



PRINTED: 11/14/2014
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185469	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2014
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NAME OF PROVIDER OR SUPPLIER ARBOR PLACE OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 106 PADGETT DRIVE CLINTON, KY 42031
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F 000	INITIAL COMMENTS A Recertification Survey was conducted on 10/28/14 through 10/30/14 to determine the facility's compliance with Federal requirements. The facility failed to meet the minimum requirements for recertification with the highest scope and severity of a "D".	F 000	Received order for resident #5 by Dr. Zetter on 10/30/14 to discontinue self- release alarm belt.	
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review, it was determined the facility failed to ensure one (1) of twelve (12) sampled residents (Resident #5) was free from any physical restraint that was not required to treat the resident's medical symptoms. Resident #5 was observed on 10/28/14, 10/29/14, and 10/30/14, in a wheelchair with a self-release belt alarm in front of the resident. Staff interviews and observations revealed Resident #5 was unable to remove the self-release belt alarm on command; however, the facility had failed to identify it was a restraint for the resident and there was no documented evidence the facility had identified a medical symptom that required the restriction of movement for Resident #5. The findings include: Review of the facility's policy titled	F 221	All residents with a physician's order for a self- release alarm belt have been reviewed by the Director of Nursing and Unit Manager. All residents were able to release upon command and have a documented diagnosis or medical symptom supporting use of belt on 10/31/14. Licensed Nurses and or MDS coordinator to review the resident's ability to self- release alarm belt upon command with quarterly assessments, significant changes, and with any identifiable cognitive or physical changes. Director of Nursing and or Unit Manager to monitor resident's ability to self -release alarm belt as ordered weekly x 4 weeks; 2 x a month x 1 month; 1 x a month x 1 month. Identified issues will be corrected upon discovery. The Director of Nursing will report the results to the Continuous Quality Improvement Committee which includes: Administrator, Director of Nursing, Food Services Supervisor, Activities Director, Social Services Director, Maintenance Supervisor, Housekeeping/ Laundry Supervisor, Rehab Director, Medical Director, and Pharmacy for further recommendations x 3 months.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

ADMIN

(X6) DATE

11-24-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 221	<p>Continued From page 1</p> <p>"Restraints-Physical," dated 08/01/12, revealed highlighted parts in lines three (3), four (4) and six (6) in section titled, "Essential Points" and documentation to include the facility limited the use of restraints to protect a resident from injury to himself or others and circumstances in which the resident had medical symptoms that warrant the use of restraints. Further review revealed all other means of dealing with the resident's condition must be exhausted before the use of restraints can be considered.</p> <p>Record review revealed the facility admitted Resident #5 on 08/19/13 with diagnoses, which included Alzheimer's Disease, Abnormality of Gait, Senile Delusion, and Depressive Disorder. Review of the quarterly Minimum Data Set (MDS) assessment, dated 10/21/14, revealed the facility assessed Resident #5's cognition as severely impaired with a Brief Interview for Mental Status (BIMS) summary score of ninety-nine (99) indicating the resident was not interviewable. Further review of the MDS revealed Resident #5 was assessed by the facility, during the quarterly assessment, as limited assistance and two (2) plus persons physical assist for functional status to walk in room and to walk in corridor. Further review of the MDS revealed restraints were not used.</p> <p>Review of the computerized Nurse's Notes for Resident #5, revealed the resident fell without injury on 10/29/13 and the resident's Physician ordered to use wheelchair with a sensor alarm. Further review revealed staff observed Resident #5 attempt to stand on 12/02/13 while participating in a ball throwing activity. A staff member assisted the resident to a seated position in the wheelchair. A new order was</p>	F 221		10/31/14

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F 221	<p>Continued From page 2</p> <p>received from the resident's physician for a self-release belt alarm to wheelchair to alert staff of unsafe, unassisted transfers.</p> <p>Review of the Comprehensive Plan of Care for Resident #5, dated 08/19/13, revealed documentation, dated 12/02/13-self-release alarm belt in wheelchair to alert staff of unassisted transfers, release every two hours and self-release alarm seat belt while in wheelchair, is able to remove upon command. Documentation, dated 10/07/14, indicated the resident "does not walk independently."</p> <p>Review of the Certified Nurse Aide (CNA) Care Card for Resident #5, undated, revealed documentation to include special equipment sensor pad to bed, wheelchair, and self-release alarm belt. There was no documented evidence of a restraint release schedule.</p> <p>Review of a Device Evaluation for Resident #5, dated 12/02/13, with quarterly evaluations dated 03/12/14, 05/20/14, 07/18/14, and 10/21/14, revealed documentation to include alert cognitive status, short attention span, short and long-term memory impairment, and impaired balance. Further review revealed the facility's summary of risk factors to include "alarm self-release belt to wheelchair to alert staff of any unassisted transfers" and the resident was able to self-release device on command.</p> <p>Review of an eMAR for Resident #5, dated October 2014 with scheduled times to include 6:30 AM, 2:30 PM and 10:30 PM, revealed self-release belt alarm to wheelchair to alert staff of unsafe, unassisted transfers were marked with a check meaning "administered".</p>	F 221	

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F 221	<p>Continued From page 3</p> <p>Observation of Resident #5, on 10/28/14, at 11:00 AM, on 10/29/14 at 10:15 AM, 11:00 AM, 2:00 PM and 2:40 PM, and on 10/30/14 at 9:15 AM, revealed the resident sitting in a wheel chair with a self-release alarm belt in front of him/her.</p> <p>Observation, on 10/29/14 at 10:15 AM and 2:00 PM, revealed Resident #5 was unable to self-release alarm belt on command of CNA #1.</p> <p>Observation, on 10/30/14 at 12:45 PM, revealed Resident #5 sitting in wheelchair on The Lighthouse unit with anti-thrust cushion and lateral support systems in place. Self-release alarm belt in front of resident. Resident was unable to self-release on command of the Director of Nursing (DON). The DON placed the resident's hand on top of the Velcro fastener of the self-release alarm belt and the resident then pulled the belt to activate the alarm. The DON stated she was unsure if she would get rid of the "thing".</p> <p>Interview with CNA #1, on 10/29/14 at 10:15 AM, revealed Resident #5's cognition had declined and he/she was unable to self-release alarm belt on command.</p> <p>Interview with CNA #2, on 10/29/14 at 2:40 PM, revealed Resident #5 would not respond to self-release command. He stated he had witnessed the resident self-release while playing with Velcro straps on the alarm belt.</p> <p>Interview with Registered Nurse (RN) #1, on 10/29/14 at 2:45 PM, revealed Resident #5 would not self-release alarm belt on command. She stated the self-release alarm belt was used for</p>	F 221	

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F 221	<p>Continued From page 4</p> <p>the resident's safety since he/she can stand and walk. RN #1 stated staff members would release the belt often and the belt was not considered a restraint. She stated flow sheets were not used and the belt was released during incontinent care every two (2) hours.</p> <p>Interview with Occupational Therapist (OT), on 10/30/14 at 9:05 AM, revealed Resident #5 was on caseload for positioning in wheelchair from 10/17/14 through 10/21/14. She stated the resident's ability to perform activities of daily living had diminished due to his/her decreased cognition. OT stated she had not asked the resident to self-release the alarm belt. She stated an anti-thrust cushion was placed in the resident's wheelchair seat for positioning and the self-release alarm belt was no longer needed unless the resident was attempting to stand.</p> <p>Interview with the Director of Nursing (DON), on 10/30/14 at 11:30 AM, revealed Resident #5 was admitted to "The Lighthouse" unit in August of 2013 due to wandering behavior and diagnosis of Alzheimer's. She stated the facility staff noticed a decline in Resident #5 and moved him out of The Lighthouse and into the regular population of the facility. She stated then the resident began wandering all over the place so the facility moved Resident #5 back into "The Lighthouse" unit. The DON stated Resident #5 was ambulatory with assistance on admission and became unstable as his/her Alzheimer's had progressed. She stated some Alzheimer's/Dementia residents go back and forth in the disease progression and Resident #5 had been going back and forth in the disease progression. The DON stated she had not met with OT for recommendations regarding the self-release alarm belt since the anti-thrust</p>	F 221		
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F 221	Continued From page 5 cushions and lateral support pads were placed in Resident #5's wheelchair. The DON stated she was made aware of Resident #5's inability to self-release the alarm belt on command on 10/29/14. She stated the resident used to release the belt on command and had been care planned for a self-release alarm belt. The DON stated the belt was used because Resident #5 had been sliding forward in the wheelchair not because he/she had tried to get up. The DON stated the seat belt does not restrict Resident #5's ability to get up because he/she "does not have the ability to get up and furthermore, when he/she was able to self-release, he/she had the ability to get up. In addition, the DON stated the belt would alarm if the resident fiddled with the straps. She stated the self-release alarm belt was not considered a restraint since the resident could not get up independently. The DON stated a device evaluation and quarterly assessments were completed for the self-release alarm belt and the intervention was included in the comprehensive care plan. She stated the self-release alarm belt was used to treat symptoms of Dementia and Alzheimer's and confusion because "they think they can do things they cannot".	F 221	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive	F 279	Received order from Dr. Zetter on 10/30/14 to discontinue the use of the self-release alarm belt on resident # 5. All resident's care plans with a self-release alarm belt have been reviewed and correctly reflect the resident's ability to self-release upon command on 10/31/14.

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F 279	<p>Continued From page 6 assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure a Comprehensive Plan of Care was developed that adequately addressed the care needs for one (1) of twelve (12) sampled residents (Resident #5). Observation revealed Resident #5 had a self-release alarm seat belt in place. Resident 5's comprehensive care plan addressed the use of a self-release alarm seatbelt; however, the facility failed to develop interventions to ensure Resident #5's ability to release the self-release alarm seatbelt on command.</p> <p>The findings include: Review of a document provided by the Director of Nursing (DON), Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) 3.0 Manual, dated October 2011, revealed section 4.7 "The RAI and Care Planning", with documentation to include highlighted sentence, "The care plan must be reviewed and revised periodically, and the</p>	F 279	<p>Licensed nurses and or MDS coordinator to review the resident's ability to self-release alarm belt upon command with quarterly assessments, significant changes, and with any identifiable cognitive or physical changes and make changes as indicated on the care plan.</p> <p>Director of Nursing and/or the Unit Manager to monitor the resident's ability to self-release alarm belt as ordered weekly x 4 weeks; 2 x a month; 1 x a month. Identified issues will be corrected upon discovery. The Director of Nursing will report to the Continuous Quality Improvement Committee which includes: Administrator, Director of Nursing, Food Services Supervisor, Activities Director, Social Services Director, Maintenance Supervisor, Housekeeping/Laundry Supervisor, Rehab Director, Medical Director, and Pharmacy for further recommendations x 3 months.</p>	10/31/14

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F 279	<p>Continued From page 7</p> <p>services provided or arranged must be consistent with each resident's written plan of care." Further review of the document revealed documentation to include, "the care plan should be revised on an ongoing basis to reflect changes in the resident and the care that the resident is receiving".</p> <p>Review of the facility policy titled "Restraints-Physical", effective date 08/01/12, revealed documentation to include periodic evaluation of continued need and/or reduction will be documented at a minimum on a quarterly basis and/or with a significant change in the resident's condition. Further review of the policy revealed, "Medical Symptom" is defined as an indication or characteristic of a physical or psychological condition and medical symptoms that warrant the use of restraints must be documented in the resident's medical record, ongoing assessments, and care plans. While there must be a physician's order reflecting the presence of a medical symptom, the facility is ultimately accountable for the appropriateness of that determination and the facility should engage in a systematic and gradual process toward reducing restraints and the nurses notes should show evidence that methods other than restraints were initially used to protect the resident from injury, and restraints were used only when other methods were not adequate. In addition, documentation of restraint usage must detail the fact that the restraints were released every two (2) hours and the resident exercised, toileted, and/or re-positioned and his/her needs met. Restraint usage must be summarized in the nurses' notes. The plan of care for the restricted resident must detail: 1. When restraint is to be used, 2. For how long, 3. Plans for alternative measures, 4. Periodic re-evaluation of reduction</p>	F 279		

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F 279	<p>Continued From page 8</p> <p>of the restraint, 5. Continued need. The plan of care should demonstrate the interdisciplinary care planning directed toward resolution of the resident's problem and care plans should plan not only for care while the resident is restricted but should show effort to find alternative treatment to restraints, or there should be documentation in the medical record that no alternative is appropriate.</p> <p>Record review revealed the facility admitted Resident #5 on 08/19/13 with diagnoses, which included Alzheimer's Disease, Abnormality of Gait, Senile Delusion, and Depressive Disorder. Review of the quarterly Minimum Data Set (MDS) assessment, dated 10/21/14, revealed the facility assessed Resident #5's cognition as severely impaired with a Brief Interview for Mental Status (BIMS) summary score of ninety-nine (99) indicating the resident was not interviewable and restraints were not used.</p> <p>Observation of Resident #5 on 10/28/14, at 11:00 AM, on 10/29/14 at 10:15 AM, 11:00 AM, 2:00 PM and 2:40 PM, and on 10/30/14 at 9:15 AM, revealed the resident sitting in a wheel chair with a self-release alarm belt in front of him/her.</p> <p>Review of the comprehensive plan of care for Resident #5, dated 08/19/13, revealed documentation to include "12/02/13-self-release alarm belt in wheelchair to alert staff of unassisted transfers, release every two hours. 12/02/13-self-release alarm seat belt while in wheelchair, is able to remove upon command and 10/07/14-does not walk independently." Further review of the comprehensive care plan revealed the facility failed to develop interventions to ensure the residents ability to release the</p>	F 279		

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F 279	<p>Continued From page 9</p> <p>self-release alarm belt on command.</p> <p>Review of a Device Evaluation for Resident #5, dated 12/02/13 and included quarterly evaluations dated 03/12/14, 05/20/14, 07/18/14, and 10/21/14, revealed documentation to include alert cognitive status, short attention span, short and long-term memory impairment, and impaired balance. Further review revealed the facility's summary of risk factors to include "alarm self-release belt to wheelchair to alert staff of any unassisted transfers" and the resident was able to self-release device on command. In addition, the area Quarterly One (Q1), dated 03/12/14 and Quarterly four (Q4), dated 10/21/14 were signed; however the questions, "Has the information in this evaluation changed?" and "Does the device remain part of the resident's care plan?" were unanswered even though there were Yes or No checkboxes at the end of each question.</p> <p>Interview with RN #1, on 10/29/14 at 2:45 PM, revealed Resident #5 would not self-release alarm belt on command. She stated the self-release alarm belt was used for the resident's safety since he/she can stand and walk. RN #1 stated staff members would release the belt often and the belt was not considered a restraint. She stated flow sheets were not used and the belt was released during incontinent care every two hours.</p> <p>Interview with the Director of Nursing (DON) on 10/30/14 at 11:30 AM, revealed Resident #5 was admitted to "The Lighthouse" unit in August of 2013 due to wandering behavior and diagnosis of Alzheimer's. She stated the facility staff noticed a decline in Resident #5 and moved him out of The Lighthouse and into the regular population of the</p>	F 279		
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F 279	Continued From page 10 facility. Then the resident began wandering all over the place so the facility moved Resident #5 back into "The Lighthouse" unit. The DON stated Resident #5 was ambulatory with assistance and became unstable as his/her Alzheimer's has progressed. She stated he/she has not had many falls and does require total assist. The DON stated she had met with the Unit Manager of the Lighthouse and Side 1, with RN #1, the Social Worker, and Administration, and discussed returning Resident #5 to the regular population, and have not reached a decision. She stated some Alzheimer's/Dementia residents go back and forth in the disease progression and Resident #5 had been going back and forth in the disease progression. The DON stated she planned to meet with therapy for recommendations on the self-release alarm best since the anti-thrust cushions and lateral support pads were placed in Resident #5's wheelchair. Furthermore, the DON stated on 10/29/14, she was made aware of Resident #5's inability to self-release alarm belt on command. She stated he/she used to release the belt on command and was care planned to have a self-release alarm belt. The DON stated the belt was used because Resident #5 was sliding out of wheelchair not because he/she was trying to get up. She stated the seat belt does not restrict his/her ability to get up because he/she " does not have the ability to get up and furthermore, when he/she was able to self-release he had the ability to get up and now we were keeping him from sliding out of the chair." In addition, the DON stated the belt would alarm if the resident fiddled with the straps. She stated the self-release alarm belt was not considered a restraint since the resident could not stand independently. The DON stated a device evaluation and quarterly assessments were	F 279		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/14/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185469	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/30/2014
NAME OF PROVIDER OR SUPPLIER ARBOR PLACE OF CLINTON		STREET ADDRESS, CITY, STATE, ZIP CODE 106 PADGETT DRIVE CLINTON, KY 42031		
(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) COMPLETION DATE
F 279	<p>Continued From page 11</p> <p>completed for the self-release alarm belt and the intervention was included in the comprehensive care plan. She stated the self-release alarm belt was used to treat symptoms of Dementia and Alzheimer's and confusion because "they think they can do things they cannot". The DON denies that all residents with Alzheimer or Dementia diagnoses in the facility utilize self-release alarm belts.</p> <p>Interview on 10/30/14 at 1:50 PM, with the Minimum Data Set (MDS) Coordinator, revealed she was responsible for care plan updates whenever there were resident changes. She stated Resident #5 released the self-release alarm belt on her command about a week ago; however, she did not remember the exact day and the event was not documented.</p> <p>Interview with the DON, on 10/30/14 at 1:55 PM, revealed she was hesitant to provide the facility's Restraint-Physical policy because she does not consider Resident #5's self-release seat belt alarm a restraint.</p>	F 279		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185469	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/29/2014
NAME OF PROVIDER OR SUPPLIER ARBOR PLACE OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 106 PADGETT DRIVE CLINTON, KY 42031		
(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) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1967.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (200).</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1967, upgraded in 2012 with 38 smoke detectors and no heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 1968 and upgraded in 2012.</p> <p>GENERATOR: Type II generator installed in 2009. Fuel source is Diesel.</p> <p>A standard Life Safety Code survey utilizing the 2786S short form, was conducted on 10/29/14. The facility was found in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for eighty-eight (88) beds with a census of fifty-eight (58) on the day of the survey.</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.