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
	AL11966403	A. BUILDING: _____ B. WING _____	R 10/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATTS GUARDIAN CARE INC.	7217 EUDINE DRIVE NORTH JACKSONVILLE, FL 32210

(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
CZ816 SS=A	408.809(2)(a-c) FS Background Screening-Compliance Attestation (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation's national retained print . . . notification program. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit fingerprints electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print . . . notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	CZ816		

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CZ816	Continued From page 1 professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with , the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. This Statute or Rule is not met as evidenced by: Based on staff interview, and facility document review, the facility failed to maintain evidence in the personnel file that the Administrator had a Level II background screening done every five years and an Attestation of Compliance with Background Screening Requirements on file. The findings include: During an interview with the facility's owner on . . . . . at 3:35 PM she stated that [Administrator on file]'s personnel file was at the other facility where she is currently the administrator, as well. [Administrator on file] owns the other facility and she is there most days. When given the name of the Administrator on file, the owner stated "She's the Administrator."	CZ816		

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CZ816	Continued From page 2 She was asked to produce the personnel file for the Administrator on file. She stated she did not have it. She called and spoke to the Administrator on file on the phone during the survey. When she hung up, she stated she would get the Level 2 background screening from her. During an interview on at 3:55 PM with the owner and Employee A, the Owner expressed understanding of the statutory requirement of having evidence the Administrator had a Level II background screening every five years and an Attestation of Compliance with the background screening. Class	CZ816		
{A 000}	Initial Comments A follow-up visit to a complaint survey (CCR#2018003478) was conducted at Watts Guardian Care (License #10622) from to . Watt Guardian Care had deficiencies at the time of the visit.	{A 000}		
A 077 SS=D	429.176 FS; 58A-5.019(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52.	A 077		

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A 077	Continued From page 3 58A-5.019 Staffing Standards. (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], 1995, have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before [illegible], 2014, are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to [illegible], 1997, are not required to take the competency test unless specified elsewhere in this rule. 5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the	A 077		

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A 077	Continued From page 4 agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , 1997, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.	A 077		

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A 077	Continued From page 5 (e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , 2013, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04002. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, resident interview and facility document review, the facility failed to ensure the facility was under the supervision of a core trained and tested qualified Administrator and manager who were responsible for the operation and maintenance of the facility. The findings include: During observations on at 3:50 PM, Employee A, a caregiver, was the only staff member working. During interview with Employee A, on at 4:10 PM, she stated she has worked at the facility since . She stated she did not know who [Administrator on file] was and had never met her. She is the only person who works at the facility currently. She has a and is at the facility twenty four hours a day. When she needs a day off or has to go an appointment, the owner will come and fill in for her. She stated she is not core trained and is not the manager. When asked who the facility's manager was, she named the owner.	A 077		

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A 077	Continued From page 6 During an interview with Resident #1 on at 3:15 PM, he stated he does not know who [Administrator on file] is. He has never seen her at the facility. During an interview with Resident #4 on at 3:18 PM, he stated he does not know [Administrator on file]. He has never met anyone by that name. Review of the staff schedule dated through revealed Employee A was the only person listed on the schedule (photographic evidence obtained). Review of the personnel files revealed there was no personnel file available for the Administrator on file. Review of the personnel file for the owner revealed no certificate for core training. There was nothing, in writing, appointing the owner as the facility manager in the Administrator's absence. During an interview with the owner on at 3:35 PM she stated that the Administrator's personnel file was at the other facility where she is currently the Administrator, as well. [Administrator on file] owns the other facility and she is there most days. She then stated she, the owner, is the Administrator of this facility. When asked if the Administrator on file appointed her in writing to be the administrator of this facility, she stated no. She stated "I'm the owner." When asked if she had taken the core training and competency test she said she had not, but she is working on it. When given the name of the Administrator on file, the owner confirmed, "She's the Administrator." When shown the staff schedule and asked when	A 077		

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A 077	Continued From page 7 [Administrator on file] is in this facility, the owner stated that she, the owner, takes care of everything at this facility because the Administrator runs another facility. She stated she knew that either she of Employee A needed core training/testing to serve as the manager in the Administrator's absence. She then admitted that [Administrator on file] is not at the facility and Employee A would not know her because as the owner, she takes care of everything herself, and she considered herself the manager. She was asked to produce the personnel file for the Administrator on file. She did not have it. The owner called and spoke to her on the phone during the survey. When the owner hung up, she stated she would get the core certification, trainings and Level 2 background screening from her. A review of the Florida Health Finder website was conducted and revealed the other facility the Administrator was said to be working at, which according to the owner was the reason she was not present at this facility, was no longer licensed. The closure date was listed as . Photographic Evidence Obtained. During an interview on . . . . . at 3:55 PM with the owner and Employee A, the owner expressed understanding of the statutory requirement of having an Administrator on site who is core trained. Class III	A 077		
A 079 SS=D	58A-5.019(3) FAC Staffing Standards - Levels	A 079		

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A 079	Continued From page 8	A 079		

(3) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities must maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16- 25	253
26-35	294
36-45	335
46-55	375
56- 65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.
2. Independent living residents as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility and who receive no personal, limited nursing, or extended congregate care services, are not counted as a resident for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and . . . . . ( ) and holds a currently valid card documenting completion of such courses must be

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A 079	Continued From page 9 in the facility at all times. a. Documentation of attendance at First Aid or courses offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, satisfies this requirement. b. A nurse is considered as having met the course requirements for both First Aid and . In addition, an emergency medical technician or paramedic currently certified under Part III, Chapter 401, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant	A 079		

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A 079	Continued From page 10	A 079		

positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or representatives, for that resident's care.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a) if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41(1)(a), F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.
1. When additional staff is required above the

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A 079	Continued From page 11 minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if the plan increases the staff to needed levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, resident interview and facility document review the facility failed to provide the minimum staffing hours per week to meet the statutory requirement of 212 hours for six residents. The findings include: During an observation on . . . . . at 3:50 PM, Employee A, a caregiver, was observed to be the only staff member working. The admission and discharge log was present which showed the facility currently housed 6 residents (photographic evidence obtained).	A 079		

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A 079	Continued From page 12 During interview with Employee A, on at 4:10 PM, she stated she has worked at the facility since . She is the only person who works at the facility currently. She has a and is at the facility twenty four hours a day. When she needs a day off or has to go an appointment, the owner will come and fill in for her. During an interview with Employee A on at 3:10 PM, she did not know who [Administrator on file] was and had never met her. She stated "I've never seen the lady before. She is never here." During an interview with Resident #1 on at 3:15 PM, he stated he does not know who [Administrator on file] is. He has never seen her at the facility. During an interview with Resident #4 on at 3:18 PM, he stated he does not know [Administrator on file]. He has never met anyone by that name. Review of the staff schedule dated through revealed Employee A was the only person listed on the schedule (photographic evidence obtained). During an interview with the owner on at 3:35 PM she stated that Employee A is the only staff member she has now, she stays at the facility and has her own . When it was explained to her that one full time staff member working twenty four hours a day is only 168 hours per week and for a census of six residents, she needed to have staff hours equaling 212 hours per week. She stated she understood and	A 079		

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A 079	Continued From page 13 acknowledged she would need to add another staff member or fill the hours herself. During an interview on at 3:55 PM with the owner and Employee A, the owner expressed understanding of the statutory requirement of having a minimum of 212 staffing hours per week for a census of six residents. Class III	A 079		
A 080 SS=D	429.52(1-2) FS; 58A-5.0191(1) FAC Training - Core & Competency Test 429.52 (1) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the Department of Elderly Affairs by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (2) The department shall establish a competency test and a minimum required score to indicate successful completion of the training and educational requirements. The competency test must be developed by the department in conjunction with the agency and providers. The required training and education must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting , neglect, and , . (c) Special needs of elderly persons, persons with mental illness, and persons with , ... and how to meet those needs.	A 080		

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A 080	Continued From page 14 (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with 's and related . 58A-5.0191 Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , , 1997, and managers who attended the core training program prior to , , 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this requirement.	A 080		

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A 080	Continued From page 15 (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken This Statute or Rule is not met as evidenced by: Based on observation, staff interview, resident interview and facility document review, the facility failed to ensure the facility administrator had proof of 12 hours of continuing education in topics related to assisted living every 2 years. The facility failed to produce evidence of core training, core competency test requirements or a Level 2 background screening for the Administrator. The findings include: During observations on . . . . . at 3:50 PM, Employee A, a caregiver, was the only staff member working.	A 080		

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A 080	Continued From page 16 During interview with Employee A, on [redacted] at 4:10 PM, she stated she has worked at the facility since [redacted]. She stated she did not know who [Administrator on file] was and had never met her. She is the only person who works at the facility currently. She has a [redacted] and is at the facility twenty four hours a day. When she needs a day off or has to go an appointment, the owner will come and fill in for her. She stated she is not core trained and is not the manager. She stated that the owner is the manager. Review of the personnel files revealed there was no personnel file available for [Administrator on file]. Review of the personnel file for the owner revealed no certificate for core training. There was nothing, in writing, appointing the owner as the manager. During an interview with the owner on at 3:35 PM she stated that the Administrator on file's personnel record was at the other facility where she is currently the Administrator, as well. The Administrator on file owns the other facility and she is there most days. She then stated she, the owner, is the Administrator of this facility, but said there was nothing in writing designating her in charge in the Administrator's absence. When asked if she had taken the core training and competency test she stated no, that she is working on it. When given the name of the [Administrator on file], she confirmed, "She's the Administrator." The staff schedule was reviewed and the owner was asked when [Administrator on file] is in this facility. the owner stated that she, the owner takes care of everything at this facility because [Administrator on file] runs another facility. She stated she knew that she needed to be core trained to be the manager, but she intends to get this completed in the future. She	A 080		

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A 080	Continued From page 17 admitted that [Administrator on file] is not at the facility and Employee A would not know her because as the owner, she takes care of everything, and considered herself the manager. She was asked to produce the personnel file for the Administrator on file. She did not have it. She called and spoke to the Administrator on file on the phone during the survey. When she hung up, she stated the Administrator would produce the core certification, trainings, and Level 2 background screening as evidence she completed the training to maintain her core certification. During an interview on at 3:55 PM with the owner and Employee A, the owner expressed understanding of the statutory requirement of having evidence onsite that the the Administrator completed the training requirements, and held a current Level II background screening. Class III	A 080		
A 160 SS=D	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must	A 160		

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A 160	Continued From page 18 include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a pressure ; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.; (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or	A 160		

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A 160	Continued From page 19 related . . . . . , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, staff interview and facility document review the facility failed to maintain and	A 160		

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A 160	Continued From page 20 up to date Admission and Discharge log for 3 of 6 residents, Residents #2, #8, and #9. The findings include: During an observation on at 3:00 PM, Residents #1, #3, #4, #6 and #7 were observed in the facility. Review of the Admission Discharge Log revealed no discharge information for Residents #2, #8 and #9 (photographic evidence obtained). During an interview with Employee A on at 3:05 PM, she stated that Resident #5 was out of the facility, but would be back later. She was asked to identify the current residents on the Admission and Discharge log. She pointed to Resident #1, #3, #4, #5, #6 and #7. She stated that Residents #2, #8 and #9 had been discharged. She did not know the discharge information or she would have completed the log. She stated "Oh, [the owner] does that. She knows where they went. I don't fill that in." During an interview on at 3:55 PM with the owner and Employee A, the owner expressed understanding that she needed to maintain an up to date Admission and Discharge log. Class III	A 160		