

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

PRINTED: 02/03/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345233</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE REHABILITATION &amp; CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>306 DEER PARK ROAD</b> <b>NEBO, NC 28761</b>		
(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 203 SS=D	<p><b>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</b></p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for</p>	F 203	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p><b>F- 203</b></p> <p><b>1.) How corrective action will be accomplished for the residents affected:</b></p> <p><b>Resident #4 discharged from Sunrise Rehab in August 2014, and has not returned to this facility. An unsigned but completed Notice of Transfer/Discharge for Resident #4 was recovered from the Social Worker shred box on 1/23/15.</b></p> <p><b>2.) How corrective action will be accomplished for those residents having the potential to be affected:</b></p> <p><b>All residents are identified as potentially being affected, those identified as being able to be interviewed or not. An audit is conducted by the Administrator, Social Worker or designee to ensure all resident concerns and choices are being met. No negative outcomes identified and/or resolved to resident satisfaction. Documents relative to resident choice, transfer, discharge or grievance/concern completed and filed appropriately. Copy of resident rights again provided to the resident. Updated care plans documented where necessary. New Social Worker and the Admissions and Business Office staff educated as it pertains to proper Transfer /Discharge and Concern /Grievance</b></p>	<b>2/18/15</b>	

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

*Reginald J. Fadden*

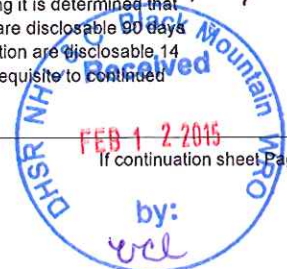
TITLE

*Administrator*

(X6) DATE

*2/12/2015*

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 203	Continued From page 1 nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on record review and staff and family interviews the facility failed to issue a 30 day discharge notice to 1 of 3 sampled residents reviewed for discharges (Resident #4). The findings included: Resident #4 was admitted to the on 10/15/07 with diagnose of paraplegia, congestive heart failure, muscle spasm and hypertension. Review of the quarterly Minimum Data Set (MDS) dated 07/15/14 revealed Resident #4 was cognitively intact, he could understand and could be understood. The MDS further indicated Resident #4 had no behaviors. Review of the Social Work note dated 07/28/14 revealed the Social Worker (SW) spoke with Resident #4 about being respectful of others by not exposing other residents, visitors or staff to the pornographic posters he had on the walls and told him she would get him a notebook for the posters so he could keep them. The note further revealed she discussed pausing the pornographic movies he watched when staff came in to provide care for him. The note revealed Resident #4 became upset and the SW informed him she would have the Administrator speak to him.	F 203	policy, procedure, documentation, and forms.  3.) What measures will be put in place or systemic changes made to ensure correction:  Facility policy for Concerns /Grievance as well as Transfer /Discharge reviewed and adjusted as appropriate to ensure completed documents are filed along with backed up copies properly ensuring they are retrievable. Specifically, a 30-Day Notice of Transfer/Discharge is filed in the resident chart and their business file. Concerns/Grievance documentation is managed by the Social Worker with oversight by the Administrator to ensure the resident's rights and choices are met. New Social Worker and Department Heads are re-educated for properly following facility grievance policy and procedures to ensure timely communication with the resident once a grievance has been initiated. The Staff Development Coordinator, new Social Worker or designee re-educates the direct care staff on honoring a resident's rights and of their rights for choice as well as the proper documenting of resident grievances/concerns. Facility initiates a formal Process Improvement (PI) Plan effective February 18, 2015 to update and capture lost resident choices and to ensure resident concerns/grievances which might have been destroyed are understood and resolved due to missing documentation from the Social Worker. This involves a	2/10/15	

*R. Fadden*  
2/12/15



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F 203	<p>Continued From page 2</p> <p>Review of the nurse's note dated 07/30/14 revealed the Administrator and the SW informed Resident #4 the pornographic posters in his room had to be taken down. The note revealed Resident #4 told staff to take everything down, even his family pictures, and throw them all away. Resident #4 then proceeded to throw his full lunch tray across the room. The note further revealed Resident #4 was told his behavior was inappropriate.</p> <p>An interview was conducted on 01/22/14 at 9:10 AM with Resident #4's family member. She stated Resident #4 was his own responsible party and told her he did not want to leave the facility. She stated Resident #4 felt like he had to leave because the facility would not let him keep his posters and watch his movies. She further stated he told her he was not issued a discharge notice and she had gone through all of his belongings from his room at the facility and there was no discharge notice in his things.</p> <p>An interview was conducted on 01/22/15 at 11:19 AM with the SW. She stated she issued a 30 day notice of discharge to Resident #4 after the resident became upset when he was asked to remove the pornographic posters from his walls and pause pornographic movies when staff came in to provide care. The SW stated she was unable to find the copy of the 30 day discharge notice that was issued to Resident #4. She stated Resident #4 told her he wanted to move but she did not document it. The SW stated she had not received any complaints from residents or families regarding the pornographic posters and movies. She further stated Resident #4 had not exhibited any behaviors until he was told he had to take down his posters and then he threw a full lunch tray across his room.</p> <p>An interview was conducted on 01/22/15 at 1:42</p>	F 203	<p><b>100% sweep of new resident interviews. This process will be documented on a QA Audit Tool titled "Resident Interview – Concern and Choices".</b></p> <p><b>Administrator, new Social Worker or designees will conduct documented QA Audits using the "Resident Interview – Concerns and Choices" audit tool to monitor resident choices and grievances through direct random observation and interview audits for five residents weekly for 4 weeks, then one resident weekly for four weeks and then two residents monthly x3 months for compliance. As necessary, employees will be reeducated to assure compliance with the facility grievance policy and procedure. The SDC will include provisions for resident rights, choices and grievances during orientation of new facility personnel.</b></p> <p><b>4.) How the facility plans to monitor its performance to make that solutions are ensured:</b></p> <p><b>Audit results will be reviewed and analyzed monthly by the Administrator or designee for three months, and then quarterly at the Quality Assurance Process Improvement (QAPI) Committee meeting with subsequent plans of action developed and implemented as indicated by the QAPI Committee. The Administrator is responsible for overall compliance.</b></p>	2/18/15	

*R J Fadden*  
2/12/15

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F 203	Continued From page 3 PM with the Administrator. He stated Resident #4 was asked to remove pornographic posters and pause pornographic movies during care due to complainants from nurses being offended by them. He stated the posters could be seen from the hallway and he had the volume on the television very loud and this was offensive to staff, residents and visitors. The Administrator stated he offered to get Resident #4 a notebook to keep his posters in and to move his television closer to his bed but he refused and said it was his room, he was paying for it and he could watch what he wanted to watch. The Administrator stated he informed Resident #4 he could be discharged and the facility would help him find placement and he was in agreement. He stated a 30 day notice of discharge was given to Resident #4 but he could not find a copy of the notice that was given to him. An interview was conducted on 01/22/15 at 2:23 PM with Nurse #1. She stated she had worked with Resident #4 and he kept his door shut. She stated as long as you knocked on the door before you entered he would pause his movie if he was watching one. She stated his posters were not offensive to her and she had never received complaints about them from other residents or visitors. She further stated he was very pleasant and had never acting inappropriately toward her. An interview was conducted on 01/22/15 at 2:25 PM with Nurse #2. He stated he had never received any complaints from residents, family members or visitors about Resident #4's posters or movies. He stated Resident #4 kept his door closed and if you knocked before you went in he would pause the movie he was watching, if he was watching a movie. He stated he was not offended by Resident #4's movies or poster's.	F 203		2/10/15	

*R J Fadden*  
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F 242 F 242 SS=D	Continued From page 4 <b>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</b>  The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.  This REQUIREMENT is not met as evidenced by: Based on record review and staff and family interviews the facility failed to allow a resident to have his preferred posters in his room and watch movies of his choice for 1 of 3 residents reviewed for choices (Resident #4). The findings included: Resident #4 was admitted to the on 10/15/07 with diagnose of paraplegia, congestive heart failure, muscle spasm and hypertension. Review of the quarterly Minimum Data Set (MDS) dated 07/15/14 revealed Resident #4 was cognitively intact, he could understand and could be understood. The MDS further indicated Resident #4 had no behaviors. Review of the Social Work note dated 07/28/14 revealed the Social Worker (SW) spoke with Resident #4 about being respectful of others by not exposing other residents, visitors or staff to the pornographic posters he had on the walls and told him she would get him a notebook for the posters so he could keep them. The note further revealed she discussed pausing the pornographic movies he watched when staff came in to provide care for him. The note revealed Resident #4 became upset and the SW informed him she	F 242 F 242	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>  <b>F- 242</b> <b>1.) How corrective action will be accomplished for the residents affected:</b>  <b>Resident #4 discharged from Sunrise Rehab in August 2014, and has not returned to this facility. Multiple Grievance forms from 2014 recovered from the Social Worker shred box on 1/23/15. None related to Resident #4.</b>  <b>2.) How corrective action will be accomplished for those residents having the potential to be affected:</b>  <b>All residents are identified as potentially being affected, those identified as being able to be interviewed or not. An audit is conducted by the Administrator, Social Worker or designee to ensure all resident concerns and choices are being met. No negative outcomes identified and/or resolved to resident satisfaction. Documents relative to resident choice, transfer, discharge or grievance/concern completed and filed appropriately. Copy of resident rights again provided to the resident. Updated care plans documented where necessary. New Social Worker and the Admissions and Business Office staff educated as it pertains to proper Transfer /Discharge and Concern /Grievance</b>	<i>2/18/15</i>	

*R J Fadden*  
*2/12/15*



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F 242	Continued From page 5 would have the Administrator speak to him. Review of the nurse's note dated 07/30/14 revealed the Administrator and the SW informed Resident #4 the pornographic posters in his room had to be taken down. The note revealed Resident #4 told staff to take everything down, even his family pictures, and throw them all away. Resident #4 then proceeded to throw his full lunch tray across the room. The note further revealed Resident #4 was told his behavior was inappropriate. An interview was conducted on 01/22/14 at 9:10 AM with Resident #4's family member. She stated Resident #4 was his own responsible party and told her he did not want to leave the facility. She stated Resident #4 felt like he had to leave because the facility would not let him keep his posters and watch his movies. An interview was conducted on 01/22/15 at 11:19 AM with the SW. She stated she had a discussion with Resident #4 about taking down the pornographic posters from his walls and pause pornographic movies when staff came in to provide care. She stated she told him he needed to respect others by taking down the offensive posters. The SW stated she had not received any complaints from residents or families regarding the pornographic posters and movies. An interview was conducted on 01/22/15 at 1:42 PM with the Administrator. He stated Resident #4 was asked to remove pornographic posters and pause pornographic movies during care due to complainants from nurses being offended by them. He stated the posters could be seen from the hallway and he had the volume on the television very loud and this was offensive to staff, residents and visitors. The Administrator stated he offered to get Resident #4 a notebook to keep his posters in and to move his television	F 242	policy, procedure, documentation, and forms.  3.) What measures will be put in place or systemic changes made to ensure correction:  Facility policy for Concerns /Grievance as well as Transfer /Discharge reviewed and adjusted as appropriate to ensure completed documents are filed along with backed up copies properly ensuring they are retrievable. Concerns/Grievance documentation is managed by the Social Worker with oversight by the Administrator to ensure the resident's rights and choices are met. New Social Worker and Department Heads are re-educated for properly following facility grievance policy and procedures to ensure timely communication with the resident once a grievance has been initiated. The Staff Development Coordinator, new Social Worker or designee re-educates the direct care staff on honoring a resident's rights and of their rights for choice as well as the proper documenting of resident grievances/concerns. Facility initiates a formal Process Improvement (PI) Plan effective February 18, 2015 to update and capture lost resident choices and to ensure resident concerns which might have been destroyed are understood and resolved due to missing documentation from the Social Worker. This involves a 100% sweep of new resident interviews. This process will be documented on a QA	2/18/15	

*Rj Fallon*  
2/12/15

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F 242	Continued From page 6 closer to his bed but he refused and said it was his room, he was paying for it and he could watch what he wanted to watch. An interview was conducted on 01/22/15 at 2:23 PM with Nurse #1. She stated she had worked with Resident #4 and he kept his door shut. She stated as long as you knocked on the door before you entered he would pause his movie if he was watching one. She stated his posters were not offensive to her and she had never received complaints about them from other residents or visitors. She further stated he was very pleasant and had never acting inappropriately toward her. An interview was conducted on 01/22/15 at 2:25 PM with Nurse #2. He stated he had never received any complaints from residents, family members or visitors about Resident #4's posters or movies. He stated Resident #4 kept his door closed and if you knocked before you went in he would pause the movie he was watching, if he was watching a movie. He stated he was not offended by Resident #4 ' s movies or poster ' s.	F 242	<b>Audit Tool titled "Resident Interview – Concern and Choices". Administrator, new Social Worker or designees will conduct documented QA Audits using the "Resident Interview – Concerns and Choices" audit tool to monitor resident choices and grievances through direct random observation and interview audits for five residents weekly for 4 weeks, then one resident weekly for four weeks and then two residents monthly x3 months for compliance. As necessary, employees will be reeducated to assure compliance with the facility grievance policy and procedure. The SDC will include provisions for resident rights, choices and grievances during orientation of new facility personnel.</b>  <b>4.) How the facility plans to monitor its performance to make that solutions are ensured:</b>  <b>Audit results will be reviewed and analyzed monthly by the Administrator or designee for three months, and then quarterly at the Quality Assurance Process Improvement (QAPI) Committee meeting with subsequent plans of action developed and implemented as indicated by the QAPI Committee. The Administrator is responsible for overall compliance.</b>	<i>2-18-15</i>	

*R J Fadden*  
*2/12/15*