

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS53AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2009
NAME OF PROVIDER OR SUPPLIER BETTER LIVING FOR SENIORS		STREET ADDRESS, CITY, STATE, ZIP CODE 9712 ENNISKEEN AVE LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 2/12/09. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility is licensed for 6 total beds, classified as Category 2 beds. The facility has the following endorsement: Residential facility for elderly or disabled persons The census at the time of the survey was 4. Four sample resident files were reviewed and 4 employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified at the time of the survey.	Y 000	<i>Acceptable for 3/17/09</i> <i>Disciplined</i> Y070 Qualifications of Caregiver-8 hours of Training. <ol style="list-style-type: none">Employee # 1 on the day of the survey had completed three (3) hours of <u>Risk management in Practice</u> presented by _____ on 29th of May 2008 and three and one half (3.5) hours on <u>Plan to Care</u> presented by Nevada Geriatric Education Center on June 11, 2008 and balance of training was after survey with "Report Cards are Coming Prepare for your survey" presented by _____ on February 18, 2009 for three hours and forty-five minutes (3.75) on Employees # 2 and 4 will take a class on March 12, 2009.The facility will use the checklist provided by Bureau of Health Quality and Compliance.The administrator of the facility will check the files of all employees at least every 6 months to ensure that the regulation is met.The Administrator is the person responsible for monitoring the corrections.The date of correction will be March 12, 2009See Attachment 1, 2, 3, Y072 Qualifications of Caregiver-Medication Re-training <ol style="list-style-type: none">It is the responsibility of the Administrator to ensure that each employee who passes medication to the resident receive every three (3) years at least three (3) hours of training in the management of medication.The Administrator must show satisfactory evidence of the content of the training and his attendance at the training and at least every 3 years, pass an examination relating to the management of medication training approved by the Bureau.Employee #4 had her training on February 21, 2009 and past a test approved by the Bureau of Health Quality and Compliance.Employee's #2 will had his training on March 3, 2009.	
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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

[Signature]
TITLE

(X6) DATE

March 5, 2009

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Y 070	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 2/12/09, the facility failed to ensure that 3 of 4 caregivers received eight hours of annual training (Employee #1, #2 and #4). Severity: 2 Scope: 3	Y 070	5. Employee # 1 has a training class on April 28, 2009 with 6. The Administrator has calendared the next training in her computer and noted in the employees file the next time they need to renew their credentials. 7. It is the Administrators responsibility to see that this deficiency does not reoccur. 8. This deficiency will be completed on April 28, 2009. 9. See attachments 5 & 6	
Y 072 SS=E	449.196(3) Qualications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 2/12/09, the facility failed to ensure that 2 of 4 caregivers had completed the required three hour medication management refresher training every three years (Employee #1 and #4).	Y 072	Y 103 449.200 (1) (d) Personnel File-NAC 441-A 1. A separate personnel file must be kept for each member of the staff at the facility and must include a. The name, address, telephone number and social security number of the employee; b. Proof that the employee is not less than 18 years of age; c. The date on which the employee began his employment at the residential facility; d. Records relating to the training received by the employee; e. The health certificates required pursuant to <u>chapter 441A of NAC</u> for the employee; f. Evidence that the references supplied by the employee were checked by the residential facility; and g. Evidence of compliance with <u>NRS 449.176 to 449.185</u> , inclusive. 2. Employee #2 fingerprints were taken September 16, 2006 because we were unable to document his fingerprints of July 2005 when he started working at Annie's Place, a facility owned and operated by the same company than owns Better Living for Seniors, which closed June 30, 2006. 3. Employee #3 fingerprints will be mailed to the Department of Public Safety on March 6, 2009 4. Employee #4 Fingerprints were submitted on January 16, 2008 both reports from the federal and state government are in her file 5. The Administrator will use the "Employee Checklist" that was provided to our facility by the Health Care Quality and Compliance.	

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Y 072	Continued From page 2 This was a repeat deficiency from the 4/10/08 State Licensure survey. Severity: 2 Scope: 2	Y 072	6. The Administrator is the person who needs to ensure that this deficiency does not occur again. 7. See Attachment 7, 8 and 9	
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 2/12/09, the facility failed to ensure 3 of 4 caregivers met background check requirements (Employee #2, #3 and #4). This was a repeat deficiency from the 4/10/08 State Licensure survey. Severity: 2 Scope: 3	Y 105	YA 106 PERSONNEL FILE 1st Aid & CPR 1. This has a potential to affect every resident and caregiver. 2. The Administrator will ensure that a separate personnel file will be kept for each member of the staff. 3. The Administrator will use the checklist developed by the Bureau of Health Quality and Compliance to ensure that current staff personal files are complete, and they have had all their training 4. The Administrator will review the files with-in 10 days before or after Daylight Savings time starts and finishes each year to ensure that the staff is current with all requirements of the regulation set forth in NAC 449 and NRS 449.037 5. The Administrator is responsible for the compliance of this regulation. 6. Date of Compliance: February 16, 2009.	
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.	Y 106	Y 274 NAC 449.2175 Service of food- substitution 1. It is the responsibility of the administrator to ensure that menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. 2. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal. 3. The administrator will have an in-service and explained to all employees that they must document all food substitutions as stated on number two (2) above. (Attachment "1" copy of in-service)	

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Y 106	Continued From page 3 This Regulation is not met as evidenced by: Based on record review on 2/12/09, the facility failed to ensure that 1 of 4 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #2). This was a repeat deficiency from the 4/10/08 State Licensure survey. Severity: 2 Scope: 1	Y 106	<ol style="list-style-type: none"> 4. The administrator is the person responsible to ensure that all employees understand the regulations. 5. The deficiency will be corrected on March 12, 2009. <p>Y859 Periodic Physical Examinations of a Resident.</p> <ol style="list-style-type: none"> 1. The Administrator has change the facility policy to ensure that a potential resident before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident; the facility shall obtain the results of a general physical examination of the resident by his physician. 2. The Administrator will have an in-service with staff and owners of the facility to address the fact that all potential residents must have a physical before admission to the facility (home). Attachment "1" copy of in-service) 3. The administrator is the person responsible to ensure that any new resident has their physical before entering the facility (home). 4. The deficiency will correct on March 12, 2009. 5. See Attachment 12 <p>Y 878 Medication Change Order</p> <ol style="list-style-type: none"> 1. The Administrator shall ensure that a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident the caregiver responsible for assisting in the administration of the medication shall comply with the order. 2. Resident No. 4 refused to purchase the medication because of the cost. 3. The physician at Henderson Health Care wrote a discharge prescription for Boniva. The resident returned from the rehab center after 7 p.m. on January 29, 2009. The prescription was faxed to CNS Scrips Pharmacy that same evening and was 	
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure a planned, dated and posted menu was available. Severity: 1 Scope: 3	Y 272		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.	Y 274		

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Y 274	Continued From page 4 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. Severity: 1 Scope: 3	Y 274	received by the CNS Scripts on January 30, 2009 at the opening of their business day. 4. Resident #4 has Senior Dimension and their formulary does not approve the use of Bovina and requires a co-payment of \$85.00. The pharmacy spoke with Employee #4 and she asked them to call the doctor at Henderson Health Care and get the medication changed. The pharmacy called Henderson Health Care and asked for the medication change. Henderson Health Care called and said the physician would not change the order for Bovina. Our employee, contacted M.D. office and requested that the physician change the order from Bovina to Evista. The physician refused to change any medications that were prescribed by Henderson Health Care. Dr. _____ said to make an appointment, we told her we had already made an appointment and could not get in to see her before February 11, 2009, which was 12 days away. She bluntly refused to change anything until the appointment date.	
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 2/12/09, the facility failed to ensure that X of X residents received an initial and/or annual physical (Resident #1, #2 and #4). Severity: 2 Scope: 3	Y 859	5. Resident #2 physician order an over-the-counter medications that the family could not fine the found 600 mg and 300 mg put not the 750 mg the doctor prescript. 6. The family member and guardian wanted to wait for the physician to return from a vacation before making any purchase. 7. The physician returned from vacation, wrote a change order and resident now is receiving 600 mg. daily. 8. Resident #4 received went to her physician's appointment on February 11, 2009. 9. _____ M.D. fax the prescription directly to the resident's pharmacy. 10. The pharmacy brought the E Vista on the afternoon of February 12, 2009. 11. Resident #2 received the change order on February 20, 2009, and resident #2 received the medication at 8 p.m. 12. Page 3 of our written contract reads, 6. Excluded Services. Except as otherwise expressly stated in this agreement, you are responsible for furnishing or paying for any of your health and medical care services, including, without limitation, hospital services, physicians' services, nursing services including skilled nursing facility charges, private duty personnel, <u>medications, vitamins, eyeglasses, eye examinations, hearing aids, ear examinations, dental work.</u>	
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order	Y 878		

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Y 878	Continued From page 5 NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 2/12/09, the facility failed to ensure that 2 of 4 residents received medications as prescribed (Resident #2 and #4). Severity: 2 Scope: 2	Y 878	<i>dental examinations, orthopedic appliances, laboratory tests, x-ray services, or any rehabilitative therapies.</i> 13. It is the responsibility of the administrator, to work with the family, physician and pharmacy regarding change orders. 14. February 20, 2009 this deficiency was completed. Y 885 Medication / Destruction 1. It is the responsibility of the administrator to ensure if the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. 2. The medication was counted out in the present of the administrator and was documented by the caregiver 3. It is the responsibility of the administrator to properly dispose of the medication according to the Clark County Health Departments recent in acted ordinances. 4. This deficiency was corrected on February 26, 2009. 5. See Attached 13,14, and 15	
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of	Y 885	Y922 MEDICATION LABELING 1. The Administrator shall ensure that medication including, without limitation, any over-the-counter-medication or dietary supplement, must be plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. 2. The Administrator is having an in-service on March 10, 2009 to go over each item on the Bureau of Health Care Quality and Compliance Statement of Deficiencies and Plan of Care dated February 12, 2009. 3. The Administrator has printed out address labels with the resident name and primary care physician to be used in the event that they may need to label products that are received by the facility as long as there is a Physician's order for same.	

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Y 885	Continued From page 6 destruction of medication. This Regulation is not met as evidenced by: Based on observation and interview on 2/12/09, the facility did not destroy medications after they were discontinued, had expired or after a resident had been transferred. Severity: 2 Scope: 3	Y 885	Y938 Resident File 1. It is the responsibility of the Administrator to ensure that an evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. 2. The administrator or House Manager shall prepare such care plan of ADL's upon the admission of the resident. 3. Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living it is the responsibility of the house manager or administrator to create a new plan of care. 4. At minimum the House Manager and/or Administration shall complete a "Plan of Care" for each resident yearly. 5. It is the administrator responsibility to ensure that the deficiency does not reoccur. 6. This deficiency was completed on February 12, 2009.	
Y 922 SS=E	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. This Regulation is not met as evidenced by: Based on observation on 2/12/09, the facility failed to ensure medications were plainly labeled for 2 of 4 residents (Resident #2 and #4). Severity: 2 Scope: 2	Y 922	Y 940 Resident File 1. It is the responsibility of the Administrator to ensure that an evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. 2. The administrator or House Manager shall prepare such care plan of ADL's upon the admission of the resident. 3. Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living it is the responsibility of the house manager or administrator to create a new plan of care. 4. At minimum the House Manager and/or Administration shall complete a "Plan of Care" for each resident yearly. 5. It is the administrator responsibility to ensure that the deficiency does not reoccur. 6. This deficiency will be completed on March 12, 2009 7. See Attachment 16, 17, 18, and 19	
Y 938 SS=B	449.2749(1)(g)(1) Resident file	Y 938		

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