STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510311	A. BUILDING: _____ B. WING _____	R-C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR	508 E MONROE AVE BARRON, WI 54812

(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
{N 000}	Initial Comments On 03/06/2024, Surveyor conducted a complaint and verification visit at Monroe Manor for Statement of Deficiency (SOD) A12112, and SOD 8ONJ11. Data was collected through 03/13/2024. The complaint was substantiated. Six deficiencies were identified. Three deficiencies were repeat deficiencies identified in the following SODs: A12112, dated 05/25/2023, N0526 was a repeat deficiency. 8ONJ11, dated 07/31/2023, N0158 and N0170 were repeat deficiencies. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 61	{N 000}		
{N 158}	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of	{N 158}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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{N 158}	Continued From page 1 misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an investigation was conducted and documented when there was an allegation of misappropriation. Resident 6, Resident 10, and Resident 11 alleged they had money missing. The provider failed to investigate allegations of missing money. This requirement is being cited for the third time. See Statement of Deficiency (SOD) 8ONJ11, dated 07/31/2023 and SOD A12111, dated 10/03/2022. Findings include: The provider is licensed to care for up to 82 residents in the client groups of: advanced age and irreversible dementia/Alzheimer's disease. On 03/06/2024 at approximately 2:45 p.m., Surveyor interviewed Office Manager (OM) D and asked if residents had any complaints of missing money. OM D told Surveyor Resident 10 claimed s/he was missing $20 from his/her wallet, Resident 6 had money missing that s/he left on his/her nightstand, and Resident 11 also had missing money from his/her room. Surveyor asked OM D who was responsible for investigating allegations of missing money. OM D	{N 158}		

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{N 158}	Continued From page 2 said Human Resources Manager (HRM) C was responsible. Surveyor asked if there was a policy and procedure for staff to follow. OM D said s/he not sure about a policy and procedure. On 03/07/2024, Surveyor emailed HRM C and requested all investigations into caregiver misconduct since November 2023. RESIDENT 6 On 03/07/2024, Surveyor reviewed Resident 6's record. Resident 6's individual service plan (ISP), dated 02/09/2024, indicated s/he had a legal guardian and was able to make his/her needs known. On 02/27/2024, staff documented: "Resident told writer tonight when in during [sic] med (medication) pass that [s/he] has money missing, [sic] [s/he] said it happened before and that time it did show up/[s/he] found it. Writer helped [him/her] look for it a little bit but didn't want to get behind on med pass - we didn't find it." On 03/11/2024, HRM C emailed Surveyor an investigation into Resident 6 having complaints of money missing in November 2023. Surveyor did not receive an investigation related to Resident 6's allegations of missing money that s/he reported to staff on 02/27/2024. RESIDENT 10 On 03/07/2024, Surveyor reviewed Resident 10's record. Resident 10's ISP, dated 07/05/2023, indicated s/he had an activated health care power of	{N 158}		

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{N 158}	Continued From page 3 attorney (HCPOA) and was able to make his/her needs known. On 03/11/2024, HRM C emailed Surveyor an investigation into Resident 10 having allegations of money missing in December 2023. The email did not include an investigation into Resident 10 having complaints of missing money in February 2024. On 03/12/2024, Surveyor emailed OM D and asked for additional information related to Resident 10's missing money. OM D emailed Surveyor back, stating, "[Resident 10] did tell me about missing money when [s/he] asked about ordering a pizza. I honestly forgot all about it and forgot to enter a note. I did a late entry in our system yesterday and I have attached a copy of that note. Several days after being told about the missing money, [Certified Medical Assistant (CMA) N] mentioned it to me, and [s/he] said that [s/he] had asked [General Manager (GM) A] if an investigation had been started. This is when I remembered that [s/he] had mentioned it to me, and I did not report it to [GM A] or [HRM C] because [CMA N] said [s/he] had already done so. I recognize that I should have put a note in sooner and this was an oversight on my part." The late entry, in Resident 10's record, dated 03/11/2024, read: "LATE ENTRY ** [sic] On or about 2/27 resident came to my office and asked if I could order a pizza for [him/her]. I asked if [s/he] had money and [s/he] said [s/he] only had a few dollars. [S/he] then stated that [s/he] had a twenty in [his/her] wallet when [s/he] went to bed but it was not in [his/her] wallet when [s/he] woke up. I forgot to enter a note at that time." RESIDENT 11	{N 158}		

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{N 158}	Continued From page 4 On 03/07/2024, Surveyor reviewed Resident 11's record. Resident 11's ISP, dated 06/05/2023, indicated s/he had an activated HCPOA and was able to make his/her needs known. On 03/07/2024, Surveyor reviewed an email from CMA N to Activity Director (AD) Q and OM D. The email, dated 02/25/2024, read: "[Resident 11] stated that [s/he] lost 70.00 [sic]; the staff checked [his/her] room thoroughly and found 40.00. I was just wondering if you had given [him/her] money recently; or perhaps [s/he] spent it at activities?" AD Q replied on 02/25/2024 and wrote: "[Resident 11] doesn't go on any outings, so [s/he] wouldn't have used it for that." On 02/26/2024, OM D replied: "I don't know of any money that [s/he] had. [S/he] deposited money to [his/her] resident account on 1/18 and [s/he may have had a small amount of cash, but I don't think it would have been $70 unless somebody has given [him/her] more cash since then. [His/her] POA did leave the cash with [him/her] previously so I wouldn't be real [sic] surprised if [s/he] was given more cash." On 03/11/2024, HRM C emailed Surveyor. There was an attachment of the email string from CMA N to AD Q and OM D related to Resident 11's missing money. The documentation had a handwritten note on it that read: "I was not notified of this incident." On 03/13/2024 at approximately 8:00 a.m., Surveyor interviewed HRM C and HRM C confirmed this was his/her handwritten note. On 03/07/2024 at approximately 9:40 a.m., Surveyor interviewed CMA N on the phone. CMA	{N 158}		

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{N 158}	Continued From page 5 N told Surveyor s/he approached GM A and reported Resident 11's money that was missing. CMA N said GM A said Resident 11 was in the memory care unit and was not a good historian. CMA N told Surveyor "Last Thursday," which would have been 02/29/2024, CMA N talked to GM A about Resident 6 and Resident 11's money missing and asked about the investigation. CMA N said GM A told CMA N that it was HRM C's responsibility to investigate. CMA N said GM A told him/her that s/he was going to tell HRM C to start the investigation. Surveyor asked CMA N what s/he was supposed to do if a resident had concerns of missing money. CMA N said s/he did not know what to do, s/he reported Resident 11's money missing to GM A. On 03/12/2024, CMA N emailed Surveyor, stating, in part, "I spoke with [HRM C] this morning and [s/he] stated that it is not [his/her] responsibility to do the investigations and that it's the acting administrators job. I haven't had a chance to talk to [GM A] today..." On 03/13/2024 at approximately 8:00 a.m. - 8:45 a.m., Surveyor interviewed GM A, Nurse Manager (NM) B, HRM C, and Registered Nurse (RN) O. Surveyor asked who staff were supposed to report to when a resident tells them they have money missing. HRM C said the policy stated it gets reported to the administrator. Surveyor verified that Administrator M was the administrator and was not present in the facility. HRM C and GM A confirmed Administrator M was not in the facility. Surveyor asked who staff are to report to when a resident has complaints of missing money. GM A said it could be reported to any of us. NM B said staff usually come to her/him or CMA N. Surveyor asked NM B what s/he did when staff report allegations of missing	{N 158}		

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{N 158}	Continued From page 6 money to him/her. NM B said s/he would report it to GM A or HRM C. Surveyor asked whose responsibility it was to ensure allegations of missing money get investigated and documented. GM A said there was miscommunication and they would be having a meeting to discuss who was responsible for investigating allegations of missing money. Surveyor asked if there was an investigation into Resident 6, Resident 10, and Resident 11's recent allegations of missing money. HRM C and GM A said they were not aware of the allegations of Resident 6, Resident 10, and Resident 11 missing money until after the survey started on 03/06/2024. The provider did not ensure staff were aware of who staff were supposed to report allegations of misappropriation of property to. The management team was not aware of whose responsibility it was to ensure allegations of misappropriation of property were investigated and documented. The provider failed to investigate and document when Resident 6, Resident 10, and Resident 11 reported they had money missing from their possession.	{N 158}		
{N 170}	83.12(5)(b) Notification: abuse and neglect allegations. The CBRF shall immediately notify the resident ' s legal representative when there is an allegation of physical, sexual or mental abuse, or neglect of a resident. The CBRF shall notify the resident ' s legal representative within 72 hours when there is an allegation of misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the	{N 170}		

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{N 170}	Continued From page 7	{N 170}		

provider did not notify 2 residents' legal representatives within 72 hours of an allegation of misappropriation of money.

Resident 6 and Resident 11 alleged they had money missing. The provider did not notify their legal representatives within 72 hours of this allegation.

This requirement is being cited for the third time. See Statement of Deficiency (SOD) 8ONJ11, dated 07/31/2023, and SOD V3RD12, dated 03/16/2018.

Findings include:

The provider is licensed to care for up to 82 residents in the client groups of: advanced age and irreversible dementia/Alzheimer's disease.

On 03/06/2024 at approximately 2:45 p.m., Surveyor interviewed Office Manager (OM) D and asked if residents had any complaints of missing money. OM D said Resident 6 had money missing that Resident 6 left on his/her nightstand, and Resident 11 had missing money from his/her room.

On 03/07/2024, Surveyor reviewed records for Resident 6 and Resident 11.

Resident 6's individuals service plan (ISP), dated 02/09/2024, indicated s/he had a legal guardian and was able to make his/her needs known.

On 02/27/2024, staff documented: "Resident told writer tonight when in during [sic] med (medication) pass that [s/he] has money missing, [sic] [s/he] said it happened before and that time it did show up/[s/he] found it. Writer helped

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{N 170}	Continued From page 8	{N 170}		

[him/her] look for it a little bit but didn't want to get behind on med pass - we didn't find it."

Resident 11's ISP, dated 06/05/2023, indicated s/he had an activated health care power of attorney (HCPOA), and was able to make his/her needs known.

On 03/07/2024, Surveyor reviewed an email from Certified Medical Assistant (CMA) N to Activity Director (AD) Q and OM D. The email, dated 02/25/2024, read, "[Resident 11] stated that [s/he] lost 70.00 [sic]; the staff checked [his/her] room thoroughly and found 40.00 [sic]. I was just wondering if you had given [him/her] money recently; or perhaps [s/he] spent it at activities?" AD Q replied on 02/25/2024 and wrote, "[Resident 11] doesn't go on any outings, so [s/he] wouldn't have used it for that." On 02/26/2024, OM D replied, "I don't know of any money that [s/he] had. [S/he] deposited money to [his/her] resident account on 1/18 and [s/he] may have had a small amount of cash, but I don't think it would have been $70 unless somebody has given [him/her] more cash since then. [His/her] POA did leave the cash with [him/her] previously so I wouldn't be real [sic] surprised if [s/he] was given more cash."

On 03/07/2024 at approximately 9:40 a.m., Surveyor interviewed CMA N on the phone. CMA N told Surveyor that s/he received a call from staff about Resident 11 missing money. CMA N told Surveyor that staff reported Resident 11 claimed s/he was missing $70.00. CMA N said staff could only locate $40.00. CMA N told Surveyor s/he approached General Manager (GM) A and reported Resident 11's money that was missing. CMA N said GM A said Resident 11 was in the memory care unit and was not a good

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{N 170}	Continued From page 9 historian. CMA N told Surveyor, "Last Thursday," which would have been 02/29/2024, CMA N talked to GM A about Resident 6 and Resident 11's money missing and asked about the investigation. CMA N said GM A told CMA N that it was Human Resources Manager (HRM) C's responsibility to conduct an investigation. CMA N said GM A told him/her that s/he was going to tell HRM C to start the investigation. On 03/12/2024, Surveyor emailed Resident 6's legal guardian and asked if s/he was notified that Resident 6 alleged s/he had money missing from his/her room. On 03/12/2024, Resident 6's legal guardian replied that s/he was notified on 03/07/2024 by CMA N. This was not within 72 hours of 02/27/2024, when Resident 6 reported s/he had missing money. On 03/12/2024, Surveyor reviewed an email that CMA N sent to Resident 11's HCPOA, which was dated 03/07/2024. The email read, in part, "I am aware that the resident is missing some money. I have approached [GM A] to find out when the investigation will take place. State is now doing an investigation. [S/he] stated about 2 weeks ago that [s/he] was missing 70.00, the staff searched [his/her] room and found 40.00 but never found the remaining amount. I will update you when I have more information." This was not within 72 hours of Resident 11 reporting that s/he had missing money.	{N 170}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its	N 196		

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N 196	Continued From page 10 operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, Licensee E did not comply with all laws governing the CBRF (community based residential facility). Licensee E failed to comply with Department orders. Findings include: The provider is licensed to care for up to 82 residents in the client groups of: advanced age and irreversible dementia/Alzheimer's disease. On 09/14/2023, the Department issued Licensee E a Notice and Order letter. The Notice and Order letter read, in part, "Based on the results of the Department ' s investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Monroe Manor: 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. The licensee may not permit the existence or continuation of any condition which may create a substantial risk to the health, safety, or welfare of any resident. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) 8ONJ11. The licensee ' s corrective measures shall include: Caregiver Misconduct	N 196		

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N 196	Continued From page 11 - A written procedure to address recognizing, investigating, documenting, and reporting allegations of abuse, neglect, misappropriation of property, and injuries of unknown origin. The procedure will address requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code chs. DHS 13 and 83. The procedure will incorporate steps to ensure that residents are protected while a determination on the matter of caregiver misconduct is pending during an investigation. Links to reporting regulations and resource materials can be found at: https://www.dhs.wisconsin.gov/caregiver/complaints.htm - Retroactively, with available information, document a complete investigation report of the alleged incidents of caregiver misconduct described in Statement of Deficiency (SOD) 8ONJ11. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 83 and The Wisconsin Caregiver Program Manual. - WITHIN 14 DAYS of receipt of this notice, the provider will submit a copy of the investigation report to the Department's Office of Caregiver Quality for department review. Additionally: - All managers and resident care staff (as appropriate) will receive in-service training regarding the provider's written procedures required by Order #1. - Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content. - A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon	N 196		

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N 196	Continued From page 12 request." On 03/06/2024, Surveyor conducted a verification visit for SOD 8ONJ11. Surveyor interviewed staff and discovered 3 residents had complaints of missing money from their possession. Surveyor interviewed Office Manager (OM) D and Certified Medical Assistant (CMA) N. OM D and CMA N told Surveyor they were not aware of the procedure to follow when a resident had complaints of missing money. On 03/13/2024 at approximately 8:00 a.m. - 8:45 a.m., Surveyor interviewed General Manager (GM) A, Nurse Manager (NM) B, Human Resources Manager (HRM) C, and Registered Nurse (RN) O. Surveyor asked who staff were supposed to report to when a resident tells them they have money missing. HRM C said the policy stated it gets reported to the administrator. Surveyor verified that Administrator M was the administrator, and s/he was not present in the facility. HRM C and GM A confirmed this. Surveyor asked who staff should report to when a resident alleges they have missing money. GM A said it could be reported to any of them. NM B said staff usually come to her/him or CMA N. Surveyor asked NM B what s/he did with the information. NM B said s/he would report it to GM A or HRM C. Surveyor asked whose responsibility it was to ensure allegations of missing money get investigated. GM A said there was miscommunication and they would be having a meeting to discuss. Surveyor reviewed the orders that were in the Notice and Order letter, dated 09/14/2023. Surveyor asked if there was an in-service training for managers and resident care staff on written procedures to recognize, investigate, document, and report allegations of abuse, neglect, misappropriation of property, and	N 196		

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	510311	A. BUILDING: _____ B. WING _____	R-C 03/13/2024

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N 196	Continued From page 13 injuries of unknown origin. HRM C replied, "No." Licensee E failed to comply with Department orders. Managers and resident care staff did not receive in-service training as ordered. Staff did not know who to report to when a resident had an of misappropriation of property. Management staff did not know who was responsible for ensuring an investigation was conducted and documented. Cross Reference N0158 DHS 83.12(2)(a) Caregiver: Investigating Abuse & Neglect	N 196		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not conduct and document a caregiver background check for Administrator M following the procedures in Wis. Stat § 50.065	N 219		

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N 219	Continued From page 14 and Wis. Admin. Code chi 12. Findings include: On 01/03/2024, the Department received a complaint that alleged the provider did not have a qualified administrator. The provider is licensed to care for up to 82 residents in the client groups of: advanced age and irreversible dementia/Alzheimer's disease. On 03/06/2024 at approximately 10:00 a.m., Surveyor interviewed Office Manager (OM) D and asked who the administrator was. OM D told Surveyor General Manager (GM) A was, but s/he was still in the process of taking the administrator's course. Surveyor asked who the qualified administrator was. OM D said Administrator M was a previous administrator and was listed as their current administrator. On 03/07/2024, Surveyor emailed Human Resources Manager (HRM) C and requested documentation from Administrator M's employee file, including the most recent caregiver background check. On 03/12/2024, HRM C emailed Surveyor, stating, "[Administrator M] retired the last week of July, as [his/her] last paycheck was August 1, 2022. I am having a hard time finding [Administrator M]'s file. We found part of [his/her] file, but nothing from recently... " On 03/13/2024 form approximately 8:00 a.m. - 8:45 a.m., Surveyor interviewed GM A, Nurse Manager (NM) B, HRM C, and Registered Nurse (RN) O. Surveyor asked who the administrator was. GM A said it was Administrator M. HRM C	N 219		

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N 219	Continued From page 15 said they could not locate any recent files for Administrator M and said the most recent information they had on Administrator M was from 2017. The licensee did not conduct and document a caregiver background check for Administrator M following the procedures in Wis. Stat § 50.065 and Wis. Admin. Code ch. 12.	N 219		
N 223	83.18(1) Employee records maintained and current. A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a current employee record for Administrator M. Findings include: On 01/03/2024, the Department received a complaint alleging the provider did not have a qualified administrator. The provider is licensed to care for up to 82 residents in the client groups of: advanced age	N 223		

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N 223	Continued From page 16 and irreversible dementia/Alzheimer's disease. On 03/06/2024 at approximately 10:00 a.m., Surveyor interviewed Office Manager (OM) D and asked who the administrator was. OM D responded that it was General Manager (GM) A but s/he was still in the process of taking the administrator's course. Surveyor asked who the qualified administrator was. OM D said Administrator M was a previous administrator and was listed as their current administrator. On 03/07/2024, Surveyor emailed Human Resources Manager (HRM) C and requested documentation from Administrator M's employee file including: Job description that includes duties and responsibilities. Beginning date of employment. Educational qualification for being the administrator. Complete caregiver background check. Documentation of training. On 03/12/2024, Surveyor reviewed an email that HRM C emailed to Surveyor. The email was from Licensee E to HRM C and GM A and was dated 03/11/2024. The email read as follows: "[Administrator M] information, ie, when [s/he] was hired as the administrator: 6-15-84 [His/her] job description including duties, responsibilities and qualifications: Oversees all areas. HR (Human Resources), Expenses, Revenue, Residents. educational [sic] qualification for administrator [sic] complete background check [sic] documentation of all training since [Administrator	N 223		

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N 223	Continued From page 17 M] was rehired [sic] scheduled hours [Administrator M] works at facility since January 2024. Sorry, after 40 years, don't know dates for all of these questions. [S/he] does not have regular work hours. [S/he] has an elderly [relative] and a great grandchild that [s/he] takes care of so does not want to be around covid, norovirus, etc. [Licensee E] CEO (Chief Executive Officer) and Owner 3/11/24" On 03/12/2024, HRM C emailed Surveyor, stating, "[Administrator M] retired the last week of July, as [his/her] last paycheck was August 1, 2022. I am having a hard time finding [Administrator M's] file. We found part of [his/her] file, but nothing from recently... From hire date of July 10, 1982 to 2017. [Administrator M], as the Administrator, held [his/her] own files in [his/her] office. I did call and talk to [Administrator M] regarding [his/her] file and if [s/he] possibly took it with [him/her], which [s/he] replied no." The provider failed to maintain a current employee record for Administrator M. Cross Reference N0219 DHS 83.17(1) Licensee Conduct Caregiver Background Check Cross Reference N0277 DHS 83.25 (1) - (6) Continuing Education	N 223		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.	N 526		

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N 526	Continued From page 18 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a tornado, flooding, or other emergency or disaster evacuation drill was conducted at least semi-annually. In 2023, the provider conducted 1 severe weather drill. This requirement is being cited for the fourth time. See Statement of Deficiency (SOD) A12112, dated 05/25/2023; SOD YMCL11, dated 05/05/2021; and SOD V3RD12, dated 03/16/2018. Findings include: The provider is licensed to care for up to 82 residents in the client groups of: advanced age and irreversible dementia/Alzheimer's disease. On 03/06/2024, Surveyor reviewed the emergency disaster drills for 2023. Documentation indicated there was 1 severe weather/tornado drill completed on 07/21/2023. On 03/06/2024 at approximately 1:45 p.m., Surveyor interviewed Office Manager (OM) D and asked who was responsible for conducting the emergency drills. OM D told Surveyor Maintenance Director (MD) H conducted the drills. On 03/06/2024 at approximately 2:00 p.m., Surveyor interviewed MD H. MD H confirmed there was only 1 severe weather/tornado drill conducted in 2023. MD H said s/he thought that was what was required. MD H said that after Former Administrator P left, s/he was handed the binders and was told it was his/her responsibility to conduct drills. Surveyor reviewed the code	N 526		

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N 526	Continued From page 19 requirements with MD H.	N 526		