	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		HAL093005	B. WING		01/	11/2017
AME OF P	ROVIDER OR SUPPLIER	L	.DDRESS, CITY, ST			11/2017
		930 HW	Y 158 BUS E			
IAGNOL	IA GARDENS OF WA	RRENTON	NTON, NC 275	89		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	The Adult Care Lice annual survey on J	ensure Section conducted an uly 10-11, 2016.				
D 049	10A NCAC 13F .03	05 (d) Physical Environment	D 049			
	10A NCAC 13F .03	05Physical Environment				
	<ol> <li>The number of exceed the licensed</li> <li>There shall be and size to meet th to age and sex of th and other persons</li> </ol>	nts for the bedroom are: resident beds set up shall not d capacity of the facility; bedrooms sufficient in numbe e individual needs according ne residents, any live-in staff iving in the home. Residents rooms with staff or other s;				
	<ul><li>used for residents'</li><li>(4) Bedrooms shal and off a corridor.</li><li>through a bathroom</li></ul>	l be located on an outside wa A room where access is n, kitchen, or another bedroom	1			
	(5) There shall be square feet excludi wardrobe space in	ed for a resident's bedroom; a minimum area of 100 ng vestibule, closet or rooms occupied by one num area of 80 square feet pe	r			
	bed, excluding vest space, in rooms oc (6) The total numb bedroom shall not e	ibule, closet or wardrobe cupied by two people; er of residents assigned to a exceed the number authorized				
	than two residents.	edroom; y not be occupied by more oms shall be designed to				
	accommodate all re (9) Each resident b					
	operable and well li	ghted. The window area shal least eight percent of the floor				

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		HAL093005	B. WING		01/	11/2017
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE, ZIP CODE		11/2017
		930 HW	Y 158 BUS E			
MAGNUL	IA GARDENS OF WA	WARRE	NTON, NC 275	i89		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 049	Continued From pa	age 1	D 049			
	window opening ma opening to inhibit re The windows shall outdoors from the b 36 inch sill height; a (10)Bedroom close enough to provide o of 48 cubic feet of o (approximately two by eight feet high) o be for hanging cloth hanging bar. This Rule is not ma Based on observat failed to ensure that	ided with insect screens. The ay be restricted to a six-inch esident elopement or suicide. be low enough to see bed and chair, with a maximum and ets or wardrobes shall be large each resident with a minimum clothing storage space feet deep by three feet wide of which at least one-half shal hes with an adjustable height et as evidenced by: ion and interviews, the facility at 2 of 8 rooms on the special pws that could not be opened	e 1			
	5 on the special ca 8:05am and 8:10ar	upied Resident Rooms 3 and re unit on 1/10/17 between n revealed that there were two each room that were sealed				
	-They would like to during the warmer -They did not tell st open.	aff that the windows would no n able to open the windows				
	1/10/17 at 10:00am	Maintenance Director on n revealed: le windows as soon as				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL093005	B. WING		01/	11/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
MAGNO	LIA GARDENS OF WA	ARRENTON	WY 158 BUS E ENTON, NC 275	89		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 049	Continued From pa	age 2	D 049			
	and Room 5 could -He would ensure t and Room 5 could 6-inches since thos care unit. -He would check a	hat the windows in Room 3 not be opened. hat the windows in Room 3 be opened a maximum of se rooms were on the specia Il windows throughout the at they were able to be	ı			
	10:20am revealed: -She was unaware needed to open for -She would person special care unit ro immediately to ens windows for ventila -Any windows whic	there was a rule that window ventilation. ally check all windows in all oms and assisted living roor ure residents could open the	ns sir			
D 074	10A NCAC 13F .03 Furnishings	306(a)(1) Housekeeping And	D 074			
	Furnishings (a) Adult care hom (1) have walls, cei	806 Housekeeping And nes shall: lings, and floors or floor an and in good repair;				
	Based on observat failed to assure the ceiling air vents in t bathrooms, two con	et as evidenced by: ions and interviews, the facil walls, floors, baseboards ar the residents' bedrooms and mmunity bathrooms, and two c clean and in good repair.	nd			

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		HAL093005 B. WING			01/11/2	
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
MAGNOI	LIA GARDENS OF WA	ARRENTON	NY 158 BUS E ENTON, NC 275	589		
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	ION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC		DATE
D 074	Continued From pa	age 3	D 074			
	The findings are:					
	1/10/17 at 11:00am -Both 3-foot long bi coated with a thick	rass push bars were heavily black tarry grime. ush bar was detached from t				
	11:05am revealed	east hall hallway on 1/10/17 that the baseboards re hallway were covered in	at			
	Hallway on 1/10/17 -The bathroom ligh brown grime. -There was a 2-inc paint around the ce -There was peeling smoke detector in the -The bathroom externation -All four white-color paint splatter marked. -The bathroom mir	ractor fan was covered in du red walls had multiple dark	ng st.			
	at 11:15am reveale -The light switch wa	as covered in a brown grime t section of stained, peeling				
icion of H	11:20am revealed: -There was a 14-fo the ceiling over the -There was a 2-foo	t diameter tan-stained ceiling the bed by the entrance doo	3			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		E SURVEY PLETED
		HAL093005	B. WING		01/	11/2017
NAME OF I	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	TATE, ZIP CODE		
MAGNO	LIA GARDENS OF WA	ARRENTON	WY 158 BUS E RENTON, NC 275	589		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 074	Continued From pa	age 4	D 074			
		t area of sagging cracked wn over the resident's bed b	y			
	11:25am revealed	sident Room 35 on 1/10/17 a there was a detached lostat plate on the wall by th				
	11:30am revealed: -There was a 8-foo heater by the windo	sident Room 3 on 1/10/17 at it long rust covered baseboa ow. ing thermostat knob.				
	1:11pm revealed: -There was a missi -There was a 4-inc	sident Room 11 on 1/10/17 a ing thermostat cover plate. h by 5-foot section of linoleu e entry door, with yellow stai	Im			
	on 1/10/17 at 1:10a	west hall double entry doors am revealed both brass push coated with a black tarry stic	n			
	1:15pm revealed: -The bathroom doo	le beige-stains on the floor	at			
		sident Room 14 on 1/10/17 a 14-foot black cable hanging				
	on 1/10/17 at 1:31p	special care unit west hallw om revealed a 6-foot long unit to the left of Resident ached faceplate.	ay			

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		HAL093005	B. WING		01/	11/2017
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, S			
		930 HV	WY 158 BUS E			
AGNOL	LIA GARDENS OF WA	WARR	ENTON, NC 275	89		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 074	Continued From pa	age 5	D 074			
	on 1/10/17 at 1:45p	special care unit shower roo om revealed there were 9 are tiles on the left side of the				
	on 1/10/17 at 2:11p -There was a ruste bathroom. -The mirror had se reflective coating.	sident Room 3 on the west ha om revealed: d 2-foot towel bar in the veral spots of missing st fan/light unit was missing a				
		sident Room 5 on the west ha om revealed the thermostat oken.	all			
	on 1/10/17 at 2:30p -There was a 2-foo entrenched into the	ot mark on the floor at the ent e linoleum. ot "U"-shaped tan ceiling stair	ry			
	-They would like th	ew with 5 residents revealed: e ceiling stains to be painted orted any repair needs to the				
	1/10/17 at 3:05pm -He was aware tha maintenance and r	t the building had several				
	-He expected staff need of repair or re	ents had notified him of any				

AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:       COM         HAL093005       B. WING       01/         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       01/         MAGNOLIA GARDENS OF WARRENTON       930 HWY 158 BUS E WARRENTON, NC 27589       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PIC       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D       PREFIX TAG       PROVIDER'S PLAN OF CORRECTION ACTION SHOULD BE (EACH OERRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         D       0174       Continued From page 6 repair needs. -He did not do a regular walk through the facility to discover repair needs. -He depended on staff and management to notify him of any repairs by entering any requests for repairs in the log book.       D       074         Interview with the Administrator on 1/10/17 at 3:30pm revealed: -She was aware that there were several areas throughout the facility in need of repair due to ceiling stains. -She was unaware of the broken thermostats in many of the rooms.       Image: Comparison of the broken thermostats in many of the rooms.       Image: Comparison of the broken thermostats in many of the rooms.       Image: Comparison of the broken thermostats in the top the comparison of the broken thermostats in the top the comparison of the broken thermostats in the comparison of the broken thermostats in the comparison of the compar	E SURVEY PLETED (11/2017 (X5) COMPLETI DATE
Inclusion       Inclusion <thinclusion< th=""> <thinclusion< th=""> <thinclusion< th=""></thinclusion<></thinclusion<></thinclusion<>	(X5) COMPLETI
MAGNOLIA GARDENS OF WARRENTON     930 HWY 158 BUS E WARRENTON, NC 27589       (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 CORRECTIVE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       D 074     Continued From page 6 repair needs. -He did not do a regular walk through the facility to discover repair needs. -He depended on staff and management to notify him of any repairs by entering any requests for repairs in the log book.     D 074       Interview with the Administrator on 1/10/17 at 3:30pm revealed: -She was unaware that there were several areas throughout the facility in need of repair due to ceiling stains. -She was unaware of the broken thermostats in many of the rooms.     Interview with the Administrator on the tory ceiling stains.	COMPLET
MAGNOLIA GARDENS OF WARRENTON     WARRENTON, NC 27589       (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)       D 074     Continued From page 6 repair needs. -He did not do a regular walk through the facility to discover repair needs. -He depended on staff and management to notify him of any repairs by entering any requests for repairs in the log book.     D 074       Interview with the Administrator on 1/10/17 at 3:30pm revealed: -She was aware that there were several areas throughout the facility in need of repair due to ceiling stains. -She was unaware of the broken thermostats in many of the rooms.     Interview with the rooms.	COMPLET
(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)         D 074       Continued From page 6 repair needs. -He did not do a regular walk through the facility to discover repair needs. -He depended on staff and management to notify him of any repairs by entering any requests for repairs in the log book.       D 074         Interview with the Administrator on 1/10/17 at 3:30pm revealed: -She was aware that there were several areas throughout the facility in need of repair due to ceiling stains. -She was unaware of the broken thermostats in many of the rooms.       Interview with the rooms.	COMPLET
TAG       REGULATORY OR LSC IDENTIFYING INFORMATION)       TAG       CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         D 074       Continued From page 6       D 074       D 074         repair needs.       -He did not do a regular walk through the facility to discover repair needs.       D 074         -He depended on staff and management to notify him of any repairs by entering any requests for repairs in the log book.       Interview with the Administrator on 1/10/17 at 3:30pm revealed:         -She was aware that there were several areas throughout the facility in need of repair due to ceiling stains.       -She was unaware of the broken thermostats in many of the rooms.	
repair needs. -He did not do a regular walk through the facility to discover repair needs. -He depended on staff and management to notify him of any repairs by entering any requests for repairs in the log book. Interview with the Administrator on 1/10/17 at 3:30pm revealed: -She was aware that there were several areas throughout the facility in need of repair due to ceiling stains. -She was unaware of the broken thermostats in many of the rooms.	
<ul> <li>He did not do a regular walk through the facility to discover repair needs.</li> <li>He depended on staff and management to notify him of any repairs by entering any requests for repairs in the log book.</li> <li>Interview with the Administrator on 1/10/17 at 3:30pm revealed:</li> <li>She was aware that there were several areas throughout the facility in need of repair due to ceiling stains.</li> <li>She was unaware of the broken thermostats in many of the rooms.</li> </ul>	
<ul> <li>She would create a list of repairs for the Maintenance Director.</li> <li>She would maintain a logbook for the Maintenance Director and staff to communicate all repair needs.</li> <li>She relied on staff to inform her of any maintenance needs.</li> <li>She would do a walk-thru with the Maintenance Director on a monthly basis.</li> <li>She was ultimately responsible for the upkeep of all repairs in the building.</li> <li>D 282</li> <li>10A NCAC 13F .0904(a)(1) Nutrition and Food Service</li> <li>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes:</li> <li>(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from</li> </ul>	

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		HAL093005	B. WING		01/	11/2017
NAME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE, ZIP CODE	• •	
	LIA GARDENS OF WA	ARRENTON 930 HV	VY 158 BUS E			
NAGNO		WARRI	ENTON, NC 275	89		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 282	Continued From pa	age 7	D 282			
	reach-in freezers, o	, pantry, reach-in refrigerators dining room floors and walls v and free from contamination				
	The findings are:					
	refrigerator on 1/10 -There were dried f -The exterior of the marks on all sides. -There was a 12-in water on the inside -There were food p inside door seal on	ch diameter area of standing bottom of the right door. particles and red stains of the the middle door. tic-coated shelving racks with				
	floor on 1/10/17 at	green-tiled kitchen linoleum 10:57am revealed multiple as throughout the entire				
	1/10/17 at 11:10am	kitchen's dishwasher area or revealed there was a 2-tiere g unit covered in rust under th	d			
	1/10/17 at 11:00am	telephone in the kitchen on revealed there was a coatin he handset and numbers.	g			
		kitchen's exit door light switc 'am revealed that it was a brown grime.	h			
	over the sink by the	kitchen's air-conditioning ver e exit door on 1/10/17 at the ventilation intake vent wa dust.				

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NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MAGNOL	LIA GARDENS OF WA	ARENTON	Y 158 BUS E NTON, NC 275	89		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 282	Continued From pa	ge 8	D 282			
	the pantry on 1/10/ -The light switch was tarry grime. -There was a 3-foo glass top covered in food particles on the Observation of the 11:20am revealed: -The plastic step st black grime and dri -All wooden pantry paint. -All 4 baseboards v -There were two star reach-in freezers w splatter and white of -The handles on boosticky. -There were multiplinside base of each -There were hand p -There was a missifice and the right Observation of the located by the stover revealed that it was four of the stainless Observation of the free-standing fan out that the grate and fan out that the grat	kitchen's pantry on 1/10/17 at ool was heavily covered in p marks. shelves had cracked peeling were covered in black grime. and-alone stainless steel ith exteriors covered in food drip marks on all sides. oth reach-in freezers were le white food particles at the n freezer by the door seal. orints over both freezers. ng light bulb in the reach-in single-door reach refrigerator e on 1/10/17 at 11:45am a covered in sticky grime on all s-steel sides. kitchen's 5-foot tall n 1/10/17 at 11:48am revealed an blades were heavily				
	binders on 1/10/17	kitchen's dietary menu plastic at 11:50am were covered in particles and were sticky.				

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NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S <sup>-</sup>	TATE, ZIP CODE		
MAGNOL	IA GARDENS OF W	ARRENTON	Y 158 BUS E NTON, NC 275	89		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 282	Continued From pa	age 9	D 282			
	dining room area o revealed: -There was a 3-foo separated from the fixture at the entry -There ware 3 rour vents that were rus -There was a 2-foo vent with a heavy o -There were multip food splatter from t foot in height on all -There were 9 flore with multiple dead Observation of the room area on 1/10/	ad 14-inch diameter ceiling sted and had peeling paint. It by 3-foot rusted air intake coating of dust on the left wall. le areas with multi-colored the floor to approximately 6 4 walls of the dining area. escent ceiling light covers filled insects. second room of the AL dining (17 at 10:48am revealed the covered with grime and	9			
	room area on 1/10/ were two vending r	third room of the AL dining /17 at 10:53am revealed there nachines with multiple brown ne floor at the base of each				
	Aide on 1/10/17 at -They swept and m each meal prepara -They cleaned the refrigerators and p	hopped three times daily after tion. equipment, including rep surfaces, on an as-needed not "gotten around to it yet with				
ision of L	-They were aware to be wiped down and	that the refrigerators needed t d cleaned. v when the last time the floors eaned.	o			

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IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
IAGNOL	IA GARDENS OF WA	ARRENTON	Y 158 BUS E NTON, NC 275	589		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 282	kitchen repairs or o -They did not keep Interview with the M 1/10/17 at 3:05pm -He was currently in several tiles in the l -He could not explay marks on the kitche -He would ensure to need of repainting -Staff had not inform kitchen needed rep -He did not keep a repair needs. -He expected staff need of repair or ref Interview with the A 3:30pm revealed: -She was unaware had fallen behind. -She did not do a d kitchen cleanliness -It was her expecta	med maintenance of any eleaning needs. a cleaning log or schedule. Maintenance Director on revealed: n the process of replacing kitchen. ain where the white paint en floor came from. that all painted surfaces in would be completed. med him that anything in the pair. log book to keep track of to notify him of any items in eplacement. administrator on 1/10/17 at that the kitchen maintenance aily walk-thru to ensure	D 282			
	-She would create Maintenance Direc -She relied on staff maintenance needs -She would do a wa Director on a mont	to inform her of any s. alk-thru with the Maintenance hly basis. y responsible for the upkeep or	f			
		y.				