

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

PRINTED: 04/13/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2018
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NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081
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(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
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F 584 SS=D	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p>	F 584		4/10/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/04/2018
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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 584	<p>Continued From page 1</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to maintain a safe and clean environment in one of one nurses' station, one of two hallways inspected, and one of eighteen bathrooms inspected. There were light fixtures observed at the nurses' station and in the 100 hall which had exposed bulbs with no cover. There was a sink in room 101 which was observed to drain very slowly.</p> <p>The findings included:</p> <p>1. An observation of the nurses' station on 3/12/18 at 12:14 PM revealed a round light fixture on the ceiling over the nurses' station, with an exposed bulb, and had no cover or globe.</p> <p>An observation of the nurses' station on 3/14/18 at 11:08 AM revealed a round light fixture on the ceiling over the nurses' station, with an exposed bulb, and had no cover or globe.</p> <p>An observation of the nurses' station on 3/15/18 at 9:31 AM revealed a round light fixture on the ceiling over the nurses' station, with an exposed bulb, and had no cover or globe.</p> <p>An interview and observation was completed with NA #2 on 3/15/18 at 9:44 AM regarding the light fixture at the nurses' station. The NA stated she was unaware the light fixture had a bulb which had not been covered. The NA stated she had not written a work order for the exposed bulb in the fixture at the nurses' station. The NA stated she was going to write a work order for the</p>	F 584	<p>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.</p> <p>F584</p> <p>1) The facility has procedures to identify maintenance needs for facility personnel and maintenance staff is responsible for completing maintenance request completely and timely. The areas identified in CMS-2567 were related to staff not reporting a slow draining sink and two covers for lights not being installed.</p> <p>a. The round light fixture on the ceiling over the nurse's station identified in the 2567L was replaced with a new light fixture on 03/30/2018 that includes the cover for the light bulb.</p> <p>b. The florescent tube light fixture on the ceiling observed on the 100 Hall identified in the report had its cover placed over the exposed florescent bulbs on 03/15/2018.</p> <p>c. The sink in the bathroom shared by rooms 101 and 103 that drained slowly as identified in the 2567 was repaired by</p>		

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F 584	<p>Continued From page 2</p> <p>exposed bulb at the nurses' station.</p> <p>An interview and observation was completed with the Maintenance Director (MD) on 3/15/18 at 9:54 AM. An observation of the round light fixture over the nurses' station conducted with the MD revealed an exposed bulb with no cover or globe. The MD stated he thought the globe was at the nurses' station but was unable to locate the globe. The MD stated he would remove the bulb from the fixture due to the bulb not being covered. The MD stated he had not received a work order for the missing globe on the fixture above the nurses' station. The MD stated it was his expectation the exposed bulb be covered and he should have received a work order in regards to missing globe.</p> <p>2. An observation of the 100 hallway on 3/14/18 at 11:08 AM revealed a florescent tube light fixture on the ceiling with two exposed florescent bulbs and had no cover.</p> <p>An observation of the 100 hallway on 3/15/18 at 9:31 AM revealed a florescent tube light fixture on the ceiling with two exposed florescent bulbs and had no cover.</p> <p>An interview and observation was completed with NA #2 on 3/15/18 at 9:44 AM regarding the florescent tube light fixture without a cover in the 100 hall. The NA stated she was unaware the florescent light fixture in the hall had florescent tubes which were exposed. The NA stated she had not written a work order for the light fixture in the hall. The NA stated she was going to write a work order for the exposed florescent light bulbs in the 100 hall.</p>	F 584	<p>maintenance on 03/15/2018.</p> <p>The facility conducted a general staff in-service on March 23, 2018 that included reporting of maintenance issues and use of maintenance request forms. In addition, the maintenance director will conduct an in-service for facility staff on staff reporting and completing work orders for maintenance issues by 04/10/2018.</p> <p>2) The procedures for implementing the plan of correction include the following:</p> <p>a. The facility will conduct facility visual audits by the maintenance director and the administrator of the light fixtures and sinks in both common areas and patient rooms to ensure that lights have proper covering and sinks drain properly. Items identified as not working properly will have a maintenance request form completed and timely repairs made as needed.</p> <p>b. The facility conducted a general staff in-service on March 23, 2018 that included reporting of maintenance issues and use of maintenance request forms.</p> <p>c. The maintenance director will conduct an in-service for facility staff on staff reporting and completing work orders for maintenance issues by 04/10/2018.</p> <p>3) In order to monitor the corrective actions and to ensure corrective actions are sustained the facility will:</p> <p>a. The maintenance director will be responsible for ensuring staff is using work orders and areas identified by staff are assessed and repaired as needed.</p> <p>b. The maintenance director utilizes a</p>		

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F 584	<p>Continued From page 3</p> <p>An interview and observation was completed with the Maintenance Director (MD) on 3/15/18 at 9:54 AM. An observation of the florescent light fixture on the ceiling of the 100 hall was conducted with the MD revealed two exposed florescent bulbs with no cover. The MD stated the cover was missing and he was unaware the florescent bulbs were exposed. The MD stated he had not received a work order for the missing cover for the florescent light fixture on the 100 hall. The MD stated it was his expectation the exposed florescent bulbs be covered and he should have received a work order in regards to missing light fixture cover.</p> <p>3. An observation of the bathroom shared by rooms 101 and 103 on 3/12/18 at 12:33 PM revealed the sink drained very slowly.</p> <p>An observation of the bathroom shared by rooms 101 and 103 on 3/15/18 at 9:31 AM revealed the sink drained very slowly.</p> <p>An interview and observation was completed with Nursing Assistant (NA) #1 on 3/15/18 at 9:39 AM. An observation of the sink in the bathroom shared by rooms 101 and 103 conducted with NA #1 present revealed the water in the bowl drained very slowly when the bowl was approximately half full. NA #1 stated the sink drained very slowly. She stated she had completed a work order for the sink in the past, but the sink had a history of draining slowly. The NA further stated she had not completed a work order on the slow draining sink recently.</p> <p>An interview and observation was completed with the Maintenance Director (MD) on 3/15/18 at 9:54 AM. An observation of the sink in the bathroom</p>	F 584	<p>monthly inspection sheet of various maintenance areas that they are responsible for monitoring. The maintenance director has added light fixtures and proper sink drainage to this check sheet.</p> <p>c. The facility will monitor compliance through its facility QAPI program. The maintenance director will provide weekly reports for the first three months on work orders, topics of work orders, department, item's identified in departments without work orders and completion to ensure compliance. Following the first three months, the maintenance director will supply a monthly report to the QAPI committee to monitor compliance efforts where corrective actions can be taken as needed to ensure overall compliance.</p> <p>4) The administrator is responsible for implementing the plan of correction in coordination with facility maintenance personnel.</p> <p>5) Date of compliance: 04/10/2018</p>		

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F 584	Continued From page 4 shared by rooms 101 and 103 conducted with the MD present revealed the water in the bowl drained very slowly when the bowl was approximately half full. The MD stated the sink drained very slowly. The MD stated he had not received a work order for the sink draining slowly in the bathroom shared by rooms 101 and 103. The MD stated it was his expectation when a sink was draining slowly to receive a work order in regards to the slow draining sink. An interview was conducted with the administrator on 3/15/18 at 3:25 PM. The Administrator stated it was his expectation that if a drain was discovered to not be draining, if a light fixture was found to have exposed bulbs, or if other construction or maintenance issues were discovered by a staff member, a work order for the maintenance department would be completed. Upon maintenance being made aware of the identified maintenance issue through the work order, the maintenance department would be able to complete the necessary repairs.	F 584			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable	F 812		4/10/18	

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F 812	<p>Continued From page 5</p> <p>safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to maintain fresh milk and clean kitchen equipment. There were (a.) 14 of 14 chocolate milks found with expired date; (b.) 5 of 5 oven dials with crusty food particles built up on them and water in the steam table was dark brown with food particles floating in it.</p> <p>Findings included:</p> <p>a. On 3/12/18 at 9:39 am an observation of the Kitchen revealed 14 of 14 chocolate milks with expiration date of 3/9/18.</p> <p>b. On 3/12/18 at 9:39 am an observation of the Kitchen revealed 5 of 5 oven dial knobs were covered in crusty dried food.</p> <p>On 3/12/18 at 11:58 am an observation of the Kitchen revealed 5 of 5 oven dial knobs continued to have food particles built up on each dial.</p> <p>On 3/13/18 at 12:38 PM an observation of 5 of 5 dials on the oven continued to have food particles built up on each dial. During the observation Dietary Aide #1 stated build up on the dials would not scrub off. She rubbed her finger over the dial and food build up came off on her finger. The steam table was observed to have food particles floating in dark brown water.</p>	F 812	<p>F812</p> <p>1) The facility has procedures to ensure the kitchen stores, prepares and distributes food in accordance with professional standards for food service. The milks identified in the CMS-2567 had an expiration date on Friday March 9, 2018 and had been isolated by staff to be removed ensuring that these milks were not used but should have been removed and/or replaced by Monday March 12, 2018. It was identified that the staff had been using the wrong cleanser on the steam table wells that was identified in the 2567 causing the rust discoloration of the steam table, and the food particles on the oven knobs were missed in the overall cleaning of the kitchen.</p> <p>a. The milks identified in the 2567 removed and replaced on 03/12/2018 b. The 5 of 5 oven dial knobs with food particles and the steam table identified in the 2567 were cleaned on 03/13/2018.</p> <p>2) The procedure for implementing the plan of correction is the following: a. The dietary manger will review the sanitation requirements with the facility's dietician on 3/30/2018 including removing of expired items and sanitation of dietary</p>		

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F 812	Continued From page 6 On 3/14/18 at 1:59 pm an interview with the Dietary Manager revealed her expectation is the daily cleaning schedule would be followed and that the kitchen would be kept clean. She stated that she also expected that the milk would be delivered timely twice a week and there would be no expired milks. On 3/14/18 at 4:45 pm an interview with the Administrator revealed his expectation was that the kitchen would be clean and food would be disposed of before the expiration date expired.	F 812	equipment. b. The dietary manager will conduct an in-service for dietary staff including cleaning of the oven and steamtable, procedures for expired items, and dietary sanitation by 04/10/2018. Staff failing to comply with sanitation requirements are subject to the facility disciplinary policy up to and including termination of employment. c. A revised quality assurance checklist, as part of the facility's overall QAPI program, has been implemented to assist the dietary manager in her visual inspections to ensure compliance. This form will be utilized to ensure proper food handling and sanitation is achieved and will include expired food items and sanitation. 3) In order to monitor the corrective actions and to ensure corrective actions are sustained the facility will: a. The dietary manger will conduct at least three times per week for the first month then weekly thereafter of the updated checklist to ensure staff is utilizing the checklist. b. The dietary manager and/or the Administrator will inspect the kitchen for expired items and cleanliness of the stove and steamtable. These will be completed weekly for three months and monthly thereafter. The findings of these inspections will be reviewed through the facility QAPI program and corrective actions taken as necessary. c. Staff failing to meet the requirements will be subject to the facility disciplinary policy up to and including termination of	

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F 812	Continued From page 7	F 812	employment. 4) The administrator is responsible for overall compliance 5) Date of compliance: 04/10/2018		
F 908 SS=E	<p>Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2)</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to maintain essential Kitchen equipment. There was 1of 6 temperature control knobs missing from the Kitchen oven and the steamer was leaking water onto the floor.</p> <p>Findings included:</p> <p>On 3/12/18 at 9:39 am an observation of the Kitchen oven revealed there was one of six temperature control knobs missing from the oven. During this observation it was also noted the Steamer was leaking water from around the door at the front of the steamer. There was a pitcher placed under the Steamer on a shelf to catch the water and a blanket was on the floor in front of the Steamer to catch the leaking water.</p> <p>On 3/12/18 at 11:45 am an observation of the Kitchen revealed the steamer continued to leak water into the pitcher on the shelf below the unit and onto the floor and the wet blanket was on the floor in front of the steamer. The oven was missing a one of six dial knobs.</p> <p>On 3/14/18 at 1:59 pm the Dietary Manager was</p>	F 908	<p>F908</p> <p>1) The facility has procedures to ensure essential equipment is in safe operating condition. It was identified that the oven a knob missing for one of the controls. At times some of the interior portions of the knob can become unsecure and will need to be replaced. This is how the knob became loose resulting in it not being on as of March 12, 2018. The steamer was not draining properly and the water was dripping out of the steamer so the staff placed a pitcher to catch the water and a blanket to ensure staff did not have a slip hazard.</p> <p>In order to correct these areas the following was completed:</p> <p>a. The one of six temperature control knobs missing from the oven identified in the 2567 was replaced on 03/14/2018 b. The steamer drain problem on the steamer was repaired on 03/14/2018 c. Dietary staff was in-serviced on completing maintenance request forms and completion by 04/10/2018</p> <p>2) The procedure for implementing the</p>	4/10/18	

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F 908	Continued From page 8 interviewed. The Dietary Manager was unaware the temperature control knob was missing from the oven. She stated she would put a work order in immediately to have it fixed. She stated her expectation was when she puts a work in for Kitchen equipment the equipment should be fixed timely. She stated the work order was put in for the steamer on 3/12/18. On 3/14/18 at 4:50 pm an interview with the Administrator revealed his expectation was the kitchen equipment would be clean and in good working order.	F 908	plan of correction is the following: a. Dietary staff will be in-serviced by April 6, 2018 on using maintenance request forms in reporting of maintenance issues in the dietary. b. The facility will conduct visual audits by the maintenance director and/or the administrator to ensure the equipment is in good repair and not missing components. Items identified will have a work order completed and corrected timely by maintenance. c. The maintenance director will conduct an in-service on completing work orders for areas of concern or issues identified that need to be corrected by 04/10/2018 3) In order to monitor the corrective actions and to ensure corrective actions are sustained the facility will: a. The maintenance director will be responsible for ensuring staff are using work orders and areas identified by staff are assessed and repaired as needed. b. The maintenance director utilizes a monthly inspection sheet of various maintenance areas that they are responsible for monitoring. The maintenance director has added dietary equipment in good repair to this check sheet. c. The facility will monitor compliance through its facility QAPI program. The maintenance director will provide weekly reports for the first three months on work orders, topics of work orders, department, reporting compliance by department, and completion to ensure compliance. Following the first three months, the maintenance director will		

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F 908	Continued From page 9	F 908	supply a monthly report to the QAPI committee to monitor compliance efforts where corrective actions can be taken as needed to ensure overall compliance. d. The Maintenance Director and Administrator will inspect the kitchen's equipment and make necessary repairs as identified. Following these corrective actions, inspections will be conducted at least quarterly to ensure equipment is maintained in good order. 4) The administrator is responsible for overall compliance 5) Date of compliance: 04/10/2018		
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain a safe environment as evidenced by one of three electrical outlets having electrical wires extending from it which were not protected by electrical conduit, in room 114. The findings included: An observation of room 114 on 3/12/18 at 10:09 AM revealed a black wire, a green wire, and a white wire not concealed in conduit. The conduit extended vertically from the ceiling and extended down the wall. Three wires were observed coming out of the vertical conduit, and then	F 921	F921 1) The facility has procedures to ensure a safe, functional, sanitary and comfortable environment. In this instance we had wires that were exposed without protective conduit. The area had not been reported by staff and thus had not been repaired by the maintenance department. The electrical outlet in room 114 having electrical wires exposed was repaired on 03/30/2018 with conduit. 2) The procedure for implementing the plan of correction is the following: a. The facility will conduct facility visual	4/10/18	

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F 921	<p>Continued From page 10</p> <p>entering a small piece of horizontal conduit which entered the double gang electrical box containing 4 electrical outlets. The three wires were not concealed in the conduit for approximately 5 inches for a 90 degree bend to the right. One of three outlets in the room were observed to have wires not protected by conduit.</p> <p>An observation of room 114 on 3/14/18 at 11:08 AM revealed a black wire, a green wire, and a white wire not concealed in conduit. The conduit extended vertically from the ceiling and extended down the wall. Three wires were observed coming out of the vertical conduit, and then entering a small piece of horizontal conduit which entered the double gang electrical box containing 4 electrical outlets. The three wires were not concealed in the conduit for approximately 5 inches for a 90 degree bend to the right. One of three outlets in the room were observed to have wires not protected by conduit.</p> <p>An observation of room 114 on 3/15/18 at 9:31 AM revealed a black wire, a green wire, and a white wire not concealed in conduit. The conduit extended vertically from the ceiling and extended down the wall. Three wires were observed coming out of the vertical conduit, and then entering a small piece of horizontal conduit which entered the double gang electrical box containing 4 electrical outlets. The three wires were not concealed in the conduit for approximately 5 inches for a 90 degree bend to the right. One of three outlets in the room were observed to have wires not protected by conduit.</p> <p>An interview and observation was completed with NA #2 on 3/15/18 at 9:44 AM regarding the exposed wires in room 114. The NA stated she</p>	F 921	<p>audits by the maintenance director and the administrator of the facility to identify exposed wires in both common areas and patient rooms. Items identified as not having proper conduit will have a maintenance request form completed and timely repairs made as needed.</p> <p>b. The facility conducted a general staff in-service on March 23, 2018 that included reporting of maintenance issues and use of maintenance request forms.</p> <p>c. The maintenance director will conduct an in-service for facility staff on staff reporting and completing work orders for maintenance issues by 04/10/2018.</p> <p>3) In order to monitor the corrective actions and to ensure corrective actions are sustained the facility will:</p> <p>a. the maintenance director will be responsible for ensuring staff are using work orders and areas identified by staff are assessed and repaired as needed.</p> <p>b. the maintenance director utilizes a monthly inspection sheet of various maintenance areas that they are responsible for monitoring. The maintenance director has added electrical outlets to this check sheet.</p> <p>c. The facility will monitor compliance through its facility QAPI program. The maintenance director will provide weekly reports for the first three months on work orders, topics of work orders, department, reporting compliance by department and completion to ensure compliance. Following the first three months, the maintenance director will supply a monthly report to the QAPI committee to monitor</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2018
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
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F 921	<p>Continued From page 11</p> <p>was unaware there were wires which were exposed in room 114. The NA stated there was usually a chair in front of the wires and outlet and she had not seen the exposed wires and was unaware there was missing conduit. The NA stated she had not written a work order for the exposed wires in room 114. The NA stated she was going to write a work order for the exposed wires in room 114.</p> <p>An interview and observation was completed with the Maintenance Director (MD) on 3/15/18 at 9:54 AM. An observation was conducted of room 114 and the MD observed the black, white, and green wires which were not protected by the conduit. The MD checked the outlets in the box which the wires were connected to with a voltage meter and stated there was power at the box. The MD stated the white wire was the neutral wire, the green wire was the ground wire, and the black wire was the "hot" wire which supplied electric power to the electrical outlets in the two gang 4 outlet box connected to the wires. The MD stated he was unaware the 90 degree conduit 90 elbow was missing and the wires were not protected. The MD stated he had not received a work order for the exposed wires in room 114. The MD stated it was his expectation that wires be properly protected by conduit, not exposed, and if there were exposed wires which were not protected he needed to receive a work order regarding the wires.</p> <p>A review was completed of the work orders turned into the MD from February and March of 2018 did not reveal a work order for the exposed wires in room 114.</p> <p>An interview was conducted with the</p>	F 921	<p>compliance efforts where corrective actions can be taken as needed to ensure overall compliance.</p> <p>4) The administrator is responsible for implementing the plan of correction in coordination with facility maintenance personnel.</p> <p>5) Date of compliance: 04/10/2018</p>		

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

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F 921	Continued From page 12 administrator on 3/15/18 at 3:25 PM. The Administrator stated it was his expectation if construction or maintenance issues were discovered by a staff member, a work order for the maintenance department would be completed. Upon maintenance being made aware of the identified maintenance issue through the work order, the maintenance department would be able to complete the necessary repairs.	F 921		