Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964388	A. BUILDING: _____ B. WING _____	10/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMETTO LANDING	1016 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708

(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
A 000	Initial Comments Complaint Investigations #2019011243 and #2019013084 were conducted on . . . . and , , and . Palmetto Landing had deficiencies at the time of the visits.	A 000		
A 008 SS=D	429.26( ) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission.	A 008		

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A 008	Continued From page 1 The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the	A 008		

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A 008	Continued From page 2 operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of , require such assistance. 58A-5.0181 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name,	A 008		

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A 008	Continued From page 3	A 008		

signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S.
(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed.
1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider.
2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided.
3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823.
(c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission.
(d) Medical examinations of residents placed by

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A 008	Continued From page 4 the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a new 1823 Health Assessment form for 1 of 13 sampled residents	A 008		

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A 008	Continued From page 5 (#3) as required when a significant change occurred. Findings: Resident #3's record revealed an admission date of . . . . . The 1823 Health Assessment, dated , indicated the resident has , a , ... and . . . . . She ambulates with a walker, and independent with all other ADLs. Review of the facility documentation revealed the resident had some unwitnessed in , and the resident declined medical attention, thereafter two occurred in , one on and second on , resulting in the resident being transported to the hospital. Photographic evidence obtained. On . . . . . at 2 PM, the Director of Nursing (DON) confirmed that the resdient felland had injury. There was no health assessment obtained after the resident sustained a and was sent out to the hospital. Class III	A 008		
A 025 SS=G	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or . . . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to	A 025		

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A 025	Continued From page 6 such . . . . . or . . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.	A 025		

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A 025	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on resident record review, other documentation and interview, the facility failed to monitor, maintain, and offer supported supervision appropriate or notify the healthcare provider for 3 of 13 sampled residents (#3, 8 & 9) as required when a significant change occurred. Findings: 1. Resident #3's record revealed an admission date of . . . . . The 1823 Health Assessment, dated , indicated the resident was independent with all Activities of Daily Living (ADLs), ambulating with a walker. The facility documented some unwitnessed . . in . , ... The resident declined medical attention and sustained another . on . . . . . resulting in injury of , ... and was transported to the hospital. Another . on . . . . . resulted in , . . in the right arm, and again she was transported to the hospital. Currently, the resident resides in a rehabilitation facility. Furthermore, there was no other evidence found that the facility made an attempt to put additional care and services in place. Photographic evidence obtained On . . . . at 2 PM, an interview with the Director of Nursing (DON) confirmed the facility did not have evidence that additional care and services were put in place. She also stated that the facility will implement , , ... , , with her walker upon the resident's return to the facility. 2. Resident #8's record revealed an admission date of . The 1823 Health Assessment,	A 025		

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A 025	Continued From page 8 dated , indicated a request for Home Health Skilled Nursing services for care and . Resident #8 has , general , and . He needs assistance with all his ADLs because of and is wheelchair bound. He currently has 4 which were documented by the facility. , the facility documented that resident was . , the facility documented that resident was admitted to a Home Health Agency (HHA) with two . The first was a to the left : 5 centimeters (cm.) by (x) 1.5 cm. x 0 cm. The second was 5.5 cm. x 2.0 cm. x 0 and no stage. , the facility documented 4 total: #1 on the left : 4.5 cm. x 3 cm. x 0.1 cm. #2 on the left : 3.8 cm. x 6.5 cm. x 0.1 cm. #3 on the medial left : 2.7 cm. x 2.2 cm. x 0.1 cm. #4 on the right lower : 10 cm. x 3.2 cm. x 0.1 cm. , the facility documented the was scabbed and almost healed but did not address which and no stage and no measurements were provided. , the HHA documented 4 : #1 lower right : 10 cm. x 3.2 cm. x 0.1 cm., not staged. #2 upper right : 4.5 cm. x 3 cm. x 0.1 cm., not staged. #3 left medial lower : 3.8 cm. x 6.5 cm. x 0.1 cm., not staged. #4 left anterior lower : 2.7 cm. x 2.2 cm. x 0.1 cm., not staged. HHA care from /19 included: Skilled Nursing (SN) cleaned and ( ) was provided. , HHA documented measurements for the 4 : #1 lower right : 2 cm. x 2 cm. x 1 cm., not staged. #2 upper right	A 025		

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A 025	Continued From page 9 : 1 cm. x 1 cm. x 0.5 cm., not staged. #3 left medial lower : 1.5 cm. x 1 cm. x 0.5 cm., not staged. #4 left anterior low : 1.5 cm. x 0.5 cm. x 0.5 cm., not staged. Continuation of SN (cleaning &) for , HHA documented a new to left , no measurements, no stage. Continuation of SN (cleaning &) for , HHA documented that a new evaluation was due at the next visit. No evidence or no documentation of the new evaluation was completed. Continuation of SN (cleaning &) for , HHA documented a new open area on left lateral . No measurements and no stage were documented. Continuation of SN (cleaning &) for , HHA documented only one on the lower right : 4 cm. x 3.3 cm. x 0.3 cm. There was no mentioned of the other three Continuation of SN (cleaning &) for , HHA documented left ankle : 4 cm. x 3.3 cm. x 0.3 cm. but this is the same measurement as the documented lower right ankle on . Nothing mentioned of the other three and there were no measurements. Continuation of SN (cleaning &) for and , HHA documented only one to right lower extremities with no measurements and no stage. Additional information provided that HHA received orders from the physician on for SN for right evaluation	A 025		

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A 025	Continued From page 10 care. Continuation of SN (cleaning &) for: /19. , HHA documented right : 2 cm. x 1 cm. x 0.2 cm., but no mentioned of other three . , HHA documented right : 4.5 cm x 2 cm. x 0.3 cm., and no other three measurements and no stages. Continuation of SN (cleaning &) for , , , and . , HHA documented right : 3 cm. x 2 cm. x 0.3 cm. No and no mentioned of the other three . , HHA documented right : 2 cm. x 1 cm. x 0.3 cm.; left : 1 cm. x 1.5 cm. x 0 cm. No stage and no mentioned of other two that was previously identified. , HHA documented right and left but no measurements and no stage. Nothing documented of the other three previously identified. , HHA documented right : 1 cm. x 0.5 cm. x 0 cm.; right : 1.5 cm. x 1 cm. x 0; left : 1.5 cm. x 1 cm. x 0 cm. The HHA and the facility documentation was inconsistent and did not coordinated the appropriate care and services for resident #8. Photographic evidence obtained. On at 3 PM, the DON confirmed the above documentation inconsistencies, and understood the importance in following up with the HHA. 3. Resident #9's record revealed an admission date of . The 1823 Health Assessment, dated , indicated diagnoses of	A 025		

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A 025	Continued From page 11 . . . . . , ... , and right . . , ... She required supervision with all ADLs but was independent for eating and grooming. The facility documented an unwitnessed occurred on . . . . . , one day after admission to the facility. There was no documentation that the physician was notified the resident sustained a . . . On . . . . . at 4:45 PM, the DON confirmed the finding, stating that she was not able to find any additional facility documentation. Class II	A 025		
A 030 SS=D	58A-5.0182(6) FAC; 429.28(. .) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the	A 030		

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A 030	Continued From page 12 Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d),	A 030		

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A 030	Continued From page 13 F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m.	A 030		

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	AL11964388	A. BUILDING: _____ B. WING _____	10/07/2019

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A 030	Continued From page 14 at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a	A 030		

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A 030	Continued From page 15 physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local	A 030		

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A 030	Continued From page 16 long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . , ... or . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, facility's documentation and interview, the facility failed to honor residents'	A 030		

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A 030	Continued From page 17 rights for all eighteen (18) Memory Care residents to offer an alternative meal as offered to the Assisted Living Facility residents. Findings: Observation on . . . . . at 12 PM, the eighteen memory care residents were served the same meal of spaghetti and meatballs, steamed mixed vegetables, garlic bread, 1 cup of Jell-O with fruit topping, and one piece of frosted chocolate cake (offered also non-sugar). This menu was posted as today's main meal. Not one of the memory care residents was offered the alternate meal menu. Photographic evidence obtained. The facility offers an alternate menu for residents who do not want to eat what is on the main meal menu. The alternate menu is always available and offers: Grilled All Beef Hot Dogs-add cheese, Chicken Salad Sandwich, Grilled Cheese sandwich, Grilled Hamburger, Fresh fruit plate with cottage cheese. Desserts: Chocolate or Vanilla pudding (no sugar added), Sugar free cookies or banana. Photographic evidence obtained. On at 1 PM, an interview with the Food Manager confirmed that an alternative meal was not offered to residents on the memory care unit. Class III	A 030		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to	A 152		

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A 152	Continued From page 18 Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a clean free-living environment.	A 152		

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A 152	Continued From page 19 Findings: On [redacted] at 10:30 AM, a tour around the entire facility found the following: 1. On the doorway entrance of [redacted], the carpet was coming up and heavily stained. 2. [redacted], the outside hallway carpets of these apartment were heavily stained. 3. In the Memory Care unit, near [redacted], as bleach like stain was seen. "Photographic evidence obtained" 4. On [redacted] at 10:50 AM, the outside patio area located directly across from the receptionist's front desk outside, in the resident patio area was 2 wasp nests on the upper left side wall and 1 wasp nest on the upper right side of the wall. "Photographic evidence obtained" On [redacted] at 11:30 AM, the Maintenance Director confirmed the above findings. On [redacted] at 1:40 PM, the Administrator was informed that a referral to the Department of Health Environmental Services would be submitted by the Agency for Health Care Administration. Class III	A 152		