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
	AL11969452	A. BUILDING: _____ B. WING _____	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF DR PHILLIPS	7233 DELLA DRIVE ORLANDO, FL 32819

(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 A complaint investigation (#2024003304 & #2024006994) was conducted on ..... & at Harborchase of Dr Phillips. The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26(.) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must 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 to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon	A 008		

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A 008	Continued From page 1 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. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and 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 [illegible] 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 provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	A 008		

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A 008	Continued From page 2	A 008		

shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance.

59A-36.006
(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), 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 [illegible] 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 [illegible], [illegible] or any other communicable [illegible], 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

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A 008	Continued From page 3	A 008		

practitioner, the individual's needs can be met in an assisted living facility; and,
8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner.
(b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or 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-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.
1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility.
2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.
(c) Medical examinations of residents placed by 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).
(d) An assessment that has been conducted

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A 008	Continued From page 4 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. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) 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 record reviews and interview, the facility failed to ensure a health assessment form (1823) was complete with all pages for 2 of 7 sampled residents (#6 & #10.) Findings: 1. A review of resident #6's 1823 revealed page 2 was missing. On at	A 008		

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A 008	Continued From page 5 12:05 pm, the finding was discussed with the memory care director, who said she would see if the page could be found. 2. A review of resident #10's [redacted] 1823 revealed page 2 was missing. On [redacted] at 12:23 pm, the finding was discussed with the memory care director, who said she would also check on this one. Page 2 documents how much assistance a resident needs with Activities of Daily Living (ADLs,) their diet, whether they have a communicable [redacted], are bedridden, has [redacted], is a danger to themselves or others, require 24-hour nursing or [redacted] care and whether their needs can be met in an Assisted Living Facility. The missing page was never provided for either resident. Class III	A 008		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 must notify the resident's representative or designee of the need for health care services and	A 025		

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A 025	Continued From page 6 must assist in making , , ... for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. 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 59A-36.012, 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	A 025		

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A 025	Continued From page 7 changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide adequate supervision when 2 of 11 sampled residents were involved in a physical altercation that resulted in injuries (#8 & #10.) Findings: 1. A review of resident #8's record revealed a facility admission date of and discharge of . The resident's medical history included , Body and 's . On at 11:30 am, resident #8's family member said that on resident #10 hit resident #8 on the causing injury. The family member said no staff responded to the altercation and eventually the two residents separated on their own. The family member said staff learned of the altercation when one of them saw resident #8 was bloody. A facility incident report indicated that at approximately 8:24 pm caregiver A encountered resident #8 and saw the resident had injuries. Nurse C observed on the resident's , red , a on the left corner of his , a left and scratches on the of his . Resident #10 was found on the floor of resident #8's room. His was red, and he had on his right was on his knuckles with no broken skin, so it was believed the was not his. Resident #10 said he beat up resident #8. Both residents were sent	A 025		

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A 025	Continued From page 8 to a hospital. On . . . . . at 1:18 pm resident #8 returned from the hospital with an to his left , and dried . . . below his . . . . The hospital records indicated he presented with an on his . . . and a . . . . . of the left orbital, . . . and left . 2. A review of resident #10's record revealed a facility admission date of . . . . . The resident's medical history included . The resident was identified as being . . . . . and forgetful. On at 8:20 am resident #10 . . . . . into another resident's room and hit the caregiver who tried to redirect him out of the room. The resident did leave the room. The nurse observed the resident was calm when interacting with him. The resident was , . when given commands. On . . . . . a health care provider ordered , 25 milligrams (mg) twice daily. On at 5:55 am it was alleged the resident entered another resident's room and threw juice all around the walls and floor. On a health care provider ordered . . . . . 25 mg three tablets daily. A . . . . . note indicated the resident was previously seen due to staff reports of disinhibited/. . . . . inappropriate behaviors. The resident was started on , and was increased. Staff reported continued behavioral issues including increased . . /agitation, . . . into the rooms of others and becoming physically aggressive with	A 025		

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A 025	Continued From page 9 staff when they attempted to redirect him and notable thinking. Reports behaviors have decreased in frequency since recent medication changes. On a health care provider ordered to increase the to 50 mg twice daily. On a health care provider ordered 0.25 mg every twelve hours for /agitation and discontinue . On at 4:30 pm resident #10 increased another resident's agitation by telling the other resident he would kick his butt and suggested they go down the hall so he could beat him up where no one would see them. Resident #10 grabbed the other resident. Before the two could be separated resident #10 sustained a scratch on the of his left . On at 8:30 am there was an unwitnessed physical altercation between resident #10 and another male resident. Resident #10 was seen aggressively holding the other resident's . Staff removed his from the other resident's arm. There were no injuries. Resident #10 was taken to another table. On a health care provider ordered 0.5 mg every eight hours for /agitation. On at 8:36 am resident #10 had behaviors with staff and yelled at other residents. He refused to sit for breakfast and attempted to hit another resident. Care staff stood between both residents and resident #10 threw a glass of fluid on the staff. The nurse gave him his routine medications. He sat at the table and ate breakfast.	A 025		

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A 025	Continued From page 10 On a health care provider ordered 0.25 mg twice daily as needed for , agitation and aggressive behaviors towards other residents and staff. A behavior expression discovery form indicated resident #10 was aggressive and fighting. No interventions were documented on the form. On the facility issued a 45-day discharge notice to resident #10. However, the resident did not return to the facility after being sent to a hospital following the incident with resident #8. On at 2:24 pm, caregiver A said if a resident into another resident's room, she redirected them. She remembered resident #10. She said he had to be supervised to prevent him from going after other residents. On at 10:30 am, caregiver A said that on resident #8 walked towards her and she saw on his . She asked him what happened, and he said someone was in his room. The caregiver went to resident #8's room and saw resident #10 on the floor. The caregiver said she did not see injuries on resident #10. The caregiver called for nurse C to come. The caregiver said she was not assigned that evening to work specifically with either resident. She said more staff were not added and one on one supervision was never put with resident #10 despite his behaviors. On at 2:15 pm, caregiver A said that prior to the altercation between residents #8 and #10 she did not hear anything to suggest there was a	A 025		

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A 025	Continued From page 11	A 025		

fight going on. She said when she went to resident #8's room the door was closed and unlocked.

On [redacted] at 3:15 pm, nurse C said she was standing near caregiver A when resident #8 walked up. Caregiver A waved the nurse over. Resident #8's [redacted] were out, shaking and bloody. He had a bloody [redacted]; both of his [redacted] were [redacted] shot and there were circular red areas on the [redacted] of his [redacted]. The resident repeatedly said, "he beat me up." The nurse recalled resident #10 being found on the floor of another resident's room. She did not think it was resident #8's room. The nurse and caregiver A assisted resident #10 off the floor. Resident #10 said he beat the guy up and kept saying he was going to get him. Resident #10 had redness on the [redacted] of his [redacted] and his knuckles. The nurse believed the [redacted] on one of his knuckles belonged to resident #8. The nurse said she did not notice any behaviors from resident #10 prior to the incident. She said resident #8 rarely had behaviors. She said both residents [redacted]. She did not hear anything, such as a fight, prior to the altercation.

The facility's [redacted] policy, last revised on [redacted], indicated if resident to resident contact occurred both residents should be evaluated for a change of condition. Residents exhibiting aggressive behavior should be considered for continued appropriateness and interventions should be developed to address their behaviors. The resident assessment and care plan should be updated as appropriate.

On [redacted] at 3:55 pm, a request was made of the memory care director to provide resident #10's resident assessments and care plan with

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A 025	Continued From page 12 updates pertaining to the resident's behaviors. At 4:57 pm, the memory care director said the only assessment and care plan available to her was a admission one. She said the wellness director, who was not present during the survey, would have been the person who updated them, and the memory care director was unable to get a hold of her. On at 5:15 pm, the administrator said the only discharge notice given to resident #10 was the one from . Both the administrator and the memory care director said additional staff were not scheduled to increase supervision of residents within the unit. The administrator said the staff who were scheduled were aware to keep an , on resident #10. On at 12:35 pm, caregiver F said she worked the evening of the altercation. She denied hearing anything, such as yelling or fighting, prior to the incident. She recalled only that she responded to the room and saw resident #10 on the floor. On at 2:52 pm, caregiver G said she did not see what happened between residents #8 and #10. She and caregiver A were helping a resident and when they exited that room caregiver G saw nurse C running and saying something was going on, that resident #10 hit resident #8. Caregiver G saw resident #8 outside of his room. Dried was on his . She saw resident #10 sitting in the TV room. She took resident #10 to his room because there was dried on his knuckles. Resident #10 said he punched resident #8 because he provoked him. Class II	A 025		

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A 030	Continued From page 13	A 030		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) 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 59A-36.006, 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 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 59A-36.006, F.A.C. The rules and procedures must at a minimum address the	A 030		

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A 030	Continued From page 14 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 standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (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), 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. 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	A 030		

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A 030	Continued From page 15 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. 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	A 030		

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A 030	Continued From page 16 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 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 must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. 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.	A 030		

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A 030	Continued From page 17 (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 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.	A 030		

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A 030	Continued From page 18 429.27 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 record reviews and interviews, the facility failed to have documentation to indicate a grievance was responded to for 2 of 11 sampled residents (#8 & #9.) Findings: 1. On at 11:30 am, resident #8's family member said the resident's new wheelchair was taken from his room. The family member said the chair was never returned and despite filing a complaint with the facility, no response was ever received. The family member said they spoke with both the administrator and a member of the regional staff.	A 030		

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A 030	Continued From page 19 A review of the facility's grievance binder revealed none were regarding this complaint. On at 5 pm, the memory care director said resident #8's family member sent an email regarding the missing wheelchair. The administrator and the memory care director both said they did not have access to the email to see if a response was provided because the wellness director was the only person who did, and she was not present during the survey. The memory care director said she called the wellness director, but the phone was turned off. The memory care director said she never saw a wheelchair then she learned from the wellness director the resident did move in with one. The memory care director said she searched for it and did not locate it. The administrator said he heard about the missing chair and thought it was found. 2. A review of a email from resident #9's family member to the administrator revealed the family member complained about finding a soiled towel and clothing in the resident's room, the resident's toenails being curled under her with , the failure of staff to notify the family when the resident refused care and the lack of response from the wellness director. A review of the facility's grievance binder revealed none were regarding these complaints. On at 4:50 pm, the memory care director said resident #9 was never seen by a Podiatrist and no staff ever told her the resident needed to. She said the caregivers were permitted to cut the toenails of those residents who were not or combative. She said the resident had times she refused care and the facility had to call the family member.	A 030		

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A 030	Continued From page 20 On at 1:04 pm, the administrator said he did receive an email from the family member on but it was undeliverable. He said the family member sent him another email indicating they used the wrong email and that the original message was attached to the latest email. The administrator said there was nothing attached to that email. He could not remember if he contacted the family member to let them know he did not receive it. The facility's grievance policy, last reviewed on , outlined how to file a grievance but did not have a process for responding to a grievance. Class III	A 030		