



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
April 16, 2025

Administrator
Sholom Home West
3620 Phillips Parkway South
Saint Louis Park, MN 55426

RE: CCN: 245574
Cycle Start Date: March 12, 2025

Dear Administrator:

On April 14, 2025, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in blue ink that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 14, 2025

Administrator
Sholom Home West
3620 Phillips Parkway South
Saint Louis Park, MN 55426

RE: CCN: 245574
Cycle Start Date: March 12, 2025

Dear Administrator:

On March 12, 2025, a survey was completed at your facility by the Minnesota Department of Health, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

Sholom Home West

March 14, 2025

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the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Annette Winters, Regional Operations Supervisor, Federal Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by June 12, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 12, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:
<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

Sholom Home West

March 14, 2025

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A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Compliance Analyst
Minnesota Department of Health
Health Regulation Division
Telephone: 651-201-4161
Email: joanne.simon@state.mn.us

cc: File

Electronically delivered

March 14, 2025

Administrator
Sholom Home West
3620 Phillips Parkway South
Saint Louis Park, MN 55426

Re: Event ID: G3YC11

Dear Administrator:

The above facility survey was completed on March 12, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,



Joanne Simon, Compliance Analyst
Minnesota Department of Health
Health Regulation Division
Telephone: 651-201-4161
Email: joanne.simon@state.mn.us

cc: File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/12/2025
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NAME OF PROVIDER OR SUPPLIER SHOLOM HOME WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 3620 PHILLIPS PARKWAY SOUTH SAINT LOUIS PARK, MN 55426
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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
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 3/12/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

03/21/25

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/12/2025
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NAME OF PROVIDER OR SUPPLIER SHOLOM HOME WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 3620 PHILLIPS PARKWAY SOUTH SAINT LOUIS PARK, MN 55426
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2 000	Continued From page 1 the survey. H55748183C (MN00110833). Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.	2 000		

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

PRINTED: 03/26/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/12/2025
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NAME OF PROVIDER OR SUPPLIER SHOLOM HOME WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 3620 PHILLIPS PARKWAY SOUTH SAINT LOUIS PARK, MN 55426
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F 000	<p>INITIAL COMMENTS</p> <p>On 3/12/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H55748183C (MN00110833).</p> <p>A deficiency was issued at F919.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 919 SS=D	<p>Resident Call System CFR(s): 483.90(g)(1)(2)</p> <p>§483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from-</p> <p>§483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced</p>	F 919		4/9/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/21/2025
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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 919	<p>Continued From page 1</p> <p>by:</p> <p>Based on observation, interview, and document review, the facility failed to provide a call light to one of three residents (R2) reviewed for access to call lights when R2 did not have a functioning call light for an unknown number of weeks.</p> <p>Findings Include:</p> <p>R2's Minimum Data Set (MDS) admission assessment dated 12/21/23, indicated R2 was admitted to the facility on 12/15/23. The MDS indicated R2 was continent of bowel and bladder, and independent with toileting. R2's brief interview for mental status (BIMS) was 15 indicating intact cognition.</p> <p>The census report, undated, indicated R2 moved to room 341 on 3/7/24.</p> <p>R2's Quarterly Review MDS dated 9/20/24, indicated R2 was frequently incontinent of bowel and bladder.</p> <p>R2's Significant Change in Status MDS dated 10/29/24, indicated R2 required moderate assistance with toileting.</p> <p>R2's care plan indicated the call light was to be accessible and within reach whenever the resident was in his room.</p> <p>The facility was unable to provide call light log for R2's room for the last two weeks.</p> <p>The facility was unable to provide maintenance records for R2's call lights for the two weeks leading up to 3/12/25.</p>	F 919	<p>R2's call light was placed in the call light box in R2's room. Maintenance verified the call light to be in working order. All residents who reside in the facility are at risk of not having a working call light. All resident rooms were audited and have working call lights within reach in their rooms.</p> <p>Facility call light policy was reviewed and remains current. The facility will educate all appropriate staff on the importance of each resident having a working call light within reach and the procedure if they suspect a call light isn't working properly.</p> <p>Facility will audit to verify a working call light for four residents per week for four weeks, then four times per month for three months. QA will further review and make recommendations.</p>	

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F 919	<p>Continued From page 2</p> <p>During an observation on 3/12/25 at 9:30 a.m., R2 did not have a call light within reach. The head of the bed was flush to the wall containing the call light box. The call light box had space for two extension cords on the left and right side of the box. The outlet on the left side of the box had a corded call light inserted appropriately, and the call light was wrapped around his roommate's bed rail. The outlet on the right side of the box did not have a corded call light extending from it.</p> <p>During an observation on 3/12/25 at 2:00 p.m., the interim nurse manager was unable to locate R2's call light.</p> <p>During an interview on 3/12/24 at 9:30 a.m., R2 stated he had not had a call light for several months. R2 stated he had spoken to maintenance about this issue at an unknown time and was told they would have to cut an extra hole in the wall in order to give him a call light. R2 stated the unnamed maintenance employee told him they would not do this and did not offer him a new call light. R2 stated he has been using his roommate's call light since he was told this. R2 stated when he has an incontinent episode at night, he wakes his roommate up and has her press the call light in order to get help from nursing staff.</p> <p>During an interview on 3/12/25 at 12:55 p.m., registered nurse (RN)-A stated if there was an issue with a resident's call light, she would contact their maintenance team to have it fixed immediately.</p> <p>During an interview on 3/12/25 at 1:13 p.m., RN-B stated call lights need to be functioning and within reach of a resident in their room. RN-B</p>	F 919		

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F 919	<p>Continued From page 3</p> <p>stated if a call light is malfunctioning, she can submit a work order or call their maintenance staff. RN-B stated if maintenance is not able to immediately fix the issue, they provide the resident with a bell to contact nursing staff.</p> <p>During an interview on 3/12/25 at 1:41 p.m., RN-C stated if a resident's call light is broken staff should contact maintenance staff. RN-C stated a functioning call light should always be within reach.</p> <p>During an interview on 3/12/25 at 1:46 p.m., nursing assistant (NA)-A stated if a resident's call light is not working he would tell the nurse immediately to have it serviced. NA-A stated if a resident call light is missing, he would report it to maintenance. NA-A stated a call light should be within reach of a resident.</p> <p>During an interview on 3/12/25 at 1:50 p.m., the interim nurse manager stated every resident gets a call light. The interim nurse manager stated if a call light is not working, they will call maintenance and get it serviced. The interim nurse manager stated they can either temporarily move the resident to a different room with a functioning call light, or give the resident a bell and implement regular rounding until the issue is resolved. The interim nurse manager stated R2 had not informed them there was an issue with his call light. The interim nurse manager stated she would submit a work order immediately.</p> <p>During an interview on 3/12/25 at 2:29 p.m., the interim nurse manager stated R2 has been supplied with a bell, and maintenance was in his room servicing the call light.</p>	F 919		

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F 919	<p>Continued From page 4</p> <p>On 3/12/25 at 3:38 p.m., the director of nursing (DON) stated when she entered R2's room, she only saw one cord coming from the call light box. The DON stated it is her expectation every resident has a functioning call light.</p> <p>During the exit conference on 3/12/25 at 4:10 p.m., the administrator stated R2's call light had been repaired.</p> <p>A facility policy titled "Call light" dated 5/2017, indicated every resident of the facility must be provided with a functioning accessible call light. The policy stated call lights are always left within reach of the resident. The policy stated call light issues must be reported to maintenance immediately.</p>	F 919		