ADHS LICENSING SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		• •		COMPLETED		
					C 03/04/2014	
		AL0021C	B. WING		1 03/04/2	014
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE		
	T 14TH STREET, TH			14TH STREET		
LODGE A			AZ 85014	PROVIDER'S PLAN OF CORREC	TION	(X5)
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A 000	INITIAL COMMEN	TS	A 000			
	conducted at the A	an on-site investigation was ssisted Living Facility to make we records, and conduct to complaint AZ00121479, AZ00122320.		RECEIVED DEPARTMENT OF HE	ALTH	
	investigation. Five residents wer	rere interviewed during this re interviewed during this was interviewed during this		MAY 23 2014 LICENSING DIVISIO 4TH FLOOR RECEPTION		
	Personnel records	viewed was: Resident records, s, and Policies and Procedures. of the complaint investigation, it		RECEIVED Phoenix Office		
	was determined the	nat the allegations were I the following deficiencies were		MAY 2 7 2014 AZ Dept. of Health Services Residential Facilities		
	Laura Redpath State Licensing S	Date Surveyor	denne de maria de mar	Residential Facilities Lice	nsing	
	Lisa Perez State Licensing S	2 4/30/14 Date Surveyor				
A 62	2 R9-10-806.A.9. F	PERSONNEL	A 622	Steve Martin, Manager, ver	1	21/2014
	R9-10-806.A.	A manager shall ensure that:		were documented and filed i	in the	
in the state of th	services or direc	Before providing personal care ted care services to a resident, giver provides current	а	appropriate way needed to b compliance on 5/21/2014. (CAttached) (C		
LABORATO		OVIDER/SUPPLIER REPRESENTATIVE'S S	GRATURE 6899	Mart MAINAGEI	2 5	$\frac{(X6) DATE}{23/4}$

STATE FORM

ADHS LIC	ENSING SERVICE	S I PROMINEROUS PROPERTY I	(X2) MI II TIPI I	E CONSTRUCTION	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED	
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		AL0021C	B. WING		03/04/2014
	ROVIDER OR SUPPLIER		RESS, CITY, S	STATE, ZIP CODE	
		_ 2933 - 35 -	41 NORTH	14TH STREET	
LODGE AT	Γ 14TH STREET, TH	E PHOENIX,	AZ 85014		ON NO
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
ì	Continued From pa		A 622	2. The deficiency was corrected 5/21/2014.	lon
	cardiopulmonary recertification specification specification specification specification specification specification specification specification record remaintain current discardiopulmonary refindings include: 1. Review of D1's showed a CPR cad be found in his record specification in his record specification in the specification of 6/28/13 at 6/2015.	met as evidenced by: eview and interview, the nsure one of six employee's ocumentation of first aid and esuscitation training. record (date of hire 6/11/07) and that expired 6/2013. When a current CPR card could not cord, a CPR and first aid card am American Emergency g. This card showed an issue and an expiration date of		3. Steve Martin, Manager, or de will be responsible for ensuri all cpr and first aid training certificates are documented in accordance with A622 4. The Manager conducted an ingation and the person responsives suspended for ten days a given a zero tolerance policy going forward with any simil incident resulting in terminat	ng that nvesti- sible nd ar
	2. D1's CPR and the original name in.	first aid card appeared to have removed and D1's name writter	1		
	showed her CPR	is requested for review and and first aid card. D6's CPR was the original card.			
	Interview with as attending the twas not.	IP1 revealed D6 was on record training 6/28/13, however D1			
A 638	R9-10-806.C.1.c. R9-10-806.C. personnel record	viii. PERSONNEL A manager shall ensure that a for each employee or volunteer	A 638	1. Steve Martin, Manager, verifall fingerprint clearance carded documented and filed in the appropriate way needed to be pliance on 5/21/2014 (Con	s were

D4FQ11

ADHS LICENSING SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ AND PLAN OF CORRECTION C 03/04/2014 AL0021C STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2933 - 35 - 41 NORTH 14TH STREET LODGE AT 14TH STREET, THE PHOENIX, AZ 85014 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (DPS Application Attached) A 638 Continued From page 2 A 638 Includes: R9-10-806.C.1. The deficiency was corrected on 5/12/2014. Documentation of: R9-10-806.C.1.c. R9-10-806.C.1.c.viii. Documentation of Steve Martin, Manager, or designee, compliance with the requirements in A.R.S. § will be responsible for ensuring 36-411(A) and (C); and fingerprint clearance cards are documented and verified in accordance This RULE is not met as evidenced by: with A638. Based on record review and interview, the manager did not ensure that one of six employee The Administrator conducted an records had documentation of a valid fingerprint in-service on 5/14/14 detailing the clearance card in compliance with A.R.S. § proper requirements for fingerprint 36-411. cards. Findings include: 1. Review of D2's record (hire date 12/13/12) showed a Fingerprint Card Application, dated 01/18/13, however there was no documentation of a fingerprint clearance card. 3. Interview with the Department of Public Safety (DPS) revealed that D2 requested a fingerprint card on 01/18/13, however, the application was unreadable and a request from DPS for a reprint was submitted to D2 on 02/01/13. M1 and D1 acknowledged there was no documentation of a fingerprint card for D2. 3/04/2014 A signature was added by Steve A 823 R9-10-808.A.5.b. SERVICE PLANS A 823 Martin, Manager, to the appropriate R9-10-808.A. Except as required in subsection space provided on the service plan (B), a manager shall ensure that a resident has a on 3/4/14. written service plan that: R9-10-808.A.5. When initially developed and

If continuation sheet 3 of 9

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ADHS LICENSING SERVICES		S (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	(X3) DATE SURVEY COMPLETED	
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		.,,,,,,,,	B. WING		03/04	1/2014	
		AL0021C		0000			
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY,	STATE, ZIP CODE		1	
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LODGE A	T 14TH STREET, TH		AZ 85014	PROVIDER'S PLAN OF CO	SPRECTION I	(X5)	
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	Continued From pa		A 823	2. The deficiency was co	rrected on		
	when updated, is s	signed and dated by:					
	R9-10-808.A.5.b.	The manager;		3. Steve Martin, or desig responsible for ensuring residents' service plan	ng that all		
	Based on record r	met as evidenced by: eview and interview, the ensure a resident had a written when initially developed was by the manager.		documentation and signeeded to be in completed. A823.	natures ance with		
	Findings include:			4. The Administrator cor in-service on 4/2/14 d	etailing		
	personal level of o			proper documentation ature practices of serv needed to be in compl	ice plans		
	R3's service p signature or date	lan dated 02/25/14 showed no from the manager.		(Attached)			
	3. M1 and D1 ac was not signed a	knowledged R3's service plan nd dated by the manager.					
A1901	R9-10-819.A.1.a. STANDARDS	ENVIRONMENTAL	A1901	1 Steve Martin, Manage all rooms were cleaned	and dis-	3/04/2014	
	R9-10-819.A.	A manager shall ensure that:		infected in accordance and procedures design	ed to minimize		
	R9-10-819.A.1. are:	The premises and equipment		and prevent illness or 3/4/14. The manager at the demolition and reb	also oversaw		
	designed to prev	 Cleaned and, if applicable, rding to policies and procedures rent, minimize, and control illness 	5	cabinet under the sink bedroom on 3/4/14.	in R10's		
	or infection; and	t to a sidemand bur		2. The deficiency was co 3/4/14.	rrected on		
	Based on observ	ot met as evidenced by: vation and interview, the manage ne premises was cleaned.	er	3. Steve Martin, Manage will be responsible for			

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ADHS LICENSING SERVICES

AND DIAM OF CODDITION IDENTIFICATION NUMBER.		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		AL0021C	B. WING		C 03/04/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	
LODGE	AT 14TH STREET, TH		41 NORTH AZ 85014	14TH STREET	
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A1901	surveyors smelled a R8, and R9's share bedroom. 2. M1 and D1 ackn bedrooms had a uri 3. During the facilit surveyors observed the sink, in R10's be 4. M1 and D1 ackn	y tour with D1 and O1, the a strong odor of urine in R7, d bedroom and in R10's sowledged the resident ine odor. y tour with D1 and O1, the mold and rotten wood under	A1901	will be cleaned and disinfect as stated in the policy and precedures designed to minimize prevent illness or infection is accordance with A1901. 4. The Administrator conducted in-service on 4/2/14 detailing new checklist for room cleaned designed to maintain daily opliance. (Attached)	te and an and an and an an and an and an an and an and an and an and an and an and an an an and an
A1902	R9-10-819.A.1. The are: R9-10-819.A.1.b. situation that may condition that may condition that may condition or situation that may condition or situation.	nanager shall ensure that: e premises and equipment Free from a condition or ause a resident or other	A1902	 Steve Martin, Manager, ver all smoke detectors were clefree of tampering on 3/4/14 Administrator removed the question immediately and c ducted a 1:1 educational ses on the dangers of smoking with R11 on 3/4/14 The deficiency was corrected 3/4/14. Steve Martin, Manager, or will be responsible for ensuall smoke detectors remain tampering and remain in ac with A1902. 	ean and The tape in on- ssion indoors ed on designee, uring that free from

(X3) DATE SURVEY

ADHS LICENSING SERVICES

	INT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S N OF CORRECTION IDENTIFICATION NUMBER: A RIBB DING: COMPL					
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		AL0021C	B. WING		03/04/	/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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A1902	surveyors observed room that was covered. 2. D1 acknowledg covered with duct thave done that so	age 5 ty tour with D1 and O1, the d a smoke detector in R11's ered with duct tape. ed the smoke detector was ape and stated R11 might he could smoke in his room. I ever smoked in his room.	A1902	4. The Administrator conducted in-service on 4/2/14 details smoke detector status during room cleanings and checks (Attached)	ng ng i.	
A1903	R9-10-819.A. And R9-10-819.A.2. And implemented and of the state of th	met as evidenced by: eview and interview, the essure a pest control program est of eradicate pests on the est tour with D1 and O1, the est bed bugs in R4's bedroom	A1903	 Steve Martin, Manager, over bed bug eradication efforts provided by Schendel Pest Services following an approproposal approved by Char Jackson, State Licensing To Leader, following a provide meeting agreement held on 3/7/14. Heat treatments we conducted 3/12/14 thru 3/1 throughout the entire facility weekly updates on progress emailed to Charles Jackson approval. Contracted pest efforts continue in accordant the approved proposal. (At 2. The deficiency was correct 3/12/14. Steve Martin, Manager, on will be responsible for compest control efforts in conjuith contracted pest control 	oved les eam er re 4/14 ty and s were for control nce with tached) ted on designee, ntinuing unction	3/12/2014

(X2) MULTIPLE CONSTRUCTION

ADHS LICENSING SERVICES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	· A para · · · · · · · · · · · · · · · · · ·			
		AL0021C	B. WING		03/0	4/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
LODGE	AT 14TH STREET, TH		- 41 NORTH , AZ 85014	14TH STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOÙLD BE	(X5) COMPLETE DATE	
A1903	not dated. 3. M1 and D1 ackr observed in the fac 4. IP2 from the De	nowledged bed bugs were ility. partments Office of Infectious the sample obtained during	A1903	4. The Administrator creat verified with Charles Ja and in-serviced a new bug policy and procedu 3/20/14 designed to be compliance. (Attached)	ckson, ed re on		
A2013	R9-10-820.B.4. At accessible from a consible f	nanager shall ensure that: least one bathroom is common area and: Contains the following: Paper towels in a dispenser	A2013	 Steve Martin, Manager, bed bug eradication effor provided by Schendel P Services following an approposal approved by C Jackson, State Licensing Leader, following a promeeting agreement held 3/7/14. Heat treatments conducted 3/12/14 thru throughout the entire faweekly updates on progemailed to Charles Jack approval. Contracted perforts continue in account the approved proposal. The deficiency was con 3/12/14. Steve Martin, Manager will be responsible for pest control efforts in cwith contracted pest coneeded to be in compli 	orts est oproved harles g Team vider on were 3/14/14 cility and ress were son for est control rdance with (Attached) rected on c, or designee continuing conjunction entrol services		

ADHS LICENSING SERVICES

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
LODGE	AT 14TH STREET, TH	-	-41 NORTH AZ 85014	14TH STREET			
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A2013	Continued From pa	ige 7	A2013				
	Three did not conta or a mechanical air	in paper towels in a dispenser hand dryer.					
A2064	R9-10-820.D.7.a. F STANDARDS	PHYSICAL PLANT	A2064	SEE ATT	A CH€D		
	R9-10-820.D. Ar	nanager shall ensure that:					
	R9-10-820.D.7. If reach sleeping area	not furnished by a resident, has:					
	width and 72 inche	A bed, at least 36 inches in s in length, consisting of at nattress that is clean and in					
		net as evidenced by: ion and interview, the manager attress was clean.					
	Findings include:						
	surveyors observed	ty tour with D1 and O1, the digital R11's mattress with bloodings, and urine stains.					
	2. M1 and D1 ackr not clean.	nowledged R11's mattress was					
A2065	R9-10-820.D.7.b. F STANDARDS	PHYSICAL PLANT	A2065	SEE ATTA	CHED		
	R9-10-820.D. Ar	manager shall ensure that:					
	R9-10-820.D.7. If reach sleeping area	not furnished by a resident, has:					
	R9-10-820.D.7.b.	Clean linen including a					

PRINTED: 04/30/2014 FORM APPROVED ADHS LICENSING SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _____ С B. WING AL0021C 03/04/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2933 - 35 - 41 NORTH 14TH STREET LODGE AT 14TH STREET, THE PHOENIX, AZ 85014 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A2065 A2065 Continued From page 8 mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident; This RULE is not met as evidenced by: Based on observation and interview, the manager did not ensure a sleeping area included a mattress pad. Findings include: 1. During the facility tour with D1 and O1, the surveyors observed no mattress pads on R5, R7, and R9's beds. 2. M1 and D1 acknowledged R5, R7, and R9's beds did not have a mattress pad.

STATE FORM

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If continuation sheet 9 of 9

PLAN OF CORRECTION ATTACHMENT

R9-10-806.A.9.

A622

- 1. Steve Martin, Manager, verified that all cpr and first aid training certificates were documented and filed in the appropriate way needed to be in compliance on 5/21/2014. (CPR Card Attached)
- 2. The deficiency was corrected on 5/21/2014.
- 3. Steve Martin, Manager, or designee, will be responsible for ensuring that all cpr and first aid training certificates are documented in accordance with A622.
- 4. The Manager conducted an investigation and the person responsible was suspended for ten days and given a zero tolerance policy going forward with any similar incident resulting in termination.

R9-10-806.C.1.c.vii

A638

- 5. Steve Martin, Manager, verified that all fingerprint clearance cards were documented and filed in the appropriate way needed to be in compliance on 5/12/2014. (DPS Application Attached)
- 6. The deficiency was corrected on 5/12/14.
- 7. Steve Martin, Manager, or designee, will be responsible for ensuring fingerprint clearance cards are documented and verified in accordance with A638.
- 8. The Administrator conducted an in-service on 5/14/14 detailing the proper requirements for fingerprint cards.

R9-10-808.A.5.b.

A823

- 1. A signature was added by Steve Martin, Manager, to the appropriate space provided on the service plan on 3/4/14.
- 2. The deficiency was corrected on 3/4/14.
- 3. Steve Martin, or designee, will be responsible for ensuring that all residents' service plans contain documentation and signatures needed to be in compliance with A823.
- 4. The Administrator conducted an in-service on 4/2/14 detailing proper documentation and signature practices of service plans needed to be in compliance.(Attached)

R9-10-819.A.1.a

A1901

- 1. Steve Martin, Manager, verified that the all rooms were cleaned and disinfected in accordance with policy and procedures designed to minimize and prevent illness or infection on 3/4/14. The manager also oversaw the demolition and rebuild of the cabinet under the sink in R10's bedroom on 3/4/14.
- 2. The deficiency was corrected on 3/4/14.
- 3. Steve Martin, Manager, or designee, will be responsible for ensuring that the premises and equipment will be cleaned and disinfected in as stated in the policy and procedures designed to minimize and prevent illness or infection in accordance with A1901.
- 4. The Administrator conducted an in-service on 4/2/14 detailing a new checklist for room cleanings designed to maintain daily compliance. (Attached)

R9-10-819.A.1.b

A1902

- 1. Steve Martin, Manager, verified that all smoke detectors were clean and free of tampering on 3/4/14. The Administrator removed the tape in question immediately and conducted a 1:1 educational session on the dangers of smoking indoors with R11 on 3/4/14
- 2. The deficiency was corrected on 3/4/14.
- 3. Steve Martin, Manager, or designee, will be responsible for ensuring that all smoke detectors remain free from tampering and remain in accordance with A1902.
- 4. The Administrator conducted an in-service on 4/2/14 detailing smoke detector status during room cleanings and checks. (Attached)

R9-10-819.A.2

A1903

- 1. Steve Martin, Manager, oversaw bed bug eradication efforts provided by Schendel Pest Services following an approved proposal approved by Charles Jackson, State Licensing Team Leader, following a provider meeting agreement held on 3/7/14. Heat treatments were conducted 3/12/14 thru 3/14/14 throughout the entire facility and weekly updates on progress were emailed to Charles Jackson for approval. Contracted pest control efforts continue in accordance with the approved proposal. (Attached)
- 2. The deficiency was corrected on 3/12/14.
- 3. Steve Martin, Manager, or designee, will be responsible for continuing pest control efforts in conjunction with contracted pest control services needed to be in compliance with A1903.
- 4. The Administrator created, verified with Charles Jackson, and in serviced a new bed bug policy and procedure on 3/20/14 designed to be in compliance. (Attached)

R9-10-820.B.4.c.v.

A2013

- 1. Steve Martin, Manager, verified that the all the paper towel dispensers were filled and working properly on 3/4/14.
- 2. The deficiency was corrected on 3/4/14.
- 3. Steve Martin, Manager, or designee, will be responsible for ensuring that all paper towel dispensers are working in accordance with A2013.
- 4. The Administrator conducted an in-service on 4/2/14 detailing the protocol for checking paper towel dispensers needed to be in compliance. (Attached)

R9-10-820.D.7.a

A2064

- 1. Steve Martin, Manager, had all dirty mattresses removed and replaced immediately on 3/4/14.
- 2. The deficiency was corrected on 3/4/14.
- 3. Steve Martin, Manager, or designee, will be responsible for ensuring that the premises and beds are clean and in compliance with A2064.
- 4. The Administrator conducted an in-service on 4/2/14 detailing a new checklist for room cleanings and mattress care designed to be in compliance. (Attached)

R9-10-820.D.7.b

A2065

- 1. Steve Martin, Manager, verified that the all beds had clean linens including a mattress pad, sheets large enough, pillows, pillow cases, a bedspread, and waterproof mattress covers on 3/4/14.
- 2. The deficiency was corrected on 3/4/14.
- 3. Steve Martin, Manager, or designee, will be responsible for ensuring that all beds have clean linens including a mattress pad, sheets large enough, pillows, pillow cases, a bedspread, and a waterproof mattress cover in accordance with A2065.
- 4. The Administrator conducted an in-service on 4/2/14 detailing a new checklist for room cleanings and linen care designed to be in compliance. (Attached)