



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 17, 2019

Administrator
Pleasant Manor LLC
27 Brand Avenue
Faribault, MN 55021

RE: Project Number H5090047C

Dear Administrator:

On September 4, 2019, an abbreviated standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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.

OPPORTUNITY TO CORRECT - DATE OF CORRECTION

The date by which the deficiencies must be corrected to avoid imposition of remedies is October 14, 2019.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable plan of correction (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 a revisit, determine correction and compliance by accepting 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:

- Discretionary denial of payment for new Medicare and Medicaid admissions (42 CFR 88.417 (a));
- Civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the 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" tag), i.e., the plan of correction should be directed to:

Susanne Reuss, Unit Supervisor
Metro C Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: susanne.reuss@state.mn.us
Phone: (651) 201-3793
Fax: (651) 215-9697

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 December 4, 2019 (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 March 4, 2020 (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) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, 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:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

Pleasant Manor LLC
September 17, 2019
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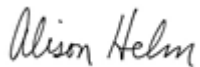
You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Alison Helm".

Alison Helm, Enforcement Specialist
Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4206
Email: alison.helm@state.mn.us

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

PRINTED: 09/30/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/04/2019
NAME OF PROVIDER OR SUPPLIER PLEASANT MANOR LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 27 BRAND AVENUE FARIBAULT, MN 55021		
(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 000	INITIAL COMMENTS On 9/4/19, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated: H5090047C The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document	F 684	Education provided regarding Policy and	9/27/19	

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

TITLE

(X6) DATE

Electronically Signed

09/27/2019

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 684	<p>Continued From page 1</p> <p>review the facility failed to ensure 1 of 2 resident's (R1) peripherally inserted central catheter (PICC) received proper care.</p> <p>Findings include:</p> <p>R1's diagnoses included osteomyelitis (bone infection) of vertebra and lower back pain, obtained from the admission record printed on 9/4/19.</p> <p>A concern report dated 8/28/19, indicated R1's PICC line was not cared for appropriately, and there was a date on the dressing indicating that the dressing had not been changed since 8/11/19. R1 was using the PICC for IV antibiotics due to bone infection.</p> <p>R1's physician order dated 8/2/19, indicated that R1 had an order for Ceftriaxone Sodium Solution Reconstituted 2 GM (gram) use 50 ml (milliliters) intravenously one time a day for bone/joint infection. Infuse 50 ml into venous catheter daily.</p> <p>R1's discharge summary from the hospital dated 8/1/19, indicated that the PICC line was placed on 7/29/2019 and that routine line care was to be completed and to discontinue the PICC after the completion of antibiotic therapy.</p> <p>On 9/4/19, at 1:47 p.m. during an interview with the administrator, the director of nursing (DON), the assistant director of nursing (ADON), license practical nurse (LPN) care coordinator, and the regional nurse consultant acknowledged that R1 was admitted to the hospital on 8/28/19, and that R1 did have a PICC for antibiotic therapy. The DON indicated that cares for the PICC could be found on the treatment record (TAR). After the</p>	F 684	<p>Procedures as they relate to IV/PICC line care, reviewed with all professional staff. All new IV/PICC line orders will be audited by Nursing Administration team to assure that the following orders are implemented;</p> <ul style="list-style-type: none"> • Every shift monitoring of IV/PICC site are observed for signs and symptoms of infection: redness, warmth, swelling or induration, change in pain, and/or drainage. • Dressing monitored every shift for placement, change as needed for displacement. • PICC line dressing change every 7 days and as needed • Flush PICC/IV line per protocol. <p>Audits will be ongoing as new admissions and new orders are received.</p>		

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

PRINTED: 09/30/2019
FORM APPROVED
OMB NO. 0938-0391

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F 684	<p>Continued From page 2</p> <p>ADON reviewed the TARs, the ADON stated "I don't see it." The DON reviewed the care plan for R1 and further indicated that there was no care plan for PICC cares. The DON indicated that cares of the PICC could be found on the MARs (medication administration record) and TARs. The DON further indicated that other than the MARs, TARs, and progress notes that there was nowhere else to indicate that R1 had a PICC dressing change following the 8/11/19 date. The DON further stated "I would look on the dressing itself for a date, if no date, then change the dressing, and if anything abnormal call the MD." The LPN care coordinator indicated that R1 should have continued getting the antibiotic until the end of the week of 9/2/19. The DON indicated that they have no proof if the PICC dressing was changed after 8/11/19.</p> <p>Standing order for transitional care revised on January 2018, indicated intravenous (IV) line management was to have routine IV line and site care per facility protocol.</p> <p>According to the Infusion Therapy: Clinical and Pharmacy Services Policies and Procedures for Long-Term Care dated April 2017, under the central venous catheter dressing changes section, it indicated to change transparent semi-permeable membrane dressings every 5 to 7 days and PRN (as needed) when wet, soiled or not intact.</p>	F 684			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 17, 2019

Administrator
Pleasant Manor LLC
27 Brand Avenue
Faribault, MN 55021

Re: State Nursing Home Licensing Orders - Project Number H5090047C

Dear Administrator:

The above facility was surveyed on September 4, 2019 through September 4, 2019 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes and to investigate complaint number H5090047C. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are

Pleasant Manor Llc
September 17, 2019
Page 2

the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

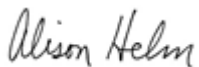
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Susanne Reuss, Unit Supervisor
Metro C Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: susanne.reuss@state.mn.us
Phone: (651) 201-3793
Fax: (651) 215-9697

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.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.



Alison Helm, Enforcement Specialist
Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4206
Email: alison.helm@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2019
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NAME OF PROVIDER OR SUPPLIER PLEASANT MANOR LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 27 BRAND AVENUE FARIBAULT, MN 55021
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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 9/4/19, an abbreviated survey was conducted to determine compliance of State licensure. Your facility was found NOT to be in compliance with the MN state licensure.</p> <p>The following complaint(s) were found to be</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
09/27/19

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2019
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NAME OF PROVIDER OR SUPPLIER PLEASANT MANOR LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 27 BRAND AVENUE FARIBAULT, MN 55021
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2 000	Continued From page 1 substantiated: H5090047C was found not to be in compliance at the time of the survey. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure 1 of 2 resident's (R1) peripherally inserted central catheter (PICC) received proper care. Findings include: R1's diagnoses included osteomyelitis (bone infection) of vertebra and lower back pain, obtained from the admission record printed on	2 830	Education provided regarding Policy and Procedures as they relate to IV/PICC line care reviewed with all professional staff. All new IV/PICC line orders will be audited by Nursing Administration team to assure that the following orders are implemented; • Every shift monitoring of IV/PICC site are observed for signs and symptoms of infection: redness, warmth, swelling or induration, change in pain, and/or	9/27/19

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2019
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2 830	<p>Continued From page 2</p> <p>9/4/19.</p> <p>A concern report dated 8/28/19, indicated R1's PICC line was not cared for appropriately, and there was a date on the dressing indicating that the dressing had not been changed since 8/11/19. R1 was using the PICC for IV antibiotics due to bone infection.</p> <p>R1's physician order dated 8/2/19, indicated that R1 had an order for Ceftriaxone Sodium Solution Reconstituted 2 GM (gram) use 50 ml (milliliters) intravenously one time a day for bone/joint infection. Infuse 50 ml into venous catheter daily.</p> <p>R1's discharge summary from the hospital dated 8/1/19, indicated that the PICC line was placed on 7/29/2019 and that routine line care was to be completed and to discontinue the PICC after the completion of antibiotic therapy.</p> <p>On 9/4/19, at 1:47 p.m. during an interview with the administrator, the director of nursing (DON), the assistant director of nursing (ADON), license practical nurse (LPN) care coordinator, and the regional nurse consultant acknowledged that R1 was admitted to the hospital on 8/28/19, and that R1 did have a PICC for antibiotic therapy. The DON indicated that cares for the PICC could be found on the treatment record (TAR). After the ADON reviewed the TARs, the ADON stated "I don't see it." The DON reviewed the care plan for R1 and further indicated that there was no care plan for PICC cares. The DON indicated that cares of the PICC could be found on the MARs (medication administration record) and TARs. The DON further indicated that other than the MARs, TARs, and progress notes that there was nowhere else to indicate that R1 had a PICC dressing change following the 8/11/19 date. The</p>	2 830	<p>drainage.</p> <ul style="list-style-type: none"> • Dressing monitored every shift for placement, change as needed for displacement. • PICC line dressing change every 7 days and as needed • Flush PICC/IV line per protocol. <p>Audits will be ongoing as new admissions and new orders are received.</p>	

Minnesota Department of Health

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2 830	<p>Continued From page 3</p> <p>DON further stated "I would look on the dressing itself for a date, if no date, then change the dressing, and if anything abnormal call the MD." The LPN care coordinator indicated that R1 should have continued getting the antibiotic until the end of the week of 9/2/19. The DON indicated that they have no proof if the PICC dressing was changed after 8/11/19.</p> <p>Standing order for transitional care revised on January 2018, indicated intravenous (IV) line management was to have routine IV line and site care per facility protocol.</p> <p>According to the Infusion Therapy: Clinical and Pharmacy Services Policies and Procedures for Long-Term Care dated April 2017, under the central venous catheter dressing changes section, it indicated to change transparent semi-permeable membrane dressings every 5 to 7 days and PRN (as needed) when wet, soiled or not intact.</p> <p>Suggested Method of Correction: The Director of Nursing or designee could review policies and procedures, train staff, and implement measures to assure residents are receiving the necessary treatment/services to prevent potential adverse events from occurring. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are implemented; to better ensure implementation of treatment.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number 245090	Provider/Supplier Name PLEASANT MANOR LLC
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Type of Survey (select all that apply):

A	K				
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- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life safety Code
- I Recertification
- J Sanction/Hearing
- K State License
- L Chow

Extent of Survey (Select all that apply):

D	A				
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- A Routine/Standard (all providers/suppliers)
- B Extended Survey (HHA or long term care facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's information number.

Surveyor Id Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 18622			0.00	0.00	0.00	0.00	2.00	0.00
2. Team Leader 41576	09-04-2019	09-04-2019	0.00	0.00	6.50	0.00	0.00	4.00
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Total Supervisory Review Hours 1.50
 Total Clerical/Data Entry Hours..... 2
 Was Statement of Deficiencies given to the provider on-site at completion of the survey? N