Accepted 06/17/2025 13:13 PM

Gregory C. Griffin, RN, MSHAI

Premier Assisted Living- POC

Sharon S. Ferguson, Administrator

Facility ID# P5925

155 Egg and Butter Road

Columbiana, AL 35051

Survey Exit Date: 5/7/25

Sharon Ferguson
6-16-25

1. The cited deficiency number from the SOD.

A303

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

Correction has been made. Designee is posted in writing on facility wall in the common area. Director of Nursing. It is signed and dated by the Administrator May 7, 2025

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

The Administrator will monitor posting on a monthly basis to ensure that it is available and the information is correct. Documentation will be completed on a monthly report.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

If changes are needed, the posting will be updated and immediately placed back on the facility wall in the Common Area by Administrator. Who will continue to monitor on a monthly basis.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

The Administrator will monitor the accuracy of these changes monthly – between the 1st and 5th day of each month. Documentation will be located in a Survey Binder in the Administrator's office.

1. The cited deficiency number from the SOD.

A405

While conducting the survey, the Administrator and the DON realized that

the Monthly Assessment Binder was no longer located in the Nurse's

Office. The Administrator last recalls seeing the Monthly Assessment book on April 9, 2025

when LPN, SM looked up the last weight for a resident in question. The Monthly

Assessments had been completed through February 2025 and were due for March, 2025.

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

Moving forward, Monthly Assessments will be completed for each previous month by the 5th of the current month. These Monthly Assessments will be completed by the current RN, Staff. The DON will sign off on the completion of the reports and document the monthly report with signature of completion.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

Monthly Assessment reports will be reviewed by the 10th of each month by the Administrator to verify completion and documentation will be a signature on the monthly report.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

The Monthly Assessment reports will be monitored by the DON and the Administrator. Signatures of each will provide documentation of the completion. Monthly Assessment deadlines have been placed on an electronic recurring calendar.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

The Administrator, will monitor the accuracy of these changes monthly – by the 10th of each month. Documentation will be located in a Survey Binder in the Administrator's office.

1. The cited deficiency number from the SOD.

A504

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

Corrections have been made. Resident Rights is posted in writing on facility wall in the common area. The Survey is also available on the sign-in counter in the common area. This was completed on May 7, 2025.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested

The Administrator will monitor posting of the Resident Rights and Survey on a monthly basis to ensure that it is available for Residents and Family. Documentation will be completed on a monthly report.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

If needed, the posting of Resident Rights will immediately be placed back on the facility wall in the Common Area by Administrator. Who will continue to monitor on a monthly basis.

Last Survey results is labeled and placed with the visitor's sign-in book easily Assessable to all visitors and residents. Administrator will monitor monthly the accessibility of the Survey.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and

how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

The Administrator will monitor the availability of these documents between the 1st and 5th day of each month. Documentation will be located in a Survey Binder in the Administrator's office.

1. The cited deficiency number from the SOD.

A506

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

All Resident binders will be reviewed. An inventory will be completed for each individual resident by their sponsors. If needed the inventory will be updated.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

All resident binders will be checked to make sure that an inventory sheet is available in the binder All binders will be reviewed and corrected by the Administrator, by June 30, 2025.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

A new resident folder has been created with all necessary documents included in the file. The file will be completed on each resident on or before their personal move-in date. A check list of all needed items will be found in each resident binder. The administrator will check off each item as available in the binder.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other

supervisory personnel; ombudsman feedback; and interviews with residents and families.) The Administrator will check Resident Binders for completion upon arrival of a new resident. All items will be accounted for. Binders will receive yearly checks January 5- 20 of each new year. A Checklist will be available in the Survey Binder to indicate these items are available in each Resident binder by June 30, 2025.

1. The cited deficiency number from the SOD.

A602

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

The use of Quick Mar reporting to notify of annual exam updates will be utilized. Binders are marked with the month of yearly exams due on the outside. This information is easily assessable and visible for review for the Administrator, Nursing staff, and Medical Director. The Assessment will be completed by the 7th day of the month in which the Exam is due.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

All resident binders will be reviewed for the renewal of Medical Exam Plan of Care. All binders are marked with the month of yearly exams due on the outside. This information is easily assessable and visible for review for the Administrator, Nursing staff, and Medical Director. The Assessment will be completed by the 7th day of the month in which the Exam is due.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

Quick Mar notifications of Annual Exams

The Medical Director, will receive a roster of needed Annual Exams the month prior to the deadline.

Due Date for Annual Exam visible on each Resident's binder

Reports will be sent to the Administrator by the Director of Nursing one month prior to the date of the exam needed by the 5th of that month.

The report will always be for the month prior to the need.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

The Administrator will check for completion of all needed Annual Exams by the 10th of each month. If Annual Exam hasn't been completed the Administrator will contact the Medical Director for an updated appointment in order to meet the annual deadline. Reports will be available in the Survey Book.

1. The cited deficiency number from the SOD.

A604

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

Monthly Assessments will be completed by the 5th of each month for the prior month. Completion of these assessments will be monitored by the Administrator.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

All residents will have a monthly assessment completed by the 5th of each month for the prior month by the RN staff of Premier Assisted.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

Monitoring the completion of the Monthly Assessments by the Administrator no later than the 10th of any month. The Assessment book will be located in the Nurse's office on the counter. A Copy of the monthly report for Monthly Report completion/monitoring will be in the Survey Book in the Administrator's Office.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

Administrator will monitor the completion of these reports monthly to ensure they are completed in a timely manner. This report will be available in the Administrator's office in the Survey Binder.

1. The cited deficiency number from the SOD.

A611

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

A binder for Resident Care Plans will be provided for all staff's availability 24/7. This binder is located in the RA cabinet. RA's are aware that they must check this binder at the beginning of each shift for any updates/changes on any resident's care.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

All resident's care plans will be available in the binder. These care plans will be updated as needed. These care plans are available for review May 7, 2025 and training has occurred for all current staff. New Hires will cover the Care Plans during orientation.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

These care plans are available for review May 7, 2025 and training has occurred for all current staff. New Hires will cover the Care Plans during orientation.

The Care plan availability will be monitored by the Administrator and documented by the 10th of every month.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

The Administrator will monitor the availability of the Care Plan book and its content monthly by the 10th of each month. A monitoring report will be available for review in the Adminstrator's office in the Survey Binder.

1. The cited deficiency number from the SOD.

A616

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

Nursing Training has been provided with all staff concerning the importance of securing the cart at all times and closing the computer screen in order to prevent HIPPA violations.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

Nursing training was provided on May 30 , 2025. The DON will quarterly monitor random medication passes for compliance. Documentation will be available of monitoring in the Survey Binder located in the Administrator's Office.

The Nurse will secure the cart at all times in order to protect the medication on the cart and the residents from consuming medication that isn't prescribed to them.

The Nurse will block the screen in order to protect all resident information.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

The DON will quarterly monitor random medication passes for compliance. The Administrator will review the report each quarter.

January-March will be reviewed by April 15

April – June will be reviewed by July 15

July –September will be reviewed by October 15

October – December will be reviewed by January 15 Documentation will be available of monitoring in the Survey Binder located in the Administrator's Office

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

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January-March will be reviewed by April 15

April – June will be reviewed by July 15

July –September will be reviewed by October 15

October – December will be reviewed by January 15 Documentation will be available of monitoring in the Survey Binder located in the Administrator's Office

1. The cited deficiency number from the SOD.

A617

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD. The Medical Disposition Book that we were unable to locate has been replaced and will be updated accordingly.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

All residents' medications that are in need of disposal will be disposed of properly and documented with a witness in the disposition book located in the nurse's office on the counter. This book was re-created on May 30, 2025.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

Created a new disposition binder – May 30, 2025

Located in Nurse's office on Counter

The Nursing staff will document with a witness any medications disposed of from the cart.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

The Administrator will monitor the availability of the Disposition Book by the 10th of each month. The report will be available in the Administrator's Office in the Survey Binder.

1. The cited deficiency number from the SOD.

A702

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

A temperature log will be maintained and available for 3 months to monitor the water temp in the sink and in the dishwasher. Chlorine PPM Strips will be used to monitor the PPM of each dishwasher cycle (PPM will be logged and monitored to maintain 50-200 PPM concentration). Cold Water Sanitation Liquid is also available. Training will be provided to all staff and documented by June 30, 2025.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

Training will be provided to all staff by June 30, 2025 of the importance to complete follow tasks and document the results.

Temperatures must be taken daily in the sink and logged.

Temperatures must be taken with each use in the dishwasher and logged

PPM Concentrate will be logged with each dishwasher cycle. A chlorine-based sanitizer will be used to maintain the concentration at 50-100PPM. The water temperature will be 100 degrees F or greater for no less than 7 seconds.

Cold Water Sanitation must be used to sanitize counter tops/tables/ etc.

ServeSafe will be required for all kitchen staff

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

Training will be provided to all staff by June 30, 2025 of the importance to complete follow tasks and document the results.

Temperatures must be taken daily in the sink and logged.

Temperatures must be taken with each use in the dishwasher and logged

Cold Water Sanitation must be used to sanitize counter tops/tables/ etc.

PPM Concentrate will be logged with each dishwasher cycle

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

The Administrator will do periodic spot checks of the temperature/PPM logs. Monthly results will be documented and maintained for 3 months. If needed, training will be provided to ensure that the rules/regs are being followed. Monitoring logs will be available in the Administrator's office in the Survey Book.

1. The cited deficiency number from the SOD.

A1001

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

Water Temperature has been adjusted at the Water Heater. All sink/shower temperatures will be monitored weekly and documented. The water temperature will not exceed 110 degrees F.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

Temperatures will be taken every Monday beginning June 2025. These temperatures will be logged. Any adjustments will be made immediately as needed.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific

timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

Temperatures will be monitored every Monday and logged.

Any discrepancies found in the water temperatures will be corrected immediately. Retested and logged.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

Temperatures will be taken in every sink/shower in the facility every Monday. The temperatures will be logged. Any needs will be addressed immediately. Administrator will monitor the log book. The Temperature log book will be located in the Administrator's office.

1. The cited deficiency number from the SOD.

A1002

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD. A secured key pad has been placed on the mechanical room door. The door automatically locks when the door closes. The key pad was placed on the door on May 24, 2025.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

A secured key pad has been placed on the mechanical room door. The door automatically locks when the door closes. The key pad was placed on the door on May 24, 2025.

Employee training May 24, 2025 – shared door code and stressed the importance of the maintenance room door always being closed and locked.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

A secured key pad has been placed on the mechanical room door. The door automatically locks when the door closes. The key pad was placed on the door on May 24, 2025.

Employee training May 24, 2025 – shared door code and stressed the importance of the maintenance room door always being closed and locked.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

The Administrator will monitor the locked door routinely throughout the day. Documentation will be provided of any future training that might be needed in the event that the door is found to be unlocked. Documentation will be included for the monthly monitoring report and found in the Survey Binder in the Administrator's office.

1. The cited deficiency number from the SOD.

A1101

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

Current Fire Inspection report has been obtained from Safeguard and is available upon request of the Administrator, May 30, 2025

Fire Drill Log Book is available in the Administrator's Office. May 30, 2025

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. DO

NOT include resident rosters or any Protected Health Information (PHI) in the POC. If PHI is included in the POC, corrections to remove that information will be requested.

A fire drill will be performed every month with documentation as required. (Alternating drills for each shift as required)

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

Training Current Staff – Fire/Tornado Safety –May 20, 2025

Information will be included in the Orientation Package for all new hires

Fire Drill Log Book

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

Administrator will monitor the occurrence and documenting of all fire drills, beginning for the month of May, 2025.

The Fire Log book will be available upon request in the Administrator's Office.