

**VIOLATION NOTICE**

Facility Name Forest Hill Manor Inspection & Exit Interview Date 7-11-00 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)  Description required: (Inspector initials) ___ YES ___ NO Not Required but facility chooses to complete: (Facility Representative initials) ___ YES ___ NO	DATE TO BE CORRECTED	VERIFICATION OF CORRECTIONS Yes/No; NA; or ND
70.C	Children under the age of 18 were observed providing services to residents	Staff did not show up. & Administrator brought her children & Neighbor's children to work until she gets staff that day.	7-11-00	
100.C	Children were unsupervised observed running through building, yelling at resident, etc)	Children were not employee, were filling temporarily until could get staff to come in	7-11-00	
130.C	Facility was left unsupervised for a period of time. Resident called main office to notify them of the problem	Staff did not show up because of conflict & Administrator & Building had no direct	7-11-00	

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. *care staff for the 101 hr.*

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.

Rudolph 7-11-00  
Inspector Signature Date

[Signature]  
Facility/Program Representative Signature

8/23/00 8/23/00  
Date Received Date Completed

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420.D	Residents were dirty, unshaven, hair not combed, etc	Corrected by staff same afternoon.	7-11-00	
450.AB	The residents and administrator shared that the residents had not received their monthly stipend for personal items	Residents are usually paid by the 3rd week of month because grants from some counties come late. We have to deduct cigarette money & medication money.	on the 25th of each month	
490.H	Cleaning supplies were observed on radiator in Building # 2	collected	7-11-00	

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500.C	There was a urine smell in several bathrooms and bedrooms	collected	7-12-00	
500.E	Flies and a roach was observed in the facility	We are <sup>not</sup> allowing Residents to put food in their room esp. in their <del>drawer</del>	7-15-00	
510.D	Air conditioning was not working in parts of the facility.	Fans provided where A/C are not working	8-1-00	
500.A	Floors were dirty throughout the bldg.	collected	7-12-00	

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210.B. 2	No end table observed in room #5 + #2	Collected	8-1-00	
500.F	Broken Glider in room #5	Collected	8-1-00	
210.B. 3	Nursing lamp in room #5	Collected	8-1-00	
510.D. 1.3.4	No working air conditioner in rooms # 21, 23, 24	Fans provided when A/C not working	8-1-00	

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