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FROM: Joy Staples, Administrator
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PLAN OF CORRECTION – HEALTH SURVEY
July 19, 2019

Q 040 GOVERNING BODY AND MANAGEMENT CFR(s): 416.41

The ASC must have a governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.

This CONDITION is not met as evidenced by: Based on observation, interview, review of policies, procedures and other documents, it was determined that the facility failed to:

- 1. Maintain a system to ensure that humidity and temperature in ORs were maintained within acceptable standards.*
 - 2. Comply with Federal, State and local EP requirements to establish and maintain a comprehensive EP program.*
 - 3. Maintain exit illumination on emergency power for a minimum of 1-1/2 hour duration annually.*
 - 4. Ensure the sprinkler system was continuously maintained & in reliable operating condition.*
 - 5. Provide quarterly fire drills for all staff affecting the entire building.*
 - 6. Properly maintain the generator for the entire facility.*
1. Procedure to correct specific deficiency: A Google spreadsheet will be created to document dates to ensure review of EP program and maintenance testing are conducted annually during the required time frame. The Google spreadsheet will be implemented to track progress and enable accessible monitoring to the governing body and maintenance director to avoid reoccurrence of the following deficiencies:

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- 1) The governing body lacked the knowledge regarding maintaining humidity and temperature levels to acceptable standards, which resulted in this specific deficiency. The governing body is in the process of obtaining several quotes for our HVAC system to correct this deficiency. This deficiency will be corrected once all bids are received and a final decision is made. A hygrometer will be installed in the procedure room and main OR to monitor humidity levels as required by rule.
- 2) The governing body was unaware of the Federal, State and local EP regulations to establish and maintain a comprehensive EP program, which resulted in this specific deficiency. The governing body will review and update the current EP plan annually to ensure a comprehensive EP program is implemented and in compliance with Federal, State and local EP requirements. A record will be maintained in the Google spreadsheet to track progress and to also include documentation of completion dates in the Fire and Life Safety binder.
- 3) The maintenance testing for our exit illumination on emergency power is the responsibility of the maintenance director who had notified administrator all maintenance testing required during our 2015 state survey were conducted. The maintenance director stated records were kept in his office, but were not submitted to the administrator to ensure all testing was completed, which resulted in this specific deficiency. Testing forms to document required maintenance of exit illumination on emergency power will be submitted to maintenance director by the administrator prior to annual due date to ensure maintenance testing and documentation occurs. Records will be returned to administrator once maintenance testing is completed to avoid reoccurrence of this deficiency. A record will be maintained in the Google spreadsheet to track progress and to also document completion dates in the Fire and Life Safety binder as well.
- 4) The facility's sprinkler systems have not been maintained annually as required. After reviewing this with our current vendor, they apologized for the oversight and reported a computer malfunction had occurred previously resulting in a lost of some of their files and a delay in scheduling our annual maintenance testing, which resulted in this deficiency. The testing date will be documented on the Google spreadsheet to serve as a reminder for the next testing to ensure maintenance is completed annually and for the facility to not rely on the vendor to schedule the annual maintenance testing.
- 5) During our last state survey in 2015 the previous State Fire Marshall stated we were required to do four fire drills per year. Our policy does state that we are required to do fire drills quarterly, but the administrator assumed 4 fire drills per year would suffice, which resulted in this deficiency. Fire drills have been conducted 4x/year, but not quarterly as stated in our policy and required by regulations. A record will be maintained in the Google

spreadsheet for monitoring purposes and completion dates will also be recorded in the Fire and Life Safety binder.

- 6) The generator is tested weekly, but was not tested monthly under load and length of run as required. This was an oversight by our maintenance director who forgot this testing was required, which resulted in this deficiency. Testing forms to document required maintenance of generator will be submitted to maintenance director by the administrator prior to due date each month to ensure documentation of this testing occurs. Records will be returned to administrator once maintenance testing is completed to avoid reoccurrence of this deficiency. A record will be maintained in the Google calendar for monitoring purposes to also include documentation of completion dates in the Fire and Life Safety binder.

2. Procedure to implement plan:

- 1) The governing body is in the process of obtaining several bids for our HVAC system to correct this deficiency. This deficiency will be corrected once all bids are received and a final decision is made. A hygrometer will be installed in the procedure room and main OR to monitor humidity levels as required by rule.
- 2) The governing body will review and update the current EP plan annually to ensure a comprehensive EP program is implemented and in compliance with Federal, State and local EP requirements. A record will be maintained in the Google calendar for monitoring purposes and to also include documentation of completion dates in the Fire and Life Safety binder.
- 3) The maintenance director will maintain annual records for testing exit illumination on emergency power for a minimum of 1-½ hour duration. Records will be submitted to the administrator once this is completed. Testing has been conducted to correct this deficiency and will be performed annually to maintain regulatory compliance. A record will be maintained in the Google spreadsheet for monitoring purposes to also include documentation of completion dates in the Fire and Life Safety binder.
- 4) The facility's sprinkler systems have not been tested annually. After reviewing this with our current vendor, they apologized for the oversight and reported a computer malfunction had occurred previously resulting in several lost files. This caused a delay in scheduling our annual maintenance testing, which resulted in this deficiency. The testing date will be documented on the Google spreadsheet to serve as a reminder to ensure testing is done annually and for the facility to not rely on the vendor to ensure testing is done in the required time frame.
- 5) The facility will conduct quarterly fire drills to ensure all staff receive the required knowledge. Fire drills will be conducted at the beginning of each quarter to allow time should an unexpected delay cause postponement to the next month. This will ensure fire drills are done within the required

quarterly time frame. A record will be maintained in the Google spreadsheet for monitoring purposes and to also document completion dates in the Fire and Life Safety binder.

- 6) Testing forms to document required maintenance of generator for the facility will be submitted to maintenance director by the administrator prior to due date each month to ensure documentation of this testing occurs. The maintenance director will return the completed document as soon as testing is completed to ensure compliancy testing is fulfilled. Monthly testing for a minimum of 30 minutes will be performed to correct this deficiency. Completion date will be documented in Fire and Life Safety Policy and in the Google calendar for monitoring purposes.

3. Monitoring procedure:

- 1) A hygrometer will be installed in the procedure room and main OR where all sterile instruments/supplies are stored to monitor humidity levels to acceptable standards. The HVAC system will be replaced to meet regulatory requirements.
- 2) The governing body will review and update the current EP plan annually to ensure a comprehensive EP program is implemented and in compliance with Federal, State and local EP requirements. A record will be maintained in the Google spreadsheet for tracking purposes and to also document completion dates in the Fire and Life Safety binder.
- 3) The maintenance director's LSC (Life Safety Code) responsibilities will be monitored closely by the administrator to ensure all maintenance testing is performed within the required timeframe. The maintenance director will be required to submit all reports when completed instead of keeping files in his office to ensure all testing requirements are conducted. A record will be maintained in the Google spreadsheet for tracking purposes and to document completion dates as well as in the Fire and Life Safety binder.
- 4) The testing date for the sprinkler system will be documented on the Google spreadsheet to serve as a reminder for testing to be completed annually and for the facility to not rely on the vendor for testing to be performed in the required time frame. Vendor reports will be filed in the Fire and Safety binder.
- 5) Fire drills were conducted 4x/year, but not done during the quarterly time frame. The facility will conduct fire drills at the first month of each quarter to allow adequate time during a quarter in case a delay occurs to postpone a fire drill. A record will be maintained in the Google spreadsheet for monitoring purposes and to document completion dates as well as in the Fire and Life Safety binder.
- 6) Testing forms to document required maintenance of generator for the facility will be submitted to maintenance director by the administrator prior to due

date each month to ensure documentation of this testing occurs. The maintenance director will return the completed document as soon as testing is completed to ensure maintenance testing is fulfilled. Monthly testing for a minimum of 30 minutes as required will be conducted to correct this deficiency to comply with required regulations. The completion date will be documented in the Fire and Life Safety Policy and in the Google spreadsheet for monitoring purposes.

4. Dr. Fred Coleman, Medical Director, Dr. Emmanuelle Pare, Co-Medical Director, Greg Klass, CFO, Joy Staples, Administrator and John Hardy, Maintenance Director will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for the above deficiencies will be corrected by:
 - 1) August 17, 2019 – hygrometer installation and replace HVAC system
 - 2) August 17, 2019 – update EP plan to meet required regulations
 - 3) July 1, 2019 – completed for maintenance testing of exit illumination on emergency power
 - 4) July 1, 2019 – annual testing completed for sprinkler system.
 - 5) August 17, 2019 – fire drill was conducted during 2nd quarter on 4/11/2019
A fire drill/simulation and review of EP plan will be conducted during the 3rd quarter prior to 8/17/2019.
 - 6) July 22, 2019 – completion of required maintenance of generator

Q 083 PERFORMANCE IMPROVEMENT PROJECTS CFR(s): 416:43(d)

The facility failed to conduct and document annual improvement projects:

1. Procedure to correct specific deficiency: The plan for correcting this deficiency has been delegated to the infection control officer who will be responsible for documenting and conducting annual improvement projects. The governing body was not aware of this requirement, which resulted in this deficiency. The infection control officer will update the Quality Assurance Plan to reflect this new protocol.
2. Procedure to implement plan: The infection control officer will choose a project to complete annually to ensure QAPI (Quality Assurance and Performance Improvement) projects are conducted. Reasons for implementing the project and a description of the project's results will be included to ensure compliance of this regulation. The infection control officer will create a protocol to include QAPI projects in the facility's Quality Assurance Plan.
3. Monitoring procedure: A project will be discussed and implemented during the 1st quarter QA meeting to ensure a QAPI project has been chosen annually. A project will be selected by 7/26/19 to correct this deficiency for 2019.
4. Laura Campbell, RN/Infection Control Officer, Sarah Hickerson, RN/Nursing Supervisor and Joy Staples, Administrator will be responsible for implementing this plan to correct this deficiency.

5. A QAPI project will be selected by 7/26/19 and the process will proceed until the goals for the project are achieved to correct this deficiency.

Q 100 ENVIRONMENT CFR(s) 416.44

The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients. This CONDITION is not met as evidenced by: Based on observation, interview and document review, it was determined that the facility failed to:

1. *Maintain a system to ensure that humidity and temperature in ORs were maintained within acceptable standards.*
 2. *Comply with Federal, State and local EP requirements to establish and maintain a comprehensive EP program.*
 3. *Maintain exit illumination on emergency power for a minimum of 1-1/2 hour duration annually.*
 4. *Ensure sprinkler system was continuously maintained & in reliable operating condition.*
 5. *Provide quarterly fire drills for all staff affecting the entire building.*
 6. *Properly maintain the generator for the entire facility.*
1. **Procedure to correct specific deficiency:** A Google spreadsheet will be created to document dates to ensure review of EP program and maintenance testing are conducted annually during the required time frame. The Google spreadsheet will be implemented to track progress and enable accessible monitoring to the governing body and maintenance director to avoid reoccurrence of the following deficiencies.
 - 1) The facility lacked the knowledge regarding maintaining humidity and temperature levels to acceptable standards, which resulted in this specific deficiency. Several quotes for the facility's HVAC system are currently pending. This deficiency will be corrected once all bids are received and a final decision is made. A hygrometer will be installed in the procedure room and main OR to monitor humidity levels as required by rule.
 - 2) The facility was unaware of the Federal, State and local EP regulations to establish and maintain a comprehensive EP program, which resulted in this specific deficiency. The governing body will review and update the current EP plan annually to ensure a comprehensive EP program is implemented and in compliance with Federal, State and local EP requirements. A record will be maintained in the Google spreadsheet for tracking purposes and to document completion dates as well as in the Fire and Life Safety binder.
 - 3) The maintenance testing for our exit illumination on emergency power is the responsibility of the maintenance director who had notified administrator that all maintenance testing required during our 2015 state survey were conducted. The maintenance director stated records were kept in his office,

but were not submitted to the administrator to ensure all testing was completed, which resulted in this specific deficiency. Testing forms to document required maintenance of exit illumination on emergency power will be submitted to maintenance director by the administrator prior to the annual due date to ensure documentation of this testing occurs. Records will be returned to administrator once maintenance testing is completed to avoid reoccurrence of this deficiency. A record will be maintained in the Google spreadsheet for tracking purposes and to also include documentation of completion dates in the Fire and Life Safety binder.

- 4) The facility's sprinkler systems have not been maintained annually as required. After reviewing this with our current vendor, they apologized for the oversight and reported a computer malfunction had occurred previously resulting in several lost files and a delay in scheduling our annual maintenance testing, which resulted in this deficiency. The testing date will be documented on the Google spreadsheet to serve as a reminder for the next testing to ensure maintenance is completed annually and for the facility to not rely on the vendor to schedule the annual maintenance testing during the required time frame.
- 5) The facility will conduct quarterly fire drills to ensure all staff receive the required knowledge for LSC safety. Fire drills will be conducted at the beginning of each quarter to allow time should an unexpected delay cause postponement to the next month. This will ensure fire drills are done within the required quarterly time frame. A record will be maintained in the Google spreadsheet for monitoring purposes and to include documentation of completion dates in the Fire and Life Safety binder.
- 6) The generator is tested weekly, but was not tested monthly under load and length of run as required. This was an oversight by our maintenance director who forgot this testing was required, which resulted in this deficiency. Testing forms to document required maintenance of generator will be submitted to maintenance director by the administrator prior to the due date each month to ensure documentation of this testing occurs. Records will be returned to administrator once maintenance testing is completed to avoid reoccurrence of this deficiency. A record will be maintained in the Google spreadsheet for monitoring purposes and to also include documentation of completion dates in the Fire and Life Safety binder.

2. Procedure to implement plan:

- 1) The governing body is in the process of obtaining several quotes for the facility's HVAC system to correct this deficiency. This deficiency will be corrected once all bids are received and a final decision is made. A hygrometer will be installed in the procedure room and main OR to monitor humidity levels as required by rule.
- 2) The governing body will review and update the current EP plan annually to ensure a comprehensive EP program is implemented and in compliance

with Federal, State and local EP requirements. A record will be maintained in the Google spreadsheet for tracking purposes and to include documentation of completion dates in the Fire and Life Safety binder.

- 3) The maintenance director will maintain annual records for testing the exit illumination on emergency power for a minimum of 1-½ hour duration. Records will be submitted to the administrator once this is completed. Testing has been conducted to correct this deficiency and will be performed annually to maintain regulatory compliance. A record will be maintained in the Google spreadsheet for monitoring purposes and to include documentation of completion dates in the Fire and Life Safety binder
- 4) The facility's sprinkler systems have not been tested annually. After reviewing this with our current vendor, they apologized for the oversight and reported a computer malfunction had occurred previously resulting in several lost files. This malfunction caused a delay in scheduling our annual maintenance testing, which resulted in this deficiency. The testing date will be documented on the Google spreadsheet to serve as a reminder to ensure testing is done annually and for the facility to not rely on the vendor to ensure testing is done in the required time frame.
- 5) The facility will conduct fire drills to ensure all staff receive the required knowledge quarterly. Fire drills will be at the beginning of each quarter to allow time should a delay cause postponement to the next month. This will ensure fire drills are done within the required quarterly time frame. A record will be maintained in the Google spreadsheet for tracking purposes and to include documentation of completion dates in the Fire and Life Safety binder.
- 6) Testing forms to document required maintenance of generator for the facility will be submitted to maintenance director by the administrator prior to due date each month to ensure documentation of this testing occurs. The maintenance director will return the completed document as soon as testing is completed to ensure maintenance testing is fulfilled. Monthly testing for a minimum of 30 minutes as required will be conducted to correct this deficiency to comply with required regulations. The completion date will be documented in the Fire and Life Safety Policy and in the Google spreadsheet for monitoring purposes.

3. Monitoring procedure:

- 1) A hygrometer will be installed in the procedure room and main OR to monitor humidity levels to acceptable standards. The HVAC system will be replaced to meet regulatory requirements.
- 2) The governing body will review and update the current EP plan annually to ensure a comprehensive EP program is implemented and in compliance with Federal, State and local EP requirements. A record will be maintained

in the Google spreadsheet for tracking purposes and to document completion dates as well as in the Fire and Life Safety binder.

- 3) The maintenance director's LSC responsibilities will be monitored closely by the administrator to ensure all maintenance testing is performed within the required timeframe. The maintenance director will be required to submit all reports when completed instead of keeping files in his office to ensure all testing requirements are conducted as required. A record will be maintained in the Google spreadsheet for monitoring purposes and to document completion dates as well as in the Fire and Life Safety binder.
 - 4) The testing date for the sprinkler system will be documented on the Google spreadsheet to serve as a reminder to ensure testing is done annually and for the facility to not rely on the vendor to ensure testing is done in the required time frame. Vendor reports will be filed in the Fire and Safety binder.
 - 5) Fire drills were conducted 4x/year, but not done during the quarterly timeframe. The facility will conduct fire drills at the first month of each quarter to allow adequate time during a quarter in case a delay occurs to post pone a fire drill. A record will be maintained in the Google calendar to track progress and document completion dates as well as in the Fire and Life Safety binder.
 - 6) A log to test the generator monthly will be submitted to the maintenance director by the administrator at the beginning of each month. The maintenance director will return the completed document to the administrator once testing is completed to ensure maintenance testing is fulfilled. Monthly testing for a minimum of 30 minutes as required will be conducted to correct this deficiency to comply with required regulations. The completion date will be documented in Fire and Life Safety Policy and in the Google spreadsheet for monitoring purposes.
4. Dr. Fred Coleman, Medical Director, Dr. Emmanuelle Pare, Co-Medical Director, Greg Klass, CFO, Joy Staples, Administrator and John Hardy, Maintenance Director will be responsible for ensuring this plan is implemented for this deficiency.
 5. The completion date for correction for the above deficiencies will be corrected by:
 - 1) August 17, 2019 – hygrometer installation and replace HVAC system
 - 2) August 17, 2019 -- update EP plan to meet required regulations
 - 3) July 1, 2019 – completed for maintenance testing of exit illumination on emergency power
 - 4) July 1, 2019 – annual testing completed for sprinkler system.
 - 5) August 17, 2019 – fire drill was conducted during 2nd quarter on April 11, 2019.

A fire drill and review of EP plan will be conducted during the 3rd quarter prior to August 17, 2019.

- 6) July 22, 2019 – completion of required maintenance of generator

Q101 PHYSICAL ENVIRONMENT CFR (s): 416.44(a)(1)

The facility failed to maintain a system to ensure that humidity and temperature in ORs were maintained within acceptable standards to ensure protection for the physical safety of all individuals.

1. Procedure to correct specific deficiency: The ASC's governing body will review and update the EP policy as required. A Google calendar will be created to document dates to ensure review of EP program and maintenance testing are conducted annually during the required time frame. A Google spreadsheet will be implemented to track progress and enable accessible monitoring to the governing body and maintenance director to avoid reoccurrence of the following deficiencies:
 - 1) The governing body lacked the knowledge regarding maintaining humidity and temperature levels to acceptable standards, which resulted in this specific deficiency. The governing body is in the process of obtaining several bids for our HVAC system to correct this deficiency. This deficiency will be corrected once all bids are received and a final decision is made. A hygrometer will be installed in the procedure room and main OR to monitor humidity levels as required by rule.
 - 2) The governing body was unaware of the Federal, State and local EP regulations to establish and maintain a comprehensive EP program, which resulted in this specific deficiency. The governing body will review and update the current EP plan annually to ensure a comprehensive EP program is implemented and in compliance with Federal, State and local EP requirements. A record will be maintained in the Google calendar to track progress and document completion dates as well as in the Fire and Life Safety binder.
 - 3) The maintenance testing for our exit illumination on emergency power is the responsibility of the maintenance director who had notified administrator all maintenance testing required during our 2015 state survey were conducted. maintenance director stated records were kept in his office, but were not submitted to the administrator to ensure all testing was completed, which resulted in this specific deficiency. Testing forms to document required maintenance of exit illumination on emergency power will be submitted to maintenance director prior to annual due date to ensure documentation of this testing occurs. Records will be returned to administrator once maintenance testing is completed to avoid reoccurrence of this deficiency. A record will be maintained in the Google calendar to track progress and document completion dates as well as in the Fire and Life Safety binder.

- 4) The facility's sprinkler systems have not been maintained annually as required. After reviewing this with our current vendor, they apologized for the oversight and reported a computer glitch had occurred previously resulting in a loss of some of their files and a delay in scheduling our annual maintenance testing, which resulted in this deficiency. This testing date will be documented on the Google calendar to serve as a reminder for the next testing to ensure maintenance is completed annually during the required time frame and for the facility to not rely on the vendor to schedule the annual maintenance testing.
- 5) During our last state survey in 2015 the previous State Fire Marshall stated we were required to do four fire drills per year. Our policy does state that we are to do fire drills quarterly, but the administrator assumed 4 fire drills per year would suffice, which resulted in this deficiency. Fire drills have been conducted 4x/year, but not quarterly as stated in our policy and required by regulations. A record will be maintained in the Google calendar for monitoring purposes and completion dates will be recorded as well as in the Fire and Life Safety binder.
- 6) The generator is tested weekly, but was not tested monthly under load and length of run as required. This was an oversight by our maintenance director who forgot this testing was required, which resulted in this deficiency. Testing forms to document required maintenance of generator will be submitted to maintenance director prior to due date each month to ensure documentation of this testing occurred. Records will be returned to administrator once maintenance testing is completed to avoid recurrence of this deficiency. A record will be maintained in the Google spreadsheet for monitoring purposes and to document completion dates as well as in the Fire and Life Safety binder.

2. Procedure to implement plan:

- 1) The governing body is in the process of obtaining several bids for our HVAC system to correct this deficiency. This deficiency will be corrected once all bids are received and a final decision is made. A hygrometer will be installed in the procedure room and main OR to monitor humidity levels as required by rule.
- 2) The governing body will review and update the current EP plan annually to ensure a comprehensive EP program is implemented and in compliance with Federal, State and local EP requirements. A record will be maintained in the Google calendar for monitoring purposes and to document completion dates as well as in the Fire and Life Safety binder.
- 3) The maintenance director will maintain annual records for testing the exit illumination on emergency power for a minimum of 1-½ hour duration. Records will be submitted to the administrator once this is completed. Testing has been conducted to correct this deficiency and will be performed annually to maintain regulatory compliance. A record will be maintained in

the Google calendar for monitoring purposes and to document completion dates as well as in the Fire and Life Safety binder

- 4) The facility's sprinkler systems have not been tested annually. After reviewing this with our current vendor, they apologized for the oversight and reported a computer glitch had occurred previously resulting in a loss of some of their files. This caused a delay in scheduling our annual maintenance testing, which resulted in this deficiency. This testing date will be documented on the Google spreadsheet to serve as a reminder to ensure testing is done annually and for the facility to not rely on the vendor to ensure testing is done in the required time frame.
- 5) The facility will conduct fire drills to ensure all staff receive the required knowledge quarterly. Fire drills will be conducted at the beginning of each quarter to allow time should an unexpected delay cause postponement to the next month. This will ensure fire drills are done within the required quarterly time frame. A record will be maintained in the Google calendar for monitoring purposes and to document completion dates as well as in the Fire and Life Safety binder.
- 6) Testing forms to document required maintenance of generator for the facility will be submitted to maintenance director by the administrator prior to due date each month to ensure documentation of this testing occurs. The maintenance director will return the completed document once testing is completed to ensure compliancy testing is fulfilled. Monthly testing for a minimum of 30 minutes will be performed. Completion date will be documented in Fire and Life Safety Policy and in the Google calendar for monitoring purposes.

3. Monitoring procedure:

- 1) A hygrometer will be installed in the procedure room and main OR where all sterile instruments/supplies are stored to monitor humidity levels to acceptable standards. HVAC system will be replaced to meet regulatory requirements.
- 2) The governing body will review and update the current EP plan annually to ensure a comprehensive EP program is implemented and in compliance with Federal, State and local EP requirements. A record will be maintained in the Google calendar to track progress and to document completion dates as well as in the Fire and Life Safety binder.
- 3) The maintenance director's LSC responsibilities will be monitored closely by the administrator to ensure all maintenance testing is performed within the required timeframe. The maintenance director will be required to submit all reports when completed instead of keeping files in his office to ensure all testing requirements are conducted as required. A record will be maintained in the Google spreadsheet for monitoring purposes and to include documentation of completion dates in the Fire and Life Safety binder.

- 4) The testing date for the sprinkler system will be documented on the Google calendar to serve as a reminder to ensure testing is done annually during the required time frame and for the facility to not rely on the vendor to ensure testing is done in the required time frame. Vendor reports will be filed in the Fire and Safety binder.
 - 5) Fire drills were conducted 4x/year, but not done during the quarterly timeframe. The facility will conduct fire drills at the first month of each quarter to allow adequate time during a quarter in case a delay occurs to postpone a fire drill. A record will be maintained in the Google spreadsheet to track progress and to include documentation of completion dates in the Fire and Life Safety binder.
 - 6) Testing forms to document required maintenance of generator for the facility will be submitted to maintenance director by the administrator prior to the due date each month to ensure documentation of this testing occurs. The maintenance director will return the completed document once testing is completed to ensure compliancy testing is fulfilled. Monthly testing for a minimum of 30 minutes will be conducted to comply with required regulations. Completion date will be documented in Fire and Life Safety Policy and in Google calendar for monitoring purposes.
4. Dr. Fred Coleman, Medical Director, Dr. Emmanuelle Pare, Co-Medical Director, Greg Klass, CFO, Joy Staples, Administrator and John Hardy, Maintenance Director will be responsible for ensuring this plan is implemented for this deficiency.
 5. The completion date for the above deficiencies will be corrected by:
 - 1) August 17, 2019 – hygrometer installation and replace HVAC system
 - 2) August 17, 2019 -- update EP plan to meet required regulations
 - 3) July 1, 2019 – completed for maintenance testing of exit illumination on emergency power
 - 4) July 1, 2019 – annual testing completed for sprinkler system
 - 5) August 17, 2019 – fire drill was conducted during 2nd quarter on April 11, 2019. A fire drill and review of EP plan will be conducted during the 3rd quarter prior to August 17, 2019.
 - 6) July 22, 2019 – completion of required maintenance of generator

Q 141 ORGANIZATION AND STAFFING CFR (s): 416.46 (a)

The facility failed to reflect RN D had current ACLS certification.

1. Procedure to correct specific deficiency: All RNs are required to have ACLS certification within 90 days of employment per facility policy/job description, and to ensure a RN is available for emergency care whenever a patient is present in the facility. This has not been a deficiency until RN D's employment. The facility's other RNs on staff have fulfilled the requirement to obtain their ACLS certification during the required time frame. RN D was notified to complete this certification within 90

days of employment, but RN D does not recall needing this requirement, which resulted in this deficiency. Our previous Nursing Supervisor resigned and had less than a month to train RN D in her role as a Nursing Supervisor, which did not include the certification requirements needed during her 90-day probationary period, which also resulted in this deficiency. The governing body and the Nursing Supervisor will review new hire personnel files after 60 days of employment to ensure required documents are on file or completed before the 90-day time frame.

2. Procedure to implement plan: The governing body and the Nursing Supervisor will review new hire personnel files after 60 days of employment to ensure required documents are on file or completed before the 90-day time frame. A Google calendar will be implemented for monitoring purposes and to enable accessible monitoring to the responsible parties to avoid reoccurrence of the following deficiencies
3. Monitoring procedure: A Google calendar will be created to document dates to ensure ACLS certification and all other requirements are completed during the required time frame. A Google calendar will be implemented to enable accessible monitoring to the responsible parties to avoid reoccurrence of the following deficiencies:
4. Dr. Fred Coleman, Medical Director, Dr. Emmanuelle Pare, Co-Medical Director, Greg Klass, CFO, Joy Staples, Administrator and Sarah Hickerson, RN/Nursing Supervisor will be responsible for ensuring this plan is implemented to correct this deficiency.
5. The date for correction for this deficiency occurred on July 17, 2019. RN D enrolled in an ACLS course on July 15 & 16, 2019 and received her proof of ACLS certification on July 17, 2019.

B 026 OAR 333-076-0125 (7) PERFORMANCE EVALUATIONS

The facility failed to ensure that work performance evaluations were completed annually for each employee.

1. Procedure to correct specific deficiency: The Nursing Supervisor will conduct annual performance evaluations for current employees annually to prevent reoccurrence of this deficiency. The limited training time our Nursing Supervisor had with our previous Nursing Supervisor resulted in this deficiency. A Google spreadsheet will be created with a current employee roster, hire date and date of last performance evaluation to prevent reoccurrence of this deficiency.
2. Procedure to implement plan: Sarah Hickerson, RN will conduct annual performance evaluations to prevent reoccurrence of this deficiency. An employee roster with hire dates and date of last performance evaluation will be provided on a Google spreadsheet and will be accessible for the Nursing Supervisor to ensure

performance evaluations are conducted annually. The Administrator will update the Google spreadsheet with new hires to ensure information is accurate and current.

3. Monitoring procedure: During quarterly QA meetings each Dept. Head will review all personnel files to determine which employees are due for performance evaluations and to ensure these are conducted annually. Performance evaluation dates will be recorded on the Google spreadsheet.
4. Dr. Fred Coleman, Medical Director, Emmanuelle Pare, Co-Medical Director, Greg Klass, CFO, Joy Staples, Administrator and Sarah Hickerson, Nursing Supervisor, Jennie Coyne, Director of Counseling will be responsible for ensuring this plan is implemented for this deficiency.
5. The completion date for correction for this deficiency occurred on June 29, 2019.