



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 23, 2023

Ms. Holly Emmons, Manager
Manes House
127 Union Street
Bennington, VT 05201

Dear Ms. Emmons:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 15, 2023**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2023
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NAME OF PROVIDER OR SUPPLIER
MANES HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**127 UNION STREET
BENNINGTON, VT 05201**

(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
R100	Initial Comments: On 3/15/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey. the following regulatory deficiencies were identified:	R100		
R144 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c.(1)</p> <p>Complete an assessment of the resident in accordance with section 5.7;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure completion of Resident Assessments in accordance with Section 5.7 of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000 to include an admission assessment completed within 14 days of admission, annual reassessments, and change of condition assessments completed when a significant change in a resident's mental or physical condition occurs for 3 out of 3 sampled residents (Residents #1, #2, and #3). Findings include:</p> <p>At 5:19 PM on 3/15/23 the Assistant Manager confirmed Resident Assessments were not completed in accordance with Section 5.7 of the Vermont Residential Care Home Licensing Regulations as follows:</p> <p>1. Resident #1 was admitted to the home on 3/3/20. The Manager and Assistant Manager were unable to provide documentation of an admission assessment for Resident #1; and the</p>	R144		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shelly Ammons 5/16/23
Shelly Ammons, LPN 5-16-23

Tags R144 to R999 accepted on 5/23/2023 - J. Evans/C. Scott

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R144	<p>Continued From page 1</p> <p>annual reassessment dated 3/28/22 provided for review for Resident #1 was not signed as complete by a Registered Nurse.</p> <p>2. Resident #2 was admitted to the home on 6/15/17 and per the Assistant Manager was readmitted on 11/22/21. While an admission assessment within 14 days of admission for his/her admission on 6/15/17 and annual reassessments were completed in June of 2019 and 2020; there was no documentation of an annual reassessment completed in 2018, and a reassessment in June of 2021 was not signed as complete by a Registered Nurse.</p> <p>The Assistant Manager was unable to provide documentation of an admission assessment when Resident #2 returned to the home in November of 11/22/21. An assessment dated 3/31/22 was provided for review, however, this assessment was not signed as complete by a Registered Nurse.</p> <p>3. Resident #3 was admitted to the home on 11/2/07 and per the Assistant Manager was readmitted to the home on 6/16/22. While the Assistant Manager was able to provide annual reassessments for 2014, 2015, 2018, and 2019; they were unable to provide documentation of annual reassessments completed between 2008-2013, and 2016-2018. The Assistant Manager was able to provide documentation of annual reassessments completed in 2019 and 2021, however s/he was unable to provide documentation of reassessments completed in 2020.</p> <p>The admission assessment for Resident #3's re-admission to the facility dated 6/28/22 was not signed as complete by a Registered Nurse.</p>	R144		

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R162 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to provide documentation of written, signed physician's orders for medications administered to 3 out of 3 sampled residents (Residents #1, #2, and #3). Findings include:</p> <p>The Assistant Manager was requested to provide signed physician's orders for medications listed on the March 2023 Medication Administration Record (MAR) for a sample of 3 residents. On the afternoon of 3/15/23 the Assistant Manager confirmed s/he was unable to provide documentation of written, signed physician's orders for the following medications:</p> <p>1. For Resident #1: Abilify 2 mg tablets, Vitamin D3 liquid, GABA Solution (GABA with L-Theanine to equal 500 mg), Gabapentin 300 mg capsules, Lantis Solostar Solution Pen Injection 100 units/ml (for the current 25 unit injection at bedtime dose, there were signed orders for previously prescribed doses), Vitamin B-6 tablets, PRN Melatonin 3 mg tablets, PRN (for use as needed) Occusoft Lid Scrub Original Pad (eyelid cleansers), PRN Refresh Lliquigel 1% Solution, and PRN Refresh Optive Mega-3 0.5%-1-0.5% Solution.</p>	R162		

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R162	Continued From page 3 2. For Resident #2: Clozapine 100 mg tablets, Docusate Sodiun 100 mg capsule, Donepezil HCl 10 mg tablet, Gavilax Powder 17 mg /scoop. Levitiracetam 500 mg tablets, Patoprazole Sodium 40 mg Delayed Release tablets, PRN Acetaminophen 500 mg tablets, PRN Antacid Suspension 200-200-20 mg /5 ml solution, PRN Bisacodyl Laxative 10 mg suppository, PRN Guiatuss Syrup, PRN Ibuprofen 200 mg tablets, PRN Ipratropium-Albuterol 2.5 (3) mg/3ml solution, PRN Milk of Magnesia 7.75% Suspension, PRN Senna 8.6 mg tablet, and PRN Tylenol Extra Strength 500 mg tablets. 3. For Resident #2: Alendronate Sodium 70 mg tablet, Gavilax Powder 17 mg /scoop, Loratadine 10 mg tablet, and PRN Acetaminophen 325 mg tablets.	R162		
R173 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all medications are stored	R173		

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R173	Continued From page 4 in a locked compartment. Findings include: During the facility tour commencing at 10:00 AM on 3/15/23, the Manager confirmed medications, herbal medications, and supplements were stored in an unlocked drawer in the facility kitchen including Omni Vitamin Drops; a tincture of Reishi Mushrooms (for immune support); 2 bottles of CoQ10 capsules (cardiovascular supplement); Liposomal GABA and L-Theanine (for nervous system support); Refresh Eye Drops; and two tincture bottles, one labeled "MCT" and the other unlabeled and containing an unidentified substance. Dexcom G6 blood glucose monitoring sensors were also observed to be stored in an unlocked cabinet in the kitchen.	R173		
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to provide documentation of a criminal background check completed for 1 out of 5 sampled staff. Findings include: At 2:23 PM on 3/15/23 the Manager and Assistant Manager confirmed there was no documentation of a Vermont criminal background check completed for Staff #1.	R190		
R193 SS=F	V. RESIDENT CARE AND HOME SERVICES	R193		

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R193	<p>Continued From page 5</p> <p>5.13 First Aid Equipment and Supplies Equipment and such supplies as are necessary for universal precautions, to meet resident needs and for care of minor cuts, wounds, abrasions, contusions, and similar sudden accidental injuries shall be readily available and in good repair.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure a first aid kit was maintained in good repair and readily available to meet resident's needs in case of injury. Findings include:</p> <p>The facility's first aid kit was stored on the top of a cabinet on top of the fridge, and was not easily visible or accessible. Alcohol prep wipes in the kit expired in February of 2019, gauze pads in the kit were labeled as expired in January of 2021, and the surgical gloves in the kit expired in December of 2017.</p> <p>The expired supplies in the first aid kit located in an area of the kitchen that was difficult to access was confirmed by the Manager during the tour commencing at 10:00 AM on 3/15/23.</p>	R193		
R234 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there</p>	R234		

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R234	Continued From page 6 was a failure to ensure the current week's menu was posted in a public place. Findings include: During the facility tour commencing at 10:00 AM on 3/15/23 the Manager confirmed the weekly menu for regular and therapeutic diets was not posted in a public place for residents and interested parties.	R234		
R246 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all food items were free of spoilage. Findings include: During the facility tour commencing at 10:00 AM on 3/15/23 the following food items were labeled with dates the items were opened indicating potential food spoilage: Italian Dressing dated 10/23/22, Thousand Island Dressing dated 7/23/22, Louisiana Hot Sauce dated 2/2/17, Bragg's Liquid Aminos dated 3/3/17, sliced processed lunch meats dated 3/7/23. A container of pureed "squeeze" ginger that was not	R246		

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R246	Continued From page 7 labeled by staff when opened and had a manufacturer's expiration date of January of 2022.	R246		
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all perishable food items are labeled and dated. Findings include:</p> <p>During the facility tour commencing at 10:00 AM on 3/15/23 the following perishable food items were observed to the stored:</p> <ol style="list-style-type: none"> 1. Opened containers baked goods, and bags of cookies and nuts were observed to be without labels and dates on the counters and in the cabinets of the facility kitchen. 2. In the facility refrigerator containers of blue cheese dressing, chopped garlic, chocolate sauce, whipped cream, lemon juice, ketchup, mayonnaise, electrolyte solution, almond milk creamer, V8 Splash juice, a gallon of 2% milk, an opened and unsealed box of brown and serve sausage links, an open and unsealed bag of hot dogs, and a Ziploc bag of raw hamburger were observed without labels indicating the dates the 	R247		

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R247	Continued From page 8 perishable food items were opened. 3. In the facility refrigerator plate of food, bowl of cottage cheese, 2 containers of Cole slaw, and 2 containers of what appeared to be potato salad were observed without labels identifying what food item was stored in the dish or container. The storage of the undated and unlabeled perishable food items listed above was confirmed by the facility Manager at 1:22 PM on 3/15/23.	R247		
R259 SS=F	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure all cleaning products and other poisonous compounds are stored in a locked compartment within the food storage areas of the kitchen. Findings include: During the facility tour commencing at 10:00 AM on 3/15/23 cleaning products and poisonous chemicals were observed to be stored in an unlocked cabinet in the kitchen including wound care spray, a bottle of isopropyl alcohol, hydrogen peroxide spray were observed. A box of Nice and Easy hair color was observed on the kitchen	R259		

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R259	Continued From page 9 counter. An unlocked cabinet under the kitchen sink contained bleach, Finish Jet Dry Dishwasher Rinse Aid, 3 Lysol disinfectant spray bottles, 2 generic disinfectant spray bottles, an alcohol based sanitizer spray, and dishwasher detergent and gel were observed	R259		
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure care in a safe, sanitary, functional, homelike and comfortable environment. Findings Include: 1. During the facility tour commencing at 10:00 AM the following environmental issues were observed, and confirmed by the facility Manager: a) The living room adjacent to the dining room was unsafe and not functional due an excessive amount furniture and boxes piled high with clothing and children's toys stored in the room; which blocked access to the couches, chairs, and pathways in the room. The sliding wooden doors between the dining room and the living room remained open leaving the room accessible to residents.	R266		

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R266	<p>Continued From page 10</p> <p>b) The entryway and staircase to the second floor of the home adjacent to the living room, directly across from the dining room, was blocked with items covering most of the stairs on the staircase. A sign on the second-floor door used to access the stairway stated "Keep Closed When Not in Use!" and the doorway to the exterior exit and stairway to the second floor in the living room on the first floor had a sign indicating the stairs and exit were not in use. However, the doors the staircase were unlocked, leaving the blocked and unsafe stairway accessible to residents.</p> <p>c) A kitchen drawer just inside the kitchen entryway, which is used to store the home's eating utensils, contained exposed rusty razor blades; and an oily, soiled plastic container of unused razor blades. Another drawer located below the utensil drawer was filled with tools including a hammer and sharp edged spackling tools.</p> <p>d) A bottle of First Alert Stop Fire Extinguishing Spray was observed on the counter beside the oven. The bottle label warned of a risk of explosion if exposed to temperatures greater than 120 degrees, and had an expiration date of 12/22/22.</p> <p>2. During a tour of the second floor of the home and continuation of the first floor tour commencing at 11:07 AM on 3/15/23, the following environmental issues were observed, and confirmed by the Assistant Manager:</p> <p>a) In a shared bathroom on the first floor of the residence, an open sharps container was stored above the toilet. Two bed pans and a urine collection "hat" and a plastic tub were stored in</p>	R266		

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R266	Continued From page 11 the shower. Bleach spray, toilet disinfecting cleaner, 3 bottles of disinfecting spray, and Benzol Peroxide Acne Wash were stored in an unlocked cabinet with 3 electric razors. Lysol disinfecting spray, and Microban sanitizing spray were observed on a cabinet in the hallway outside of the bathroom near the rear entrance of the facility, and a bottle of Prestone De-Icer was observed in a resident's room on the other side of the hall from the bathroom. b) In a shared bathroom on the second floor of the home, bleach spray bottle, bathroom disinfecting spray, Clorox toilet cleaner, Lysol Spray, glass cleaner were observed stored in the cabinet under the sink. The cabinet has a child lock on the door that was ineffective at preventing resident access to the chemicals stored within the cabinet. The exhaust fan and sprinkler head in this shared bathroom were covered with a thick layer of dust.	R266		
R270 SS=E	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.c Each bedroom shall have an outside window. (1) Windows shall be openable and screened except in construction containing approved mechanical air circulation and ventilation equipment. (2) Window shades, venetian blinds or curtains shall be provided to control natural light and offer privacy. This REQUIREMENT is not met as evidenced	R270		

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R270	Continued From page 12 by: Based on observation and staff interview there was a failure to ensure screened windows in good working order for 5 applicable residents (Residents #3, #4, #5, #6, and #7). Findings include: At 1:22 PM on 3/15/23 the Assistant Manager confirmed the bedrooms for Residents #3, #4, #5 were missing window screens; and the windows in Resident #6 and Resident #7's room and adjacent bathroom were missing screens and in poor repair.	R270		
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure to ensure rotation of fire drill times to include a drill conducted at night. Findings	R302		

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NAME OF PROVIDER OR SUPPLIER MANES HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 127 UNION STREET BENNINGTON, VT 05201
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(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
R302	Continued From page 13 include: At 2:17 PM on 3/15/23 the Assistant Manager confirmed a fire drill was not conducted during overnight hours in the previous year.	R302		
R303 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure a list of emergency numbers is posted beside the phones of both floors of the home. This has the potential to impact all residents. Findings include: At 1:22 PM on 3/15/23 the Assistant Manager confirmed emergency numbers were not posted by the phones on the first and second floors of the home.	R303		
R999 SS=F	MISCELLANEOUS 4.4 Re-application (a) Application forms will be mailed to the applicant approximately sixty (60) days before the end of the licensing year. The completed application form must be returned to the licensing agency not less than forty-five (45) days before the expiration date. Upon receipt of a properly completed application, a license will be	R999		

Division of Licensing and Protection

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R999	<p>Continued From page 14</p> <p>renewed assuming all other conditions for licensure are met.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interview there was a failure to ensure the licensing reapplication process was completed within 45 days before the expiration date. Findings include:</p> <p>At approximately 11:00 AM on 3/15/23 the Assistant Manager confirmed the posted license was expired. The most recent license issued to the facility expired on 12/31/2022 and the renewal process had not been completed as of 3/15/23. The Assistant Manager stated the reapplication process had not been completed because they did not currently have a Registered Nurse on staff at the facility. The facility Manager was in the process of interviewing candidates for the Registered Nurse position.</p>	R999		

Manes House Plan of Corrections

R144: All assessments will be completed per regulations. They will be reviewed and signed by the RN. Management will be notified where they are filed. This will be overviewed by the house manager and nursing. Date corrected.3/20/2023

R162: All medication orders will be signed by the prescribing physician per state regulations. This will be overviewed by nursing upon admission and with any medication changes. Date corrected3\20\2023

R173: All medications have been removed from the unlocked drawer in the kitchen and will no longer be stored in that location/manner. The Dexacom unit has been removed and will no longer be stored in that manner. Overview will be done by management and nursing. Date corrected 3\15\2023

R190: Please see enclosed documentation as this was completed upon the hiring process. We will continue to complete Criminal background check and abuse registry checks upon hire of all new employees and the documentation will be stored in their employee files. Overview will be completed by management. Date corrected 3\20\2023

R234: All menus have been posted in public areas for residents to view and will continue to be displayed. Overview will be done by management. Date corrected 3\16\2023

R246: All food items will be checked for expiration date and disposed of accordingly. This will be done weekly and overviewed by management. Date corrected 3/15/2023

R247: All food will be properly stored in adequate containers. All open food items and containers will be dated and labeled with contents. Overview done by management daily. Date corrected 3/15/2023

R259: All cleaning items and poisonous compounds have been removed from common areas and stored in the locked utility closet on the second floor. Overview will be done by management and nursing. Date corrected 3\16\2023

R266

Section 1:

A) The second living room has been cleared out and the furniture has been rearranged and is now accessible and useable for the residents. Date corrected 3\18\2023

B) The entryway and staircase to the second floor in the second living room has been cleared out and is now accessible. Date corrected 3\18\2023

C) The rusty razor blades have been removed and discarded. All tools have been removed and are now stored in the basement. Date corrected 3\15\2023

D) The first alert stop fire extinguisher has been removed and discarded. All this will be overviewed daily by management. Date corrected 3\15\2023

Section 2

A) The mentioned items have been removed and will no longer be stored in the bathrooms or hallway. Will be overviewed by nursing daily. Date corrected 3\15\2023

R270: The window screens are stored in each resident's room and removed in the winter. All screens checked annually and replaced as needed. All windows have curtains and/or blinds to control natural lighting and provide privacy. Will be overviewed by management. Date corrected 3\18\2023

R302: A nighttime fire drill will be done during the 11pm-7am shift instead of the 9pm-10pm that was used prior. Overview will be done by management. Dated corrected 3\19\2023

R303: A list of current emergency numbers has been posted above the mentioned phone. Overview will be done by management regularly to be sure they remain current. Dated corrected 3\16\2023

R999: License renewal was completed and granted on April 13, 2023. An RN was hired April 10, 2023. Date corrected 4\13\ 2023