

VIOLATION NOTICE

Facility Name Forest Hill Manor Inspection & Exit Interview Date 8-1-00 Findings Review Date 8/23/00
 Inspection Type (Circle One): Initial Renewal Monitoring Complaint (Check One): Announced Unannounced Follow-up: Date _____ By _____

STANDARD NUMBER	DESCRIPTION OF VIOLATION	DESCRIPTION OF ACTION TO BE TAKEN (Preventative actions & Staff Responsible)	DATE TO BE CORRECTED	VERIFICATION OF CORRECTIONS Yes/No; NA; or ND
		Description required: (Inspector initials) ___ YES ___ NO Not Required but facility chooses to complete: (Facility Representative initials) ___ YES ___ NO		
500. F.	The water cooler is broken in building 1	Water cooler will be removed	8/12/00	
210. D. 4.	The bedspread is dirty in room 17	Clean bedspread placed on bed	8/1/00	
<u>Repeats</u>				
500. C	There is no air conditioning	Fans placed in all rooms today	8/1/00	
510. 1-4.	in rooms 7, 8, 10, 11, 12, 14, 15, 16, 17, 18, 21, 23, 24			

It is agreed that these violations will be corrected by the dates shown and that compliance will be maintained with all regulations. If the number, nature and/or repetition of violations warrant, the licensing inspector may require the facility to develop a written plan for actions to be taken.

If the facility representative wants further discussion of the findings, a conference with the licensing inspector and his or her supervisor may be requested. Please contact your licensing office within fifteen days of the findings review date.

Inspector Signature General Bennett Date 8-1-00 Facility/Program Representative Signature Mark Jones Date Received 8/23/00 Date Completed 8/23/00

Corrective Action Notice and Plan

Name of Facility: Forest Hill Manor

Attachment:

Problem areas to be addressed:

1. Insufficient staffing on the premises to implement fire plan (are you able to do that?)
2. Routine Maintenance and Housekeeping
3. Food Supply and Menu Preparation
4. Medication Administration
5. Resident Accounts and Distribution/Financial Responsibility
6. Actual Activities for population served
7. Training of staff on handling aggressive residents, mentally ill, and dementia /Alzheimer's residents
8. Program Description outlining actual services and amenities offered
9. Heating/Cooling System
10. Health and Hygiene of residents/resident care – Method of Physician medical exams
11. Permanent Administrator/Overall Management (nothing in writing re: change of administrators within 10 day time frame)
12. Record Maintenance/Documentation...System for UAI/Service Plan Updates and Monitoring

S.Bennett

08/23/00