

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

PRINTED: 10/20/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2023	
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE VILLAGE AT NORTHSIDE				STREET ADDRESS, CITY, STATE, ZIP COD 1251 W 96TH ST INDIANAPOLIS, IN 46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00414785 and IN00416806.</p> <p>Complaint IN00414785 - State deficiencies related to the allegations are cited at R0027 and R0145.</p> <p>Complaint IN00416806 - State deficiencies related to the allegations are cited at R0032 and R0036.</p> <p>Survey dates: September 6 and 7, 2023</p> <p>Facility number: 003282</p> <p>Residential Census: 82</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on September 13, 2023.</p>			R 0000			
R 0027 Bldg. 00	<p>410 IAC 16.2-5-1.2(b) Residents' Rights - Deficiency (b) Residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Residents have the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States. Based on interview and record review, the facility failed to respond to an emergency pendant call alert for 1 of 1 resident which had fallen and activated the call system for help. (Resident C)</p> <p>Finding includes:</p>			R 0027	<p>Tag R 027 <i>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</i> Immediately following the survey, the Director of Nursing completed</p>		11/01/2023

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

TITLE

(X6) DATE

Daniel Fink

Executive Director

10/03/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>During an interview, on September 06, 2023, at 11:02 a.m., Resident C indicated the first night in the facility she fell. It was not the facilities fault, it was hers. She was trying to transfer from her bed to her wheelchair and had not locked the brakes on the chair. She did use her call pendant for help, but she did not get a response. She laid on the floor for an hour or more.</p> <p>During an interview, on September 06, 2023, at 11:17 a.m., Resident 2 indicated the call light/pendant response times were long. One resident fell her first night here and to wait an hour and a half for help.</p> <p>The record for Resident C was reviewed on September 06, 2023, at 1:25 p.m. Diagnoses included, but were not limited to, senile asthenia (general weakness with aging), hypertension, and moderate, recurrent major depression.</p> <p>The resident admitted to the facility on July 20, 2023.</p> <p>A nurses' note dated July 21, 2023, at 6:20 a.m., indicated the resident was found on the floor. The resident did not appear to have any injury and the vital signs were documented.</p> <p>A call pendant log was reviewed on September 06, 2023, at 2:51 p.m. The call pendant log indicated Resident C used her call pendant on July 21, 2023, and a signal was sent out at 5:31 a.m., 5:31 a.m., 5:33 a.m., 5:39 a.m., 5:46 a.m., 5:50 a.m., 5:52 a.m., 5:55 a.m., 6:00 a.m., 6:01 a.m., 6:03 a.m., 6:04 a.m., 6:06 a.m., 6:07 a.m., 6:08 a.m., 6:09 a.m., 6:12 a.m., 6:13 a.m., 6:15 a.m., 6:18 a.m., 6:20 a.m., and 6:24 a.m. The message under each entry was "...Alert Note Required but not entered..."</p>				<p>impromptu in services for clinical staff emphasizing the importance of responding within a reasonable amount of time, 15 minutes or less, to the pagers that project the Lifeline pendant calls. This action benefits all Assisted Living Residents since all AL residents wear a Lifeline pendant. Longer-term actions are outlined below.</p> <p><i>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p>The facility has identified that all assisted living residents have the potential to be affected by the same deficient practice because they all wear the pendant and are on the Lifeline system.</p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur?</i></p> <p>The facility has arranged for outside, professional training on the Lifeline system by a Lifeline company trainer on October 4, 2023, from 3:00 until 4:30 p.m. The Directors of Nursing, Memory Care, Facilities, and Culinary Services and the Business Office Manager and Executive Director will all participate in this training. The stated objectives of this</p>		

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	<p>During an interview, on September 06, 2023, at 2:18 p.m., the Director of Nursing indicated the emergency pendant call button was to be used for emergencies only and hopefully staff respond when they see it was activated, but they may be in the shower with a resident. Non-emergency requests are to be called to the desk. The staff have walkie talkies and pagers. The response time of 10 minutes was reasonable. The facility did not have a call light policy.</p> <p>During an interview, on September 07, 2023, at 9:26 a.m., the Maintenance staff indicated he did not know what the codes on the call log meant. He called the Regional Maintenance person, and they did not know what they meant either.</p> <p>During an interview, on September 07, 2023, at 9:28 a.m., the Director of Nursing indicated she went through the manual for the call system and was not able to find what the statements under the call alerts on the log meant.</p> <p>During a telephone interview, on September 07, 2023, at 9:56 a.m., the Tech Support person for (Name of Company which supports the call pendant system) indicated "alert required but not entered" meant a note could be entered to explain what the issue was for the alert, for example a resident fall. "Response required but not received" means either there was a defect in the software, or the alert was not answered. The system would continue to send out an alert signal every five (5) minutes for 45 minutes until the system closed the alert. There was also a note if there was a response, and the call was closed. The employees have a pendant they use to close/turn off the alert.</p> <p>A document titled, "ADDENDUM H- HOUSE</p>				<p>training with the vendor are: (1) to provide a strong, overall presentation of the Lifeline system, how it works, its capabilities, and how the hardware and software should work together; (2) teach leadership how to run relevant reports from the Lifeline system so that accountability for response times will be clearly established, implemented, and monitored on an ongoing basis.</p> <p>The facility has also purchased new walkie talkies and in serviced clinical staff on their use. The objective of use of the walkie talkies is to significant speed up communication between staff should one staff member be tied up in a room with another resident when the Lifeline pendant is activated.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</i></p> <p>After the training, the Executive Director and Director of Nursing will collaborate to develop clear policies and procedures regarding issuance, use, and maintenance of the Lifeline system and the pendants, the pagers associated with the Lifeline system, and the walkie-talkies. They will also develop procedures for routinely running response time reports,</p>		

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R 0032 Bldg. 00	<p>RULES," dated as revised 07/22 and received from the Executive Director on September 06, 2023, at 4:35 p.m., indicated "...Our Community may be equipped with a call system in the event you need the assistance of our employees in an emergency...This system is for emergencies only...."</p> <p>This State tag relates to Complaint IN00414785.</p> <p>410 IAC 16.2-5-1.2(g) Residents' Rights - Noncompliance (g) Residents have the right to be informed by the facility, in writing at least thirty (30) days in advance of the effective date, of any changes in the rates or services that these rates cover.</p> <p>Based on interview and record review, the facility failed to notify the family for a change in the level of services and rates for 1 of 4 residents reviewed for notification of rate change. (Resident B)</p> <p>Finding includes:</p> <p>During a telephone interview, on September 06, 2023, at 3:21 p.m., the family member for Resident B indicated Resident B had an appointment with a neurologist in June. At the appointment, the neurologist increased the resident's dosage of Armodafinil (a stimulant medication used to treat sleep disorders such as narcolepsy) from 150 milligrams (mg) to 200 mg. She indicated this medication was given to the resident to help control movements related to his diagnosis. She was not notified of the change. The facility stopped giving him his medications in June, for three weeks before she was notified. The missed</p>			R 0032	<p>reviewing those reports, and following up on responses greater than the 15-minute standard. Additional reporting may be executed and utilized depending on what the leadership learns from the professional Lifeline trainer on reporting capabilities.</p> <p><i>By what date the systematic changes will be completed.</i> November 1, 2023</p> <p>Tag R 032 <i>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</i> Effective immediately, when the Director of Nursing completes a resident assessment, and that resident assessment changes the Level of Care to one with a higher charge, the Director of Nursing will, herself, notify the family/loved ones with one business day of that change.</p> <p><i>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p>		12/31/2023

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	<p>medications caused a worsening of the resident's movements and due to his worsened condition, his service needs changed resulting in an increase in charges for his care. She did request the physician keep the original dose of the medication due to the new dose was not covered by insurance and was very expensive.</p> <p>The record for Resident B was reviewed on September 06, 2023, at 4:05 p.m. Diagnoses included, but were not limited to, idiopathic cerebellar ataxia (a disorder where the brain is progressively damaged over time for reasons that are unclear), insomnia, and depression.</p> <p>The service plan was reviewed, and the only change was in the diagnosis which did add three (3) points to the level of care. There were no noted changes to the resident's health or behavior on the service plan.</p> <p>During an interview, on September 06, 2023, at 2:15 p.m., the Director of Nursing indicated there was no level of care change related to the resident's health from not getting the medication. The level of care change was due to an error in the diagnosis section of the service plan, she was reviewing charts and found the errors. The chronic illness idiopathic cerebellar ataxia was not noted on the past service plan; due to the updated diagnosis it added three (3) points which changed the level of care from a level 1 to a level 2.</p> <p>During an interview, on September 07, 2023, at 9:38 a.m., the Executive Director indicated it was in the lease agreement if a level of care changes, it went into effect immediately and the price increase could go into effect immediately. The Executive Director then indicated the change in price for</p>				<p>Because all residents are subject to routine assessments, this change will affect all residents and their families/loved ones.</p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur?</i></p> <p>The Director of Nursing will now keep a written log of when she notifies residents/families/loved ones of a level of care change that involves a charge increase. She will write down the name of the resident, the existing level, the new level, the primary driver of the level change (clinically) and the resident/family member, loved one notified including the date and time of that notification.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</i></p> <p>The Executive Director will monitor the Director of Nursing's Level of Care Change Notification log for a minimum of three months, effective immediately to ensure this practice is hardwired into the overall assessment and levels change process.</p> <p><i>By what date the systematic changes will be completed.</i></p> <p>Recording on the log begins</p>		

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R 0036 Bldg. 00	<p>care was 30 days.</p> <p>A current document from the lease agreement was received from the Executive Director on September 07, 2023 at 10:10 a.m., indicated "...FINANCIAL CONSIDERATIONS...Adjustment to the Rate...Be aware that your rate is subject to change if...there is a change in your level of care assessment...We also reserve the right to make any changes in the rates or pricing method provided we give you thirty days' advance written notice of such changes...."</p> <p>This State Tag relates to Complaint IN00416806.</p> <p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment. Based on interview and record review, the facility failed to notify a resident's physician and family member of missed doses of medications for 1 of 4 residents reviewed for notification of change. (Resident B)</p> <p>Finding includes:</p> <p>During a telephone interview, on September 06, 2023, at 3:21 p.m., the family member for Resident B indicated Resident B had an appointment with a neurologist in June. At the appointment, the neurologist increased the resident's dosage of</p>			R 0036	<p>immediately. Quality control by the Executive Director occurs at the end of October, November and December 2023. The Executive Director will sign and date the log after reviewing it each month.</p> <p>Tag R 036 <i>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</i> The Director of Nursing will re-in-service all med-passers on "Notification Policy-Physicians' ,Residents, Responsible Parties." All med-passers will sign off on a sign-in sheet acknowledging that they have received the additional education</p>		12/31/2023

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	<p>Armodafinil (a stimulant medication used to treat sleep disorders such as narcolepsy) from 150 milligrams (mg) to 200 mg. She indicated this medication was given to the resident to help control movements related to his diagnosis. She was not notified of the change. She indicated the prescription for the medication was sent to the facility pharmacy and not to the resident's pharmacy. The facility stopped giving him his medications in June, for three weeks before she was notified. The missed medications caused a worsening of the resident's movements. She did request the physician keep the original dose of the medication due to the new dose was not covered by insurance and was very expensive.</p> <p>The record for Resident B was reviewed on September 06, 2023, at 4:05 p.m. Diagnoses included, but were not limited to, idiopathic cerebellar ataxia (a disorder where the brain is progressively damaged over time for reasons that are unclear), insomnia, and depression.</p> <p>A physician's order, dated originally on November 07, 2022, indicated to give Armodafinil 150 mg once a day. The order was discontinued on June 21, 2023.</p> <p>A physician's order, dated June 21, 2023, indicated to give Armodafinil 200 mg once a day. The order was discontinued on August 23, 2023.</p> <p>A Medication Administration Record, for June 2023, indicated the resident did not receive the medication, Armodafinil 200 mg, on June 22nd and June 23, 2023 (two days).</p> <p>There were no notes found in the record to show the family or the physician was notified of the missed medications.</p>				<p>and that they understand what they are supposed to do in the case of notification of a missed medication.</p> <p><i>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p>All residents of the facility have the potential to be affected by the same deficient practice so all corrective actions apply to all residents.</p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur?</i></p> <p>The Director of Nursing will audit charts starting October 1, 2023 and finalizing them December 31, 2023 for compliance with the notification policy. She will follow up personally with any staff who do not comply with the notification policy, to potentially include progressive discipline and that could include termination.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</i></p> <p>The Executive Director will review the results of the Director of Nursing's audit each month to</p>		

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	<p>During an interview, on September 06, 2023, at 2:15 p.m., the Director of Nursing indicated Resident B was taking Armodafinil 150 mg and the physician was to increase it to 200 mg. The resident had mail order refills and it took 2-3 weeks to have the medication delivered. The facility was informed to give 150 mg until the new dose arrived. Later, the resident's family member did not want him on the 200 mg dose due to the expense and was going to call the neurologist and let them know it was too expensive. The resident currently is taking the 150 mg dose.</p> <p>During an interview, on September 07, 2023, at 9:40 a.m., the Director of Nursing indicated the physician and family should be notified of missed medications.</p> <p>During an interview, on September 07, 2023, at 11:03 a.m., Resident B indicated his physician told him about the change in his medication to 200 mg was because the 150 mg tablets were not going to be produced anymore and he would not notice a change related to the dose of the medication. Resident B indicated he had missed a couple of doses of his medication and had not felt any ill effects related to the missed medications. The resident was aware the current medication dose was 150 mg.</p> <p>During an interview, on September 07, 2023, at 12:01 p.m., LPN 1 indicated if a medication was not available, staff should call the pharmacy and see if they can send the medication. If it was not possible to get the medication, staff should call the physician and let them know the medication was not available and see if another medication could be used or get a hold order. Staff also need to inform the responsible party/family and make a</p>				<p>ensure staff are achieving 100% compliance. If the staff do not achieve 100% compliance in at least two of the three months of the audit, another three months of audit will ensue, and this system will continue until appropriate performance improvement is documented.</p> <p><i>By what date the systematic changes will be completed.</i> December 31,2023</p>		

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R 0145 Bldg. 00	<p>note in the charting.</p> <p>During an interview, on September 07, 2023, at 12:14 p.m., LPN 2 indicated if a medication was not available, then call the pharmacy and have it sent stat (now). If it was not provided by the facility pharmacy, staff were to contact the resident's pharmacy and either have it sent to facility or ask if the medication could be filled by a different pharmacy. Staff should call the family and inform them the medication was out and see if they could pick the medication up from the outside pharmacy. If staff were unable to get the medication, staff should inform the physician and the family, get an order to hold or change the medication until the medication comes in, and chart in the nursing notes of the notifications.</p> <p>A current policy, titled "Notification Policy-Physician's, Residents, Responsible Parties," dated as effective 08/20/2008 and received from the Director of Nursing on September 07, 2023 at 11:56 a.m., indicated "...Proper notification of physicians, family members and other responsible parties as required by State Regulations...To ensure that any physician, resident or resident representative has the opportunity to be informed of a need to alter treatment...."</p> <p>This State Tag relates to Complaint IN00416806.</p> <p>410 IAC 16.2-5-1.5(b) Sanitation and Safety Standards - Deficiency (b) The facility shall maintain equipment and supplies in a safe and operational condition and in sufficient quantity to meet the needs of the residents. Based on interview and record review, the facility failed to maintain equipment in working order for 1</p>			R 0145	<p>Tag R 145 <i>What corrective actions will be</i></p>		11/30/2023

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>of 1 gas stove tops in the kitchen.</p> <p>Finding includes:</p> <p>During an interview, on September 06, 2023 at 1:45 p.m., the Dietary Manager indicated usually residents received choices for meals but changes had to be made due to the food delivery did not come in and the exhaust vent was not working and it could not be used. It had been down for a few weeks and they (the kitchen) were waiting for someone to fix it. The Executive Director and Maintenance staff were working on it. Currently, they were using the oven and the steamer and had to fix what food could be cooked in those.</p> <p>During an interview, on September 06, 2023 at 1:47 p.m., the Executive Director indicated the kitchen could not use the gas stove top. The facility had received a bid to fix it but it was more than the company thought was reasonable so they were getting more bids.</p> <p>During an interview, on September 06, 2023 at 2:50 p.m., the Maintenance Staff indicated the facility did have a quote to fix the stove top, but it was expensive so they were looking for more bids.</p> <p>During an interview, on September 06, 2023 at 4:03 p.m., the Executive Director indicated the kitchen staff were not able to use the fryer in the kitchen and it did limit what could be cooked.</p> <p>During an interview, on September 07, 2023 at 10:36 a.m., the Executive Director indicated the facility did not have a policy on keeping equipment in working order. They did have a preventative maintenance schedule. The facility and equipment should be kept working and in good condition. If equipment went down</p>				<p><i>accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>The Executive Director accepted and ordered the work necessary to restore the kitchen hood therefore re-establishing full opportunities for the kitchen staff to fulfill resident menu items. The repair was completed in full on September 22, 2023. Staff can, following the repair, can now use all appliances, including the stove top, ovens, flat top and fryer.</p> <p>The stovetop was never broken, the feedback from which resulted miscommunication between Facilities and Culinary Services.</p> <p><i>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p>All residents of the facility have the potential to be affected by the same deficient practice so all corrective actions apply to all residents.</p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur?</i></p> <p>The Executive Director will develop a formal written policy on providing appropriate equipment for the community to operate smoothly and per Indiana State Department</p>		

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	<p>(broke/stopped working) it was addressed in the morning meeting. The Executive Director would assess the situation and most times Maintenance could fix the issue. The issue would be entered into TELS (eminence reporting system) and the Corporate office would send someone to assess the repair. If the repair was over 500.00 dollars, which was considered capitol, it would be sent to the Regional for approval. As the Executive Director, he did have the ability to address the issue if it was a life safety concern. The time frame to make the repair depended on the equipment/item. If the ice machine went down, they could have someone out the next day to fix it. With the stove top, the facility had made reasonable substitutions for food to ensure nutritional needs were met. The facility brought in hot food such as fried chicken and pizza. If the issue went on for a really long time, which was clarified as two months or longer, he could call the Registered Dietician to help with nutritional substitutions. Initially, the facility was quoted as having to replace the hold hood, then the Regional Maintenance Expert came and assessed the issue and found a new motor and bearings were required, the hood was fine, only the parts needed to be replaced. He thought it was the motor and bearings. They could not cook on the gas stove top, they were using the oven a lot and cooking vegetables in a pan in the oven.</p> <p>A document from (Name of Company), dated August 14, 2023, received from the Executive Director on September 07, 2023 at 12:00 p.m., indicated "...Kitchen Appliance-hot the exhaust fan above the stove and the fryer is not working right...We got it to turn on but its loud or not come on at all...Right now its on and its not loud but it took a min to come on...Quotes...\$6550.00...Approval</p>				<p>of Health Regulations and maintaining the facility and the equipment in proper working order. The Executive Director will seek approval for the policy from the Regional Director of Operations for the community and maintain a copy of the policy on campus at all times. The Executive Director will also educate all management/supervisory staff on the newly adopted policy and document any significant deviation from that policy with the plan of action to ensure the community comes back into compliance.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</i></p> <p><i>By what date the systemic changes will be completed.</i></p> <p>November 30, 2023.</p>		

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	<p>Timelines...\$6550.00...9/21/23...."</p> <p>A price quote from (Name of Company), dated August 22, 2023, received from the Executive Director on September 07, 2023 at 11:04 a.m., indicated the work on the exhaust fan replacement would be expected to start on site 7-10 days following approval but may change based on availability of the parts at that time. In hand writing on the side was written "...October for Parts...." The quoted cost on the document was 6,550.00 dollars.</p> <p>There was no policy or document provided related to maintaining the facility and/or equipment in operational condition provided by the exit conference date of September 07, 2023.</p> <p>This State tag relates to Complaint IN00414785.</p>						