STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345351	A. BUILDING _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SALUDA	501 ESSEOLA CIRCLE SALUDA, NC 28773

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E 000	Initial Comments An unannounced Recertification survey was conducted on 05/09/22 through 05/12/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #TNXJ11.	E 000		
F 000	INITIAL COMMENTS A recertification survey and complaint investigation were conducted 05/09/22 through 05/12/22. 7 of 7 complaint allegations were unsubstantiated. Intake numbers: NC00188325, NC00188253, NC00187692, and NC00187834. Event ID #TNXJ11.	F 000		
F 584 SS=B	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §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. The facility must provide- §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. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584		6/8/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/02/2022

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F 584	Continued From page 1 and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §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 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to appropriately label and store personal care items for 1 of 36 bathrooms (bathroom of B-1); maintain a clean and sanitary doorframe for 1 of 36 bathrooms (bathroom of C-1), maintain a clean and sanitary floor for 1 of 36 bathrooms (bathroom of D-9); and maintain clean and sanitary privacy curtains for 2 of 36 rooms (room B-3 and room D-6) reviewed for safe/clean/comfortable/homelike environment. The deficient practice affected 3 out of 5 halls. Findings included: 1. An observation of the shared bathroom of room B-1 on 05/09/22 at 02:26 PM revealed an unlabeled denture cup and unlabeled toothbrush sitting on the sink and a cup containing an unlabeled toothbrush and unlabeled toothpaste	F 584	On 5/12/2022, the Director of Nursing removed the unlabeled items as well as the improperly stored personal items, and replaced them with labeled items and stored them appropriately. On 5/12/2022, the Housekeeping Supervisor replaced stained privacy curtains. No resident suffered any negative effects as a result of the findings. All residents have the potential to be affected by this deficient practice. 100% sweep of all resident rooms, bathrooms, commons bathing rooms, and privacy curtains was completed by 5/13/2022 by the facility Administrator. All areas of negative findings were corrected on 5/13/2022.	

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F 584	Continued From page 2 sitting on a shelf beside the sink. An observation of the shared bathroom of room B-1 on 05/12/22 at 03:10 PM revealed an unlabeled denture cup and unlabeled toothbrush sitting on the sink, an unlabeled and uncovered urinal sitting on the back of the toilet, and a cup containing an unlabeled toothbrush and unlabeled toothpaste sitting on a shelf beside the sink. A joint interview with the Administrator and the Director of Nursing (DON) on 05/12/22 at 03:45 PM revealed all personal items were to be labeled and all urinals were to be labeled and covered by the person who placed the items in the bathroom. 2. An observation of the doorframe of the shared bathroom of room C-1 on 05/09/22 at 03:36 PM revealed an approximately one and a half inch smear of brown matter. An observation of the doorframe of the shared bathroom of room C-1 on 05/12/22 at 02:54 PM revealed an approximately one and a half inch smear of brown matter. An interview with the Environmental Service Supervisor (ESS) on 05/12/22 at 03:00 PM revealed bathrooms were cleaned daily and the smear of brown matter to doorframe of should have been removed when the bathroom was cleaned. The ESS stated she mopped the bathroom of C-1 earlier the day of 05/12/22 and she did not see the brown matter. An interview with Housekeeper #3 on 05/12/22 at 03:08 PM revealed she cleaned the bathroom of room C-1 earlier on 05/12/22 and she did not see the brown matter to the doorframe or she would	F 584	To prevent this from reoccurring, the facility Administrator and Director of Nursing will in-service all department managers, clinical, and housekeeping staff on ensuring that personal care items are appropriately labeled and stored, as well as ensuring that privacy curtains are clean. Education will be completed by 6/4/2022. New hires after 6/4/2022 will receive the same education. Observation for items stored and labeled properly as well as ensuring privacy curtains are clean will be monitored through routine weekly rounds beginning 6/6/2022 by the department managers. To monitor and maintain ongoing compliance, beginning 6/6/2022, 10 resident rooms will be reviewed by the Administrator or designee for 8 weeks to ensure personal hygiene items and stored and labeled appropriately and that the privacy curtains are clean. Any identified concerns will be corrected immediately. The results of the weekly findings will be discussed in the QAPI meeting. The QA committee will determine the need for increase in the frequency based on the results of the findings. The facility Administrator is responsible for compliance. The facility will be in compliance by 6/8/2022.	

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F 584	Continued From page 3	F 584		

have removed it.

An interview with the Administrator on 05/12/22 at 03:45 PM revealed he expected bathrooms to be clean.

3. An observation of the privacy curtain between the A and B bed of room B-3 on 05/12/22 at 03:12 PM revealed multiple stained areas on the curtain.

An interview with the ESS on 05/12/22 at 03:17 PM revealed privacy curtains were checked monthly for cleanliness. The ESS said the privacy curtain was stained and she would change it.

An interview with the Administrator on 05/12/22 at 03:45 PM revealed he expected privacy curtains to be clean.

4. An observation made on 05/09/22 at 2:56 PM revealed three, brown and orange colored stains on privacy curtain located in Room D-6.

A follow-up observation on 05/10/22 at 9:40 AM revealed the privacy curtain remained stained.

An observation and interview were conducted on 05/12/22 at 3:17 PM with the Environmental Service Supervisor (ESS). The ESS revealed she tried to check privacy curtains monthly and resident rooms were also checked daily for cleanliness. The ESS stated the privacy curtain was dirty and she would change it.

5. During an observation on 05/09/22 at 4:06 PM

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F 584	Continued From page 4	F 584		

the floor in the bathroom of Room D-9 had three areas of brown colored matter. One area was located at the front side of the toilet and appeared to have been stepped in with two other areas of the same color located between the toilet and bathroom door.

An observation on 05/10/22 at 9:32 AM of the bathroom in Room D-9 remained unchanged with the same three areas of brown colored matter on the floor.

An observation and interview were conducted on 05/11/22 at 10:25 AM with Housekeeper (HK) #1. HK #1 observed the same areas of brown colored matter on the bathroom floor of Room D-9. HK #1 revealed today was the first day she was assigned to clean resident rooms on this side and just started on the D Hall rooms. HK #1 revealed housekeeping staff clean resident bathrooms every day which included to mop the floor. HK #1 indicated she would ensure the brown colored matter was cleaned off the floor.

During an interview on 05/12/22 at 2:55 PM the Environmental Service Supervisor (ESS) revealed she had talked with HK #2 who was assigned to clean the bathroom in Room #D-9 on 05/09/22 and 05/10/22. The ESS revealed HK #2 indicated she had cleaned the bathroom on both days. The ESS revealed resident bathrooms were cleaned daily and she wouldn't expect to see the same brown colored matter on the floor for two successive days.

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F 584	Continued From page 5 An interview was conducted on 05/12/22 at 6:36 PM with the Administrator. The Administrator revealed rounds were done to check the cleanliness of resident rooms and he would expect bathroom floors were kept clean.	F 584		
F 805 SS=D	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on record review, observations, and interviews with the Registered Dietician and staff the facility failed to provide a diet that consisted of ground textured foods for 1 of 5 residents reviewed for nutrition (Resident #68). The findings included: Resident #68 was admitted to the facility on 01/26/22 with diagnoses including dementia and protein/calorie malnutrition. A physician's order written on 01/27/22 revealed Resident #68's received a regular/ground texture diet. Review of the most recent quarterly Minimum Data Set (MDS) dated 04/18/22 assessed Resident #68 as being moderately impaired	F 805	During lunch on 5/9/2022, cubed pork was removed from tray and replaced with ground pork. Certified Nursing Assistant picked up tray and returned it to the kitchen for meat to be ground. Dietary Director was immediately informed of the incident. The resident did not suffer any negative outcome as a result of being served cubed pork. All residents with mechanical ground diets have the potential to be affected by this deficient practice. Dietary Director was immediately notified and communicated this issue to his staff. On 5/10/2022, Dietary Director completed a walk through to validate that no other residents with mechanical ground diet received inappropriate food. No resident suffered any negative outcome. To prevent this from reoccurring, the Administrator and Dietary Director	6/8/22

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F 805	Continued From page 6 cognitively and needing supervision and setup with eating. The MDS assessment of Resident #68's nutritional status identified weight loss with a recorded weight of 105 pounds and a mechanically altered diet. A Registered Dietician (RD) note written on 04/21/22 reveiwed Resident #68 for weight loss. The note indicated Resident #68 was able to verbalize needs and feed herself. Resident #68's intake was poor, eating approximately 25 percent of meals and received a regular/ground texture diet. The care plan last revised on 04/25/22 identified Resident #68's nutrition was at risk due to complications related to diagnoses, poor appetite, refusal of supplements, and age. Interventions in place included provide diet per physician's order. During an observation of the lunch meal on 05/09/22 at 12:36 PM Resident #68 was served a plate of food that consisted of meat cut into cube like shapes approximately a quarter to half inch in size and broccoli that was chopped into bite size pieces. The meal ticket on the tray revealed the diet order was for regular/ground texture. An interview was conducted on 05/12/22 at 11:34 AM with the RD. The RD revealed the appearance of ground textured food would look like ground hamburger and not be in the shape of a cube or cut in pieces.	F 805	provided education to all kitchen staff on the urgency of following mechanical ground diets. All education will be completed by 6/4/2022. Present staff was educated prior starting back to work. Dietary staff hired after 6/4/2022 will receive the same education. Department staff will monitor for compliance during routine meal assistance weekly. To monitor and maintain compliance, beginning 6/6/2022, the facility Administrator or designee will observe and audit 10 residents' mechanical ground meals served per week for 12 weeks. Any discrepancies will be corrected immediately. The results of the weekly findings will be discussed in the QAPI meeting. The QA committee will determine the need for increase in the frequency based on the results of the findings. The facility Administrator is responsible for compliance. The facility will be in compliance by 6/8/2022.	

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F 805	Continued From page 7 An interview was conducted with Dietary Manager (DM) on 05/12/22 at 1:36 PM. The DM revealed food chopped into cube like pieces was not consider a ground texture. The DM revealed the last person in the kitchen to handle the meal tray should check the ticket for the diet order and ensure the food on the plate was the right consistency before leaving the kitchen. The DM revealed it was the Cook's responsibility to prepare ground food based on the recipe provided and guidance was also posted in kitchen to help dietary staff identify the difference in the consistency of chopped and ground food. During an interview on 05/12/22 at 6:00 PM the Director of Nursing (DON) stated the consistency of the food should corollate with diet order on the meal ticket. An interview with the Administrator was conducted on 05/12/22 at 6:27 PM. The Administrator stated staff serving the meal should follow the order on the meal ticket.	F 805		
F 808 SS=D	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced	F 808		6/8/22

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F 808	Continued From page 8 by: Based on record review, observations, staff interviews, and facility Nurse Practioner (NP) interviews the facility failed to provide a low concentrated sweets diet as ordered for 1 of 5 residents reviewed for therapeutic diets (Resident #37). The findings included: Resident #37 was admitted to the facility on 12/14/18 with diagnoses that included diabetes. Review of the active physician orders included a diet order for a low concentrated sweets diet dated 3/11/21. Review of Resident #37's quarterly Minimum Data Set (MDS) assessment dated 03/21/22 revealed she was on a therapeutic diet and her cognition was moderately impaired. In an observation on 5/10/22 at 8:34 am Resident #37 was in her room and her breakfast tray had been delivered and set up. Observation of the tray revealed she was served a full-sized glazed doughnut and her printed tray card indicated she was on a low concentrated sweets diet. In an interview on 5/11/22 at 3:35pm the facility Nurse Practioner (NP) stated, "A doughnut should not have been on her tray." An interview was conducted with the Dietary Manager on 5/12/22 at 1:38 PM. He indicated a doughnut was not part of a low concentrated sweets diet. He stated Resident # 37 should not have been sent a doughnut on her tray. He further revealed the person at the end of the tray	F 808	Facility's Nurse Practitioner stated that it was acceptable for the resident to occasionally have a doughnut. The doughnut was consumed by the resident without incident. All diabetic residents and residents with therapeutic diets have the potential to be affected by this deficient practice. On 5/10/2022, the Dietary Director was immediately notified and communicated the issue to his staff. Dietary Director completed a walk through to validate that no other diabetic resident received inappropriate food. No resident suffered any negative outcome. To prevent this from reoccurring, the Administrator and Dietary Director began education on 5/13/2022 to all kitchen staff on the urgency of following the diabetic menu spreadsheet. All dietary staff was educated prior to starting work. Education will be completed by 6/4/2022. Dietary staff hired after 6/4/2022 will receive the same education. The department head staff will monitor for compliance during routine meal service assistance weekly and any discrepancy will be corrected immediately. To monitor and maintain ongoing compliance, beginning 6/6/2022, the facility Administrator or designee will audit 10 diabetic resident meals served per week for 12 weeks. The results of the weekly findings will be	

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F 808	Continued From page 9 line should have checked the tray for accuracy before it was sent to the resident. On 5/12/22 at 4:49PM the Director of Nursing was interviewed. She stated that a resident should not be served a sweet item like a doughnut if she had an order for a low concentrated sweets diet. The Administrator was interviewed on 5/12/22 at 6:28pm. He stated he expected diet orders to be followed.	F 808	discussed in the QAPI meeting. The QA committee will determine the need for increase in the frequency based on the results of the findings. The facility Administrator is responsible for compliance. The facility will be in compliance by 6/8/2022.	
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 safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §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 observations and staff interviews the facility failed to label or date food items stored in	F 812	During the survey, the Dietary Director cleaned both refrigerators and removed	6/8/22

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F 812	Continued From page 10 the refrigerator; failed to discard expired food items; failed to ensure frozen food was kept solid; and failed to store food items away from soiled surfaces for 2 of 2 refrigerators located in 2 of 2 nourishment rooms (side one and side two). This practice had the potential to affect food served to residents. The findings included: 1. An observation of the side two nourishment room was made on 05/11/22 at 1:40 PM with the Director of Nursing (DON). The refrigerator in the nourishment room contained a half used, 59-ounce opened container of peach flavored punch with an expiration date of 03/21/22. A 4-ounce container of cottage cheese with an expiration date of 04/20/22 labeled with a resident's name that no longer resided at the facility. A thawed, frozen dinner, single entrée of spaghetti with meat sauce with an expiration date of 5/10/22 with no name. Two containers of leftover food with no name or date. An interview was conducted with the DON on 05/11/22 at 1:54 PM. The DON revealed food stored in the nourishment room should be labeled with the resident's name and date when placed in refrigerator or freezer and expired foods should be discarded. The DON revealed it was the staff member who placed the food item in the refrigerator or freezer responsibility to label with the name of the resident it was for and date when they placed the food item. The DON revealed dietary staff were responsible for keeping the nourishment room refrigerators and freezers clean but indicated it was a team effort and would expect staff to be aware of unlabeled and expired food items.	F 812	all expired food. All residents utilizing refrigerators to store personal food have the potential to be affected by this deficient practice. Both refrigerators were cleaned and expired food was removed on 5/11/2022. As an additional validation, the facility Administrator and Director of Nursing inspected the refrigerators on 5/11/2022 to ensure they were clean and all expired food was removed. To prevent this from reoccurring, the Administrator and Dietary Director provided education to all kitchen staff on the expectation of daily inspection for expired food and cleaning as needed for nourishment room refrigerators. All dietary staff was educated prior to starting work. Education will be done by 6/4/2022. Dietary staff hired after 6/4/2022 will receive the same education. A form has been created for the assigned staff to document cleaning and inspection of the nourishment room refrigerator that will be utilized and monitored for compliance. During routine rounds, the department head staff will assist in monitoring for compliance. To monitor and maintain compliance, beginning 6/6/2022, the facility Administrator or designee will audit and inspect the nourishment room refrigerators twice per week for 12 weeks to ensure there is no expired food and that all food is stored properly and the refrigerator is clean. Any discrepancies	

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F 812	Continued From page 11 An interview was conducted on 05/12/22 at 6:36 PM with the Administrator. The Administrator stated the issues of cleanliness, non-labeled, and expired food items was unfortunate, and the facility had done a lot of training and he expected the nourishment room refrigerators to be clean. 2. An observation of the side one nourishment room was conducted on 05/11/22 at 1:54 PM with the DON. The refrigerator was located in the designated staff breakroom. The freezer section contained approximately 10 frozen and unwrapped corn dogs placed in a plastic grocery bag with no name or date. The freezer section also contained an individual serving of frozen macaroni and cheese with no name. The refrigerator section contained the following: three containers of leftover food with no name or date, half of a large pizza in a box with no name or date, a quartered watermelon dated 04/30/22 with no name, one 12-inch and one 6-inch submarine sandwich with no name or date, a 16-ounce of organic tofu with an expiration date of 04/02/22 labeled with the name of a resident, a 8-ounce container of goat cheese with an expiration date of 03/13/22 labeled with a resident's name, a opened 8-fluid ounce supplement drink with no name or open date, five half-pint cartons of whole milk with an expiration date of 04/26/22, four half-pint cartons of whole milk with an expiration date of 04/29/22, and one carton with an expiration date of 05/02/22. All the items above were discarded by the DON. The inside of the refrigerator appeared unclean with dried, brown colored debris on the shelves of the door, pieces of cardboard stuck to the shelves on the inside of the refrigerator, and a buildup of dried debris in both storage bins.	F 812	will be correct immediately. The results of the findings will be discussed in the QAPI meeting. The QA committee will determine the need for increase in the frequency based on the results of the findings. The facility Administrator is responsible for compliance. The facility will be in compliance by 6/8/2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345351	A. BUILDING _____ B. WING _____	C 05/12/2022

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F 812	Continued From page 12	F 812		

An interview was conducted with the DON on 05/11/22 at 1:54 PM. The DON revealed food stored in the nourishment room should be labeled with the resident's name and date when placed in refrigerator or freezer and expired foods should be discarded. The DON revealed it was the staff member who placed the food item in the refrigerator or freezer responsibility to label with the name of the resident it was for and date when they placed the food item. The DON revealed dietary staff were responsible for keeping the nourishment room refrigerators and freezers clean but indicated it was a team effort and would expect staff to be aware of unlabeled and expired food items.

An observation and interview were conducted on 05/11/22 from 2:22 PM through 2:42 PM with the Dietary Manager (DM). The DM observed the refrigerator was not clean and all the items removed by the DON. The DM stated it was the responsibility of dietary staff to clean the refrigerators in the nourishment rooms which included to discard food items with no name or date and expired items. The DM revealed nourishment room refrigerators were to be cleaned weekly and stated it had not been done.

An interview was conducted on 05/12/22 at 6:36 PM with the Administrator. The Administrator stated the issues of cleanliness, non-labeled, and expired food items was unfortunate, and the facility had done a lot of training, and he expected the nourishment room refrigerators to be clean. The Administrator revealed having a refrigerator designated for residents in the staff break room was not a good idea.

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F 925	Continued From page 13	F 925		
F 925 SS=E	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to prevent mouse activity as evidence by droppings found on the floor in the designated area used to store food for 1 of 1 kitchen dry storage areas reviewed for pest control. The findings included: Review of the most recent contracted pest exterminator document dated 04/18/22 revealed mice baits were placed by the dumpster. The document did not indicate there was evidence of mice inside the facility. On 05/09/22 at 9:59 AM an initial tour of the kitchen revealed mouse droppings were observed on the floor in the dry food storage area. The food products were being stored on a shelf off the floor. The floor had debris including a bread crouton and appeared it had not been cleaned. During an interview and observation on 05/09/22 at 10:00 AM the Dietary Manager (DM) revealed the kitchen floor was swept and mopped at least daily. The DM observed the mouse droppings on the floor of the dry food storage area and stated he was not aware of mice activity in the kitchen. During an interview on 05/11/22 at 4:03 PM the DM revealed the cleaning schedule of the kitchen	F 925	Mice dropping was immediately cleaned up and floor was sanitized by Dietary staff on 5/11/2022. All residents have the potential to be affected by this deficient practice, therefore, all other areas of the kitchen were inspected for other droppings. No other droppings were found. The facility Administrator inspected to confirm that the floor was clean on 5/12/2022 and 5/13/2022. To prevent this from reoccurring, the dietary staff were educated on the urgency of acute awareness for any signs of pests or rodents by the facility Administrator and Dietary Director. All dietary staff was educated prior to starting back to work. Education will be completed by 6/4/2022. Dietary staff hired after 6/4/2022 will receive the same education. The floor will be inspected and cleaned each day. A checklist will be completed daily by the kitchen staff. Any signs of pest droppings will be immediately acted upon. To monitor and maintain ongoing compliance, beginning 6/6/2022, the Administrator or designee will observe	6/8/22

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F 925	Continued From page 14 did not include to sweep and mop the dry food storage area but was expected to be done at the end of the day before dietary staff left. The DM stated he should have checked before he left on 05/08/22 to ensure the dry food storage area was swept and mopped but didn't. An interview was conducted with the Administrator on 05/12/22 at 6:36 PM. The Administrator revealed the facility had a contract with a pest control company who came monthly and when needed. The Administrator revealed he was not aware of mouse activity in the kitchen, and it was his expectation dietary staff kept the kitchen clean and if there were issues those would be addressed.	F 925	and audit the kitchen to ensure the floors remain free from pest droppings for 12 weeks. The results of the weekly findings will be discussed in the QAPI meeting. The QA committee will determine the need for increase in the frequency based on the results of the findings. The facility Administrator is responsible for compliance. The facility will be in compliance by 6/8/2022.	