

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155510	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/08/2015
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NAME OF PROVIDER OR SUPPLIER CENTURY VILLA HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 N MERIDIAN ST GREENTOWN, IN 46936
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 30, December 1, 2, 3, & 4, and 8, 2015</p> <p>Facility number: 000549 Provider number: 155510 AIM number: 100267470</p> <p>Census bed type: SNF: 11 SNF/NF: 53 Total: 64</p> <p>Census payor type: Medicare: 12 Medicaid: 37 Other: 15 Total: 64</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Reveiw was completed by 21662 on December 10, 2015.</p>	F 0000		

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

TITLE

(X6) DATE

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 0329 SS=D Bldg. 00	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review, observation and interview the facility failed to ensure a psychotropic medication was administered with adequate indications for use and failed to ensure side effect monitoring was completed for 1 of 5 Residents reviewed for unnecessary medications. (Resident #34).</p> <p>Findings include:</p> <p>The record for Resident #34 was</p>	F 0329	The one resident identified has had thorazine discontinued and has been placed back on Risperdal. After talking with son, it was shared (for the first time) that this resident had been in a behavior unit some time prior to admission to this facility. She had been placed on Risperdal at that time. Upon admission to our facility, there was an adjustment period we had not expected with behaviors in the evenings. For the first couple of weeks the son would be called in the evening to	01/07/2016	

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	<p>reviewed on 12/02/2015 at 9:42 A.M. Diagnosis included, but were not limited to, dementia with behaviors and Alzheimer's disease.</p> <p>a. A Plan of Care dated 5/20/2015 indicated a problem of need to monitor behaviors, delusions, dementia. Manifested by verbally abusive and physically abusive behavioral symptoms. Approaches to the plan of care included, but were not limited to, watch for signs of increased agitation, close supervision, encourage activity participation.</p> <p>Psychiatrist's orders dated 11/17/2015 indicated "Currently on Zoloft, Risperdal, and Ativan (standing and prn). At time of assessment she was confused. We will start her on Thorazine [Antipsychotic] and discontinue all other psychotropic medications as she does not appear to be benefiting from them at this time." Order indicated to start Thorazine 10 mg three times a day, hold if sedated.</p> <p>Psychiatrist provider progress note dated 11/17/2015 indicated "Facility reports that [name of resident] is HOH [hard of hearing] and blind and that she gets agitated easily when she is confused. They report that she can be physically and verbally combative when agitated." Progress note indicated she was having</p>		<p>come sit with his mother which would comfort her. Again, it was never shared with us that she had been in a behavior unit. We thought these behaviors, in combination with her deprivation of senses, that she was experiencing either adjustment issues or sundowners. There are no other residents on this medication; however, if ordered in the future, will be monitored for potential side effects. AIMS are done on any resident with orders for antipsychotic medication upon initial order and every 6 months thereafter or change of antipsychotic to monitor for side effects of the medication. An AIMS had been done on this resident at initial order.</p> <p>According to the new psychiatrist we contracted with THREE WEEKS PRIOR TO SURVEY, the side effects of thorazine, as evidenced by research of antipsychotics, does not indicate the typical side effects based on the very small dose ordered. This was ordered, based on his professional expertise, after the several meds that resident had been on had not been effective with curbing her behaviors, i.e., hitting, kicking, screaming, cursing. An inservice was held with nurses and the psychiatrist 12/16/15. He discussed his reasoning with the staff, based on research and his professional expertise, why some of the older antipsychotic meds are better and</p>				

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	<p>no hallucinations or delusions.</p> <p>Nursing notes indicated the following behaviors;</p> <p>04/22/2015 punching and kicking</p> <p>04/26/2015 anger towards staff, attempted to get out of chair.</p> <p>04/29/2015 combative with staff while being assisted to wheelchair.</p> <p>05/06/2015 cussing, trying to get out of chair.</p> <p>05/27/2015 "you two are enough to kill somebody" statement to staff, trying to get out of wheelchair and take off top.</p> <p>06/11/2015 "screaming ahhhhhhh at the top of her lungs", kept trying to get up.</p> <p>06/13/2015 disruptive sounds, "squealing," wanted out of recliner.</p> <p>08/09/2015 angry after dinner, kicking, biting, swings when trying to dress.</p> <p>09/22/2015 "kept stating that she wanted out of her chair" and continued to try to crawl out of geri chair.</p> <p>11/05/2015 "fidgety," very anxious, keeps trying to slide out of geri-chair.</p> <p>11/07/2015 trying to climb out of chair.</p> <p>11/08/2015 "went to lay resident down for nap and she grabbed my arm"</p> <p>11/16/2015 anxious, screaming, keeps attempting to get out of chair.</p> <p>11/17/2015 restless, trying to slide out of gerbil chair.</p> <p>11/22/2015 anxious, not wanting to keep legs up in gerbil chair.</p>		<p>have many less side effects than the new ones. However, he agreed to work with the facility in not ordering thorazine or haldol in the future. This is due to the state citing, not based on his professional preference. (A nurse from State cited this medication with disregard to a long-time professional psychiatrist.) We will continue to initiate AIMS on any resident started on an antipsychotic medication. The psychiatrist and/or physician will address the potential side effects of the medication to the nurse receiving the order. If resident arrives at the facility on an antipsychotic medication, Social Services will contact the family to obtain a history of the resident's mental health. This information will be brought to the attention of the physician and/or psychiatrist to determine continuation of the medication. The side effects will be written on the MAR as med is ordered to be quickly identified by all nurses. Social Services has implemented a form to ensure charting on side effect (if any) are appropriately documented after administration of med. Social Services will care plan the side effects (as was the case in this citing) and the behavior necessitating the medication. Behaviors will continue to be monitored. We have a monitoring system in place on a monthly basis via the pharmacy consultant</p>	

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	<p>11/27/2015 restless, trying to get out of gerbil chair. "I don't know why you people don't let me go" 11/22/2015 very anxious during lunch, not wanting to keep legs in gerbil chair, angry at attempts to reposition.</p> <p>11/26/2015 attempted to get out of bed, thinks she can still walk, does not believe not home.</p> <p>Social Services notes dated 5/26/2015 indicated resident had resisted care and was verbally abusive with staff in the assessment period. A note on 10/21/2015 indicated no behaviors.</p> <p>The resident was observed on the following dates and times;</p> <p>12/02/2015 at 8:55 a.m., Resident #34 was in Geri chair in activity room and was sleeping. Resident was not participating in activity.</p> <p>12/02/2015 at 8:56 a.m., Activity staff #22 was attempting to wake resident and stated "I think she is out." Resident did not wake up and activity staff worked with the other residents.</p> <p>12/02/2015 at 9:17 a.m., Resident was in chapel, in geri chair and was sleeping with eyes closed.</p> <p>12/02/2015 at 10:21 a.m., Resident was still in the chapel. Resident was awake, eyes opened and was sitting up in geri</p>		<p>Gradual Dose Reduction Tracking Report. Antipsychotic medication use in Century Villa Health Care as of 12/03/15 is 17% antipsychotic medications versus Indiana at 20.3% and US at 21.8% We will continue gradual dose reduction to be qa'd monthly with pharmacy consultant and Social Services. The AIMS will be monitored ongoing for potential side effects following the initiation of the medication, i.e., tardive dyskinesia (causes repetitive and involuntary movements such as grimacing and eye blinking), akathisia (agitation, distress, and restlessness) during early treatment. Findings will be reviewed in each quarterly quality assurance meeting.</p>				

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	<p>chair. The volunteer had dogs in the chapel and was playing piano and singing.</p> <p>12/02/2015 at 11:22 a.m., Resident was in dining room, was sitting in Geri chair, with eyes closed and was sleeping.</p> <p>12/02/2015 at 1:09 p.m., Resident was in geri chair, reclined, in the back of the room with eyes closed, was sleeping.</p> <p>12/02/2015 at 2:56 p.m., Resident was sitting in dining room next to fireplace, eyes open, talkative, son and daughter present.</p> <p>12/03/2015 at 8:36 a.m., Reclined in geri chair in activity room-eyes closed, mouth breathing, sleeping.</p> <p>12/03/2015 at 10:23 a.m., In geri chair in activity room, awake, talking with CNA #21 and denied need for something to drink, Resident continued to converse with CNA #21 and wanted to sit by fireplace.</p> <p>12/03/ at 1:30 p.m., resident reclined in geri chair-alarm went off due to client leaning forward in chair and foot on ground. LPN #20 in room and repositioned in chair and gave resident some ice cream.</p> <p>On 12/02/2015 at 1:59 p.m., the Social Services Director was interviewed. Social Services Director indicated Thorazine was started on 11/17/2015 per (name of Psychiatrist). The Social Services</p>			

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	<p>director reported she does the behavior monitoring for antipsychotic medications. The Social Services Director reported (name of Psychiatrist) was a new psychiatrist to facility starting in September and the psychiatrist reported to Social Services Director that the older anti-psychotics have research that indicated they work better. The Social Services Director requested (name of Psychiatrist) do an inservice with nursing staff on the rationale for the older antipsychotics use at his next visit to facility on December 16th.</p> <p>On 12/03/2015 at 2:06 p.m., Social Services Director was interviewed and she indicated she does the treatment plan for antipsychotic use and behaviors, updates care plans if change of medication or change of behaviors and also when quarterly assessments are completed. The Social Services Director stated " I don't change the care plan if the category of medications is the same. The Social Services Director indicated she will change the interventions for behaviors if notified by the nurse of physician orders for interventions for behaviors.</p> <p>On 12/03/2015 at 11:09 a.m. (name of Psychiatrist) was interviewed per telephone. (name of Psychiatrist)</p>			

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	<p>indicated Thorazine had less risk of metabolic side effects, was more helpful with agitation than Risperdal and Risperdal had more risk of osteoporosis and hip fractures all according to a Harvard Study in 2007 with comparison of atypical antipsychotics such as Risperdal. (Name of Psychiatrist) indicated the side effects to worry about were urinary retention and dry mouth with thorazine and the increased risk of death warning was very small due to the low dose.</p> <p>The record failed to indicate ongoing or behaviors that warranted the use of Thorazine.</p> <p>A Policy titled "Antipsychotic Medications, The Use Of" was provided by the DON (director of nursing) on 12/08/2015 at 12:45 p.m. The policy indicated; "Should a resident currently receiving antipsychotic medication be admitted to the facility, behavior monitoring will be initiated based on the medication given for the specific behavior...Antipsychotic medications should not be used unless the clinical record documents that the resident has one or more of the following specific conditions:" ..."11. Behavioral or psychological symptoms of dementia (BPSD) with associated psychotic and or</p>			

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	<p>agitated features as defined by: a. specific behaviors as quantitatively (number of episodes) and objectively (e.g., biting, kicking, scratching) documented by the facility which cause the resident to : Present a danger to themselves. Present a danger to others (including staff) or Actually interfere with staff's ability to provide care."</p> <p>b. 2014 Nursing Drug Handbook indicated to use Thorazine cautiously in elderly patients who were more sensitive to therapeutic and adverse effects especially Tardive Dyskinesia (causes repetitive and involuntary movements such as grimacing and eye blinking), and akathisia (agitation, distress and restlessness) during early treatment.</p> <p>A Care plan dated 05/20/2015 indicated potential for adverse medication side effects due to antipsychotive use and monitor for side effects every shift for Tardive Dyskinesia, dry mouth, dizziness.</p> <p>The record lacked documentation from the initiation of the Thorazine on 11/17/2015 for side effect monitoring.</p> <p>On 12/03/2015 at 2:06 p.m., the Social Services Director indicated she would consult with nursing staff and look in a</p>			

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	<p>drug book for side effects to watch for to add to treatment plan.</p> <p>On 12/03/2015 at 10:56 a.m., during interview with LPN #20, she indicated the resident took Thorazine routinely. The LPN indicated the Thorazine side effects she would look for were lethargy, making behaviors worse than before, and increased confusion.</p> <p>On 12/03/2015 at 2:30 p.m., with LPN #23, she indicated she would hold the medication if the resident was lethargic or nauseated. The LPN also indicated other side effects she would look for was lethargy, rash, upset stomach, and ineffectiveness.</p> <p>The record lacked documentation of monitoring for Tardive Dyskinesia or akathisia.</p> <p>3.1-48(a)(3) 3.1-48(a)(4)</p>			

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F 0431 SS=D Bldg. 00	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, record review and interview, the facility failed to ensure</p>	F 0431	Both medications were destroyed. The medication (Forte) was ordered and d/c'd when resident	01/07/2016

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	<p>expired medications were removed from medication storage areas for 2 of 2 medication rooms reviewed for expired medications. (Resident # 103)</p> <p>Findings include:</p> <p>During a review of medication storage areas on 12/3/15 at 11:00 a.m., the 300 hall medication refrigerator was observed to contain one vial of Aplisol (purified protein derivative used for tuberculin skin testing), open with no date indicating when the vial was opened.</p> <p>A review of document titled "Recommended Minimum Medication Storage Parameters" dated 9/29/15, received from the Assistant Director of Nursing (ADON) on 12/3/15 at 1:14 p.m., indicated "Aplisol...date when opened and discard unused portion after 30 days...."</p> <p>During a review of medication storage area on the 400 hall on 12/3/15 at 1:00 p.m., the medication refrigerator was observed to contain Teriparatide (antiosteoporotic) ordered for Resident #103 on 8/25/15 opened. The medication was discontinued on 11/8/15. The pharmacy label on the medication indicated the unused portion of the medication should be discarded after the</p>		<p>was admitted to the facility. The medication was kept as an exception due to the very high cost of the medication should it be ordered in the length of her current stay. However, her stay outlasted the time frame of the medication. The medication was destroyed. No other residents were affected by this deficient practice. The refrigerator from the 100 nurses' station has been removed thus eliminating the possibility of checking meds in more than one refrigerator. We have had in place that night nurses check the refrigerator each Sunday night for expired meds. Also the pharmacy audit checks monthly on audit rounds. Pharmacy audit checks will continue. A new form has been introduced. The 100 midnight nurse will be responsible for checking the refrigerator for expired meds NIGHTLY and initialing on the appropriate date. In addition to checking for expired meds, the 100 midnight nurse will also be responsible for checking to ensure all medications have been marked with "date opened." The DON will check weekly for one month with initials written on date checked. Should there be no issues noted, the checks will go to two times per month. Findings will be reviewed in each quarterly quality assurance meeting.</p>	

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F 0465 SS=E Bldg. 00	<p>28 day use period even if some unused solution still remains.</p> <p>During an interview with the ADON on 12/3/15 at 2:00 p.m., she indicated the facility checks weekly for expired medications and the medications are destroyed or returned to the pharmacy.</p> <p>A review of the policy titled "Drug Disposition", dated 10/12/15 received from the ADON on 12/3/15 at 1:14 p.m., indicated "...All medications must be destroyed within seven (7) days unless order is received to hold for 15 days...."</p> <p>3.1-25(o)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, record review and interview, the facility failed to ensure resident wheelchairs and resident rooms were clean and in good repair. (Room's #302 and 304 and Resident's # 8,56, 38,</p>	F 0465	Wheelchairs - All wheelchair arms that are in disrepair will have new arms ordered and replaced. Per facility policy, wheelchairs, gerichairs, etc. are to be cleaned on the resident's	01/07/2016

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NAME OF PROVIDER OR SUPPLIER CENTURY VILLA HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 N MERIDIAN ST GREENTOWN, IN 46936
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	<p>22, 30, 19, 72 wheelchairs)</p> <p>Findings include:</p> <p>1. During the initial tour on 11/30/2015 at 9:30 a.m., the following were observed:</p> <p>a.) Resident #8 had ripped and torn wheelchair arm rests.</p> <p>b.) Resident #19 had ripped and torn wheelchair arm rests.</p> <p>2. During resident room observations on 11/30/2015, the following were observed:</p> <p>a.) Room #302 on 11/30/2015 at 3:32 p.m., the hot water in the bathroom sink did not get warm.</p> <p>b.) Room #304 on 11/30/2015 at 2:46 p.m., the heating unit was not attached to the wall.</p> <p>c.) Resident #72 on 11/30/ 2015 at 3:18 p.m., had ripped and torn wheelchair arm rests and her wheelchair was dirty.</p> <p>During the environmental tour with the Director of Plant Operations and the Director of Environmental Services on 12/3/2015 at 10:17 a.m., the following were observed:</p>		<p>shower day by midnight nursing staff. In addition, there is an assigned wheelchair cleaning schedule in place, again to be completed by midnight nursing staff. It is believed resident #72's wheelchair was soiled from her noon meal and had not yet been cleaned. A designated CNA will be responsible for obtaining a census on Thursday of each week for four weeks (or longer if deemed necessary) and reviewing wheelchairs while residents are in the dining rooms during lunch. He/she will be checking for cleanliness and integrity of wheelchair(s) and documenting. Census will be given to the ADON for review. Should the wheelchair(s) need cleaning the CNA caring for that resident will be responsible for cleaning the chair. For repairs, an AVO (Avoid Verbal Orders), or request for repair on paper, will be given to maintenance. Findings will be reviewed in each quarterly quality assurance meeting. Cleanliness of rooms - All of the rooms at Century Villa are clean and there were none identified as not clean. Rooms have always been, and will continue to be, cleaned daily, seven days per week. It is not to say that if they become soiled after cleaned that it may be there, unless necessary to take action, until housekeeping clean the next day. Water temperature - It was found that the recirculating pump</p>	

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	<p>a.) Room #302, the hot water temperature, in the bathroom after 10 minutes of running the water, did not register higher than 90 degrees Fahrenheit.</p> <p>b.) Residents #22, 30, 38, and 56, had ripped and torn wheelchair arm rests.</p> <p>During an interview on 12/3/2015 at 3:50 p.m., the Director of Plant Operations indicated he was not aware of the facility needing the repairs. He indicated the facility had a reporting system for all staff to notify the maintenance department of facility needed repairs.</p> <p>During an interview on 12/3/2015 at 4:00 p.m., the Director of Environmental Services indicated she was not aware that the wheelchairs needed repairs or were dirty. She indicated wheelchairs are washed weekly and are checked by nursing staff for repairs and the facility had a reporting system for all staff to notify the maintenance department of facility needed repairs.</p> <p>The policy titled "CLEANING GER-CHAIRS, WHEELCHAIRS, RECLINERS WALKERS", dated 10/02, 02/10/11 received on 12/3/2015 at 1:30 p.m., from the Assistant Director of</p>		<p>to the bathroom sink in #302 was not working properly. Water temperatures in all resident rooms are checked on a rotating schedule with repairs made as needed. ALL staff will be inserviced regarding reporting ANY issues in need of repair, including water temperatures in resident rooms or any other areas in the facility. Should there be an issue found, an AVO (Avoid Verbal Orders), or request for repair on paper, will be given to maintenance. The Director of Plant Operations will review the AVOs periodically to QA the repairs performed. Findings will be reviewed in each quarterly quality assurance meeting. Air conditioning/heating unit - The air conditioning/heating unit COVER separated from the wall and was pushed back into place. Occasionally a wheelchair or a person may bump the unit accidentally and the cover may become detached (i.e., the cover is detachable to enable maintenance to service the unit). It only needs to be pushed back into place. Housekeeping staff will have added to their housekeeping room tasks grid "heating a/c units clean & in good repair." Should there be an issue found, an AVO (Avoid Verbal Orders), or request for repair on paper, will be given to maintenance. The Director of Environmental Services will have added to her Weekly</p>	

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	<p>Nursing indicated "...if any gerichairs, wheelchairs, recliners,or walkers needs repair, it should be marked and a work order completed...."</p> <p>The policy titled "HOUSEKEEPING SERVICES POLICY" not dated received on 12/3/2015 at 1:30 p.m., from the Assistant Director of Nursing indicated "...Anything noted to be in disrepair will be reported to maintenance via AVO...The AVO box is located in the CNA (Certified Nursing Assistant) charting room and is checked regularly by the maintenance personnel...."</p> <p>3.1-19(f)</p>		<p>Environmental Rounds checklist to "check housekeeping room task lists to ensure a/c units are being checked and repaired as needed. Findings will be reviewed in each quarterly quality assurance meeting.</p>	