the right side rail to pull herself up from her wheelchair when she was assisted back to bed.</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>An interview was conducted with the Maintenance Director on 11/04/2015 at 11:00 AM during an observation of Resident #35's right side rail. The Administrator was also present during the observation. The right side rail was loose and when grasped could be moved up and down and side to side approximately 2 inches. The Maintenance Director could not explain how Resident #35's right side rail had become loose but stated he would tighten it back up immediately. The Maintenance Director stated he inspected every side rail in the facility once a month and had completed an inspection one day last week. The interview further revealed there was a clip board at the nurse's station for staff to document needed repairs which he checked several times a day.</p> <p>During an interview on 11/04/15 at 11:08 AM the Administrator stated the department managers completed room rounds Monday through Friday which included checking bed side rails to make sure they were secure due to the citation from the previous recertification survey. The interview further revealed the Activity Director completed the room round in Resident #35's room on 11/04/15.</p> <p>An interview with NA #5 on 11/04/15 at 11:26 AM revealed if he noticed a loose side rail he would tighten it up or contact the Maintenance Director if he needed assistance.</p> <p>On 11/04/15 at 11:47 AM the Administrator returned to Resident #35's room and moved the right side rail and noted it loosened back up even though the Maintenance Director had tightened the side rail a short time ago. Resident #35 returned to her room during this observation and</p>	F 323			

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F 323	Continued From page 5 was informed her side rails were being inspected to be sure they were secure. Resident #35 stated she used the right side rail to transfer in and out of bed and did not want to fall. During an interview on 11/04/15 at 11:50 AM the Activity Director confirmed she had checked Resident #35's side rails during room rounds this morning and the side rails were not loose. A follow up interview was conducted with the Administrator on 11/04/15 at 12:18 PM. The Administrator stated staff had not reported problems with or a pattern of loose side rails during daily room rounds. Review of a document provided to the Administrator by the Maintenance Director revealed he had inspected all the side rails on 10/30/15.	F 323			
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to administer the correct dose of a blood pressure medication per physician's order for 1 of 4 residents reviewed for medication administration (Resident #66). The findings included: Resident #66 was admitted to the facility on 06/19/13 with current diagnoses of hypertension and cerebral vascular accident. The quarterly Minimum Data Set (MDS) dated 08/19/15 revealed Resident #66 was cognitively intact.	F 333	F333 1. Resident #66 suffered no injury related to the alleged deficient practice. On 11/03/15, the Director of Clinical Services removed the discontinued medication from the cart and completed a medication error report with notification to responsible party and physician. On 11/05/15, the Medical Director assessed the resident and no new orders were received. ¿	12/2/15	

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F 333	<p>Continued From page 6</p> <p>Review of the physician order dated 09/04/15 revealed Norvasc, a blood pressure medication, 10mg once a day was discontinued and a new order was written for Norvasc 5mg once day for Resident #66.</p> <p>Review of the Nurse Practitioner (NP) progress note dated 09/04/15 revealed she assessed Resident #66 for hypotension, low blood pressure, due to staff having to hold blood pressure medication the past 2 days due to low blood pressures. The note further revealed Norvasc 10mg once a day would be decreased to Norvasc 5mg once a day due to low blood pressures.</p> <p>Review of the November 2015 Medication Administration Record (MAR) for Resident #66 indicated Norvasc 5mg was to be given once a day.</p> <p>Observations made during medication pass on 11/01/15 at 9:05 AM revealed Nurse #1 administered Norvasc 10mg to Resident #66.</p> <p>During an interview conducted on 11/01/15 at 10:15 AM Nurse #1 stated Resident #66 should have received Norvasc 5mg per the physician order. She stated she did not check the dosage before administering the Norvasc and acknowledged she had administered Norvasc 10mg to Resident #66. Nurse #1 stated whoever received the new order and called it into the pharmacy should have transcribed the new order to the MAR and pulled all of the Norvasc 10mg punch cards from the medication cart to be sent back to the pharmacy. She further stated 21 out of 25 doses of Norvasc 10mg had been given</p>	F 333	<p>2. Current residents receiving medications have the potential to be affected by the alleged deficient practice.</p> <p>On 11/03/15, the Director of Clinical Services reviewed current month Medication Administration Records (MARs) for current residents to validate that medication orders listed on the MARs correspond with the medications available in each nursing cart. No additional discrepancies were identified.</p> <p>∩</p> <p>3. The Director of Clinical Services and/or Nursing Supervisor in-serviced Licensed Nurses by 11/06/2015 regarding the policy and procedure for accurate medication transcription and administration per Physician orders, including the removal of discontinued medicines from nursing carts. Newly hired Licensed Nurses will be educated upon hire.</p> <p>The Licensed Nurse receiving medication orders will be responsible for accurate transcription onto the appropriate resident MAR and removal of any discontinued medications immediately from the cart, if applicable. New medication orders will be sent to the Pharmacy to be filled and placed onto the appropriate medication cart by the Licensed Nurse for administration as ordered.</p> <p>∩</p> <p>4. ∩ The Director of Nursing and/or Nursing Supervisor will perform Quality Improvement monitoring of current MARs for 10 residents to validate that resident medications are being administered as</p>		

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F 333	<p>Continued From page 7</p> <p>from the Norvasc 10mg card to Resident #66.</p> <p>An interview was conducted on 11/03/15 at 9:08 AM with the Unit Manager. The Unit Manager stated she had received the order to discontinue Norvasc 10mg once a day and the new order for Norvasc 5mg once a day for Resident #66. She confirmed she sent the new order to the pharmacy and wrote the new order on the MAR. The Unit Manager stated she did not pull the Norvasc 10mg punch cards for Resident #66 out of the medication cart because she did not have keys to the cart. She stated it was the nurse's responsibility that administered medications to make sure they were giving the correct medication and dosage and they should have pulled the cards out and sent them back to the pharmacy.</p> <p>During an interview conducted on 11/03/15 at 9:20 AM the Director of Nursing stated it was her expectation for the nurse that received the new order to send it to the pharmacy, update the MAR and pull the old medications from the medication cart to be sent back to the pharmacy. She stated the nurses should check the medication against the physician's order before administering the medication to be sure they were administering the correct medication and dosage.</p> <p>During an interview conducted on 11/03/15 at 3:31 PM the Nurse Practitioner stated it was her expectation for nurses to follow physician orders. She stated no harm had come to Resident #66 due to 21 doses of Norvasc 10mg being given to Resident #66 after she had changed the order to Norvasc 5mg but there was the potential for harm due to her low blood pressure readings.</p>	F 333	<p>ordered by the Physician. Monitoring will be completed 5 times a week for 1 month, 3 times a week for 2 months, 1 time a week for 1 month, and then 1 time a month for 8 months and/or until substantial compliance is obtained. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee for 12 months and/or until substantial compliance is obtained by the Director of Clinical Services. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Nursing, Medical Director, Social Services, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.</p>		

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F 520 F 520 SS=D	Continued From page 8 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews the facility failed to maintain implemented monitoring the Quality Assurance (QA) Program had put into place after the 01/23/15 recertification survey. This was for two recited deficiencies which were originally cited in January of 2015 and subsequently recited in November of 2015 on the current recertification	F 520 F 520	F 520 1. Resident #98 was not injured related to the alleged deficient practice. ζ The Maintenance Director replaced bed and siderails on 11/04/15. Resident #35 was not injured related to the alleged deficient practice. ζ The	12/2/15	

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F 520	<p>Continued From page 9</p> <p>survey. The repeated deficiencies were in the area of accidents and supervision and significant medication errors. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective QA Program.</p> <p>The findings included:</p> <p>This tag is cross referred to:</p> <p>1. F 323: Accidents and Supervision. Based on observations, record review, resident interview, and staff interviews, the facility failed to maintain secure side rails for 2 of 3 residents reviewed accidents (Residents #35 and #98). F 323 was originally cited during the January 2015 recertification survey for failure to maintain secure side rails.</p> <p>During an interview on 11/04/15 at 11:08 AM the Administrator stated the department managers completed room rounds Monday through Friday which included checking bed side rails to make sure they were secure due to the citation from the previous recertification survey. In addition, the Maintenance Director inspected every side rail in the facility once a month. This information was reviewed during monthly QA meetings.</p> <p>A follow up interview was conducted with the Administrator on 11/04/15 at 12:18 PM. The Administrator stated staff had not reported problems or a pattern of loose side rails during daily room rounds.</p> <p>2. F 333: Significant Medication Errors. Based on observations, record review and staff interviews the facility failed to administer the correct dose of</p>	F 520	<p>Maintenance Director replaced bed and siderails on 11/04/15.</p> <p>Resident #66 suffered no injury related to the alleged deficient practice. On 11/03/15, the Director of Clinical Services removed the discontinued medication from the cart and completed a medication error report with notification to responsible party and physician. On 11/05/15, the Medical Director assessed the resident and no new orders were received.</p> <p>ι</p> <p>2. Residents with siderails have the potential to be affected by the alleged deficient practice.</p> <p>On 11/04/15, the Maintenance Director inspected all beds with siderails and tightened or replaced beds and/or siderails as necessary. Current residents receiving medications have the potential to be affected by the alleged deficient practice.</p> <p>On 11/03/15, the Director of Clinical Services reviewed current month Medication Administration Records (MARs) for current residents to validate that medication orders listed on the MARs correspond with the medications available in each nursing cart. No additional discrepancies were identified.</p> <p>ι</p> <p>3. The Maintenance Director in-serviced the Interdisciplinary Team, Licensed Nurses, Certified Nursing Assistants, and Housekeeping staff by 11/27/2015,ι regarding inspecting and tightening loose</p>		

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F 520	<p>Continued From page 10</p> <p>a blood pressure medication per physician order for 1 of 4 residents reviewed for medication administration (Resident #66). F 333 was originally cited during the January 2015 recertification survey for failure to administer the correct dose of insulin to a resident for several days.</p> <p>During an interview on 11/04/15 at 12:42 PM the Administrator stated the plan of correction for the F 333 cited during January 2015 recertification survey focused on monitoring of insulin orders. The Administrator further stated the facility would need to monitor all medication orders to ensure compliance with F 333.</p>	F 520	<p>siderails and broken siderails to the Maintenance Director. Newly hired employees as listed above will be educated upon hire. Broken siderails will be removed and replaced by the Maintenance Director upon finding to ensure residents safety.</p> <p>The Director of Clinical Services and/or Nursing Supervisor in-serviced Licensed Nurses by 11/06/2015 regarding the policy and procedure for accurate medication transcription and administration per Physician orders, including the removal of discontinued medicines from nursing carts. Newly hired Licensed Nurses will be educated upon hire.</p> <p>The Licensed Nurse receiving medication orders will be responsible for accurate transcription onto the appropriate resident MAR and removal of any discontinued medications immediately from the cart, if applicable. New medication orders will be sent to the Pharmacy to be filled and placed onto the appropriate medication cart by the Licensed Nurse for administration as ordered.</p> <p>4. The Interdisciplinary Team inclusive of the Executive Director, Director of Clinical Services, Minimum Data Assessment Nurse, Dietary Director, Maintenance Director, Activities Director, Social Services Director has been reeducated on the Federal Regulation F520 QAA Committee and facility's Policy and Procedure for Quality Assurance and Performance Improvement (QAPI) by the Regional Director of Clinical Services</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2015
NAME OF PROVIDER OR SUPPLIER OAK GROVE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 518 OLD US HIGHWAY 221 RUTHERFORDTON, NC 28139		
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F 520	Continued From page 11	F 520	<p>(RDCS) on 11/30/15.The RDCS will attend QAPI meetings monthly for 3 months then, quarterly for 9 months. Newly hired Interdisciplinary Team Members will be educated upon hire.</p> <p>¿ The Maintenance Director will perform Quality Improvement monitoring of 10 resident beds with siderails 5 times a week for 1 month, 3 times a week for 2 months, 1 time a week for 1month and then, 1 time a month for 8 months and/or until substantial compliance is obtained.¿ The results of these audits will be reported by the Maintenance Director to the Quality Assurance Performance Improvement Committee for 12 months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Nursing, Medical Director, Social Services, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.</p> <p>The Director of Nursing and/or Nursing Supervisor will perform Quality Improvement monitoring of current MARs for 10 residents to validate that resident medications are being administered as ordered by the Physician. Monitoring will be completed 5 times a week for 1 month, 3 times a week for 2 months, 1 time a week for 1 month and then 1 time a month for 8 months and/or until substantial compliance is obtained. The results of these audits will be</p>		

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F 520	Continued From page 12	F 520	reported to the Quality Assurance Performance Improvement Committee for 12 months and/or until substantial compliance is obtained by the Director of Clinical Services. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Nursing, Medical Director, Social Services, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.		