

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045419	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/05/2024
NAME OF PROVIDER OR SUPPLIER  Ashton Place Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  318 Strozier Lane Barling, AR 72923	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0583  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Keep residents' personal and medical records private and confidential.</p> <p>46723</p> <p>Based on observation, interview and policy review, the facility failed to ensure information regarding resident care was posted in a manner that protected the privacy of one 1 Resident (Resident #24) of 1 sampled resident who resided on 200 Hall. The findings are:</p> <p>On 1/4/2024 at 9:09 AM, Licensed Practical Nurse (LPN) #1 did not lock cart or close the screen down.</p> <p>At 9:19 AM, when LPN#1 was taking a medication to a resident the cart was unlocked and screen up.</p> <p>a. On 1-4-24 at 9:39 AM, the Surveyor asked the LPN #1 how should the nurse leave the med cart when out of your sight. LPN #1 stated, Locked and screen locked. The Surveyor asked, why? The LPN said, So no one can get in it.</p> <p>b. On 1-4-24 at 9:41 AM, the Surveyor asked the LPN #2 when a nurse is giving medication and leaves the cart to administer medication to the resident, how should the medication cart be left. LPN #2 stated, Medication cart to be locked and hide screen. The Surveyor asked, why? The LPN #2 stated, For resident security, Health Insurance Portability and Accountability Act (HIPAA) . Also, a resident could get in the cart and take something harmful, so it is for their safety and security.</p> <p>c. On 1-5-2023 at 8:54 AM, the Surveyor asked the Director of Nursing (DON) how a medication cart should be left when unattended. The DON said, The cart should be locked and the screen locked and hidden. The Surveyor asked the DON, why do we lock the cart and screen? The DON said, So no resident can walk by and get into the medications and so, to keep the resident ' s information private.</p> <p>c. On 1-4-2024 at 11:08 AM, the DON brought a policy of Residents Rights . 35. To privacy during treatment and care of personal needs. 36. To know that you are assured private and confidential treatment of all information contained in your medical records, including photographs, and that your consent, or the legal representative, is required for the release of information to persons not otherwise authorized to receive it .</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46723</p> <p>Based on observation, interview and record review the facility failed to ensure that lotions, perfumes, and powder containers were not allowed in the facility for 5 Residents (R#4, #38, #46, #54, and #91) final sample residents. This failed practice had the potential to affect all residents in 100 and 200 hall. The findings are:</p> <p>a. On 1/2/2024 1:05 PM, R #91 is sitting up in the bed with 2 lotions on bedside table and 2 lip balm on the bedside table.</p> <p>On 1/3/2024 at 8:30 AM, R #91 is sitting up in the bed, drinking milk, breakfast was just delivered. There are 2 lotions and 2 balm on the bedside table.</p> <p>b. On 1/2/2024 at 1:09 PM, R #46 sitting in the recliner, with a visitor. Resident has 2 lotions and 2 perfumes laying out on bedside table.</p> <p>On 1/3/2024 at 8:30 AM, R #46 sitting up in the recliner, eating breakfast. The 2 lotions and 2 perfumes are still sitting out on bedside table.</p> <p>c. On 1/2/2024 at 1:25 PM, R #4 has a coffee table in room and has lotion sitting out on it.</p> <p>On 1/3/2024 at 8:38 AM, R #4 is sitting up in bed and eating breakfast. The lotion is still out on the card table in the room.</p> <p>d. On 1/2/2024 at 1:35 PM, R #38 is sitting up in the wheelchair getting ready to eat lunch and powder is sitting out on the bedside table.</p> <p>On 1/3/2024 at 8:50 AM, R #38 is in bed and the powder is still on the bedside table.</p> <p>e. On 01/2/2024 at 2:32 PM, R #54 is sitting up in the bed. The lotions and personal products are in a bucket in the room. Resident is doing a puzzle.</p> <p>f. On 1-4-2024 at 4:06 PM The Surveyor asked the Director of Nursing (DON) where is a resident ' s perfume, powder, etc. to be stored when not in use. The DON stated, They have a bath basin they put their items in and they're to be stored in their closets. The Surveyor asked, who is in charge of assuring these items are kept out of reach?</p> <p>g. On 1-4-2024 at 4:10 PM, the Surveyor asked, who is in charge of assuring these items are kept out of reach? The Nurse Consultant stated, We all are.</p> <p>h. On 1-5-2024 at 8:53 AM, the Administer said, We do not have a policy on residents stuff.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39316</p> <p>Based on observation, record review, and interview, the facility failed to ensure physician's orders and the manufacturer's guidelines were followed to prevent a significant medication error, which could result in complications for 1 (Resident #104) of 1 sampled resident who had physician orders for NovoLog insulin. The findings are:</p> <p>A review of the Patient Information, NovoLog, revised on 4/2015, specified, NovoLog starts acting fast. You should eat a meal within 5 to 10 minutes after you take your dose of NovoLog.</p> <p>A review of an Admission Record indicated the facility admitted Resident #104 with a diagnosis of sepsis and diabetes mellitus.</p> <p>The 5-day Minimum Data Set (MDS), dated [DATE], revealed Resident #104 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. The resident required moderate / supervision for activities of daily living (ADLs).</p> <p>Review of Resident #104's Care Plan, initiated on 12/21/2023, revealed the resident had diabetes mellitus. Interventions, with an initiated date of 12/21/2023, revealed diabetes medication as ordered by doctor, monitor / document for side effects and effectiveness.</p> <p>A review of Resident #104's Physician Orders, for the month of January 2024, revealed an order, dated 12/11/2023, for NovoLog Injection Solution 100 unit/ milliliter (ml) inject 4 unit subcutaneously three times a day related to type 2 diabetes mellitus with hyperglycemia. If capillary blood glucose (CBG) is below 60, give Glucagon injection intramuscular (IM), recheck CBG in 15 minutes, if not improving notify provider.</p> <p>On 01/04/2024 at 12:08 PM, Licensed Practical Nurse (LPN) #3 was observed during medication administration pass and obtained a capillary blood glucose (CBG) reading of 310 from R#104 right index finger.</p> <p>On 01/04/2024 at 12:13 PM LPN #3 was observed to remove 4 units of NovoLog insulin from a vial using a an insulin syringe. LPN #3 administered 4 units of NovoLog insulin to Resident #104 ' s lower abdomen using an insulin syringe. LPN #3 did not offer Resident #104 a snack or a meal.</p> <p>On 01/04/2024 at 12:38 PM, Nursing Assistant (NA) #1 entered Resident #104 ' s room with a meal tray consisting of mashed potatoes, chopped meat loaf with ketchup, lima beans, corn bread, peach cobbler, tomatoes soups, Staff was observed to set tray up for Resident #104. A total of 25 minutes had passed between Resident #104 receiving 4 units of NovoLog insulin and receiving a meal.</p> <p>On 01/04/2024 at 2:57 PM, Licensed Practical Nurse (LPN) #1 was asked when should a resident eat/be offered a snack, after being administered Novolog insulin? LPN #1 stated, 10 -15 minutes. LPN #1 was asked is NovoLog insulin a quick or slow acting insulin? LPN #1 stated, quick acting. LPN #1 was asked why should the resident eat 10 -15 minutes after receiving a quick acting insulin? LPN #1 stated, Their sugar will bottom out.</p> <p>(continued on next page)</p>		

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F 0760  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>On 01/04/2024 at 3:04 PM, LPN #5 was asked is NovoLog insulin was a quick or slow acting insulin? LPN #5 stated, fast acting. LPN #5 was asked when should a resident eat/be offered a snack after being administered NovoLog insulin and why? LPN #5 stated, Within 5 minutes because it could bottom out their sugar. LPN #5 was asked if 25 minutes was too long to wait to eat after receiving Novolog insulin. LPN #5 stated, Yes, 25 minutes is too long.</p> <p>On 01/05/2024 at 11:12 AM The Director of Nursing (DON) was asked when should a resident eat after receiving NovoLog insulin. The DON stated, Within 5-10 minutes. The DON was asked why should a resident eat within 5-10 minutes after receiving NovoLog insulin. The DON stated, So it (sugar) doesn't bottom out.</p>		

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F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39316</p> <p>Based on observation, record review, and interview, the facility failed to ensure medications were stored in accordance with state laws and accepted standards of pharmacy practice for 1 (Resident #85) of 1 sampled residents, to prevent the possible ingestion and or injury. The findings are:</p> <p>On 1/3/2024 at 10:23 AM, a card of Ondansetron HCL 4 milligram (mg) tablet containing 21 pills was located in the bottom drawer of the 100 Hall medication cart for Resident #85. The medication fill date was 12/30/22. The medication expiration date was 12/30/23.</p> <p>On 01/03/2024 at 10:30 AM, Licensed Practical Nurse (LPN) #6 was asked why should expired medications be pulled from the medication carts. LPN #6 stated, Because it's not safe to use anymore. LPN #6 was asked how often are the medication carts checked for expired medications. LPN #6 stated, I'm not sure, I know night shift does it.</p> <p>On 01/04/2024 at 11:36 AM, the Director of Nursing (DON) verbally confirmed the facility did not have a medication storage policy.</p> <p>On 01/05/2024 at 11:12 AM The DON was asked why should expired medications be removed from the medication carts/medication rooms. The DON stated, So the resident doesn't get them.</p> <p>46723</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42018</p> <p>Based on observations, interview and record review, the facility failed to ensure foods in the dry pantry were properly sealed, dated and stored in 1 of 1 facility kitchens. This failed practice had the potential to affect 112 (total 114 in facility) residents who received their meals from the kitchen. The findings are:</p> <p>1. On 01/02/24 at 12:13 PM, an initial tour was conducted. On 01/02/14 an individual open box of baking soda was observed sitting on the top shelf of open metal shelving. Baking soda in a plastic bag with no visible open date on the bag. The box of baking soda had a dark discolored line across the bottom of the box that appeared to be discolored due to some type of moisture.</p> <p>2. On 01/02/24 at 12:15 PM, the Dietary Manager was asked if this box of baking soda was safe to use. The Dietary Manager stated No, I will throw that away. We don't know what caused the moisture.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39316</p> <p>Based on observation, record review, and interview, the facility failed to ensure infection control precautions were implemented and followed, as evidenced by failure to implement universal source control by wearing face shields/goggles and failed to ensure staff implemented hand hygiene before entering a COVID-19 positive resident room, for 1 (Resident #56) of 1 sampled resident, to prevent the transmission of COVID-19 and or other respiratory diseases. This failed practice had the potential to affect 114 residents. , according to the Roster Matrix provided by the Administrator on 1/2/2024 at 12:15 p.m. The findings are:</p> <p>A review of an Admission Record indicated the facility admitted Resident #56 with diagnoses that included COVID-19 and dementia.</p> <p>The quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident #56 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. The resident was dependent for toileting and showers and required maximum assistance for most all activities of daily living (ADLs).</p> <p>Review of Resident #56's Care Plan, initiated 3/1/2022, revealed the resident was at risk for signs / symptoms (s/sx) of COVID-19. Interventions included follow facility protocol for COVID-19 screening/precautions initiated on 3/21/2022.</p> <p>A review of Resident #56's Physician Orders, for the month of January 2024, revealed an order, dated 12/26/2023 for droplet isolation every shift related to COVID-19 for 10 days until finished.</p> <p>Review of a facility policy titled, Isolation Precautions, Categories of, dated, 11/22/16, specified, Transmission-based isolation precautions have been established in order to ensure that appropriate isolation techniques are implemented in this facility when necessary. In addition to Standard Precautions, Droplet Precautions must be implemented for a patient documented or suspected to be infected with microorganisms transmitted by droplets {large-particle droplets larger than 5 microns in size} that can be generated by the patient coughing, sneezing, talking, or the performance of procedures.</p> <p>On 01/03/2024 at 8:59 AM, Certified Nursing Assistant (CNA) #2 was observed outside of Resident #56 ' s room. A sign on the wall documented Stop .Droplet Isolation .Required PPE .gown, gloves, face shield or goggles, and N95 mask . CNA #2 put on an isolation gown. CNA #2 opened Resident #56 ' s door to room, reached in with hand, and obtained a pair of gloves from a box of gloves on the inside of the Resident ' s room and applied to hands. CNA #2 did not apply a face shield or goggles before entering Resident #56 ' s room. CNA did not perform hand hygiene before applying Personal Protection Equipment (PPE) or before entering a COVID-19 positive resident room.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>On 01/03/2024 at 9:24 AM, CNA #2 was asked, what PPE is to be worn when going into an COVID-19 positive resident isolation room. CNA #2 said, gown, gloves, mask and goggles or face shield. CNA #2 was asked when did you apply the goggles or face shield. CNA #2 replied, I didn't. CNA #2 was asked, when are you supposed to perform hand hygiene. CNA #2 stated, After you leave the room. CNA #2 was asked, what about when entering a room. CNA #2 stated, Yes you should. CNA #2 was asked, when you obtained the gloves from the box inside the room, when did you perform hand hygiene before applying the gloves. CNA #2 stated, I didn't. CNA #2 was asked why do perform hand hygiene and wear the proper PPE before entering a COVID-19 positive resident room. CNA #2 stated, To protect us and them.</p> <p>On 01/04/2024 at 9:24 AM, the Infection Control Preventionist, (ICP), was asked what PPE is to be worn when entering a COVID-19 positive resident room on droplet isolation and why? The ICP stated, Gown, mask, goggles, and gloves, because it's droplet and you have to cover the eyes, nose, mouth, and clothes. The ICP was asked when is hand hygiene performed and why when assisting a COVID positive resident on droplet isolation and why? The ICP stated, Before and after all care, between clean and dirty tasks; anytime, to stop the spread of COVID-19 and whatever they are on isolation for.</p> <p>On 01/05/2024 at 11:12 AM The Director of Nursing (DON) was asked why infection control preventions are to be taken before entering a COVID-19 positive resident room. The DON stated, They should sanitize hands and donn PPE. The DON was asked what PPE specifically should be donned. The DON stated, droplet isolation. The DON was asked what droplet isolation PPE consisted of. The DON stated, N95 mask, goggles or face shield, gloves and a gown.</p>		



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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>46723</p> <p>Based on observation, interview and record review, the facility failed to ensure a safe, functional, sanitary, and comfortable environment for residents and staff. This failed practice had the potential to affect 3 residents. The findings are:</p> <p>a. On 1/2/2024 at 1:13 PM, Resident #72 is in the dining room in an electric wheelchair with bilateral arms are cracked and torn.</p> <p>On 1/3/2024 at 8:32 AM Resident is up in electric wheelchair with bilateral cracked arm.</p> <p>b. On 1/2/2024 at 1:17 PM, Resident #84 is sitting up in bed eating lunch. The right arm on the wheelchair is cracked.</p> <p>c. On 1/2/2024 2:25 PM, Resident #24 is in wheelchair with bilateral arms that are torn with padding showing.</p> <p>d. On 1-4-2023 at 3:41 PM, the Surveyor asked the Maintenance Supervisor (MS) is there a protocol of how the employee's let you know that something in the facility needs attention. The MS said, yes, they write it in the Maintenance Log or page me and I will come check it out. The Surveyor asked, how long does it take to care for the issue. The MS stated, Typically, the same day. The Surveyor asked, how do you replace faulty equipment. The MS stated, I have parts on hand, or I order the stuff needed.</p> <p>e. On 1-4-2023 at 3:54 PM, the Surveyor interviewed the Director of Nursing (DON), Nurse Consultant, and Administrator. The Surveyor asked, when there are maintenance issues who usually takes care of these types of problem. The DON said, we call our Maintenance Supervisor with any maintenance issues. The Surveyor asked, are there residents that have gotten cuts or skin tears from the faulty equipment? The DON stated, The residents usually get hurt on a bolt that is on the leg rest. The Surveyor asked, do you have any employees that is in charge of checking the equipment? The DON said, Nighttime employees check and cleans wheelchairs. They report back to me or the Maintenance Supervisor.</p> <p>f. On 1-4-2024 at 3:57 PM The Administrator said, the Maintenance Supervisor has been asked to start an audit on 100 and 200 Hall to check for equipment needing repaired or replaced.</p> <p>g. On 1-5-24 at 8:54 AM the Administer provided a policy for Maintenance Procedure 1. The Maintenance records will include: . b. A plan for reporting problems and responding to maintenance, housekeeping, or sanitation needs. c. Response to major maintenance problems, if any, and plans for addressing any problem that cannot be corrected within three calendar days .</p>		