

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

ORIGINAL

PRINTED: 10/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/02/2014
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3901 S MARION RD SIOUX FALLS, SD 57106	
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F 000	INITIAL COMMENTS	F 000		
F 309 SS=D	<p>Surveyor: 29354 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities was conducted from 9/30/14 through 10/2/14. Areas surveyed included dignity and respect, quality of care, quality of life, inadequate staffing, medication administration, infection control, dental services, oral care, and staff education. Good Samaritan Society Sioux Falls Village was found not in compliance with the following requirements: F309 and F323.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32332 Based on observation, record review, interview, and procedure and policy review, the provider failed to follow care plan recommendations for using two staff assistance to bathe and reposition one of one sampled resident (2) requiring total assistance with all nursing care. Findings include:</p> <p>1. Random observations of resident 2 throughout the survey from 9/30/14 through 10/2/14 revealed resident 2: *Remained in his room on bedrest.</p>	F 309	<p><b>F 309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p><b>SS=D</b></p> <p>This is the plan of correction for resident # 2 that was affected by F 309 Provides Care/Services for Highest Well Being and for any other residents who reside at the Good Samaritan Village. The nursing staff (RN, LPN, CNA, and Hospice aid and RN) did not follow the care plan by using two staff members to assist with daily cares and nursing cares.</p> <p>On October 6, 2014, Director of Nursing contacted hospice agency about CNA J's lack of following care plan with resident #2. Hospice nurse was verbally educated on the deficiency and what the expectations are for caring for resident</p>	11/21/14

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

*Mary Moran*

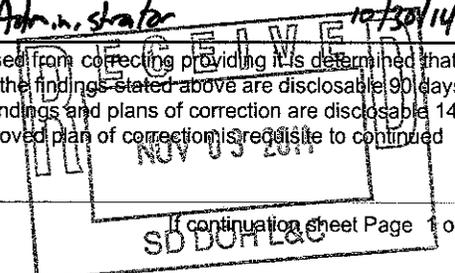
TITLE

*Admin. Director*

(X6) DATE

10/30/14

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 309	<p>Continued From page 1</p> <p>*Had severe dementia (Decline of brain functioning).</p> <p>*Had severe contractures (a shortening in muscles causing the inability to move his arms, legs, and neck freely).</p> <p>Review of resident 2's medical record revealed:</p> <p>*He was receiving hospice services.</p> <p>*An open, draining lesion on the left lower back of his head, near his neck that required dressing changes twice daily.</p> <p>*An open, draining lesion behind his right ear that required dressing changes twice daily.</p> <p>*A wound to the middle of his back that had required dressing changes every five days.</p> <p>*A nursing note on 9/5/14 at 9:00 p.m. by registered nurse (RN) F indicated while performing wound care to the back of the neck the nurse observed several maggots. The maggots were burrowing into the wound bed.</p> <p>*A nursing note on 9/5/14 at 9:20 p.m. by RN G indicated numerous one-half inch to one inch long maggots on the above wound and in the surrounding area.</p> <p>*The physician had been contacted by the hospice nurse on 9/5/14 at 10:10 p.m. and orders had been given to treat the area.</p> <p>*The resident had been treated appropriately.</p> <p>Review of resident 2's 7/2/14 care plan revealed:</p> <p>*He was totally dependent on staff for bathing, dressing, eating, personal hygiene, and oral cares.</p> <p>*He remained in his room, in bed at all times.</p> <p>*He required the assistance of two staff members for bed mobility and repositioning, bathing, and dressing because of pain and contractures.</p> <p>Interview on 10/1/14 at 1:50 p.m. with RN K</p>	F 309	<p>#2 at the Good Samaritan Village. Resident # 2 expired on October 15, 2014. A letter was written and distributed to all four hospice agencies (Avera Hospice, Sanford Hospice, Compassionate Care, and Asera Care Hospice) on October 28, 2014 notifying them of the deficiency and expectations for providing care to the residents at the Good Samaritan Village. Education was provided about the care plan process and the Hospice role in the interdisciplinary team. The nursing department (CNAs, UAPs, RNs, LPNs) was educated on the care plan policy, nursing safety rules, and the hospice role. All education was completed by October 30, 2014.</p> <p>An audit will be completed on each unit (200, 300, 400N, 400S, 500, 600, Rehab) on five residents from each unit who require two assist with ADL cares and nursing cares. Hospice residents who need two assist will be chosen first then additional residents who need 2 assist will be included in the sample up to 5 residents per unit (40 resident s total in a month). This audit will be completed monthly for three months. These audits</p>	

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F 309	<p>Continued From page 2 revealed the hospice aide: *Saw resident 2 Monday through Friday around 8:00 a.m. *Bathed him daily and fed him breakfast. *Washed his hair weekly with a special shampoo. *Called the staff for help when she needed it.</p> <p>Interview on 10/1/14 at 3:30 p.m. with the infection control nurse revealed: *Resident 2's neck was severely contracted with his head pulled into a resting position to the right side of his neck. *The contractures made him very difficult to reposition. *He had a large amount of drainage from his lesions. *The skin surrounding the lesions was frequently wet and required cleaning.</p> <p>Interview on 10/2/14 at 8:30 a.m. with hospice certified nursing assistant (CNA) J revealed: *She gave resident 2 a quick bed bath Monday, 9/1/14 through Thursday, 9/4/14. *She had given him a full bed bath with a shampoo on 9/5/14. *She had not asked staff for assistance when she had bathed him or shampooed his hair, because the staff were busy with other things. *She had placed a towel behind his head and shampooed only as far back as she could reach while facing the front of the resident. *She would not have been able to fully see the back of his head. *She stated the nurses changed his dressings on his lesions, so they would have checked the back of his head twice daily. *The only time she called for staff assistance with his care was if he had been incontinent. *She had repositioned him herself.</p>	F 309	<p>will be completed by the Nursing Coordinators. The results will be brought to the monthly quality assurance meeting by the Director of Nursing for review, and audits will be discontinued once audits prove the concern has been resolved.</p>	

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F 309	<p>Continued From page 3</p> <p>Interview on 10/2/14 at 8:45 a.m. with RN F revealed: *On Friday, 9/5/14 she had another staff member with her, because she needed to change the dressing on his spine, and had to roll him over. That was how she saw the maggots. *She normally changed resident 2's dressings to the lower left back of his head and to the right ear herself.</p> <p>Interview on 10/3/14 at 11:00 a.m. with the director of nursing revealed: *She agreed resident 2 should have had assistance of two staff members with all repositioning and bathes. *She was not sure if the nurse would require assistance with dressing changes to have been able to view the lesions. *She agreed he had a large amount of drainage that required cleaning him up. *She had agreed there had been a large amount of drainage coming from the lesions prior to finding the maggots.</p> <p>Review of the provider's June 2014 Comprehensive Care Plan and Care Conferences procedure revealed "When implemented in accordance with standards of good clinical practice, the care plan becomes a powerful, practical tool representing the best approach to providing quality of care and quality of life."</p> <p>Review of the provider's September 2012 Delineation of Center/Hospice Staff Roles and Responsibilities policy and procedure revealed: *The hospice CNA was to make visits as assigned to supplement care provided by the</p>	F 309		

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F 309	Continued From page 4 center's CNAs. *The provider's nurse was to oversee room and board services including activities of daily living (ADL) (care), meals, and room activities. *The provider's CNAs were to: -Provide assistance with ADLs and personal care in the same manner as with other residents of the facility. -Collaborate with hospice staff in a joint plan of care.  Review of the provider's June 2014 Skin Assessment and Pressure Ulcer Prevention policy revealed "A systematic skin inspection will be made daily by the nursing assistant assigned to those resident at risk for skin breakdown."  Review of the provider's September 2012 Wound Dressing Change policy revealed "Assess the wound and surrounding area to ensure the selection of the appropriate-sized dressing."	F 309		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Surveyor: 29354 Based on observation, interview, record review, and policy review, the provider failed to ensure:	F 323	<b>F 323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</b>  <b>SS=D</b>  This is the plan of correction for resident # 1 that was affected by F 323 Free of Accident Hazards/Supervision/Devices. CNA A was a new staff member who left the resident unattended while in the whirlpool tub.	11/21/14

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F 323	<p>Continued From page 5</p> <p>*Adequate supervision and safety for one of one sampled resident (1) who had been left unattended by a certified nursing assistant (CNA) (A) during bathing.</p> <p>*New employee education regarding bathing of a resident had been completed for one of one new certified nursing assistant (A).</p> <p>Findings include:</p> <p>1. Review of resident 1's complete medical record revealed:</p> <p>*She had diagnoses of heart disease, anxiety, and dizziness.</p> <p>*Her restorative potential was guarded.</p> <p>*The 7/17/14 Minimum Data Set (MDS) assessment revealed she:</p> <p>-Had scored thirteen on the Brief Interview for Mental Status. (Thirteen meant alert and oriented).</p> <p>-Required limited assistance of two staff with transfers and personal hygiene.</p> <p>-Required extensive assistance of one staff person with bathing.</p> <p>*The Care Area Assessment had triggered for activities of daily living (ADL), proceed to the care plan.</p> <p>-The care plan stated she needed assistance with ADLs. There was no documentation she could be left alone in the tub.</p> <p>*The 9/20/14 nursing facility event reporting form stated she had been left unsupervised in the whirlpool tub while it was filling with water.</p> <p>Interview on 10/1/14 at 10:32 a.m. with resident 1 revealed:</p> <p>***The girl had put her into the tub.</p> <p>*The water had been started in the tub, then the girl left the room.</p> <p>*I yelled for help.</p>	F 323	<p>Investigation was being completed on this situation in the meantime CNA A went on general leave and since then resigned. Education was given to the CNA during the interview process of the investigation that it is not appropriate to leave a resident unattended while bathing. All new employees are given a 65 question competency verification exam by the third day of employment. This exam will be reviewed by an RN and a training program is develop based the CNAs skills that need improvement. The Competency Verification/Training Checklist (CVTC) will be reviewed with the new hire and an RN. The CVTC will be placed in the nurse station in the assigned folder for the mentor and new employee to complete during the orientation period. Staff Development coordinator/designee (RN) will ensure CVTC checklist is completed before the new hire is alone on the floor. All nursing employees were reeducated on the bathing procedures and step number 5 pertains to not leaving the resident unattended. This education will be completed by October 30, 2014</p>	

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F 323	<p>Continued From page 6</p> <p>*The water had reached the edge of the tub and was about to run over. *Then a staff member came in to help."</p> <p>Interview on 10/1/14 at 10:40 a.m. with registered nurse (RN) B regarding resident 1 revealed: *CNA A had come to the nurses station to report she needed to go home due to a medical concern. *She had asked CNA A if she wanted to go home and CNA A replied yes. *She was not able to recall if CNA A had told her and RN C a resident was in the tub.</p> <p>Interview on 10/2/14 at 8:30 a.m. with RN C regarding resident 1 revealed: *She had been at the nurses station with RN B. *CNA A came to the nurses station and stated she needed to leave due to a medical concern. *Just before CNA A left the nurses station the CNA stated "Oh, I have resident 1 in the tub." *She immediately went to the tub room and found two CNAs helping resident 1 finish with the bath. *She was unsure how long resident 1 had been left alone in the tub. *Her expectations were to never leave a resident alone in a tub even if there was no water in it. *She had written a letter of concern to the director of nursing (DON) regarding the above incident.</p> <p>Observation and interview on 10/1/14 at 10:46 a.m. in the 400 north wing tub room with CNA D revealed: *The call light was located on the wall across the room from the tub. *The surveyor had the CNA fill the tub with water to 4 inches below the top of the tub. The time it had taken to fill the empty tub was nine minutes. *He confirmed:</p>	F 323	<p>CVTC will be audited by the staffing coordinator to ensure CVTC is completed prior to working independently. This audit will be completed biweekly times 4 then monthly times 3. The audit results will be brought to the quality assurance meeting by the Director of Nursing for review.</p>	

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F 323	<p>Continued From page 7</p> <p>-A resident would not have been able to use the call light if left unattended in the tub. -Residents were not to be left unattended in the tub.</p> <p>Interview on 10/1/14 at 2:50 p.m. with the DON and staff development licensed practical nurse (LPN) E revealed:</p> <ul style="list-style-type: none"> <li>*All new nursing assistants were given a Competency Verification/Training Checklist to be completed during new staff orientation.</li> <li>*The forms would be given back to LPN E after the nursing staff had completed the orientation. If a staff member needed further help she had gone out on the floor and provided further education.</li> <li>*Current CNAs were assigned as a mentor or trainer for the new staff. It took six days to complete the orientation.</li> <li>*The DON's expectations were for new employee training to take up to six weeks.</li> <li>*CNA A had a hire date of 8/18/14.</li> <li>*They were unable to find CNA A's competency verification/training form.</li> <li>*The DON thought CNA A might have taken the form home with her.</li> <li>*The DON's expectations were for CNA A to have left the form at the facility.</li> <li>*The DON and LPN E were unable to verify if CNA A had received training in bathing from the provider.</li> <li>*The DON was going to check with CNA A's mentor regarding tub bath training.</li> </ul> <p>Interview on 10/2/14 at 10:00 a.m. with the DON revealed:</p> <ul style="list-style-type: none"> <li>*She was unable to verify if CNA A had been trained on giving baths at the facility.</li> <li>*Her expectations were to never leave a resident alone in the tub.</li> </ul>	F 323			

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F 323	<p>Continued From page 8</p> <p>*Nobody had voiced any concerns about CNA A's work as a nursing assistant.</p> <p>*She felt it was an unfortunate incident, and that CNA A had a medical emergency.</p> <p>*She verified:</p> <ul style="list-style-type: none"> <li>-CNAs were doing the orientation and training of new CNAs.</li> <li>-If a new CNA required extra training she would become aware of it when the new CNA's competency verification/training checklist had been completed.</li> </ul> <p>Review of certified nursing assistant A's personnel file revealed there was no documentation for training on giving a resident a bath.</p> <p>Review of the provider's revised June 2014 Bathing Procedure revealed "Do not leave resident unattended. Resident may be unattended during bath per his/her request and if assessed by the interdisciplinary team (IDT) to be safe/independent."</p> <p>Review of the provider's revised November 2013 General Orientation policy revealed the purpose was to provide an overview of general orientation.</p> <p>Review of the provider's revised November 2013 On-the Job Orientation policy revealed:</p> <p>*The purpose was to "help the employee to develop job specific skills so he or she is successful in the job."</p> <p>*"The manner and time frame in which job-specific orientation occurs depends upon the employee's experience and abilities. Evaluating these abilities and estimating an adequate amount of time for training required are the department supervisor's responsibilities."</p>	F 323			

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F 323	Continued From page 9 **The Competency Verification Training Checklist should be used to document all on the job training." **The Competency Verification/Training Checklist is a tool designed to guide employee orientation. It consists of three parts: -A suggested timeline for training new employees. -A competency and skills verification checklist. -Knowledge and resources necessary for the training to be completed."  Review of the provider's November 2013 competency Verification checklist for CNA/nursing assistant revealed a competency and skill verification for resident personal care including baths.	F 323			

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10680</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY SIOUX FALLS VI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 S MARION ROAD SIOUX FALLS, SD 57106</b>
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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
S 000	Initial Comments  Surveyor: 29354 A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities was conducted from 9/30/14 through 10/2/14. Good Samaritan Society Sioux Falls Village was found not in compliance with the following requirement: S166.	S 000		
S 166	44:04:02:17(1-10) OCCUPANT PROTECTION  The facility must take at least the following precautions: (1) Develop and implement a written and scheduled preventive maintenance program; (2) Provide securely constructed and conveniently located grab bars in all toilet rooms and bathing areas used by patients or residents; (3) Provide a call system for each...resident bed and in all toilet rooms and bathing facilities routinely used by...residents. The call system must be capable of being easily activated by the...resident and must register at a station serving the unit; (4) Provide handrails firmly attached to the walls on both sides of all resident corridors in nursing facilities; (5) Provide grounded or double-insulated electrical equipment or protect the equipment with ground fault circuit interrupters. Ground fault circuit interrupters must be provided in wet areas and for outlets within six feet of sinks; (6) Install an electrically activated audible alarm on all unattended exit doors in nursing facilities. Other exterior doors must be locked or alarmed. The alarm must be audible at a designated nurses' station and may not automatically silence when the door is closed;	S 166	<b>S166 Occupant Protection</b>  As observed during the survey that was conducted on Oct. 2nd, 2014 The front entrance to our facility did not have an audible alarm that alarmed at a designated nurses station. In addition, as stated in S166 this alarm may also not automatically silence, which it did at the time of this survey. To correct this issue we have installed a new alarm located at the 200 nurse's station that will alarm when the main entrance door is opened. To ensure continued compliance an audit will be completed weekly for 4 weeks then monthly x 6 months to verify that the door alarm is working properly. At the completion of the 6 month period audits will be discontinued if the door alarm is still functioning properly. All audits will be conducted and brought to the QAPI committee meeting for review by the Director of Environmental Services.	11/21/14

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

*My Moore*

TITLE: \_\_\_\_\_ (X6) DATE: 10/30/14

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If continuation sheet 1 of 4

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10680</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2014</b>
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S 166	<p>Continued From page 1</p> <p>(7) Portable space heaters and portable halogen lamps may not be used in a facility;                      (8) Household-type electric blankets or heating pads may not be used in a facility;                      (9) Any light fixture located over a...resident bed, in any bathing or treatment area, in a clean supply storage room, any laundry clean linen storage area, or in a medication set-up area must be equipped with a lens cover or a shatterproof lamp; and                      (10) Any clothes dryer must have a galvanized metal vent pipe for exhaust.</p> <p>This Administrative Rules of South Dakota is not met as evidenced by:                      Surveyor: 32332                      Based on observation and interview, the provider failed to ensure the front entrance door alarm:                      *Was activated when unattended.                      *Had not been automatically silenced when the door closed.                      Findings include:</p> <p>1. Observation on 9/30/14 at 6:45 p.m. of the front entrance door revealed:                      *No staff member had been in attendance when the door opened.                      *Interview at that time with activity assistant H revealed:                      -She stated the door alarm was only for the Wanderguard system (the door alarms when a resident wearing an electronic bracelet opens the door).                      -She was not aware of another alarm that would sound if a resident exited who had not worn a Wanderguard device.</p>	S 166		

South Dakota Department of Health

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S 166	<p>Continued From page 2</p> <p>Surveyor: 29354 Interview and observation on 10/1/14 at 7:45 a.m. with the director of nursing (DON), the administrative secretary, the front door receptionist, and maintenance technician L by the front entry way exit door revealed: *A sign below where the receptionist sat read "Receptionist hours: Monday-Friday, 7:00 a.m. to 4:30 p.m.; Saturday-Sunday, 10:00 a.m. to 2:00 p.m." *The administrative secretary: -Turned the front door exit alarm on when she was done with her shift, and turned it off when she had returned to work in the morning. -Usually worked 7:00 a.m. to 4:30 p.m. Monday through Friday and 10:00 a.m. to 2:00 p.m. every other weekend. *The DON agreed there could have been a potential for a resident to wander out the front door if the alarm had not been on. *Maintenance technician L was not aware how the front door exit alarms worked. *The front door receptionist confirmed she left the building everyday at 4:30 p.m. *The administrative secretary demonstrated how the front door alarm was turned on which was loud and audible to the ear.</p> <p>Observation on 10/1/14 from 5:40 p.m. through 5:50 p.m. by the front entry way exit door revealed: *Two visitors and one resident had gone out the door. Each time the door alarm would sound and then silence when the door closed. *No staff member had come to see who had gone out the front door. *There was no staff member at the front door.</p> <p>Interview on 10/1/14 at 5:55 p.m. with registered</p>	S 166		

South Dakota Department of Health

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S 166	<p>Continued From page 3</p> <p>nurse I regarding the front exit door revealed:                      *The 200 and 300 wing charge nurses were responsible for monitoring the front exit door.                      *If a resident with a Wanderguard set off the front door exit door alarm then the nurse was to check the resident and the door.                      *If the regular alarm sounded no one monitored the alarm.                      *The door alarm automatically shut off when the door closed.</p> <p>Interview on 10/2/14 at 9:20 a.m. with the administrator revealed:                      *The front exit door alarm turned off when the door closed.                      *The front door was not monitored when the receptionist and administrative secretary were gone.                      *There was a camera on the door that recorded people coming and going from the facility.                      *There was not a front door alarm policy.</p>	S 166		