APPLICATION OF ALLIYAH HOWARD

NEVADA STATE BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS

REGULAR BOARD MEETING

NOVEMBER 18, 2026

BOARD STAFF'S DOCUMENTS FOR THE BOARD'S CONSIDERATION

NEVADA BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS
59 Damonte Ranch Parkway, Suite B 373
Reno, NV 89521
Phone: 775-384-1208
Fax: 775-384-1108
Email: beltca@beltca.nv.gov
Website: beltca.nv.gov

ADMINISTRATOR-IN-TRAINING (AIT) APPROVAL

AIT Name: Alliyah Howard

Address: 10550 Park Run Dr (Street) Las Vegas (City) NV (State) 89144 (Zip Code)

Telephone: 702-515-6200 **Cell:** 812-480-2716

Email: socialsvcsmanagement3@theheightsofsummerlin

AIT Program Outline:

Start Date: January 1, 2026

Training Hours: 40 per week

Training Facility: The Heights of Summerlin

Preceptor: Robbie D Williams

Preceptor Phone: 702-280-3992

Preceptor Email: administrator@theheightsofsummerlin

EVALUATION REPORTS: **Submit Monthly Report by the 15th day of the subsequent month. Submit AIT Certification of Program Completion within 10 days after the completion of the 1,000/1200 hour AIT training program.**

PROGRAM CHANGES: The Preceptor can make minor program changes in the AIT's training program.

You must inform BELTCA if you stop your program for 30 days or more, and request approval to restart the program.

APPLICATION: Your AIT Program must be completed and your evaluation submitted and approved by BELTCA prior to submitting an Application for Licensure.

Preceptor Signature [signature] **Date** 12-19-25

AIT Signature [signature] **Date** 12-19-25

BELTCA Approved by: [signature] **Date:** 12/19/25

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FOR LONG TERM CARE ADMINISTRATORS
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PRECEPTOR/ADMINISTRATOR-IN-TRAINING AGREEMENT

Date: December 18 20 25

I, Robbie D Williams , agree to the responsibilities of Preceptor

For: Alliyah Howard

Facility: The Heights of Summerlin at

Address: 10550 Park Run Blvd

Las Vegas (City) Nevada (State) 89144 (Zip)

Commencing: January 1 20 26

Pursuant to NAC 654.100, Section 2, Subsections (a) and (b), the AIT will complete at least 1000 hours of training in a period of not less than 20 weeks in the Five-Step Program Administrator-in-Training Internship Manual published by NAB. If the AIT has a Bachelor's or Master's degree in other than the administration of nursing facilities or the field of health care, an additional 200 hours as stated in NAC 654.100(2)(c)will be required.

I fully understand my responsibilities and course content areas for the Administrator-In Training program. I agree that providing the Board with false of misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

I further agree to inform the Board immediately if there is any change in this arrangement.

Signature of AIT Alliyah Howard Date: 12/18/2025 20 25

Printed Name

Signature of Preceptor Williams Date: 12-18 20 25

Printed Name Robbie D Williams

Reviewed by BELTCA Jennifer Van Curen Date: 12/19/ 20 25

Approved: Jennifer Van Curen Date: 12/19/ 20 25

AIT CERTIFICATION
OF
PROGRAM COMPLETION

Name of AIT: Alliyah (First) D (Middle) Howard (Last)

Place of Training: The Heights of Summerlin

Address: 10550 West Park Run Drive (Street) Las Vegas (City) NV (State)

Telephone: 812-480-2716

Date AIT began: 01/01/2026 **Completed:** 06/02/2026

1,000 Hour AIT - Number of weeks/hours spent in:

1. **RESIDENT CARE AND QUALITY OF LIFE:**
   - a. Nursing: 162
   - b. Medical/Patient Records: 40
   - c. Dietary: 81
   - d. Rehab Services: 40
   - e. Activity/Social Services: 40

2. **HUMAN RESOURCES:**
   - a. Human Resources: 40
   - b. Payroll/Benefits: 41
   - c. Staff Development: 80

3. **FINANCE:**
   - a. Business Office: 80
   - b. Central Supply Services: 80

4. **PHYSICAL ENVIRONMENT AND ATMOSPHERE:**
   - a. Environment Maintenance: 40
   - b. Housekeeping: 40
   - c. Laundry: 40

5. **LEADERSHIP AND MANAGEMENT:**

a. Administration 250

b. Additional Clinical Experience _____

200 Additional AIT Hours (if required):

a. Resident Care (65 hrs) _____

b. Personnel Management (45 hrs) _____

c. Financial Management (25 hrs) _____

d. Maintenance, Housekeeping & Laundry (25 hrs) _____

e. Administration (40 hrs) _____

TOTAL NUMBER OF WEEKS/HOURS IN AIT TRAINING PROGRAM: 22 Weeks/1,048

I, as Preceptor, certify that the AIT whose signature appears below has satisfactorily completed his/her AIT Program of 22 Weeks/1,048 **weeks/hours under my personal supervision.**

I also understand that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

Preceptor Signature

NV 0343

License Number

6-5-2026

Date

I, as AIT, have completed the AIT Program as described above, and understand that providing the Board with false or misleading information could result in my disqualification for licensure.

AIT Signature

6.5.2026 Date

Total as of 6/30: 1048

ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

Submit completed reports by the 15th day of the following month covered by the report. Both Preceptor and AIT must sign the report.

Name of AIT:	Preceptors Name:
Alliyah Howard	Robbie Williams

~~Training Dates Covered by this Report:~~

FROM: 06 (MM) 01 (DD) 26 (YY) TO: 06 (MM) 30 (DD) 26 (YY)

Name of Training Facility:	Phone No.
The Heights of Summerlin	702 515 6200

1. List assignments and departments with time spent in each: (You may use additional paper if needed.)
   Ex. Laundry Service-8hrs:Paticipated in laundry sanitation and developed a process for clothing identification

Central Supply Assisted with ordering supply and tracking vendor inventory
Review central supply tracking and compliance with facility procedures

2. Summary of learning experiences:

learning experiences in Central Supply operations with ordering supplies and tracking vendor inventory to ensure timely availability of items

3. Statement of any problems that arouse during the training:

No issues noted

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

None at this time

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5. n/a Visits outside the facility, educational conferences attended:

6. ***MONTHLY HOURS.*** *Enter the Month and dates and document the number of hours of training received for that day.*

MONTH OF						
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
	10	10				
						Total= 20

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING: Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by BELTCA or any of its personnel.

Signature of Administrator-in-Training — Date: 6/2/2026

PRECEPTOR : Under penalty of perjury, I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of Nursing Facility administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration. I understand that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

Signature of Preceptor — Date 6/2/2026

20 Hours: Central Supply June

10 Hours: Assisted with ordering supplies and tracking vendor deliveries.

10 Hours: Reviewed central supply tagging processes and DSSI inventory system records to ensure accuracy, proper tracking, and compliance with facility supply management procedures

Total as of 5/30: 1028

ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

Submit completed reports by the 15th day of the following month covered by the report. Both Preceptor and AIT must sign the report.

Name of AIT:	Preceptors Name:
Alliyah Howard	Robbie Williams

Training Dates Covered by this Report:

FROM: 05 (MM) 01 (DD) 26 (YY)

TO: 05 (MM) 30 (DD) 26 (YY)

Name of Training Facility:	Phone No.
The Heights of Summerlin	702 515 6200

1. List assignments and departments with time spent in each: (You may use additional paper if needed.)
   Ex. Laundry Service-8hrs:Paticipated in laundry sanitation and developed a process for clothing identification

Human Resource

7.5 Hours: Learning compliance, policies, and regulatory requirements at conference

12 Hours: Out of state conference with Robbie Training in leadership and supervisory responsibilities.

12 Hours: Out of state conference with Robbie Training in leadership and supervisory responsibilities.

8.5 Hours: Introducing new employees to organizational policies, resources, and support services

2. Summary of learning experiences:

Strengthened leadership and operational skills during the conference

3. Statement of any problems that arouse during the training:

No isses noted

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

Attending the leadership conference was a new and valuable experience that provided insight into effective healthcare management and organizational leadership.

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5. Visits outside the facility, educational conferences attended: New Gen Healthcare Administration Leadership Conference in Long beach

6. ***MONTHLY HOURS.*** *Enter the Month and dates and document the number of hours of training received for that day.*

MONTH OF						
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
x	x	x	x	x	12	12
12	12	12	12	12	12	12
4	12	12	12	8.5	10	
	x	12	12	12	12	12
						Total= 226.5

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING: Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by BELTCA or any of its personnel.

Signature of Administrator-in-Training

6/2/2026
Date

PRECEPTOR : Under penalty of perjury, I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of Nursing Facility administration. .I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration. I understand that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

Signature of Preceptor

Date 6/2/2026

Human Resource

7.5 Hours: Learning compliance, policies, and regulatory requirements at conference

12 Hours: Out of state conference with Robbie Training in leadership and supervisory responsibilities.

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12 Hours: Out of state conference with Robbie Training in leadership and supervisory responsibilities.

8.5 Hours: Introducing new employees to organizational policies, resources, and support services

40 Hours

Staff Development

12 Hours: Assisting with preparation and organization of employee education and training records for survey

12 Hours: Collaborating with nursing, social services, and human resources departments to maintain survey readiness.

12 Hours: Participating in survey meetings and helping gather requested records.

12 Hours: Developed and maintained Excel spreadsheets to track, reconcile, and document employee hours for payroll correction.

12 Hours: Supporting orientation and onboarding documentation for newly hired employees

12 Hours: Identified performance and compliance concerns within the HIM coordinated staff training to address identified deficiencies

4.5: Plan of Correction education and review

76.5 Hours

Administration

- 10 Hours: Observed/reviewed grievance investigations and participated in resolution tracking.

10 Hours

Central Supply

12 Hours: Received an introduction to Central Supply operations, including inventory management, supply distribution processes, and system documentation procedures

12 Hours: Reviewed central supply tagging processes

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12 Hours: Stocked with CS manager

12 Hours: Emergency storage review and Tag review

12 Hours: Participated in central supply for survey readiness and compliance review

60

Total as of 4/30: 801.50

ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

Submit completed reports by the 15th day of the following month covered by the report. Both Preceptor and AIT must sign the report.

Name of AIT:	Preceptors Name:
Alliyah Howard	Robbie Williams

Training Dates Covered by this Report:

FROM: 04 (MM) 01 (DD) 26 (YY) TO: 04 (MM) 30 (DD) 2026 (YY)

Name of Training Facility:	Phone No.
The Heights of Summerlin	702-515-6200

1. List assignments and departments with time spent in each: (You may use additional paper if needed.)
Ex. Laundry Service-8hrs:Paticipated in laundry sanitation and developed a process for clothing identification

Laundry -
3 Hours: Participated in linen collection and sorting
4 hours: Review of operating washer and dryers. Review on linen trap cleaning.
3 Folding and organzing clean linen operations
2 hours resident linen cleaning ,and distrubution
2 hour review on lanudry and chemical supply policy and supply management
1 Hour QAPI review for current and past months
2 hour unit delivery process
Continued on another page.

2. Summary of learning experiences:
During this rotation I was provided a learning oppurtunity to understand department operations, and standards. I was able to understand the importance of efficient workflow in supporting resident operations.

3. Statement of any problems that arouse during the training:
No issues at this time

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:
No issues noted at this time

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5. Visits outside the facility, educational conferences attended:
none at this time.

6. ***MONTHLY HOURS.*** *Enter the Month and dates and document the number of hours of training received for that day.*

MONTH OF						
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
			12	12	12	12
12	11	12	12	12	12	11
12	X	12	12	12	12	12
12	11	12	12	11	12	12
12	12	12	12	12		
						Total=344

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING: Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by BELTCA or any of its personnel.

Ashley Howard — 5/15/2026

Signature of Administrator-in-Training — Date

PRECEPTOR : Under penalty of perjury, I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of Nursing Facility administration. .I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration. I understand that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

[signature] — 5/15/2026

Signature of Preceptor — Date

Laundry
3 Hours - Participated in linen collection and sorting
4 hours - Review of operating washer and dryers. Review linen trap cleaning.
3 hours - Folding and organizing clean linen operations
2 hours - resident linen cleaning, and distribution
2 hour - review of laundry and chemical supply policy and supply management
1 hour - QAPI review for current and past months
2-hour unit delivery processes.

Laundry: 22 hours

Environmental Management:

6 Hours – Reviewed and observed daily environmental rounds and facility inspections to ensure cleanliness, safety, and regulatory compliance.

5 Hours – Reviewed and observed infection control and sanitation practices throughout the facility.

3 Hours – Reviewed and observed proper waste disposal and hazardous material handling procedures.

4 Hours – Reviewed and observed OSHA and safety compliance standards within the environmental services department.

5 Hours – Reviewed and observed preventive maintenance processes and coordination of repair requests.

3 Hours – Reviewed and observed work order tracking systems and follow-up procedures for facility maintenance needs.

3 Hours – Reviewed and observed emergency preparedness protocols and environmental safety procedures.

2 Hours – Reviewed and observed ground maintenance and overall facility appearance standards.

3 Hours -Reviewed and observed inventory management for environmental supplies and equipment.

3 Hours- Reviewed and observed staff workflow, scheduling, and departmental operations.

3 Hours-Reviewed and observed resident environmental safety audits and corrective action processes.

Environmental Management: 40 hours

House Keeping

6 Hours – Reviewed and observed daily environmental rounds and facility inspections to ensure cleanliness, safety, and regulatory compliance.

5 Hours – Reviewed and observed infection control and sanitation practices throughout the facility.

2.5 Hours – Reviewed and observed proper waste disposal and hazardous material handling procedures.

4 Hours – Reviewed and observed OSHA and safety compliance standards within the environmental services department.

5 Hours – Reviewed and observed preventive maintenance processes and coordination of repair requests.

3 Hours – Reviewed and observed work order tracking systems and follow-up procedures for facility maintenance needs.

3 Hours – Reviewed and observed emergency preparedness protocols and environmental safety procedures.

2 Hours – Review of outside maintenance safety and overall facility appearance standards.

3 Hours – Participated and observed inventory management for environmental supplies and equipment.

3 Hours – Reviewed and observed staff workflow, scheduling, and departmental operations.

3 Hours – Reviewed and observed resident environmental safety audits and corrective action processes.

Housekeeping 39.5

Nursing:

6 Hours – Observed resident care procedures and daily nursing operations within the facility.

5 Hours – Assisted with monitoring infection control practices and standard nursing precautions.

4 Hours – Observed medication administration processes and documentation procedures.

3 Hours – Participated in resident assessments and care planning discussions with the interdisciplinary team.

4 Hours – Observed admission, transfer, and discharge nursing procedures.

3 Hours – Assisted with monitoring of resident safety and fall prevention interventions.

3 Hours – Observed wound care procedures and skin integrity management practices.

4 Hours – Participated in nursing shift communication and clinical reporting processes.

3 Hours – Observed documentation practices within the electronic medical record system.

2 Hours – Assisted with reviewing nursing compliance standards and regulatory requirements.

3 Hours – Observed staffing coordination, workflow management, and daily nursing assignments.

Nursing: 52 Hours

Medical Records: 17

3 hours Chart audit reviewing completeness accuracy signatures and missing documentation
3 hours Admission record processing new resident files required forms consent packets
2 hours Discharge record completion and final chart reconciliation
2 hours Physician order review and verification POs MAR TAR alignment
2 hours MDS coordination support tracking assessments signatures scheduling deadlines
2 hours Incident report filing and follow up documentation in medical record
2 hours Record correction process addendums late entries documentation compliance
1 hour HIPAA privacy compliance review and chart security procedures

Administration 9 hours

9 Hours: Run standup meetings and follow up on all progress items. Speaking with staff regarding SVR policy and ensure they are prepared for the facility review.

REHABILITATION

4 hours Therapy schedule coordination and daily treatment tracking

4 hours Review of PT OT ST documentation progress notes and care plans

4 hours Observation of physical therapy sessions mobility training transfers and gait training

4 hours Observation of occupational therapy ADL training and functional independence activities

3 hours Speech therapy observation swallowing communication and cognitive therapy support

3 hours Review of rehabilitation goals interdisciplinary updates and progress evaluations

4 hours Restorative nursing program oversight range of motion ambulation and maintenance programs

4 hours Equipment review and safety checks walkers wheelchairs transfer devices positioning aids

4 hours Care plan meetings and interdisciplinary rehab team coordination

4 hours Documentation review compliance checks therapy notes billing alignment and chart accuracy

2 hours Resident progress tracking functional status updates and outcome monitoring

Total 40 hours

Payroll

5 Hours – Observed employee timekeeping processes and payroll data entry procedures.

4 Hours – Assisted with reviewing employee attendance records and correcting timecard discrepancies.

4 Hours – Observed payroll processing procedures and payroll system operations.

3 Hours – Assisted with verifying employee hours, overtime, and paid time off balances.

3 Hours – Observed payroll compliance procedures related to wage and hour regulations.

4 Hours – Assisted with organizing payroll records and maintaining employee payroll documentation.

3 Hours – Observed benefit deduction processing and payroll adjustment procedures.

3 Hours – Assisted with reviewing payroll reports for accuracy and completeness.

4 Hours – Observed communication processes regarding payroll questions and employee concerns.

3 Hours – Assisted with monitoring confidentiality and security procedures for payroll information.

4 Hours – Observed payroll workflow and processing

41 hours Payroll

Staff Development:

3.5 hours Staff development activities including review of training requirements mandatory in-services observation of education sessions and review of staff training records compliance tracking and education documentation

Business office

10 Hours – Observed business office daily operations including resident billing, collections, and account reconciliation processes.

8 Hours – Assisted with reviewing accounts receivable reports and monitoring outstanding balances and payer sources.

8 Hours – Observed Medicare/Medicaid billing procedures and claim submission processes.

7 Hours – Assisted with verifying resident census changes, admissions, and discharges for accurate billing.

7 Hours – Observed insurance verification and authorization tracking for resident coverage and services.

7 Hours – Assisted with processing payments, posting deposits, and maintaining financial records.

8 Hours – Observed month-end closing procedures and financial reporting activities.

7 Hours – Assisted with reviewing denied claims and preparing correction or resubmission documentation.

6 Hours – Observed resident trust account management and reconciliation procedures.

6 Hours – Assisted with maintaining billing compliance and documentation accuracy for regulatory requirements.

6 Hours – Observed communication with families, insurance providers, and internal departments regarding billing inquiries.

Business office 80

Laundry: 22
Environmental Management: 40
Housekeeping: 39.5
Nursing: 52
Medical Records: 17

Administration: 9
Rehabilitation: 40
Payroll: 41
Staff Development: 3.5
Business Office: 80

344 total

Total as of 3/31: 457.50

ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

Submit completed reports by the 15th day of the following month covered by the report. Both Preceptor and AIT must sign the report.

Name of AIT:	Preceptors Name:
Alliyah howard	Robbie Williams

Training Dates Covered by this Report:

FROM: 03 (MM) 01 (DD) 2026 (YY) TO: 03 (MM) 31 (DD) 2026 (YY)

Name of Training Facility:	Phone No.
The Heights of Summerlin	702-515-6200

1. List assignments and departments with time spent in each: (You may use additional paper if needed.)
Ex. Laundry Service-8hrs:Paticipated in laundry sanitation and developed a process for clothing identification

Medical Records - 23 hours

1 hour - Reviewed implemented processes for transfers and discharge documentation, including education on proper completion of required forms.

3 hours - Introduced Ruby Resources and reviewed medical records policies and procedures.

1.5 hours - Medical records education and review of departmental processes and expectations.

4.5 hours - QAPI audit tools development and implementation for Medical Records Department activities. CONTINUED NEXT PAGE

2. Summary of learning experiences:

These learning experiences provided comprehensive exposure to facility operations, including regulatory compliance, survey preparedness, QAPI processes, PDPM/Medicare reimbursement, and interdisciplinary coordination. They strengthened my understanding of leadership responsibilities, communication across departments.

3. Statement of any problems that arouse during the training:

No issues noted

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

n/a

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5. n/a Visits outside the facility, educational conferences attended:

*6.**MONTHLY HOURS.** Enter the Month and dates and document the number of hours of training received for that day.*

MONTH OF						
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
	8	8	8	8	8	7
9.5	9.5	10.5	8	8	8	8
8	4	8	8	8	8	2
	8	8	8	8	8	
	8	8				
						Total=210.5

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING: Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by BELTCA or any of its personnel.

Signature of Administrator-in-Training

4/15/2026
Date

PRECEPTOR : Under penalty of perjury, I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of Nursing Facility administration. .I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration. I understand that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

Signature of Preceptor

Date 4-15-2026

Medical Records –23 hours

1 hour – Reviewed implemented processes for transfers and discharge documentation, including education on proper completion of required forms.

3 hours – Introduced Ruby Resources and reviewed medical records policies and procedures.

1.5 hours – Medical records education and review of departmental processes and expectations.

4.5 hours – QAPI audit tools development and implementation for Medical Records Department activities.

3 hours – Assisted with survey preparation, including organizing medical records documentation.

3 hours – Provided required documents and support to surveyors during the survey process.

3 Hours – Review survey items with medical records and administrator

3 hours – Dialysis tracking education provided and implementation of tracking discussed with HIM.

1 hour – Unsigned order review completed; met with MDs for education on remote order entry and signature compliance.

Nursing – 87.5

1.5 hours – Reviewed all new admissions to ensure proper documentation, orders, and care plans were initiated.

1.5 hours – Reviewed and verified all new physician orders for accuracy and timely implementation.

1.5 hours – Attended new resident rounds to collaborate with the interdisciplinary team and address immediate needs or concerns.

1.5 hours – Monitored changes in resident condition and ensured appropriate documentation and provider notification.

1.5 hours – Provided education on follow-up of pending labs, diagnostics, and consults to ensure timely completion and review.

1.5 hours – Reviewed 24-hour report notes and most recent MD visits.

1.5 hours – Reviewed MAR, focusing on psychotropic medications and behavior monitoring.

0.5 hours – Reviewed orientation education.

0.5 hours – Attended care conferences with the Assistant Director of Nursing.

1.5 hours – Attended meetings with legal team members, administrator, and nursing team regarding an off-site incident and return to work implementation for a staff member.

1.5 hours – Reviewed care plan updates and met with new admissions.

1 hour – Provided education on tube feeding and IV administration; observed demonstrations.

1 hour – Attended safety/IP meeting and discussed infection control concerns observed.

8 hours – Provided education on transitioning elopement assessments to leave-of-absence assessments.

8 hours – Completed audit and scheduling of all resident elopement (LOA) assessments; reviewed risk status with IDT and documented findings.

8 hours – Initiated audit for all residents, including review of Narcan orders, care plans, drug usage, and pain management.

8 Hours: Completed opioid audit

4 hours – Completed new admission rounds and hospice care conferences.

4 hours – Participated in IDT meetings reviewing falls, psychotropic medications, weight triggers, and wounds, with implementation of interventions.

4 hours – Attended IP meeting and reviewed IP rounds forms.

4 hours – Attended behavioral health services in-services and behavior meetings.

1.5 hours – Attended Psychological CloudMind demo and discussion.

4 hours – Participated in weekly regional call reviewing IDT issues with regional clinical team, including intervention review and prior week follow-up.

2 hours – Reviewed IP forms and implemented interventions during facility rounds.

1.5 hours – Audited psych referrals to ensure all residents are being seen.

1.5 hours – Attended new resident rounds to assess needs and issues upon admissions

1.5 hours: meet with director of nursing regarding SVR result and implementation on interventions

1.5 hours – Reviewed nursing staff-to-patient ratios during meetings.

1.5 hours – Provided education and review on charting completion (nursing notes, ADLs, TAR/MAR) during clinical meetings.

4 hours – Completed discharge reviews and participated in PDPM meetings.

4 hours – Conducted psychotropic medication review, including current behaviors and GDR (gradual dose reduction).

Dietary: 23.5 hrs

2 hours – Assisted with maintaining cleanliness and sanitation of the kitchen.

2 hours – Assisted with meal tray line oversight to ensure accuracy of resident meal delivery.

7 hours – Participated in dietary staff communication and shift handoffs.

9.5 hours – Observed and assisted with daily kitchen operations, including meal preparation and service.

2 hours – Assisted with tracking and documentation for dietary audits and QAPI initiatives.

0.5 hours – Observed and supported dietary manager in menu planning and substitutions.

0.5 hours – Provided education on compliance with diet orders, texture modifications, and special dietary needs.

Laundry: 10 hrs

3 hours – Laundry duties performed, including sorting, washing, drying, and folding resident linens and clothing.

0.5 hours – Assisted with laundry tasks and maintained clean linen flow.

6 hours – Completed laundry operations, including processing resident clothing and facility linens.

0.5 hours – Supported laundry services and ensured proper handling of soiled and clean items.

Administration 67 hours

6.5 hours – Leadership meeting and review of previous survey findings.

5.5 hours – Reviewed workplace injury policy and observed discussion regarding workplace injury.

6.5 hours – PDPM/Medicare reimbursement reviews.

6.5 hours – Follow-up meeting with Medical Records Director, Housekeeping Manager, and Ombudsman regarding concerns.

2.5 hours – SVR in-house survey activities completed.

1 hour – SVR in-house survey review completed.

1 hour – Review of kitchen walkthrough with Administrator.

4 hours – Strategic call and census review.

4 hours – Social Services systems overview presented by Regional Social Services Director.

1 hour – AIT weekly touch base with Administrator and Regional Vice President of Operations.

2.5 hours – Discussion and follow-up on linen project with Maintenance Director.

2.5 hours – Meeting with Human Resources, Regional leadership, and Vice President of Operations regarding resident request for bonus.

2 hours – QAPI meeting review with Administrator and staff participation.

3.5 hours – Medicare benefits training completed.

3.5 hours – Meeting with MD regarding delayed discharge orders resulting in facility cost concerns.

3.5 hours – Survey discussion with surveyors and administrators during in-house annual audit.

3.5 hours – Allegation of abuse investigation and submission

3 Hours - Attended and scheduled risk call regarding allegation of abuse.

4 hours – Morning census review and team meeting regarding survey preparation and plan of correction.

Total as of 2/28: 247

ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

Submit completed reports by the 15th day of the following month covered by the report. Both Preceptor and AIT must sign the report.

Name of AIT:	Preceptors Name:
Alliyah Howard	Robbie Williams

Training Dates Covered by this Report:

FROM: 02 (MM) 01 (DD) 26 (YY) TO: 02 (MM) 28 (DD) 26 (YY)

Name of Training Facility:	Phone No.
The Heights of Summerlin	702-515-6200

1. List assignments and departments with time spent in each: (You may use additional paper if needed.)
Ex. Laundry Service-8hrs:Paticipated in laundry sanitation and developed a process for clothing identification

Kitchen

2.5 hours - Observed skilled nursing facility kitchen operations, including meal preparation, tray line service, and sanitation. Reviewed food storage, labeling, and temperature monitoring. Learned the importance of following resident diet orders and therapeutic diet compliance.

2.5 hours - Observed meal preparation workflow and tray service accuracy. Discussed procedures for ensuring resident centered diets are met and reviewed infection control standards in the kitchen. Assisted with dishes.

8.5 hours - Observed kitchen operations including meal service, tray accuracy checks, sanitation procedures, staff workflow, and food storage/labeling practices. Monitored refrigerator and freezer temperatures and reviewed corrective actions for food safety issues. Learned about food safety protocols, regulatory compliance, and the role of dietary staff in resident care. Assisted with dishes.

4.0 hours - Observed equipment cleaning, end of ay sanitation, and proper food handling procedures. Reviewed policies on food labeling, storage, and infection control. Learned best practices for maintaining dietary compliance in skilled nursing facilities. Assisted with dishes.

Continued on another page.

2. Summary of learning experiences:

During these rotations, I observed how interdisciplinary collaboration supports resident safety, regulatory compliance, and quality care in a skilled nursing facility. I learned how daily operations across dietary, nursing, and administration follow policies, infection control standards, and regulatory requirements. These experiences strengthened my understanding of facility operations, PDPM processes, care planning, and quality improvement.

3. Statement of any problems that arouse during the training:

n/a

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

Mentor Robbie identified communication and PDPM issues, provided in-services to the interdisciplinary team, and I observed the return demonstration.

NAB103 rev 5/15

5. Visits outside the facility, educational conferences attended: N/A

*6.**MONTHLY HOURS.** Enter the Month and dates and document the number of hours of training received for that day.*

MONTH OF						
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
	8	8	8	8	8	
	8	8	8	8	8	
	8	8	8	8	8	
	8.5	6.5	8	8	8	
						Total= 159

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING: Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by BELTCA or any of its personnel.

Signature of Administrator-in-Training — Date: 3/13/2026

PRECEPTOR : Under penalty of perjury, I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of Nursing Facility administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration. I understand that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

Signature of Preceptor — Date: 3/13/2026

Dietary 2.5 hours - Observed skilled nursing facility kitchen operations, including meal preparation, tray line service, and sanitation. Reviewed food storage, labeling, and temperature monitoring. Learned the importance of following resident diet orders and therapeutic diet compliance.

2.5 hours - Observed meal preparation workflow and tray service accuracy. Discussed procedures for ensuring resident centered diets are met and reviewed infection control standards in the kitchen. Assisted with dishes.

8.5 hours - Observed kitchen operations including meal service, tray accuracy checks, sanitation procedures, staff workflow, and food storage/labeling practices. Monitored refrigerator and freezer temperatures and reviewed corrective actions for food safety issues. Learned about food safety protocols, regulatory compliance, and the role of dietary staff in resident care. Assisted with dishes.

4.0 hours - Observed equipment cleaning, end of ay sanitation, and proper food handling procedures. Reviewed policies on food labeling, storage, and infection control. Learned best practices for maintaining dietary compliance in skilled nursing facilities. Assisted with dishes.

Nursing:

1.5 hours - Participated in the PDPM meeting with the ADON, DON, and infection disease nurse. Observed discussion of resident care, safety, and regulatory compliance. Assisted with reviewing catheter orders, appropriate diagnoses, psychotropic medications, and consent forms.

1.5 hours - Observed morning meeting where falls from the prior day were reviewed, census was discussed, and payer sources were verified. Reviewed changes in resident conditions during the daily clinical meeting.

1.5 hours - Participated in care conferences with patients and families for quarterly reviews and new admissions. Observed the ADON printing medication lists, ensuring families or representatives received copies, and discussing care plans, discharge plans, and potential barriers with the case management and business office staff present during pdpm.

1.5 hours - Observed Clinical, PDPM and safety meetings, focusing on interdisciplinary collaboration between nursing, case management, and business office staff.

1.5 hours - Observed PDPM meetings and morning clinical reviews. Reviewed resident changes in condition and updates to care plans.

1.5 hours - Observed interdisciplinary discussions regarding resident care, falls, and regulatory compliance. Participated in reviewing consents and psychotropic medications.

1.5 hours- Observed daily clinical meetings reviewing new admissions, changes in condition, and care planning updates. Assisted in documenting observations.

1.5 hours-Participated in care conferences and interdisciplinary meetings with nursing, ADON, DON, and business office staff. Reviewed medication lists and care/discharge plans.

1.5 hours-Observed PDPM meetings and safety reviews. Discussed potential barriers for residents and family communication processes.

1.5 hours - Observed morning clinical meetings, PDPM reviews, and care conference preparation for new admissions with Director of Nursing.

1.5 hours- Observed daily safety and clinical meetings, including review of resident falls, condition changes, and interdisciplinary communication.

1.5 hours- Participated in care conferences with families, reviewed medications, and observed ADON's workflow in ensuring documentation compliance.

1.5 hours - Observed PDPM meetings, safety discussions, and review of census and payer source alignment.

1.5 hours- Participated in morning meetings, clinical reviews, and care planning discussions for residents with new or changing conditions.

1.5 hours - Observed PDPM meetings and interdisciplinary care planning. Assisted with reviewing medication lists, consents, and care/discharge plans with families and case management.

Administration: 124 Hours

8 hr Completed daily facility rounds. Learned foundational concepts of QAPI 101, focusing on quality assurance and performance improvement processes relevant to administrative oversight. Reviewed the previous month's outcomes. Attended morning leadership meeting to discuss census, departmental activity, and resident outcomes. Reviewed F-Tags applicable to long-term care compliance.

6.5 hr Conducted facility rounds. Attended daily leadership meeting and participated in care conferences and PDPM meetings. Reviewed F-Tags and discussed regulatory implications for resident care.

6.5 hr Completed daily facility rounds. Reviewed the first month of the AIT program and overall structure. Participated in AIT program overview and QA discussion with regional resources to understand administrative management and reporting responsibilities.

6.5 hr Conducted facility rounds. Attended morning leadership meeting reviewing census and departmental updates. Discussed CIC reporting procedures, follow-up actions, and reviewed previous survey findings.

6.5 hr Completed daily rounds. Participated in leadership meeting covering census, staffing, and daily departmental outcomes. Joined IDT rounds for newly admitted residents to review initial assessments and care planning.

6.5 hr Observed operational rounds. Attended morning leadership meeting with department heads. Observed resident care planning processes and documentation practices.

6.5 hr Completed facility operational rounds. Attended morning leadership meeting and interdisciplinary care plan meeting. Observed coordination among nursing, therapy, and social services departments. Reviewed care plan documentation requirements.

6.5 hr Observed discharge planning for short-term rehabilitation residents. Reviewed coordination of services with external providers, including home health agencies and transportation services.

6.5 hr Attended meeting with regional team and in-house directors to review rehospitalizations, pressure injuries, psychotropic prescriptions, falls, resident weights, audits, discharges, nursing documentation, tray accuracy, infection control, and care conferences.

6.5 hr Reviewed employee handbook policies and disciplinary procedures. Completed daily facility rounds. Attended morning leadership meeting with department heads.

6.5 hr Participated in QAPI activities, including leadership meetings, reviewing adverse events through root cause analyses, assisting in development of performance improvement plans, and reviewing new QAPI regulations and policies.

6.5 hr - Attended interdisciplinary behavioral meeting reviewing psychotropic medication use, Gradual Dose Reduction (GDR) compliance, and behavioral management programs. Observed behavior monitoring documentation and non-pharmacological interventions. Participated in interdisciplinary collaboration to support safe medication management and regulatory compliance.

4 hr Reviewed facility census and staffing levels. Reviewed long-term care F-Tags and discussed compliance requirements.

4 hr Conducted facility safety rounds and daily operational rounds. Assisted at reception and observed workflow coordination.

6.5 hrReviewed 30-day notice evaluations. Participated in care conferences with Business Office and Administrator regarding resident non-payment issues and follow-up actions.

6.5 hr Attended morning leadership meeting to review census, staffing, and resident care updates. Met with a newly admitted resident to assess their first night in the facility and adjustment to the environment. Discussed feedback w/ nursing and social services to ensure resident needs were addressed and care planning interventions implemented.

6.5 hr evaluated behavioral symptoms and psychotropic medication effectiveness. Reviewed facility quality measures related to psychotropic drug use and observed interdisciplinary collaboration to ensure resident safety and regulatory compliance. Conducted facility safety rounds and daily operational rounds.

6.5 hr Participated in morning leadership meeting to review resident census, staffing coverage, and ongoing care updates.

Total Dietary Hours: 17.5

Total Nursing Hours: 22.5

Total Administration Hours: 124

Total as of 1/31 98 Hours

ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

Submit completed reports by the 15th day of the following month covered by the report. Both Preceptor and AIT must sign the report.

Name of AIT:	Preceptors Name:
Alliyah Howard	Robbie Williams

Training Dates Covered by this Report:

FROM: 1 (MM) 1 (DD) 2026 (YY) TO: 1 (MM) 31 (DD) 2026 (YY)

Name of Training Facility:	Phone No.
The Heights of Summerlin	702-515-6200

1. List assignments and departments with time spent in each: (You may use additional paper if needed.)
   Ex. Laundry Service-8hrs:Paticipated in laundry sanitation and developed a process for clothing identification

Department of Housekeeping and Laundry: 8 hours
8 Hours Housekeeping/Laundry: Conducted initial environmental services rounds reviewing resident room cleanliness, including floors, bathrooms, beds, blinds, clutter, and dust. Participated in an initiative to implement secured linen storage cabinets to reduce patient hoarding and prevent family removal of facility linen.
Housekeeping/Laundry: Conducted daily inspection rounds on each floor, inspecting hallways, dining rooms, gathering areas, and public and staff restrooms to ensure floors were clean and areas were odor free. Housekeeping/Laundry: Conducted daily inspection rounds on each floor and reviewed the deep clean schedule with staff, inspecting assigned rooms to confirm completion of deep cleaning tasks.
Housekeeping/Laundry: Conducted daily inspection rounds on each floor and observed deep cleaned rooms to verify cleaning of bedside tables and detailed bathroom sanitation.
Housekeeping/Laundry: Conducted daily inspection rounds on each floor and evaluated housekeeping staff competencies, including chemical use, high area cleaning, and adherence to the deep clean schedule.
Housekeeping/Laundry: Observed isolation and Enhanced Barrier Precautions cleaning to confirm proper PPE use and infection control practices.
Housekeeping/Laundry: Monitored staff hand hygiene during cleaning tasks and conducted conversational interviews to assess understanding of isolation precautions. Housekeeping/Laundry: Reviewed laundry operations, including lint control procedures, visual checks, log documentation, and received education from the Director of Housekeeping and Laundry regarding the linen PAR system and monthly inventory counts.
Hours Housekeeping/Laundry: Participated in daily environmental cleanliness reviews and addressed identified issues with housekeeping staff, including incomplete cleaning of fans and bookshelves. Hours Housekeeping/Laundry: Met with the Director of Housekeeping and Laundry to review department operations, staffing, quality concerns, and improvement plans for discussion in QAPI.
Department of Social Services/Activities: 1 Week
8 Hours Social Services/Activities: Conducted in room resident rounding to obtain activity preferences and completed activity interviews with discharged residents. Reviewed Resident Council meeting minutes with council members and staff to ensure the December meeting was properly closed.
8 Hours Social Services/Activities: Participated in daily clinical and stand up meetings with staff. Retrieved January Resident Council minutes and provided copies to department heads for followup.
8 Hours Social Services/Activities: Participated in new resident rounds to gather preferences and discharge plans. Attended daily IDT team meetings, including case manager discussions, to review discharge planning.
8 Hours Social Services/Activities: Participated in resident cafe hour and quarterly care conferences. Reviewed social services and activity department policies to ensure compliance with federal, state, and facility regulations. Audited POLST forms and orders.
8 Hours Social Services/Activities: Observed creation of discharge plans with residents. Audited transportation logs and tracked MD requested appointments/followups, communicating updates with the administrator and nursing team.
Administration: 1 week completed
8 Hours Administration: Audited the 2025 QAPI binder and created new forms for 2026. Assisted in collecting forms from department heads, analyzing data, and reporting QAPI materials. Participated in new room admission rounds.
8 Hours Administration: Reviewed previous survey reports and implemented followup corrective actions for missing QAPI items. Discussed disciplinary followup and compliance regarding transportation issues. Participated in new room admission rounds.
8 Hours Administration: Participated in meetings with the Administrator, Dietary department, in-house kitchen manager, and their regional team to resolve kitchen issues. Follow up on cleanliness and deep cleaning initiatives created by the Administrator.
8 Hours: Participated in daily leadership meetings and discussed resident requests, including maintenance needs to remove front facility carpeting, attended safety meetings, and met regarding facility operations for upcoming surveys, and mock survey scheduled for March.
8 Hours: Conducted final rounding of facility for demolition of nursing nooks to add locked storage for linen. Participated in new room admission rounds.

2. Summary of learning experiences:

This experience strengthened my understanding of housekeeping, and laundry operations, infection control standards, and the importance of consistent monitoring to ensure a clean, safe, and compliant environment for all. I gained insight into IDT collaboration through participation in resident rounding, care conferences, discharge planning, and Resident Council processes, reinforcing the value of resident-centered care and effective communication. Additionally, I developed a deeper appreciation for administrative oversight through involvement in QAPI audits, survey preparedness, policy review, and performance improvement initiatives that support overall facility quality and regulatory compliance.

3. Statement of any problems that arouse during the training:

No issues during this rotation

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

N/a

NAB103 rev 5/15

5. Visits outside the facility, educational conferences attended:
None during this rotation

6. ***MONTHLY HOURS.*** *Enter the Month and dates and document the number of hours of training received for that day.*

MONTH OF						
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
				4		
				4		
	8	8	8	8	8	
		8		8	8	
		8		8		
						Total=88

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING: Under penalty of perjury, I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by BELTCA or any of its personnel.

Allyson Howard — Signature of Administrator-in-Training

2-23-2026 — Date

PRECEPTOR : Under penalty of perjury, I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of Nursing Facility administration. .I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration. I understand that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

Signature of Preceptor

Date 2-23-26

NEVADA BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS
59 Damonte Ranch Parkway, Suite B 373
Reno, Nevada 89521
Phone: 775-384-1208
Fax: 775-384-1108
E-mail: beltca@beltca.nv.gov
Website: beltca.nv.gov

PRECEPTOR/ADMINISTRATOR-IN-TRAINING AGREEMENT

Date: December 18 20 25

I, Robbie D Williams , agree to the responsibilities of Preceptor

For: Alliyah Howard at

Facility: The Heights of Summerlin

Address: 10550 Park Run Blvd

Las Vegas (City) Nevada (State) 89144 (Zip)

Commencing: January 1 20 26

Pursuant to NAC 654.100, Section 2, Subsections (a) and (b), the AIT will complete at least 1000 hours of training in a period of not less than 20 weeks in the Five-Step Program Administrator-in-Training Internship Manual published by NAB. If the AIT has a Bachelor's or Master's degree in other than the administration of nursing facilities or the field of health care, an additional 200 hours as stated in NAC 654.100(2)(c)will be required.

I fully understand my responsibilities and course content areas for the Administrator-In Training program. I agree that providing the Board with false of misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

I further agree to inform the Board immediately if there is any change in this arrangement.

Signature of AIT Alliyah Howard Date: 12/18/2025 20 25

Printed Name

Signature of Preceptor Williams Date: 12-18 20 25

Printed Name Robbie D Williams

Reviewed by BELTCA Jennifer Van Curen Date: 12/19/ 2025

Approved: Jennifer Van Curen Date: 12/19/ 2025

NEVADA BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS
59 Damonte Ranch Parkway, Suite B 373
Reno, NV 89521
Phone: 775-384-1208
Fax: 775-384-1108
Email: beltca@beltca.nv.gov
Website: beltca.nv.gov

ADMINISTRATOR-IN-TRAINING (AIT) APPROVAL

AIT Name: Alliyah Howard

Address: 10550 Park Run Dr (Street) Las Vegas (City) NV (State) 89144 (Zip Code)

Telephone: 702-515-6200 **Cell:** 812-480-2716

Email: socialsvcsmanagement3@theheightsofsummerlin

AIT Program Outline:

Start Date: January 1, 2026

Training Hours: 40 per week

Training Facility: The Heights of Summerlin

Preceptor: Robbie D Williams

Preceptor Phone: 702-280-3992

Preceptor Email: administrator@theheightsofsummerlin

EVALUATION REPORTS: **Submit Monthly Report by the 15th day of the subsequent month. Submit AIT Certification of Program Completion within 10 days after the completion of the 1,000/1200 hour AIT training program.**

PROGRAM CHANGES: The Preceptor can make minor program changes in the AIT's training program.

You must inform BELTCA if you stop your program for 30 days or more, and request approval to restart the program.

APPLICATION: Your AIT Program must be completed and your evaluation submitted and approved by BELTCA prior to submitting an Application for Licensure.

Preceptor Signature [signature] **Date** 12-19-25

AIT Signature [signature] **Date** 12-19-25

BELTCA Approved by: [signature]

Date: 12/19/25

Period Start Date	Period End Date	Pay Period Hours Worked		AIT Report Hours Reported		Discrepency	
6/1/26	6/15/26	-					
	MONTHLY TOTAL	**-**		**20**		0	She only worked 2 AIT days in June for 20 hours
5/16/26	5/31/26		78.67				
5/1/26	5/15/26		86.67				
	MONTHLY TOTAL	**165.34**		**226.5**		61.16	
4/16/26	4/30/26		86.67				
4/1/26	4/15/26		78.67				
	MONTHLY TOTAL	**165.34**		**344**		178.66	
3/16/26	3/31/26		86.67				
3/1/26	3/15/26		86.67				
	MONTHLY TOTAL	**173.34**		**210.5**		37.16	
2/16/26	2/28/26		101.34				
2/1/26	2/15/26		64				
	MONTHLY TOTAL	**165.34**		**159**		6.34	
1/16/26	1/31/26		86.67				
1/1/26	1/15/26		78.67				
	MONTHLY TOTAL	**165.34**		**88**		77.34	
			834.7		**1048**		

July 15, 2026

Board of Examiners for Long Term Care Administrators (BELTCA)
6170 Mae Anne Avenue, Suite 1
Reno, NV 89523

Re: Response to Complaint Letter Dated June 16, 2026, and Email dated 7/6/2026

Dear Members of the Board:

I write in response to the complaint letter dated June 16, 2026. My objective is to provide a clear and accurate account of the relevant events and my role as a Nevada-licensed Nursing Home Administrator.

I have been a licensed Nevada Nursing Home Administrator since 1998.

On December 19, 2025, BELTCA approved Alliyah Howard for the Administrator-in-Training (AIT) program and the Preceptor/Administrator-in-Training Agreement for The Heights of Summerlin, with the program beginning January 1, 2026. Ms. Howard's AIT training addressed the five Domains of Practice at The Heights of Summerlin.

In April 2026, I received a call from Katelyn Maximuik, Vice President of Operations, requesting that Ms. Howard assist in the Social Services Department at St. Joseph Transitional Rehabilitation Center (STJ). On May 22, 2026, I was informed by Ms. Athelda Abrams, DON at STJ, that Mr. Doug Sinclair was questioning Ms. Howard's role; Ms. Howard was present at STJ to assist in Social Services and was not serving in an AIT capacity at that facility, and she was receiving direction from Ms. Maximuik.

Additional complaints dated June 17 through June 22, 2026, were made while I was on vacation. During my absence, Ms. Maximuik provided leadership support and direction to Ms. Howard, and Ms. Howard was not acting as the Administrator.

The complaints were investigated by the Organization's Compliance Officer, Vice President of Operations, Human Resources, the Chief Operating Officer, and me.

I respect and follow the Organization's and BELTCA's codes of conduct, and in this matter, I did not act unprofessionally or irresponsibly as a Licensed Nevada NHA.

I appreciate the Board's attention to this response and remain available to provide any additional information the Board may require.

Respectfully submitted,

Robbie D. Williams, Ed.D,
Licensed Nursing Home Administrator
NV0343

Attachments

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	06/01/2026
Period End Date	06/15/2026
Pay Date	06/25/2026
Document	248894785
Net Pay	**$2,218.44**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$1,018.47
Hourly Sick	0.000000	$0.0000	$0.00	$339.49
Regular Pay	0.000000	$0.0000	$0.00	$622.54
Regular Pay	86.670000	$42.4360	$3,677.93	$41,815.17
Sick Pay	0.000000	$0.0000	$0.00	$339.49

Total Hours Worked 86.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term Life	$0.31	No	$0.31	$3.72	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$1,123.22	$197.07	$2,364.84
Hum Vision 200	$4.78	Yes	$4.78	$57.10	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$256.56	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($7,999.68)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$9,600.00	$0.00	$0.00
UKG Wallet Adj	$752.98	No	$752.98	$5,076.35	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$2,808.52
Employee Medicare	$2,757.01	$39.98	$479.93
Social Security Employee Tax	$2,757.01	$170.93	$2,052.09

Paid Time Off

Plan	Current	Balance
Sick	2.8833	34.8833
Vacation	3.3333	66.6833

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,218.44
Total		$2,218.44

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.92	$1,007.57	**$2,218.44**
YTD	$44,135.16	$33,098.28	$5,340.54	$8,117.27	$30,677.35

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	05/16/2026
Period End Date	05/31/2026
Pay Date	06/10/2026
Document	244158704
Net Pay	**$2,227.92**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	8.000000	$42.4363	$339.49	$1,018.47
Hourly Sick	0.000000	$0.0000	$0.00	$339.49
Regular Pay	0.000000	$0.0000	$0.00	$622.54
Regular Pay	78.670000	$42.4360	$3,338.44	$38,137.24
Sick Pay	0.000000	$0.0000	$0.00	$339.49

Total Hours Worked 78.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term LIfe	$0.31	No	$0.31	$3.41	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$1,028.46	$197.07	$2,167.77
Hum Vision 200	$4.78	Yes	$4.78	$52.32	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$235.18	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($7,333.04)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$8,800.00	$0.00	$0.00
UKG Wallet Adj	$743.49	No	$743.49	$4,323.37	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$2,567.51
Employee Medicare	$2,757.01	$39.98	$439.95
Social Security Employee Tax	$2,757.01	$170.94	$1,881.16

Paid Time Off

Plan	Current	Balance
Sick	0.0000	32.0000
Vacation	3.3333	63.3500

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,227.92
Total		$2,227.92

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.93	$998.08	**$2,227.92**
YTD	$40,457.23	$30,341.27	$4,888.62	$7,109.70	$28,458.91

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	05/01/2026
Period End Date	05/15/2026
Pay Date	05/22/2026
Document	240915700
Net Pay	**$2,817.94**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$678.98
Hourly Sick	0.000000	$0.0000	$0.00	$339.49
Regular Pay	0.000000	$0.0000	$0.00	$622.54
Regular Pay	86.670000	$42.4360	$3,677.93	$34,798.80
Sick Pay	0.000000	$0.0000	$0.00	$339.49

Total Hours Worked 86.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term Life	$0.31	No	$0.31	$3.10	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$933.70	$197.07	$1,970.70
Hum Vision 200	$4.78	Yes	$4.78	$47.54	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$213.80	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($6,666.40)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$8,000.00	$0.00	$0.00
UKG Wallet Adj	$153.49	No	$153.49	$3,579.88	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$2,326.50
Employee Medicare	$2,757.01	$39.97	$399.97
Social Security Employee Tax	$2,757.01	$170.93	$1,710.22

Paid Time Off

Plan	Current	Balance
Sick	0.0000	32.0000
Vacation	3.3333	60.0167

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,817.94
Total		$2,817.94

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.91	$408.08	**$2,817.94**
YTD	$36,779.30	$27,584.26	$4,436.69	$6,111.62	$26,230.99

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	04/16/2026
Period End Date	04/30/2026
Pay Date	05/08/2026
Document	238126897
Net Pay	**$2,971.41**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$678.98
Hourly Sick	0.000000	$0.0000	$0.00	$339.49
Regular Pay	0.000000	$0.0000	$0.00	$622.54
Regular Pay	86.670000	$42.4360	$3,677.93	$31,120.87
Sick Pay	0.000000	$0.0000	$0.00	$339.49

Total Hours Worked 86.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term LIfe	$0.31	No	$0.31	$2.79	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$838.94	$197.07	$1,773.63
Hum Vision 200	$4.78	Yes	$4.78	$42.76	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$192.42	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($5,999.76)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$7,200.00	$0.00	$0.00
UKG Wallet Adj	$0.00	No	$0.00	$3,426.39	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$2,085.49
Employee Medicare	$2,757.01	$39.98	$360.00
Social Security Employee Tax	$2,757.01	$170.94	$1,539.29

Paid Time Off

Plan	Current	Balance
Sick	0.0000	32.0000
Vacation	3.3333	56.6833

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,971.41
Total		$2,971.41

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.93	$254.59	**$2,971.41**
YTD	$33,101.37	$24,827.25	$3,984.78	$5,703.54	$23,413.05

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	04/01/2026
Period End Date	04/15/2026
Pay Date	04/24/2026
Document	238120804
Net Pay	**$2,217.93**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$678.98
Hourly Sick	8.000000	$42.4363	$339.49	$339.49
Regular Pay	0.000000	$0.0000	$0.00	$622.54
Regular Pay	78.670000	$42.4360	$3,338.44	$27,442.94
Sick Pay	0.000000	$0.0000	$0.00	$339.49

Total Hours Worked 78.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term Life	$0.31	No	$0.31	$2.48	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$744.18	$197.07	$1,576.56
Hum Vision 200	$4.78	Yes	$4.78	$37.98	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$171.04	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($5,333.12)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$6,400.00	$0.00	$0.00
UKG Wallet Adj	$753.49	No	$753.49	$3,426.39	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$1,844.48
Employee Medicare	$2,757.01	$39.98	$320.02
Social Security Employee Tax	$2,757.01	$170.93	$1,368.35

Paid Time Off

Plan	Current	Balance
Sick	0.0000	32.0000
Vacation	3.3333	53.3500

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,217.93
Total		$2,217.93

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.92	$1,008.08	**$2,217.93**
YTD	$29,423.44	$22,070.24	$3,532.85	$5,448.95	$20,441.64

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	03/16/2026
Period End Date	03/31/2026
Pay Date	04/10/2026
Document	238114747
Net Pay	**$2,971.43**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$678.98
Regular Pay	0.000000	$0.0000	$0.00	$622.54
Regular Pay	86.670000	$42.4360	$3,677.93	$24,104.50
Sick Pay	0.000000	$0.0000	$0.00	$339.49

Total Hours Worked 86.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term Life	$0.31	No	$0.31	$2.17	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$649.42	$197.07	$1,379.49
Hum Vision 200	$4.78	Yes	$4.78	$33.20	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$149.66	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($4,666.48)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$5,600.00	$0.00	$0.00
UKG Wallet Adj	$0.00	No	$0.00	$2,672.90	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$1,603.47
Employee Medicare	$2,757.01	$39.97	$280.04
Social Security Employee Tax	$2,757.01	$170.93	$1,197.42

Paid Time Off

Plan	Current	Balance
Sick	0.0000	40.0000
Vacation	3.3333	50.0167

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,971.43
Total		$2,971.43

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.91	$254.59	**$2,971.43**
YTD	$25,745.51	$19,313.23	$3,080.93	$4,440.87	$18,223.71

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	03/01/2026
Period End Date	03/15/2026
Pay Date	03/25/2026
Document	238108766
Net Pay	**$2,764.43**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$678.98
Regular Pay	0.000000	$0.0000	$0.00	$622.54
Regular Pay	86.670000	$42.4360	$3,677.93	$20,426.57
Sick Pay	0.000000	$0.0000	$0.00	$339.49

Total Hours Worked 86.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term LIfe	$0.31	No	$0.31	$1.86	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$554.66	$197.07	$1,182.42
Hum Vision 200	$4.78	Yes	$4.78	$28.42	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$128.28	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($3,999.84)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$4,800.00	$0.00	$0.00
UKG Wallet Adj	$206.98	No	$206.98	$2,672.90	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$1,362.46
Employee Medicare	$2,757.01	$39.98	$240.07
Social Security Employee Tax	$2,757.01	$170.94	$1,026.49

Paid Time Off

Plan	Current	Balance
Sick	2.2333	40.0000
Vacation	3.3333	46.6833

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,764.43
Total		$2,764.43

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.93	$461.57	**$2,764.43**
YTD	$22,067.58	$16,556.22	$2,629.02	$4,186.28	$15,252.28

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	02/16/2026
Period End Date	02/28/2026
Pay Date	03/10/2026
Document	238102764
Net Pay	**$2,218.43**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$678.98
Regular Pay	86.670000	$42.4360	$3,677.93	$16,748.64

Total Hours Worked 86.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term LIfe	$0.31	No	$0.31	$1.55	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$459.90	$197.07	$985.35
Hum Vision 200	$4.78	Yes	$4.78	$23.64	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$106.90	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($3,333.20)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$4,000.00	$0.00	$0.00
UKG Wallet Adj	$752.98	No	$752.98	$2,465.92	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$1,091.33
Employee Medicare	$2,757.01	$39.98	$186.14
Social Security Employee Tax	$2,757.01	$170.94	$795.91

Paid Time Off

Plan	Current	Balance
Sick	2.8833	37.7667
Vacation	3.3333	43.3500

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,218.43
Total		$2,218.43

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.93	$1,007.57	**$2,218.43**
YTD	$17,427.62	$12,837.18	$2,073.38	$3,724.71	$11,629.53

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	02/16/2026
Period End Date	02/28/2026
Pay Date	03/10/2026
Document	238102765
Net Pay	**$858.32**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$678.98
Regular Pay	14.670000	$42.4363	$622.54	$622.54
Regular Pay	0.000000	$0.0000	$0.00	$16,748.64
Sick Pay	8.000000	$42.4363	$339.49	$339.49

Total Hours Worked 14.670000 **Total Hours** 22.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term LIfe	$0.00	No	$0.00	$1.55	$0.00	$0.00
Health P Nev LP	$0.00	Yes	$0.00	$459.90	$0.00	$985.35
Hum Vision 200	$0.00	Yes	$0.00	$23.64	$0.00	$0.00
Humana Dental L	$0.00	Yes	$0.00	$106.90	$0.00	$0.00
LLH Claim	$0.00	No	$0.00	($3,333.20)	$0.00	$0.00
LLH Premium	$0.00	Yes	$0.00	$4,000.00	$0.00	$0.00
UKG Wallet Adj	$0.00	No	$0.00	$2,465.92	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$962.03	$30.12	$1,121.45
Employee Medicare	$962.03	$13.95	$200.09
Social Security Employee Tax	$962.03	$59.64	$855.55

Paid Time Off

Plan	Current	Balance
Sick	0.0000	37.7667
Vacation	0.0000	43.3500

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$858.32
Total		$858.32

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$962.03	$962.03	$103.71	$0.00	**$858.32**
YTD	$18,389.65	$13,799.21	$2,177.09	$3,724.71	$12,487.85

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	02/01/2026
Period End Date	02/15/2026
Pay Date	02/25/2026
Document	238096804
Net Pay	**$1,991.46**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$678.98
Regular Pay	64.000000	$42.4359	$2,715.90	$13,070.71

Total Hours Worked 64.000000 **Total Hours** 64.000000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term LIfe	$0.31	No	$0.31	$1.24	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$365.14	$197.07	$788.28
Hum Vision 200	$4.78	Yes	$4.78	$18.86	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$85.52	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($2,666.56)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$3,200.00	$0.00	$0.00
UKG Wallet Adj	$206.98	No	$206.98	$1,712.94	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$1,794.98	$125.56	$850.32
Employee Medicare	$1,794.98	$26.02	$146.16
Social Security Employee Tax	$1,794.98	$111.29	$624.97

Paid Time Off

Plan	Current	Balance
Sick	0.0000	40.0000
Vacation	3.3333	40.0167

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$1,991.46
Total		$1,991.46

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$2,715.90	$1,794.98	$262.87	$461.57	**$1,991.46**
YTD	$13,749.69	$10,080.17	$1,621.45	$2,717.14	$9,411.10

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	01/16/2026
Period End Date	01/31/2026
Pay Date	02/10/2026
Document	237046528
Net Pay	**$2,218.44**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	0.000000	$0.0000	$0.00	$678.98
Regular Pay	86.670000	$42.4360	$3,677.93	$10,354.81

Total Hours Worked 86.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term LIfe	$0.31	No	$0.31	$0.93	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$270.38	$197.07	$591.21
Hum Vision 200	$4.78	Yes	$4.78	$14.08	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$64.14	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($1,999.92)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$2,400.00	$0.00	$0.00
UKG Wallet Adj	$752.98	No	$752.98	$1,505.96	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$724.76
Employee Medicare	$2,757.01	$39.98	$120.14
Social Security Employee Tax	$2,757.01	$170.93	$513.68

Paid Time Off

Plan	Current	Balance
Sick	0.0000	40.0000
Vacation	3.3333	36.6833

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,218.44
Total		$2,218.44

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.92	$1,007.57	**$2,218.44**
YTD	$11,033.79	$8,285.19	$1,358.58	$2,255.57	$7,419.64

UKG

The Heights of Summerlin LLC
112 North Curry Street
Carson City, NV 89703
702-515-6200

Pay Statement

Period Start Date	01/01/2026
Period End Date	01/15/2026
Pay Date	01/23/2026
Document	233938675
Net Pay	**$2,971.41**

Pay Details

ALLIYAH D HOWARD
4450
SOUTH HUALAPAIAPT 1284
LAS VEGAS, NV 89147
USA

Employee Number	00003149	Pay Group	Semi-Monthly Group
SSN	XXX-XX-XXXX	Location	Heights of Summerlin
Job	AIT	Facility	125 - The Heights of Summerlin
Hourly Rate	$42.4360	Department	6901 - Administration
Pay Frequency	Semi-Monthly	Unit	OFFICE - Office

Earnings

Pay Type	Hours	Hourly Rate	Current	YTD
Holiday	8.000000	$42.4363	$339.49	$678.98
Regular Pay	78.670000	$42.4360	$3,338.44	$6,676.88

Total Hours Worked 78.670000 **Total Hours** 86.670000

Deductions

Deduction	Based On	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
CL-Gr Term LIfe	$0.31	No	$0.31	$0.62	$0.00	$0.00
Health P Nev LP	$94.76	Yes	$94.76	$175.62	$197.07	$394.14
Hum Vision 200	$4.78	Yes	$4.78	$9.30	$0.00	$0.00
Humana Dental L	$21.38	Yes	$21.38	$42.76	$0.00	$0.00
LLH Claim	$0.00	No	($666.64)	($1,333.28)	$0.00	$0.00
LLH Premium	$0.00	Yes	$800.00	$1,600.00	$0.00	$0.00
UKG Wallet Adj	$0.00	No	$0.00	$752.98	$0.00	$0.00

Taxes

Tax	Based On	Current	YTD
Federal Income Tax	$2,757.01	$241.01	$483.75
Employee Medicare	$2,757.01	$39.98	$80.16
Social Security Employee Tax	$2,757.01	$170.94	$342.75

Paid Time Off

Plan	Current	Balance
Sick	1.5833	40.0000
Vacation	3.3333	33.3500

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx9377	Checking	$2,971.41
Total		$2,971.41

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$3,677.93	$2,757.01	$451.93	$254.59	**$2,971.41**
YTD	$7,355.86	$5,528.18	$906.66	$1,248.00	$5,201.20

Howard, Alliyah D
00003149

Prepared by: **Bebe, Rechie**

1/01/2026 - 3/31/2026 8/04/2026 2:05 PM

Timecard

Date	Schedule	Absence	Pay code	Amount	In	Out	Transfer	In	Out	Transfer	Shift
Thu 1/...			New Yea...	8.00							
Fri 1/02					1:32 PM	9:32 ...					8.00
Sat 1/...											
Sun 1/...											
Mon 1...					10:21 ...	6:21 P...					8.00
Tue 1/...					11:14 A...	7:14 PM					8.00
Wed 1...					8:32 ...	4:32 ...					8.00
Thu 1/...					9:13 A...	5:13 P...					8.00
Fri 1/0...					3:03 ...	11:03 ...					8.00
Sat 1/1...											
Sun 1/11											
Mon 1...					11:32 ...	7:32 P...					8.00
Tue 1/...					10:18 ...	6:18 P...					8.00
Wed 1...					9:53 ...	11:27 ...					8.00
Thu 1/...					10:30 ...	6:30 ...					8.00
Fri 1/16					8:44 ...	4:44 ...					8.00
Sat 1/17					11:22 ...	7:22 P...					8.00
Sun 1/...											
Mon 1...					10:30 ...	6:30 ...					8.00
Tue 1/...					9:25 ...	5:25 ...					8.00
Wed 1...					8:40 ...	9:05 ...					8.00
Thu 1/...					8:35 ...	4:35 ...					8.00
Fri 1/23					10:29 ...	6:29 ...					8.00
Sat 1/...											
Sun 1/...											
Mon 1...					9:28 ...	5:28 ...					8.00
Tue 1/...					3:07 ...	11:07 ...					8.00
Wed 1...					8:54 ...	4:54 ...					8.00

Date	Schedule	Absence	Pay code	Amount	In	Out	Transfer	In	Out	Transfer	Shift
Thu 1/...					1:11 PM	9:11 PM					8.00
Fri 1/30					8:56 ...	4:56 ...					8.00
Sat 1/31											
Sun 2...											
Mon ...					10:25 ...	6:25 ...					8.00
Tue 2...					10:18 ...	6:18 P...					8.00
Wed ...					8:31 A...	4:31 PM					8.00
Thu 2...			Sick SAL...	8.00							
Fri 2/...					1:57 PM	9:57 P...					8.00
Sat 2/...											
Sun 2...											
Mon ...					12:25 ...	8:25 ...					8.00
Tue 2...					9:23 ...	5:23 ...					8.00
Wed ...					8:55 ...	4:55 ...					8.00
Thu 2...					8:00 ...	4:00 ...					8.00
Fri 2/13					8:41 A...	4:41 P...					8.00
Sat 2/...											
Sun 2...											
Mon ...					10:06 ...	6:06 ...					8.00
Tue 2...					9:28 ...	5:28 ...					8.00
Wed ...					6:31 A...	2:31 PM					8.00
Thu 2...					6:52 ...	2:52 P...					8.00
Fri 2/...					9:24 ...	5:24 ...					8.00
Sat 2/...											
Sun 2...											
Mon ...					8:56 ...	4:56 ...					8.00
Tue 2...					8:22 ...	4:22 P...					8.00
Wed ...					6:07 ...	2:07 ...					8.00
Thu 2...					11:28 ...	7:28 P...					8.00
Fri 2/...					10:46 ...	6:46 ...					8.00
Sat 2/...											
Sun 3...											
Mon ...					7:33 ...	3:33 ...					8.00
Tue 3...					8:48 ...	4:48 ...					8.00
Wed ...					7:51 A...	3:51 P...					8.00

Date	Schedule	Absence	Pay code	Amount	In	Out	Transfer	In	Out	Transfer	Shift
Thu 3...					8:00 ...	4:00 ...					8.00
Fri 3/...					10:04 ...	6:04 ...					8.00
Sat 3/...					10:14 ...	6:14 P...					8.00
Sun 3...					10:43 ...	6:43 ...					8.00
Mon ...					10:08 ...	6:08 ...					8.00
Tue 3...					8:58 ...	4:58 ...					8.00
Wed ...					8:00 ...	4:00 ...					8.00
Thu 3...					9:52 ...	5:52 ...					8.00
Fri 3/13					8:00 ...	4:00 ...					8.00
Sat 3/...											
Sun 3...											
Mon ...											
Tue 3...					9:18 A...	5:18 P...					8.00
Wed ...					8:56 ...	4:56 ...					8.00
Thu 3...					8:00 ...	4:00 ...					8.00
Fri 3/...					8:00 ...	4:00 ...					8.00
Sat 3/...											
Sun 3...											
Mon ...					9:02 ...	5:02 ...					8.00
Tue 3...					10:56 ...	6:56 ...					8.00
Wed ...					8:40 ...	4:40 ...					8.00
Thu 3...					8:02 ...	4:02 ...					8.00
Fri 3/...					8:00 ...	4:00 ...					8.00
Sat 3/...											
Sun 3...											
Mon ...					8:56 ...	4:56 ...					8.00
Tue 3/...					8:20 ...	4:20 ...					8.00

Totals

Span by All **Group by All**

Location ↑1	Job ↑2	Cost c... ↑3	Labor category ↑4	Pay co... ↑5
Bold Quail/The Heights of Summerlin/Administration/Office	AIT		The Heights of Summerlin LLC,Semi-Mont...	Holiday
Bold Quail/The Heights of Summerlin/Administration/Office	AIT		The Heights of Summerlin LLC,Semi-Mont...	REG-EX
Bold Quail/The Heights of Summerlin/Administration/Office	AIT		The Heights of Summerlin LLC,Semi-Mont...	Sick SAL...

Howard, Alliyah D
00003149

Requested by **Bebe, Rechie**

4/01/2026 – 6/30/2026 8/04/2026 2:05 PM

Timecard

Date	Schedule	Absence	Pay code	Amount	In	Out	Transfer	In	Out	Transfer	Shift
Wed ...					9:22 ...	5:22 P...					8.00
Thu 4...					8:00 ...	4:00 ...					8.00
Fri 4/...					8:00 ...	4:00 ...					8.00
Sat 4/...											
Sun 4...											
Mon ...					9:56 ...	5:56 ...					8.00
Tue 4...					1:43 P...	9:43 ...					8.00
Wed ...					2:50 ...	10:50 ...					8.00
Thu 4...					8:52 ...	4:52 ...					8.00
Fri 4/1...					11:54 ...	7:54 P...					8.00
Sat 4/...											
Sun 4...											
Mon ...			Sick HO...	8.00							
Tue 4...					8:57 ...	4:57 P...					8.00
Wed ...					9:13 A...	5:13 P...					8.00
Thu 4...					9:08 ...	5:08 ...					8.00
Fri 4/17					9:51 A...	5:51 P...					8.00
Sat 4/...											
Sun 4...											
Mon ...					9:58 ...	5:58 ...					8.00
Tue 4...					8:00 ...	4:00 ...					8.00
Wed ...					8:00 ...	4:00 ...					8.00
Thu 4...					12:11 P...	8:11 PM					8.00
Fri 4/...					9:02 ...	5:02 ...					8.00
Sat 4/...											
Sun 4...											
Mon ...					9:04 ...	5:04 ...					8.00
Tue 4...					9:13 A...	5:13 P...					8.00

Date	Schedule	Absence	Pay code	Amount	In	Out	Transfer	In	Out	Transfer	Shift
Wed ...					9:04 ...	5:04 ...					8.00
Thu 4...					2:10 P...	10:10 ...					8.00
Fri 5/01					7:30 ...	3:30 ...					8.00
Sat 5/..											
Sun 5...											
Mon ...					9:46 ...	5:46 ...					8.00
Tue 5...					8:52 ...	4:52 ...					8.00
Wed ...					9:13 A...	5:13 P...					8.00
Thu 5...					8:22 ...	4:22 P...					8.00
Fri 5/...					9:15 A...	5:15 P...					8.00
Sat 5/...											
Sun 5...											
Mon ...					8:00 ...	4:00 ...					8.00
Tue 5...					8:00 ...	4:00 ...					8.00
Wed ...					8:00 ...	4:00 ...					8.00
Thu 5...					9:28 ...	5:28 ...					8.00
Fri 5/15					8:00 ...	4:00 ...					8.00
Sat 5/...											
Sun 5...											
Mon ...					9:15 A...	5:15 P...					8.00
Tue 5...					9:00 ...	5:00 ...					8.00
Wed ...					8:53 ...	4:53 ...					8.00
Thu 5...					11:13 A...	7:13 PM					8.00
Fri 5/...					8:25 ...	4:25 ...					8.00
Sat 5/...											
Sun 5...											
Mon ...			Memoria...	8.00							
Tue 5...					9:29 ...	5:29 ...					8.00
Wed ...					9:29 ...	5:29 ...					8.00
Thu 5...					10:02 ...	6:02 ...					8.00
Fri 5/...					9:27 ...	5:27 P...					8.00
Sat 5/...											
Sun 5...											
Mon ...					9:28 ...	5:28 ...					8.00
Tue 6...					9:28 ...	5:28 ...					8.00

Date	Schedule	Absence	Pay code	Amount	In	Out	Transfer	In	Out	Transfer	Shift
Wed ...					9:18 A...	5:18 P...					8.00
Thu 6...					11:16 A...	7:16 PM					8.00
Fri 6/...					11:18 A...	7:18 PM					8.00
Sat 6/...											
Sun 6...											
Mon ...					9:26 ...	5:26 ...					8.00
Tue 6...					9:43 ...	5:43 ...					8.00
Wed ...					9:16 A...	5:16 P...					8.00
Thu 6...					9:27 ...	5:27 P...					8.00
Fri 6/12					9:26 ...	5:26 ...					8.00
Sat 6/...											
Sun 6...											
Mon ...					9:13 A...	5:13 P...					8.00
Tue 6...					9:50 ...	5:50 ...					8.00
Wed ...					11:43 ...	7:43 P...					8.00
Thu 6...					9:35 ...	5:35 ...					8.00
Fri 6/19					9:17 A...	5:17 PM					8.00
Sat 6/...											
Sun 6...											
Mon ...					9:47 ...	5:47 P...					8.00
Tue 6...					9:09 ...	5:09 ...					8.00
Wed ...					10:49 ...	6:49 ...					8.00
Thu 6...					10:05 ...	6:05 ...					8.00
Fri 6/...					10:05 ...	6:05 ...					8.00
Sat 6/...											
Sun 6...											
Mon ...			Sick SAL...	8.00	8:00 ...						
					8:00 ...	4:00 ...					8.00
Tue 8...					9:26 ...	5:26 ...					8.00

Totals

Span by All Group by All

Location ↑1	Job ↑2	Cost c... ↑3	Labor category ↑4	Pay co... ↑5
Bold Quail/The Heights of Summerlin/Administration/Office	AIT		The Heights of Summerlin LLC,Semi-Mont...	Holiday
Bold Quail/The Heights of Summerlin/Administration/Office	AIT		The Heights of Summerlin LLC,Semi-Mont...	REG-EX
Bold Quail/The Heights of Summerlin/Administration/Office	AIT		The Heights of Summerlin LLC,Semi-Mont...	Sick HO...
Bold Quail/The Heights of Summerlin/Administration/Office	AIT		The Heights of Summerlin LLC,Semi-Mont...	Sick SAL...

Howard, Alliyah D
00003149

Requested by **Bebe, Rechie**

7/01/2026 - 7/30/2026 8/04/2026 2:06 PM

Timecard

Date	Schedule	Absence	Pay code	Amount	In	Out	Transfer	In	Out	Transfer	Shift
Wed ...					8:00 ...	4:00 ...					8.00
Thu 7/...					9:12 A...	5:12 P...					8.00
Fri 7/...					8:00 ...	4:00 ...					8.00
Sat 7/...			July 4th	8.00							
Sun 7/...											
Mon 7...					9:26 ...	5:26 ...					8.00
Tue 7/...					9:12 A...	5:12 P...					8.00
Wed ...					9:28 ...	5:28 ...					8.00
Thu 7/...					8:00 ...	4:00 ...					8.00
Fri 7/10					10:49 ...	6:49 ...					8.00
Sat 7/11											
Sun 7...											
Mon 7...					9:00 ...	5:00 ...					8.00
Tue 7/...					9:22 ...	5:22 P...					8.00
Wed ...					9:23 ...	5:23 ...					8.00
Thu 7/...					8:55 ...	4:55 ...					8.00
Fri 7/17					9:28 ...	5:28 ...					8.00
Sat 7/...					10:59 ...	6:59 ...					8.00
Sun 7...											
Mon 7...					9:25 ...	5:25 ...					8.00
Tue 7/...					8:36 ...	4:36 ...					8.00
Wed ...					9:50 ...	5:50 ...					8.00
Thu 7/...					10:39 ...	6:39 ...					8.00
Fri 7/2...					12:28 ...	8:28 ...					8.00
Sat 7/...											
Sun 7...											
Mon 7...					9:22 ...	5:22 P...					8.00
Tue 7/...											

Date	Schedule	Absence	Pay code	Amount	In	Out	Transfer	In	Out	Transfer	Shift
Wed ...					9:11 AM	5:11 PM					8.00
Thu 7/...					8:39 ...	4:39 ...					8.00

Totals

Span by All **Group by** All

Location ↑1	Job ↑2	Cost c... ↑3	Labor category ↑4	Pay co... ↑5
Bold Quail/The Heights of Summerlin/Administration/Office	AIT		The Heights of Summerlin LLC,Semi-Mont...	Holiday
Bold Quail/The Heights of Summerlin/Administration/Office	AIT		The Heights of Summerlin LLC,Semi-Mont...	REG-EX

Alliyah Howard - Detail Payroll Register -04.01.2026 - 06.30.2026

Bold Quail Operations LLC

Select: Company is 125 - The Heights of Summerlin LLC and Employee(s) is 00003149 and Employee Status in A,L,O,R,S,T
Sort Order: Name (Last, First MI)(Asc)
Pay Period Range: 202604011 - 202606309

EMPLOYEE		EARNINGS							DEDUCTIONS		TAXES		
Name	Number	Code	Pcs	Hours	Payrate	Current Amt	Loc Alloc	Shift	Shift Amt	Code	Amount	Code	Amount	Uncollected
			PerControl		Pay Date			Period End Date		Job Code				
Howard, Alliyah D.	00003149	Pay No: 1	202605081		5/8/2026	5/8/2026		4/30/2026		M18A010				
		REGS		-1.330000	42.436	-56.44		Z		DENLB	21.38	USFIT	241.01	
		REGS		88.000000	42.436	3,734.37		Z		HI125	800.00	USMEDEE	39.98	
										HIPAY	-666.64	USSOCEE	170.94	
										MED6B	94.76			
										VIS1B	4.78			
										VLTEA	0.31			
				86.670000		**3,677.93**					**254.59**		**451.93**	
Check Printed: 238126897					**Check Amount:**	0.00		**Direct Deposit:**	2,971.41			**Net:**	2,971.41	
			PerControl		Pay Date			Period End Date		Job Code				
Howard, Alliyah D.	00003149	Pay No: 1	202604241		4/24/2026	4/24/2026		4/15/2026		M18A010				
		REGS		-1.330000	42.436	-56.44		Z		DENLB	21.38	USFIT	241.01	
		REGS		80.000000	42.436	3,394.88		Z		HI125	800.00	USMEDEE	39.98	
		SICKH		8.000000	42.4359	339.49		Z		HIPAY	-666.64	USSOCEE	170.93	
										MED6B	94.76			
										UWA	753.49			
										VIS1B	4.78			
										VLTEA	0.31			
				86.670000		**3,677.93**					**1,008.08**		**451.92**	
Check Printed: 238120804					**Check Amount:**	0.00		**Direct Deposit:**	2,217.93			**Net:**	2,217.93	
			PerControl		Pay Date			Period End Date		Job Code				
Howard, Alliyah D.	00003149	Pay No: 1	202604101		4/10/2026	4/10/2026		3/31/2026		M18A010				
		REGS		88.000000	42.436	3,734.37		Z		DENLB	21.38	USFIT	241.01	
		REGS		-1.330000	42.436	-56.44		Z		HI125	800.00	USMEDEE	39.97	
										HIPAY	-666.64	USSOCEE	170.93	
										MED6B	94.76			
										VIS1B	4.78			
										VLTEA	0.31			
				86.670000		**3,677.93**					**254.59**		**451.91**	
Check Printed: 238114747					**Check Amount:**	0.00		**Direct Deposit:**	2,971.43			**Net:**	2,971.43	
			PerControl		Pay Date			Period End Date		Job Code				
Howard, Alliyah D.	00003149	Pay No: 1	202606251		6/25/2026	6/25/2026		6/15/2026		M18A010				
		REGS		-1.330000	42.436	-56.44		Z		DENLB	21.38	USFIT	241.01	
		REGS		88.000000	42.436	3,734.37		Z		HI125	800.00	USMEDEE	39.98	

HOWARD APPLICATION - 064

Alliyah Howard - Detail Payroll Register -04.01.2026 - 06.30.2026

Bold Quail Operations LLC

Select: Company is 125 - The Heights of Summerlin LLC and Employee(s) is 00003149 and Employee Status in A,L,O,R,S,T
Sort Order: Name (Last, First MI)(Asc)
Pay Period Range: 202604011 - 202606309

EMPLOYEE		EARNINGS								DEDUCTIONS		TAXES		
Name	Number	Code	Pcs	Hours	Payrate	Current Amt	Loc Alloc	Shift	Shift Amt	Code	Amount	Code	Amount	Uncollected
Howard, Alliyah D.	00003149	Pay No: 1	PerControl 202606251		Pay Date 6/25/2026	6/25/2026		Period End Date 6/15/2026		Job Code M18A010				
											Continued from Previous Page			
										HIPAY	-666.64	USSOCEE	170.93	
										MED6B	94.76			
										UWA	752.98			
										VIS1B	4.78			
										VLTEA	0.31			
				86.670000		**3,677.93**					**1,007.57**		**451.92**	
Check Printed: 248894785					**Check Amount:**	0.00		**Direct Deposit:**	2,218.44			**Net:**	2,218.44	
Howard, Alliyah D.	00003149	Pay No: 1	PerControl 202606101		Pay Date 6/10/2026	6/10/2026		Period End Date 5/31/2026		Job Code M18A010				
		HOL		8.000000	42.4359	339.49		Z		DENLB	21.38	USFIT	241.01	
		REGS		6.670000	42.436	283.05		Z		HI125	800.00	USMEDEE	39.98	
		REGS		72.000000	42.436	3,055.39		Z		HIPAY	-666.64	USSOCEE	170.94	
										MED6B	94.76			
										UWA	743.49			
										VIS1B	4.78			
										VLTEA	0.31			
				86.670000		**3,677.93**					**998.08**		**451.93**	
Check Printed: 244158704					**Check Amount:**	0.00		**Direct Deposit:**	2,227.92			**Net:**	2,227.92	
Howard, Alliyah D.	00003149	Pay No: 1	PerControl 202605221		Pay Date 5/22/2026	5/22/2026		Period End Date 5/15/2026		Job Code M18A010				
		REGS		-1.330000	42.436	-56.44		Z		DENLB	21.38	USFIT	241.01	
		REGS		88.000000	42.436	3,734.37		Z		HI125	800.00	USMEDEE	39.97	
										HIPAY	-666.64	USSOCEE	170.93	
										MED6B	94.76			
										UWA	153.49			
										VIS1B	4.78			
										VLTEA	0.31			
				86.670000		**3,677.93**					**408.08**		**451.91**	
Check Printed: 240915700					**Check Amount:**	0.00		**Direct Deposit:**	2,817.94			**Net:**	2,817.94	

HOWARD APPLICATION - 065

Alliyah Howard - Detail Payroll Register -04.01.2026 - 06.30.2026

Bold Quail Operations LLC

Select: Company is 125 - The Heights of Summerlin LLC and Employee(s) is 00003149 and Employee Status in A,L,O,R,S,T
Sort Order: Name (Last, First MI)(Asc)
Pay Period Range: 202604011 - 202606309

EMPLOYEE	EARNINGS								DEDUCTIONS		TAXES		
Name	Number	Code	Pcs	Hours	Payrate	Current Amt	Loc Alloc	Shift	Shift Amt	Code	Amount	Code	Amount	Uncollected
Report Totals:														
		HOL		8.000000		339.49		Z		DENLB	128.28	USFIT	1,446.06	
		REGS		504.020000		21,388.60		Z		HI125	4,800.00	USMEDEE	239.86	
		SICKH		8.000000		339.49		Z		HIPAY	-3,999.84	USSOCEE	1,025.60	
										MED6B	568.56			
										UWA	2,403.45			
										VIS1B	28.68			
										VLTEA	1.86			
Report Totals:	**Number of Pays**		**6**	**520.020000**		**22,067.58**					**3,930.99**		**2,711.52**	
					Total Check Amts	0.00			**Total DDAs:**		15,425.07	**Total Net:**	15,425.07	

*** Excluded in Total Hours**

HOWARD APPLICATION - 066

Alliyah Howard - Detail Payroll Register - 01.01.2026 - 03.31.2026

Bold Quail Operations LLC

Select: Company is 125 - The Heights of Summerlin LLC and Employee(s) is 00003149 and Employee Status in A,L,O,R,S,T
Sort Order: Name (Last, First MI)(Asc)
Pay Period Range: 202601011 - 202603319

EMPLOYEE		EARNINGS								DEDUCTIONS		TAXES		
Name	Number	Code	Pcs	Hours	Payrate	Current Amt	Loc Alloc	Shift	Shift Amt	Code	Amount	Code	Amount	Uncollected
Howard, Alliyah D.	00003149	Pay No: 1	PerControl 202601231		Pay Date 1/23/2026	1/23/2026		Period End Date 1/15/2026		Job Code M18A010				
		HOL		8.000000	42.4359	339.49		Z		DENLB	21.38	USFIT	241.01	
		REGS		-1.330000	42.436	-56.44		Z		HI125	800.00	USMEDEE	39.98	
		REGS		80.000000	42.436	3,394.88		Z		HIPAY	-666.64	USSOCEE	170.94	
										MED6B	94.76			
										VIS1B	4.78			
										VLTEA	0.31			
				86.670000		**3,677.93**					**254.59**		**451.93**	
Check Printed: 233938675					**Check Amount:**	0.00		**Direct Deposit:**	2,971.41			**Net:**	2,971.41	
Howard, Alliyah D.	00003149	Pay No: 1	PerControl 202601091		Pay Date 1/9/2026	1/9/2026		Period End Date 12/31/2025		Job Code J01A010				
		HOL		8.000000	42.4359	339.49		Z		DENLB	21.38	USFIT	242.74	
		REGS		80.000000	42.436	3,394.88		Z		HI125	800.00	USMEDEE	40.18	
		REGS		-1.330000	42.436	-56.44		Z		HIPAY	-666.64	USSOCEE	171.81	
										MED6B	80.86			
										UWA	752.98			
										VIS1B	4.52			
										VLTEA	0.31			
				86.670000		**3,677.93**					**993.41**		**454.73**	
Check Printed: 230652185					**Check Amount:**	0.00		**Direct Deposit:**	2,229.79			**Net:**	2,229.79	
Howard, Alliyah D.	00003149	Pay No: 1	PerControl 202603251		Pay Date 3/25/2026	3/25/2026		Period End Date 3/15/2026		Job Code M18A010				
		REGS		-9.330000	42.436	-395.93		Z		DENLB	21.38	USFIT	241.01	
		REGS		96.000000	42.436	4,073.86		Z		HI125	800.00	USMEDEE	39.98	
										HIPAY	-666.64	USSOCEE	170.94	
										MED6B	94.76			
										UWA	206.98			
										VIS1B	4.78			
										VLTEA	0.31			
				86.670000		**3,677.93**					**461.57**		**451.93**	
Check Printed: 238108766					**Check Amount:**	0.00		**Direct Deposit:**	2,764.43			**Net:**	2,764.43	
Howard, Alliyah D.	00003149	Pay No: 2	PerControl 202603101		Pay Date 3/10/2026	3/10/2026		Period End Date 2/28/2026		Job Code M18A010				
		REG		14.670000	42.436	622.54		Z				USFIT	30.12	

HOWARD APPLICATION - 067

Alliyah Howard - Detail Payroll Register - 01.01.2026 - 03.31.2026

Bold Quail Operations LLC

Select: Company is 125 - The Heights of Summerlin LLC and Employee(s) is 00003149 and Employee Status in A,L,O,R,S,T
Sort Order: Name (Last, First MI)(Asc)
Pay Period Range: 202601011 - 202603319

EMPLOYEE		EARNINGS								DEDUCTIONS		TAXES		
Name	Number	Code	Pcs	Hours	Payrate	Current Amt	Loc Alloc	Shift	Shift Amt	Code	Amount	Code	Amount	Uncollected
Howard, Alliyah D.	00003149	Pay No: 2	PerControl 202603101		Pay Date 3/10/2026	3/10/2026		Period End Date 2/28/2026		Job Code M18A010		*Continued from Previous Page*		
		SICK		8.000000	42.436	339.49		Z				USMEDEE	13.95	
												USSOCEE	59.64	
				22.670000		**962.03**							**103.71**	
Check Printed: 238102765					**Check Amount:**	0.00		**Direct Deposit:**	858.32			**Net:**	858.32	
Howard, Alliyah D.	00003149	Pay No: 1	PerControl 202603101		Pay Date 3/10/2026	3/10/2026		Period End Date 2/28/2026		Job Code M18A010				
		REGS		6.670000	42.436	283.05		Z		DENLB	21.38	USFIT	241.01	
		REGS		80.000000	42.436	3,394.88		Z		HI125	800.00	USMEDEE	39.98	
										HIPAY	-666.64	USSOCEE	170.94	
										MED6B	94.76			
										UWA	752.98			
										VIS1B	4.78			
										VLTEA	0.31			
				86.670000		**3,677.93**					**1,007.57**		**451.93**	
Check Printed: 238102764					**Check Amount:**	0.00		**Direct Deposit:**	2,218.43			**Net:**	2,218.43	
Howard, Alliyah D.	00003149	Pay No: 1	PerControl 202602251		Pay Date 2/25/2026	2/25/2026		Period End Date 2/15/2026		Job Code M18A010				
		REGS		64.000000	42.436	2,715.90		Z		DENLB	21.38	USFIT	125.56	
										HI125	800.00	USMEDEE	26.02	
										HIPAY	-666.64	USSOCEE	111.29	
										MED6B	94.76			
										UWA	206.98			
										VIS1B	4.78			
										VLTEA	0.31			
				64.000000		**2,715.90**					**461.57**		**262.87**	
Check Printed: 238096804					**Check Amount:**	0.00		**Direct Deposit:**	1,991.46			**Net:**	1,991.46	
Howard, Alliyah D.	00003149	Pay No: 1	PerControl 202602101		Pay Date 2/10/2026	2/10/2026		Period End Date 1/31/2026		Job Code M18A010				
		REGS		-9.330000	42.436	-395.93		Z		DENLB	21.38	USFIT	241.01	
		REGS		96.000000	42.436	4,073.86		Z		HI125	800.00	USMEDEE	39.98	
										HIPAY	-666.64	USSOCEE	170.93	
										MED6B	94.76			
										UWA	752.98			

HOWARD APPLICATION - 068

Alliyah Howard - Detail Payroll Register - 01.01.2026 - 03.31.2026

Bold Quail Operations LLC

Select: Company is 125 - The Heights of Summerlin LLC and Employee(s) is 00003149 and Employee Status in A,L,O,R,S,T
Sort Order: Name (Last, First MI)(Asc)
Pay Period Range: 202601011 - 202603319

EMPLOYEE		EARNINGS							DEDUCTIONS		TAXES		
Name	Number Code	Pcs	Hours	Payrate	Current Amt	Loc Alloc	Shift	Shift Amt	Code	Amount	Code	Amount	Uncollected
		PerControl		Pay Date			Period End Date		Job Code				
Howard, Alliyah D.	00003149 Pay No: 1	202602101		2/10/2026	2/10/2026		1/31/2026		M18A010	*Continued from Previous Page*			
									VIS1B	4.78			
									VLTEA	0.31			
			86.670000		3,677.93					1,007.57		451.92	

Check Printed: 237046528 **Check Amount:** 0.00 **Direct Deposit:** 2,218.44 **Net:** 2,218.44

HOWARD APPLICATION - 069

Alliyah Howard - Detail Payroll Register - 01.01.2026 - 03.31.2026

Bold Quail Operations LLC

Select: Company is 125 - The Heights of Summerlin LLC and Employee(s) is 00003149 and Employee Status in A,L,O,R,S,T
Sort Order: Name (Last, First MI)(Asc)
Pay Period Range: 202601011 - 202603319

EMPLOYEE	EARNINGS								DEDUCTIONS		TAXES		
Name	Number	Code	Pcs	Hours	Payrate	Current Amt	Loc Alloc	Shift	Shift Amt	Code	Amount	Code	Amount	Uncollected
Report Totals:														
		HOL		16.000000		678.98		Z		DENLB	128.28	USFIT	1,362.46	
		REG		14.670000		622.54		Z		HI125	4,800.00	USMEDEE	240.07	
		REGS		481.350000		20,426.57		Z		HIPAY	-3,999.84	USSOCEE	1,026.49	
		SICK		8.000000		339.49		Z		MED6B	554.66			
										UWA	2,672.90			
										VIS1B	28.42			
										VLTEA	1.86			
Report Totals:	**Number of Pays**		**7**	**520.020000**		**22,067.58**					**4,186.28**		**2,629.02**	
					Total Check Amts	0.00			**Total DDAs:**		15,252.28	**Total Net:**	15,252.28	

*** Excluded in Total Hours**

HOWARD APPLICATION - 070

STAND UP MEETING

Date: 4/14/2026	Census 157	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Next All-Staff: Friday, 4/24/26 •Abuse Training in All Staff •Arbitration •Meetings: Dietary & Laundry/Housekeeping •Corporate In-Service

Description	Yesterday	Description	Today	RM# Changes	Conversions
	.25 Mgd 124 Mcd 5 Mcr 3 Pvt	# Of prospective Admits & Type	0	24>11 334A>313A 334B>313B 106B>114B	
# Of Admissions (type)	3 Mgd	# Of planned DC's & Type	Owens>Home		
# Of Discharges (P-Planned, U-Unplanned)	3 2 Home 1 Hospital	Planned Ending Census	156		
# ER Transfer	0	Comment: **Private Dining Schedule: Kathy, Laquila, Jamia** **MOD: Saturday Stacy B** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.42

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Kennedy, G: Skin Wound	Physician & Family Notified			Completed
Ritter, M: Skin Wound	"			"
Chen-Li, M: Other	"			"
Duran, D: Other	"			"
Mac, D: Other	"			"
McDuffie, J: Other	"			"
Maclean, J: Edema	"			"

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by the state & federal law

ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Berry, Anthony: Wants to go home	Marvetta: Case Manager	Marvetta: Notified doctor

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 33
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 3**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD , MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		

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POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Bodden: Quarterly Ciferno: Admission Jackson: D/c Estrada: Quarterly		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation	Poc: 90.65%
New hire (Orientation / Physical): 1 DBD, 3 CNA	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by the state & federal law

Environmental (Rounds, Deep Cleaning Rooms)	17, 112, 208, 227, 304, 342	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Rooms to clean from discharges •Linen caught up
Social Services (Pending UDA/Overdue)	***Not in Attendance: Assisting Dietary***	**Activities** (Events, Pending/overdue UDA)	•Fully Staffed •Morning stretch & workout, coffee & tea, resident council, board games, Catholic Services, nerf gun target practice •MDS •Care Plans
Maintenance (TELS)	***Not in Attendance*** •Assisting Central Supply •Tels •Work orders & pm's	**Appointments/Transportation**	•3 Appointment: Ahn, Smith, Duran •5 Dialysis: Howard, Lester, Salazar, Castro, Pailin
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: Care Conferences, Daily documentation •Kiani: Out Today
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** ***Not in Attendance: Short Staffed*** •**Judy: RD** •Tube feeding orders, quarterly, MDS,	**RNA/RNP** (referral/decline, staff hours):	2 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	6 Med A 26 Mgd A 21 Med B 0 Mgd B 4 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 3** •Clark County Public Guardian for: -John Danage -Richard Baxter -Dario Ibanez -Onpowi Eder
Business Office	•**Not in Attendance**	**HR/PR/AP**	•Arbitration Agreements •Fingerprinting •A/P •Orientation •Corporate In-Service Today @ 2 pm •Employee Files •Corporate Assignments
Case Management	•Reviews •Assessments •Authorizations •Zoom with Optum @ 12 pm	**DON**	•Plan of Correction •Education •Pharmacy Recommendations

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer

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STAND UP MEETING

Date: 4/16/2026	Census 156	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Next All-Staff: Friday, 4/24/26 •Abuse Training in All Staff •50% of Resident Phones Operative •PDPM •BHS •Meeting with Dietary, RD, Therapy •Laptop Audit •Upcoming 2567

Description	Yesterday	Description	Today	RM# Changes	Conversions
	25 Mgd 122 Mcd 5 Mcr 4 Pvt	# Of prospective Admits & Type	0	114A>127B 127B>117B	
# Of Admissions (type)	2 1 Mgd 1 Pvt	# Of planned DC's & Type	Brunes>Home		
# Of Discharges (P-Planned, U-Unplanned)	2 Home	Planned Ending Census	155		
# ER Transfer	0	Comment: **Private Dining Schedule: Kiani, Christinne, Jamia** **MOD: Saturday Stacy B** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.60

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Willingham, A: Respiratory	Physician & Family Notified			Completed

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by the state & federal law

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Care Conference, NHSN Report, Competencies, IDT
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 32
Precautions in place: ☒ Yes ☐ No **2 contact isolation: Room 3, 304**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD , MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by the state & federal law

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Moncreef: Quarterly Yi: Quarterly Brunns: D/c Smith: D/c		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Auditing RNA program, showers, bowel movements, competencies	Poc: 93.56%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	19, 114, 210, 229, 306, 344	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Rooms to clean from discharges •Completed Sanitization •Cleaning West Wheelchairs •Linen caught up

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Social Services (Pending UDA/Overdue)	•Recruiting •IDT •Care Conference •AIT: HR/Payroll, Meetings with Dr. Robbie	**Activities** (Events, Pending/overdue UDA)	•Maria Called Off •Morning stretch & workout, coffee & tea, roulette, small drumming, art project •MDS •Care Plans
Maintenance (TELS)	•Bed to scrap metal •Disbursing microwaves •Tels •Work orders & pm's	**Appointments/Transportation**	•4 Appointments: Nguyen, Heidt, Smith, Burns •3 Dialysis: Howard, Lester, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT, Care Conference, •Kiani: IDT, Audits
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** -Reviewed daily menu; scheduled tour & safety tour with Michael, Maintenance •**Judy: RD** •Assessments, IDT, Weight Assessments, Meeting with Dr. Robbie	**RNA/RNP** (referral/decline, staff hours):	2 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	4 Med A 25 Mgd A 20 Med B 0 Mgd B 5 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Sunset Haven Hospice Care for Christine Owens -IDT
Business Office	•**Not in Attendance**	**HR/PR/AP**	•Payroll Close •Fingerprinting •A/P •Employee Files •Corporate Assignments
Case Management	•Reviews •Assessments •Authorizations •PDPM	**DON**	•PDPM •Care Conference •IDT •BHS •Plan of Correction

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
    j. The Social Services Director and Admissions lead the conversation on necessary Room changes.
    k. Director of Rehab or BOM let the IDT know of any conversions of patients from skilled to custodial care.
3. Projections

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STAND UP MEETING

Date: 4/17/2026	Census 154	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Next All-Staff: Friday, 4/24/26 •Abuse Training in All Staff			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	25 Mgd 122 Mcd 4 Mcr 3 Pvt	# Of prospective Admits & Type	3 Mgd	114A>127B 127B>117B	
# Of Admissions (type)	1 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	1 Home	Planned Ending Census	157		
# ER Transfer	0	Comment: **Private Dining Schedule: Marvetta, Mariela, Jamia out (Tyler subbing)** **MOD: Saturday Stacy B** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.57

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Wade, D: Fall Moncrief, E: Bleeding Steven, E: Other Howell, R: Other Jarrett, D: Other	Physician & Family Notified			Completed " " " "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Wade, David	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 32
Precautions in place: ☒ Yes ☐ No **2 contact isolation: Room 3, 304**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD , MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Alonjie: Annual Gooden: Quarterly Kohlbatz: 5 Day Fitzgerald: 5 Day Turner: D/c Gilla: Quarterly Deprue: D/c Stores: D/c Hill: D/c		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Auditing RNA program, showers, bowel movements, competencies	Poc: 91.1%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT

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Environmental (Rounds, Deep Cleaning Rooms)	20, 115, 211, 230, 307, 345	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •0 Rooms to clean from discharges •Delivery & Stocking •Linen caught up
Social Services (Pending UDA/Overdue)	•MDS •AIT: HR/Payroll	**Activities** (Events, Pending/overdue UDA)	•Maria Called Off •Morning stretch & workout, coffee & tea, •MDS •Care Plans
Maintenance (TELS)	•Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Smith •4 Dialysis: Johnson, Hairston, Smith, Tate
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: ***Out Today*** •Kiani: Audits
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice Not in Attendance** **•Judy: RD** •Dialysis, Quarterly's, MDS	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	4 Med A 24 Mgd A 20 Med B 0 Mgd B 5 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Clark County Guardianship for Mary Cha
Business Office	**•Not in Attendance**	**HR/PR/AP**	•Payroll Pre-Check •Fingerprinting •A/P •Employee Files •Corporate Assignments
Case Management	•Reviews •Assessments •Authorizations •Discharges	**DON**	•Clinical Call •Corporate Calls •Plan of Correction •Staff Education

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
   a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
   b. The Admissions Director reports the number of admissions and the type of payor for each patient.
   c. The Admissions Director reports the number of planned and unplanned discharges.
   d. The Admissions Director reports the number of expected admissions and the payor type.
   e. The Admissions Director reports the number of planned discharges and payor type.
   f. The Admissions Director reports the projected ending census for the day.
   g. The Admissions Director reports the # ER Transfer
   h. The Admissions Director reports the # Hospital Readmission
   i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
   j. The Social Services Director and Admissions lead the conversation on necessary Room changes.
   k. Director of Rehab or BOM let the IDT know of any conversions of patients from skilled to custodial care.
3. Projections
   a. Administrator or/ scheduler will report projected staffing.

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STAND UP MEETING

Date: 4/20/2026	Census 152	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Next All-Staff: Friday, 4/24/26 •Abuse Training in All Staff •Rounding •Addressing Dietary Issues •Financials •P-Card •Meeting with Case Management, Admissions, RD, AIT			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	23 Mgd 122 Mcd 4 Mcr 3 Pvt	# Of prospective Admits & Type	3 Mgd	127A>308B 121B>119B 313B>334B 333B>313B 333A>313A	
# Of Admissions (type)	2 1 Mgd 1 Mcr	# Of planned DC's & Type	Judkins>Home Stores>Home Vera>Home		
# Of Discharges (P-Planned, U-Unplanned)	4 1 AMA 2 Home 1 Hospital	Planned Ending Census	152		
# ER Transfer	0	Comment: **Private Dining Schedule: Eileen, Yvonne, Jamia (out), Tyler** **MOD: Saturday Anthony** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.52

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION

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	Physician & Family Notified			

ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
McKenna: Wheelchair Battery	Darbe: DON	Alliyah: Social Services

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

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SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 32
Precautions in place: ☒ Yes ☐ No **2 contact isolation: Room 3, 6**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD , MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report

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Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Vera: D/c Howell: IPA Mays: 5 Day Judkins: D/c Gotley: Quarterly		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Employee Files	Poc: 80.24% Saturday, 85.45% Sunday
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

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DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	21, 116, 212, 231, 308, 346	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •3 Rooms to clean from discharges •Linen Inventory on Friday •Linen caught up
Social Services (Pending UDA/Overdue)	•Mariella Called off Today •Interview •Meetings •AIT: HR/Payroll	**Activities** (Events, Pending/overdue UDA)	•Fully Staffed •Morning stretch & workout, coffee & tea, bingo, uno, mindful meditation, what's in a word •MDS •Care Plans
Maintenance (TELS)	•New HVA unit in laundry on Wednesday •Vendor Follow Up •Tels •Work orders & pm's	**Appointments/Transportation**	•4 Appointments: Hardiman, Flett, Duran, Wilson •4 Dialysis: Johnson, Hairston, Smith, Tate
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: Clinical follow up, documentation, IDT Rounds •Kiani: **Called Off Today**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice Not in Attendance** •**Judy: RD** •Admissions, quarterly's, MDS	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	5 Med A 22 Mgd A 20 Med B 0 Mgd B 5 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request:** ***Anthony Called off Today***
Business Office	•**Not in Attendance**	**HR/PR/AP**	•Prepping for Orientation •A/P •Fingerprinting •New Van Registration & Insurance •Employee Files •Corporate Assignments
Case Management	•Reviews •Assessments •Authorizations •Discharges •Spreadsheet Update	**DON**	•**Darbe Off Friday, 4/24/26** •PDPM •IDT Rounds •Psychotropics •Plan of Correction

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.

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STAND UP MEETING

Date: 4/21/2026	Census 153	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Next All-Staff: Friday, 4/24/26 •Abuse Training in All Staff •BHS Documentation •Financials •New Resident Phones (50% completion/operative) •Meeting with Case Management

Description	Yesterday	Description	Today	RM# Changes	Conversions
	24 Mgd 122 Mcd 4 Mcr 3 Pvt	# Of prospective Admits & Type	2 1 Mcd 1 Mgd		
# Of Admissions (type)	4 3 Mgd 1 Mcd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	3 1 Expired 2 Home	Planned Ending Census	155		
# ER Transfer	0	Comment: **Private Dining Schedule: Tiffany, Marcelena, Jamia** **MOD: Saturday Anthony** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.55

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Hell, R: Other Ritter, M: Skin Wound/Ulcer Willingham, A: Other	Physician & Family Notified " "			Completed " "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Room 114: Reports toilette has been running all night	Errin: Therapy	Mike: Maintenance
Room 112: Needs longer bed	Darbe: DON	Mike: Maintenance

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
IP Call Today at 12 pm
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 33
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 3**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD , MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

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DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Winn: 5 Day -ARD past due from 2/26		***KeKe on campus: working with MDS Team & training new hire MDS/LPN**

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, POC Documentation	Poc: 94.27%
New hire (Orientation / Physical): 1 BOM, 1 Receptionist, 1 RN, 3 CNA	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	22, 117, 213, 232, 309, 325	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •2 Rooms to clean from discharges •Cleaning lobby furniture •Linen Inventory on Friday •Linen caught up

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Social Services (Pending UDA/Overdue)	•**Alliyah on Corporate Assignment** •AIT:	**Activities** (Events, Pending/overdue UDA)	•Fully Staffed •Morning stretch & workout, coffee & tea, patio time with ice cream sundaes, small group, connect four, volleyball, Catholic Services •MDS •Care Plans
Maintenance (TELS)	•New HVA unit in laundry on Wednesday •Vendor Follow Up for plumbing •Received & installing drench showers •Tels •Work orders & pm's	**Appointments/Transportation**	•3 Appointments: Hardiman, Matroci, Hedti •3 Dialysis: Howard, Lester, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: Care Conference, IP Call, Training, reviews, daily documentation •Kiani: RNA
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice Not in Attendance** •**Judy: RD** •Dialysis, training, tube feeding patients	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	4 Med A 24 Mgd A 20 Med B 0 Mgd B 5 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Express Records for Eleanore Courtney •Follow Up Course: Infection Control
Business Office	•**Not in Attendance**	**HR/PR/AP**	•Orientation •A/P •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•Reviews •Assessments •Authorizations •Discharges •Spreadsheet Update	**DON**	•**Darbe Off Friday, 4/24/26** •PDPM •IP •Calls

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
    j. The Social Services Director and Admissions lead the conversation on necessary Room changes.
    k. Director of Rehab or BOM let the IDT know of any conversions of patients from skilled to custodial care.

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STAND UP MEETING

Date: 4/22/2026	Census 157	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Next All-Staff: Friday, 4/24/26, 2:30 pm •Presenters: Dr. Robbie, Sasha (for Darbe), Dani •Abuse Training in All Staff •Med IQ Training 5/5/26, 2pm •Resident Phones Completed Today

Description	Yesterday	Description	Today	RM# Changes	Conversions
	27 Mgd 122 Mcd 5 Mcr 3 Pvt	# Of prospective Admits & Type	2 Mgd		
# Of Admissions (type)	5 1 Mcd 1 Mcr 3 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	1 Hospital	Planned Ending Census	159		
# ER Transfer	0	Comment: **Private Dining Schedule: Kathy, Amy, Jamia** **MOD: Saturday Anthony** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.58

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Wilson, D: Other Moncrief, E: Pain	Physician & Family Notified "			Completed "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
East and 300 Hall: Not happy with dinner last night. Small portions and bread was hard	Sasha: ADON	Eunice: Dietary

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Call
Vaccination
Flu Vaccine (Compliance %): 98 Pneumococcal Vaccine (Compliance %): 98 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 34
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 3**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD , MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Jackson, M: 5 Day Goodman: 5 Day Williams: Annual Igoliquma: Quarterly -Closing 10 MDS today -ARD past due from 2/26		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, POC Documentation	Poc: 90.95%
New hire (Orientation / Physical): 1 BOM, 1 Receptionist, 1 RN, 3 CNA	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	23, 118, 214, 233, 310, 326	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Rooms to clean from discharges •Deployed more towels to floors •Linen Inventory on Friday •Linen caught up

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Social Services (Pending UDA/Overdue)	•**Alliyah on Corporate Assignment** •**Both Social Service Assts Called Off** •AIT:	**Activities** (Events, Pending/overdue UDA)	•Fully Staffed •Morning stretch & workout, coffee & tea, bingo, earth day project •MDS •Care Plans
Maintenance (TELS)	•Resident phone vendor on campus today •Vendor Follow Up for plumbing •Received & installing drench showers •Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Sinclair •5 Dialysis: Johnson, Hairston, Smith, Tate, Jackson
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, IP Meeting, Training, Admissions, Daily Documentation •Kiani: RNA Transition, Daily Documentation
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** -Reviewed daily menu, following up on last night's dinner complaints •**Judy: RD** •New admissions, assessments, quarterly's, annuals, training	**RNA/RNP** (referral/decline, staff hours):	2 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	5 Med A 27 Mgd A 20 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 0** -Express Records for Eleanore Courtney -Audit on Dr. Bartolemi
Business Office	•**Not in Attendance**	**HR/PR/AP**	•Orientation/Onboarding •Worker's Comp •A/P •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•Reviews •Assessments •Authorizations •Discharges •Spreadsheet Update •VA Meeting at 1 am	**DON**	•**Darbe Off Friday, 4/24/26** •PDPM •IDT Rounds •IP Meeting •Corporate Call •Training: PEG

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
   a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
   b. The Admissions Director reports the number of admissions and the type of payor for each patient.
   c. The Admissions Director reports the number of planned and unplanned discharges.
   d. The Admissions Director reports the number of expected admissions and the payor type.
   e. The Admissions Director reports the number of planned discharges and payor type.
   f. The Admissions Director reports the projected ending census for the day.
   g. The Admissions Director reports the # ER Transfer
   h. The Admissions Director reports the # Hospital Readmission

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STAND UP MEETING

Date: 4/23/2026	Census 156	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Next All-Staff: Friday, 4/24/26, 2:30 pm •Presenters: Dr. Robbie, Sasha (for Darbe), Dani •Abuse Training in All Staff

Description	Yesterday	Description	Today	RM# Changes	Conversions
	27 Mgd 121 Mcd 5 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mgd		
# Of Admissions (type)	1 Mgd (VA)	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	3 1 Home 2 Hospital	Planned Ending Census	157		
# ER Transfer	0	Comment: **Private Dining Schedule: Kiani, Maria Y, Jamia** **MOD: Saturday Anthony** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.66

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Maclean, J: Edema Danage, J: Bleeding Sardar, S: Other Montanez, E: Skin Wound Wilson, D: Other	Physician & Family Notified " " " "			Completed " " " "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
NHSN Report
Vaccination
Flu Vaccine (Compliance %): 99 Pneumococcal Vaccine (Compliance %): 99 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 33
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD , MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Rosenblatt: 5 Day Smith: End PPS Ruiz: Quarterly McCord: Quarterly Kindy: Quarterly		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Employee Files, Med Pass, Auditing bm's	Poc: 89.98%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	24, 119, 215, 234, 311, 327	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Rooms to clean from discharges •Cleaning East Wheelchairs •Linen Inventory on Friday •Linen caught up

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Social Services (Pending UDA/Overdue)	•**Alliyah on Corporate Assignment** •AIT:	**Activities** (Events, Pending/overdue UDA)	•Fully Staffed •Morning stretch & workout, coffee & tea, bingo, small group, volleyball, family feud, night bingo •Interviews •MDS •Care Plans
Maintenance (TELS)	•Resident phone vendor on campus today •Vendor Follow Up for plumbing •Received & installing drench showers •Tels •Work orders & pm's	**Appointments/Transportation**	•4 Appointments: Hardiman, Ivy, Ritter, Ja •4 Dialysis: Howard, Labomme, Lester, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, IP Meeting, Training, Admissions, Daily Documentation •Kiani: RNA Transition, Daily Documentation
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** -Reviewed daily menu, 2 interviews •**Judy: RD** •New admissions, quarterly, IDT meeting, weights	**RNA/RNP** (referral/decline, staff hours):	3 RNA 1 being flexed
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	4 Med A 28 Mgd A 20 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Nevada State Disability for Norris Nyack jr.
Business Office	•**Wendy on Campus Today** •Introduced new BOM, LaTrisha	**HR/PR/AP**	•A/P •Corporate Training •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•Reviews •Assessments •Authorizations •Discharges •Spreadsheet Update •Working on triple check	**DON**	•**Darbe Off Friday, 4/24/26** •PDPM •Clinical Meeting •IDT •BHS •Corporate Call •Marketing Meeting

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)

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STAND UP MEETING

Date: 4/24/2026	Census 157	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Next All-Staff: Friday, 4/24/26, 2:30 pm •Presenters: Dr. Robbie, Sasha (for Darbe), Dani •Abuse Training in All Staff			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	28 Mgd 121 Mcd 5 Mcr 3 Pvt	# Of prospective Admits & Type	2 Mgd	313A>333A 313B>333B	
# Of Admissions (type)	2 1 Mcd 1 Mgd	# Of planned DC's & Type	Wynn>Home Johnson>Home Ivy>Home		
# Of Discharges (P-Planned, U-Unplanned)	0	Planned Ending Census	156		
# ER Transfer	0	Comment: **Private Dining Schedule: Kim T, Stacy B, Jamia** **MOD: Saturday Anthony** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.47

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Gottlieb, G: Skin Wound	Physician & Family Notified			Completed

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Cambra, Leimomi	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 33
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD , MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Budd: 5 Day Ivy: D/c Johnson: D/c Jelozian: 5 Day Sardar: 5 Day Adams: 5 Day Wynn: D/c McCord: Quarterly Kindi: Quarterly		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Employee Files, Auditing bm's & shower sheets	Poc: 85.86%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT

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Environmental (Rounds, Deep Cleaning Rooms)	25, 120, 216, 236, 312, 328	**Laundry** (Chemical Check/Linen supply)	•**Phl will be out for 2 Weeks** •Fully Staffed •1 Room to clean from discharges •Linen Inventory on Friday •Linen caught up
Social Services (Pending UDA/Overdue)	•**Alliyah on Corporate Assignment** •Mariella reporting •MDS •Assessments •AIT:	**Activities** (Events, Pending/overdue UDA)	•Fully Staffed •Morning stretch & workout, coffee & tea, bingo, armchair travel, happy hour, April birthday celebrations •Interviews •MDS •Care Plans
Maintenance (TELS)	•Resident phone check today •Tels •Work orders & pm's	**Appointments/Transportation**	•3 Appointments: Heiti, Ahn, Rosenblatt •5 Dialysis: Johnson, Hairston, Smith, Tate, Jackson
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT rounds, 1 pm corporate call, All-Staff •Kiani: Care plans for RNA, Admission Rounds, new admission chart audits
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** -Reviewed daily menu •**Judy: RD** •New admissions, quarterly's, 1 pm corporate call	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	4 Med A 26 Mgd A 24 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Clark County Family Court for Kevin Akitani-Bob.
Business Office	•Trish still waiting for access	**HR/PR/AP**	•A/P •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•Reviews •Assessments •Authorizations •Discharges •Training •Spreadsheet Update •Working on triple check	**DON**	•**Darbe Off Friday, 4/24/26**

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. **Administrator Comments (Follow Ups)**
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. **Census**
   a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
   b. The Admissions Director reports the number of admissions and the type of payor for each patient.
   c. The Admissions Director reports the number of planned and unplanned discharges.
   d. The Admissions Director reports the number of expected admissions and the payor type.
   e. The Admissions Director reports the number of planned discharges and payor type.
   f. The Admissions Director reports the projected ending census for the day.

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STAND UP MEETING

Date: 4/27/2026	Census 160	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Overhead Paging Protocol (testing system) •New amplifier coming tomorrow •Received 2567 •Working to complete by Thursday, 4/30/26 •PVSNR: Employee Access

Description	Yesterday	Description	Today	RM# Changes	Conversions
	30 Mgd 122 Mcd 5 Mcr 3 Pvt	# Of prospective Admits & Type	3 1 Mcr 2 Mgd	10B>117A 117B>113B 321A>313A	
# Of Admissions (type)	3 2 Mgd 1 Mcr	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	5 1 Expired 3 Home 1 Hospital	Planned Ending Census	163		
# ER Transfer	0	Comment: **Private Dining Schedule: Sasha, Dani, Jamia** **MOD: Saturday Michael** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.54

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Harris, W: Skin Wound/Ulcer	Physician & Family Notified			Completed
Budd, W: Other	"			"
Delgado, M: Change in Skin	"			"
Padilla-Diaz, E: Other	"			"
Stanley, C: Other	"			"
Sierra, E: Other	"			"
Jones, J: Behavioral	"			"

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Wilson, D: Other	"			" "

ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

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SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 34
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report

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Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance -Closing ARD's from 4/13/26		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Auditing, Competencies	Poc: 86.44% Saturday, 87.64% Sunday
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by the state & federal law

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	1, 121, 27, 237, 313, 329	**Laundry** (Chemical Check/Linen supply)	•**Phil will be out for 2 Weeks** •**CiCi Reporting:** •3 Call Off's •Focusing on high dusting and baseboards •1 Room to clean from discharges
Social Services (Pending UDA/Overdue)	•**Alliyah on Corporate Assignment** •Mariella reporting •MDS •Assessments •AIT: **Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Fully Staffed •Morning stretch & workout, coffee & tea, bingo, memory game, target practice, move, Family Feud, preparing for tomorrow's picnic •Interviews •MDS •Care Plans
Maintenance (TELS)	•**Mike off Today** •Tels •Work orders & pm's	**Appointments/Transportation**	•3 Appointments: Winn, Williams, Berry •5 Dialysis: Johnson, Hairston, Smith, Tate, Jackson
Central Supply (concern w/supply)	N/A CNA's looking briefs: Irene will address	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, clinical follow up, wound tracker •**Kiani: Not in Attendance**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance** •**Judy: RD** •New admissions, MDS, tube feeding devices	**RNA/RNP** (referral/decline, staff hours):	2 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	5 Med A 26 Mgd A 24 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Clark County Guardianship for Kevin Akiatani-Bob
Business Office	•Trish still waiting for access •Laquila called off •Working on triple check with Wendy •Wendy on campus	**HR/PR/AP**	•Prepping for Orientation •A/P •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•10 Reviews •Admission Assessments •Authorizations •Discharge Planning •Spreadsheet Update •Working on triple check	**DON**	•Clinical •PDPM •IDT Rounds •2567

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.

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STAND UP MEETING

Date: 4/28/2026	Census 159	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Received 2567 •Working to complete by Thursday, 4/30/26			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	29 Mgd 121 Mcd 6 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mcr		
# Of Admissions (type)	3 Mgd	# Of planned DC's & Type	1 Brown>Home		
# Of Discharges (P-Planned, U-Unplanned)	0	Planned Ending Census	159		
# ER Transfer	0	Comment: **Private Dining Schedule: Kiani out Darbe to send sub, Mechelle, Jamia** **MOD: Saturday Michael** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.47

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Ruiz, E: Other Kleinschmit, E: Other	Physician & Family Notified "			Completed "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by the state & federal law

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 99 Pneumococcal Vaccine (Compliance %): 99 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 34
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by the state & federal law

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Douglas: 5 Day Brown: D/c		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, Auditing, Competencies for Med Pass	Poc: 92.01%
New hire (Orientation / Physical): 1 Social Services Director	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	2, 122, 218, 238, 314, 330	**Laundry** (Chemical Check/Linen supply)	•Phil will be out for 2 Weeks •CiCi Reporting: •Fully Staffed •1 Room to clean from discharges
Social Services (Pending UDA/Overdue)	•Alliyah on Corporate Assignment •Mariella reporting •MDS •Admissions	**Activities** (Events, Pending/overdue UDA)	•Fully Staffed •Morning stretch & workout, coffee & tea, bingo, •MDS

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	•Care Plans for BHS •Assessments •AIT: **Alliyah on Corporate Assignment**		•Care Plans
Maintenance (TELS)	•Window Vendor on campus today •Working 2567 •Tels •Work orders & pm's	**Appointments/Transportation**	•5 Appointments: Zoriasatain, Healy, Rosenblatt, Fitzgerald, Brown (home) •3 Dialysis: Howard, Lester, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: 2567, wound tracker •**Kiani: Called Off Sick**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** •Reviewed today's menu •Requested that dirty trays are not put on to clean carts •Cart came back to dietary with wound care bandages on it •**Judy: RD** •New admissions, MDS, assessments	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	5 Med A 28 Mgd A 24 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Nevada State Disability for Robert Susee
Business Office	•	**HR/PR/AP**	•Orientation & Onboarding •A/P •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•10 Reviews •Admission Assessments •Authorizations •Discharge Planning •Spreadsheet Update •Working on triple check	**DON**	•QAPI •Clinical QIO •BHS

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
   a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
   b. The Admissions Director reports the number of admissions and the type of payor for each patient.
   c. The Admissions Director reports the number of planned and unplanned discharges.
   d. The Admissions Director reports the number of expected admissions and the payor type.
   e. The Admissions Director reports the number of planned discharges and payor type.
   f. The Admissions Director reports the projected ending census for the day.
   g. The Admissions Director reports the # ER Transfer
   h. The Admissions Director reports the # Hospital Readmission
   i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
   j. The Social Services Director and Admissions lead the conversation on necessary Room changes.

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STAND UP MEETING

Date: 4/29/2026	Census 159	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Received 2567 •Working to complete by Thursday, 4/30/26			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	28 Mgd 121 Mcd 7 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mgd		
# Of Admissions (type)	3 2 Mgd 1 Mcr	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	3 1 AMA 1 Home 1 Hospital	Planned Ending Census	160		
# ER Transfer	0	Comment: **Private Dining Schedule: Marvetta, Tyrone, Jamia** **MOD: Saturday Michael** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.44

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Eldridge, D: Other Rodriguez, R: Other	Physician & Family Notified "			Completed "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
2 pm IP Meeting, Fridge Checks
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 35
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Klineschmidt: 5Day Wang: Quarterly Slominsky: Quarterly		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, Auditing, Competencies	Poc: 90.84%
New hire (Orientation / Physical): 1 Social Services Director	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	3, 123, 219, 239, 315, 331	**Laundry** (Chemical Check/Linen supply)	•Phil will be out for 2 Weeks •CiCi Reporting: •Fully Staffed •2 Room to clean from discharges •Dusting: Bookshelves, windows, doors, 300 hall

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Social Services (Pending UDA/Overdue)	•**Alliyah on Corporate Assignment** •Mariella reporting •MDS Quarterly's •Admissions •Discharge Assessments •Assessments •AIT: **Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Fully Staffed •Morning stretch & workout, coffee & tea, roulette, Chow Mein House, small group, patio activity for Mother's Day •MDS •Care Plans
Maintenance (TELS)	•Moving emergency water •Inservices on emergency water •Working 2567 •Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Wade •5 Dialysis: Johnson, Hairston, Smith, Tate, Jackson
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•**Sasha: Called Off Sick** •**Kiani: Called Off Sick**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance** •**Judy: RD** •New admissions, quarterly's, in-service for kitchen staff	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	6 Med A 28 Mgd A 24 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 3** -Group Benefit Solutions for Wandasha McNack -Nevada State Disability for Christopher Manganello -Advocare for Philip Hollinger
Business Office	•Working on triple check	**HR/PR/AP**	•Orientation & Onboarding •A/P •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•Reviews •PDPM •Admission Assessments •Authorizations •Training •Spreadsheet Update •Working on triple check	**DON**	•PDPM •IDT Rounds •IP Meeting •2567

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.

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STAND UP MEETING

Date: 5/1/2026	Census 159	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Received 2567 •Working to complete •Dr. Robbie at St. Joseph's today			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	30 Mgd 120 Mcd 6 Mcr 3 Pvt	# Of prospective Admits & Type	3 Mgd		
# Of Admissions (type)	2 1 Mcr 1 Mgd	# Of planned DC's & Type	3 Ahn>Home Adams>Home Cobalt>Home		
# Of Discharges (P-Planned, U-Unplanned)	3 Hospital	Planned Ending Census	159		
# ER Transfer	0	Comment: **Private Dining Schedule: Eileen (Eileen out today nursing to sub), Stacy B., Tyler (Tyler called off, Jamia to sub)** **MOD: Saturday Michael** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.40

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Wade, D: Weight Loss	Physician & Family Notified			Completed
Fitzgerald, B: Weight Loss	"			"
Adams, B: Other	"			In Progress
Labomme, S: Other	"			Completed
Sierra, E: Behavioral	"			"
Davis, D: Fall	"			"

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Davis, Douglas	Fall			Completed
Cowel, Courtney	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by the state & federal law

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
2 pm IP Meeting, Fridge Checks
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 30
Precautions in place: ☒ Yes ☐ No **2 contact isolation: Room(s) 117, 331**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

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DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Baxter: Quarterly Kennedy: Quarterly Schwabb: Quarterly Young: Quarterly Horan: 5 Day Ahn: D/c Adams: D/c Mead: 5 Day Preston: Quarterly Giles: Annual Cianfarani: Annual McQuade: Quarterly Petros: Quarterly Smith: Annual Kohlvatz: Annual		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Eileen Called Off Today	Poc: 88.99%
New hire (Orientation / Physical):	

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DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	5, 125, 221, 241, 317, 333	**Laundry** (Chemical Check/Linen supply)	•**Phil will be out for 2 Weeks** •**CiCi Reporting:** •Fully Staffed •Room to clean from discharges •High dusting
Social Services (Pending UDA/Overdue)	•**Alliyah on Corporate Assignment** •**Mariella reporting** •Tyler Called Off •Quarterly's •Assessments •AIT: **Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•**Call Offs: Dani Alone Today** •Morning stretch & workout, coffee & tea, •MDS •Care Plans
Maintenance (TELS)	•Fire Alarm vendor on campus •Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Ritter •5 Dialysis: Johnson, Hairston, Smith, Tate, Jackson
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha:IDT Rounds, Meeting 11 am, 1 pm, 2:30 pm, documentation •Kiani: RNA program, case management assessments, meeting w/Dr. Steele, IDT Meeting
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance** •**Judy: RD** •New admissions, quarterly's, IDT Meeting at 1 pm	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 27 Mgd A 23 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 2** -United Health Care: Courtney Eleanor -Advocare: Philip Hollinger
Business Office	•Training w/Corporate •**Triple Check, Tuesday, 5/5/26, 8:30 am**	**HR/PR/AP**	•Payroll Close •A/P Close •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•Reviews •PDPM •Admission Assessments •Authorizations •Training •Spreadsheet Update •Working on triple check	**DON**	•RTA Call •IDT •Clinical Call •Pharmacy Recs •POC Audit

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.

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STAND UP MEETING

Date: 5/4/2026	Census 159	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Received 2567 •Working to complete •Dr. Robbie at St. Joseph's today			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	27 Mgd 120 Mcd 9 Mcr 3 Pvt	# Of prospective Admits & Type	2 Mgd		
# Of Admissions (type)	3 1 Mcr 2 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	7 3 Hospital 4 Home	Planned Ending Census	161		
# ER Transfer	0	Comment: **Private Dining Schedule: Sasha, Emily, Jamia** **MOD: Saturday Dani** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.55

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Alcantara, F: Short Breath	Physician & Family Notified			Completed
Bright, E: Other	"			"
Coleman, S: Edema	"			"
Rogers, D: Other	"			"
Delgado, M: Other	"			"
Hell, R: Other	"			"
Davis, D: Fall	"			"
Traylor, L: Bleeding	"			"
Bright, E: Urinary Incont.	"			"
Traylor, L: Altered Mental	"			"
Cowel, C: Fall	"			"

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
R. Lester/Room 326: Not receiving double portion protein for each meal	Stacy B.	Dietary
Room 105: Wants chip ice	Kim T	Michael: Not Allowed

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Cowel, Courtney	Fall			Completed
Davis, Douglas	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Refridgerator Checks
Vaccination
Flu Vaccine (Compliance %): 98 Pneumococcal Vaccine (Compliance %): 98 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 33
Precautions in place: ☒ Yes ☐ No **2 contact isolation: Room(s) 117, 331**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		

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POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Employee Files	Poc: 87.41% Saturday, 88.82% Sunday
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	6, 126, 222, 242, 318, 334	**Laundry** (Chemical Check/Linen supply)	•Phil will be out for 2 Weeks •CiCi Reporting: •1 Call Off

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			•Room to clean from discharges •Deep Clean Dr. Robbie's Office
Social Services (Pending UDA/Overdue)	•**Emily** •New Admissions •MDS •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, bingo, board games, small group, pretty nails •MDS •Care Plans
Maintenance (TELS)	•Follow up with life safety vendors •Tels •Work orders & pm's	**Appointments/Transportation**	•2 Appointments: Petros, Wade •6 Dialysis: Johnson, Hairston, Smith, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, documentation, assessments/evaluations •**Kiani: Delayed today**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance** •**Judy: RD** •New admissions, quarterly's, MDS	**RNA/RNP** (referral/decline, staff hours):	2 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	8 Med A 25 Mgd A 23 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Lincoln Financial Group (Disability) for Mary Ripberger
Business Office	•Training w/Corporate •**Triple Check, Tuesday, 5/5/26, 8:30 am**	**HR/PR/AP**	•Payroll Pre-Check •A/P Close •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•**Marvetta on Vacation**	**DON**	•IDT Rounds •Plan of correction •Pharmacy Reqs

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
    j. The Social Services Director and Admissions lead the conversation on necessary Room changes.
    k. Director of Rehab or BOM let the IDT know of any conversions of patients from skilled to custodial care.
3. Projections

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STAND UP MEETING

Date: 5/5/2026	Census 161	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Submitted 2567 yesterday •Upcoming case mix review 5/11/26 @ 8 am •No overtime for non-clinical •Clinical to cut down overtime

Description	Yesterday	Description	Today	RM# Changes	Conversions
	30 Mgd 120 Mcd 8 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mgd	313A>321A	
# Of Admissions (type)	3 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	1 Hospital	Planned Ending Census	162		
# ER Transfer	0	Comment: **Private Dining Schedule: Marvetta (Kim T to sub), Anthony (RNA to sub), Tyler** **MOD: Saturday Dani** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.45

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Cowel, C: Fall Preston, W: Altered Mental Alcantara, F: Short Breath Salazar, J: Fall Rodriguez, R: Other	Physician & Family Notified " " " "			Completed " " " "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
R. Lester/Room 326: Not receiving double portion protein for each meal	Stacy B.	Dietary spoke to resident

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Cowel, Courtney	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 99 Pneumococcal Vaccine (Compliance %): 99 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 34
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room(s) 117**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

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DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance due to Triple Check		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Employee Files, Competencies	Poc: 91.63%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	7, 127, 201, 243, 319, 336	**Laundry** (Chemical Check/Linen supply)	•Phil will be out for 2 Weeks •CiCi Reporting: •1 Call Off •2 Rooms to clean from discharges •Wipe down 200 & 300

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			•Deep Clean Dr. Robbie's Office
Social Services (Pending UDA/Overdue)	•**Emily** •New Admissions •MDS •Public Guardina for Nyak •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Morning stretch & workout, coffee & tea, bingo, Catholic Services, Cinco de Mayo •MDS •Care Plans
Maintenance (TELS)	•Mike with Statewide •Follow up with life safety vendors •Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Dita •4 Dialysis: Howard, Labomme, Lester, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: •Kiani:
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** •Reviewed today's menu •Reviewing portion sizes •In-services •**Judy: RD** •New admissions, quarterly's, annuals	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	***Erin not in Attendance due to Triple Check*** 8 Med A 25 Mgd A 23 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	***Anthony not in Attendance due to Triple Check*** **Medical Record Request:**
Business Office	•**Triple Check, Tuesday, 5/5/26, 8:30 am** ***Trish not in Attendance due to Triple Check***	**HR/PR/AP**	•A/P Close •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•**Marvetta on Vacation**	**DON**	•POC Audits •IDT •Pharmacy Rec's •Phone Meetings

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.

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STAND UP MEETING

Date: 5/11/2026	Census 166	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Symposium Monday-Thursday			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	35 Mgd 119 Mcd 9 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mgd	1>14	
# Of Admissions (type)	2 1 Mcr 1 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	5 1 Expired 2 Home 2 Hospital	Planned Ending Census	167		
# ER Transfer	0	Comment: **Private Dining Schedule: Eileen, Judy, Tyler out (Jamia will sub)** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.5

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Tunon, B: Abdominal Pain	Physician & Family Notified			Completed
Hill-Cloude, S: Chest Pain	"			"
Smith, J: Expired	"			"
Siva, P: New Pain	"			"
Ylinen, S: Weight Loss	"			"
Mead, J: Chest Pain	"			"
Goodman, M:Abnormal Vital	"			"
Hardy, E: Skin Wound/Ulcer	"			"
Fitzgerald, B: Other	"			"
Jelozian, S: Pain	"			"
Fitzgerald, B: Abnormal Vital				

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Wilson, D: Other	"			"

ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

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SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Vaccination
Flu Vaccine (Compliance %): 99 Pneumococcal Vaccine (Compliance %): 99 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 30
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report

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Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance due to MDS Case Mix Audit		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Auditing new admission charts and employee files	Poc: 89.45% Saturday, 89.61% Sunday
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by the state & federal law

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	11, 103, 205, 224, 323, 340	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •6 Rooms to clean from discharges •Linen caught up
Social Services (Pending UDA/Overdue)	**•Emily not in Attendance** •2 New Admissions •3 MDS **•AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Morning stretch & workout, coffee & tea, lip sync battle, •MDS •Care Plans
Maintenance (TELS)	•Landscapers & Fire Sprinkler vendor on campus •Tels •Work orders & pm's	**Appointments/Transportation**	•0 Appointments: •6 Dialysis: Johnson, Hairston, Chambers, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: In MDS case mix review 8 am-5 pm, Omnicare Pharmacy on campus today, Nurse's Week **•Kiani: Not in Attendance**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance** •Reviewed today's menu (Judy reviewed) **•Judy: RD** •5 New admissions, 7 quarterly's	**RNA/RNP** (referral/decline, staff hours):	1 RNA 1 RNA working CNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 34 Mgd A 24 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** United Healthcare Medicare Advantage for Davis Douglas
Business Office	•Month is closed •Uploading month end close today •Training at 10:30 am	**HR/PR/AP**	•Catching up from vacation •A/P •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•Catching up from being on vacation	**DON**	

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
   a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
   b. The Admissions Director reports the number of admissions and the type of payor for each patient.
   c. The Admissions Director reports the number of planned and unplanned discharges.
   d. The Admissions Director reports the number of expected admissions and the payor type.
   e. The Admissions Director reports the number of planned discharges and payor type.
   f. The Admissions Director reports the projected ending census for the day.
   g. The Admissions Director reports the # ER Transfer
   h. The Admissions Director reports the # Hospital Readmission
   i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)

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STAND UP MEETING

Date: 5/12/2026	Census 166	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Symposium Monday-Thursday			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	35 Mgd 119 Mcd 9 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mcd	105B>110 2>8 3>318A	
# Of Admissions (type)	2 1 Mcr 1 Mgd	# Of planned DC's & Type	1 Miller>Home		
# Of Discharges (P-Planned, U-Unplanned)	0	Planned Ending Census	166		
# ER Transfer	0	Comment: **Private Dining Schedule: Sasha, Laquila, Jamia (Tyler will sub)** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.56

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Rauhoff, D: Change in Skin Hell, R: Other	Physician & Family Notified "			Completed "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Room 116: Has a former patient's items in the room	Errin: Therapy	Emily: Social Services

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Refrigerator audit
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 30
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance due to MDS Case Mix Audit		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation	Poc: 87.65%
New hire (Orientation / Physical): 1 Receptionist	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	12, 104, 206, 225, 324, 341	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •5 Rooms to clean from discharges •Laundry caught up •New MIT on campus to learn carpet care for 2 days
Social Services (Pending UDA/Overdue)	•1 New Admissions •1 MDS •AIT: Alliyah on Corporate Assignment	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, enchanted garden party, Catholic Services, petals and poetry on the patio

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			•MDS •Care Plans
Maintenance (TELS)	•Kitchen vendor on campus •Parking lot closing Friday night to Monday morning for parking lot sealing •Tels •Work orders & pm's	**Appointments/Transportation**	•0 Appointments: •6 Dialysis: Howard, Labomme, Lester, Salazar, Castro, Jones
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	**•Sasha Not in Attendance** -In MDS case mix audit 8 am-5 pm •Kiani: Ortho appts, fall, meeting with Dr. Steele
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance** **•Judy: RD** •3 Assessments, quarterly's, annuals	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	8 Med A 35 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 0** -Printing medical records for Marquita Johnson, per her request
Business Office	**•Trish not in Attendance (sent report)**	**HR/PR/AP**	•Orientation & Onboarding •A/P •Arbitration Letters •Absence Reports •Employee Files •Corporate Assignments
Case Management	**•Marvetta not in Attendance**	**DON**	

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
    j. The Social Services Director and Admissions lead the conversation on necessary Room changes.
    k. Director of Rehab or BOM let the IDT know of any conversions of patients from skilled to custodial care.
3. Projections
    a. Administrator or/ scheduler will report projected staffing.
4. Skillable (Change in Condition)

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STAND UP MEETING

Date: 5/13/2026	Census 170	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Symposium Monday-Thursday			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	35 Mgd 121 Mcd 10 Mcr 4 Pvt	# Of prospective Admits & Type	1 Mcd		
# Of Admissions (type)	4 1 Mcr 2 Mcd 1 Mgd	# Of planned DC's & Type	1 Miller>Home		
# Of Discharges (P-Planned, U-Unplanned)	0	Planned Ending Census	170		
# ER Transfer	0	Comment: **Private Dining Schedule: Tiffany (nursing to sub), Tyrone, Tyler** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.62

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Wade, D: Abnormal Vital Quesada, F: Change in Skin Valdez, L: Fall	Physician & Family Notified " "			Completed " "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Resident, Tina Polo: What happened to personal large tv	Stacy B	Emily: Social Services
Room 114B: TV is randomly changing and turning	Errin	Michael: Maintenance

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Valdez, De C Lidia	Fall			Complete

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
IP Meeting at 2 pm
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 31
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance due to MDS Case Mix Audit		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation	Poc: 87.84%
New hire (Orientation / Physical): 1 Receptionist	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	13, 105, 207, 226, 301, 342	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •2 Rooms to clean from discharges •Laundry caught up •New MIT on campus to learn carpet care for 2 days
Social Services (Pending UDA/Overdue)	•3 New Admissions •2 MDS •Janet Smith's son coming in at 11 am	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, ice cream sundaes at 3 pm •MDS

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	•**AIT: Alliyah on Corporate Assignment**		•Care Plans
Maintenance (TELS)	•**Mike not in Attendance** •Parking lot closing Friday night to Monday morning for parking lot sealing •Tels •Work orders & pm's	**Appointments/Transportation**	•4 Appointments: Williams, Draper, Paksi, Jelozian •6 Dialysis: Johnson, Hairston, Chambers, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•**Sasha Not in Attendance** -In MDS case mix audit 8 am-5 pm, Omnicare Pharmacy on campus •Kiani: New admissions rounds, meeting with Dr. Steele, RNA
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance** •**Judy: RD** •2 Admissions, quarterly's, IDT	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	9 Med A 35 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 0**
Business Office	•Private write off's •Teams training call •Wendy on campus today	**HR/PR/AP**	•Leaving at 2:30 pm today •Orientation & Onboarding •A/P •Arbitration Letters •Absence Reports •Employee Files •Corporate Assignments
Case Management	•Meeting with VA at 11 am •Spreadsheet •Clinical Review •D/c Planning •Assessments	**DON**	

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
    j. The Social Services Director and Admissions lead the conversation on necessary Room changes.
    k. Director of Rehab or BOM let the IDT know of any conversions of patients from skilled to custodial care.
3. Projections

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STAND UP MEETING

Date: 5/14/2026	Census 169	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team:			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	35 Mgd 122 Mcd 9 Mcr 3 Pvt	# Of prospective Admits & Type	0	119A>121B	
# Of Admissions (type)	2 1 Mgd 1 Mcd	# Of planned DC's & Type	1 Howell>Group Home		
# Of Discharges (P-Planned, U-Unplanned)	2 Home	Planned Ending Census	168		
# ER Transfer	0	Comment: **Private Dining Schedule: Kiani, Christinne, Phil** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.62

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Duran, D: Weight Loss Dixon, K: Fall Wade, D: Skin Wound Tanyag, E: Other Savage, M: Fall	Physician & Family Notified " " " "			Completed " " " "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Savage, Micahel	Fall			Complete
Dixon, Kenneth	Fall			Complete

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
NHSN Report
Vaccination
Flu Vaccine (Compliance %): 99 Pneumococcal Vaccine (Compliance %): 99 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 31
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Huang: Quarterly Myers: Quarterly Xue: Quarterly Broom: 5 Day Cambra: End PPS		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
3 Interviews, Competency for licensed nurses, audits on bowel movements	Poc: 88.4%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	14, 106, 208, 227, 302, 343	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Rooms to clean from discharges •Replacing hvac in laundry •Laundry caught up •Cleaning wheelchairs on West

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Social Services (Pending UDA/Overdue)	•New Admissions •MDS •Quarterly's •Care Conferences for next week **•AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, bouquets •MDS •Care Plans
Maintenance (TELS)	•HVAC unit being replaced in laundry today •New van going to auto shop for a/c repair •Parking lot closing Friday night to Monday morning for parking lot sealing •Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Howell •5 Dialysis: Howard, Labomme, Lester, Castro, Jones
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: ruby resources, daily documentation, IDT •Kiani: Admission audit, RNA, QI's, review med rooms
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance** **•Judy: RD** •Admissions, quarterly's, IDT	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	8 Med A 35 Mgd A 26 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** Aetna/Episource for Daniel Golden •KeKe requested that Anthony resumes attending morning clinical meeting
Business Office	•RFS report •Private statements •Meeting	**HR/PR/AP**	•A/P •Arbitration Letters •Absence Reports •Employee Files •Corporate Assignments
Case Management	•PDPM •Spreadsheet •Clinical Review •D/c Planning •Assessments	**DON**	•Meeting with unit clerks and Anthony •Meeting with IDT Team •F/U on wheelchairs •Office Changes

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission

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STAND UP MEETING

Date: 5/15/2026	Census 167	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Follow Up •Time Adjustments •Prior Pay Period Time Adjustments •Survey Follow Up & Audits (F Tags) •Communication

Description	Yesterday	Description	Today	RM# Changes	Conversions
	33 Mgd 122 Mcd 8 Mcr 4 Pvt	# Of prospective Admits & Type	3 Mgd	121B>121A	
# Of Admissions (type)	1 Mgd	# Of planned DC's & Type	5 Coleman>Home Dita>Home Henry>Home Sprenkel>Home West>Home		
# Of Discharges (P-Planned, U-Unplanned)	3 1 AMA 1 Hospital 1 Group Home	Planned Ending Census	165		
# ER Transfer	0	Comment: **Private Dining Schedule: No Private Dining Today due to Carnival** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.41

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION

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Siva, P: Other Ford, A: Other Madden, C: Other Horan, T: Other Jones, S: Other Duran, D: Weight Loss	Physician & Family Notified " " " " "			Completed " " " " "

ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

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SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 30
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

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Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Penafiel: Quarterly Jones: 5 Day Haynes: 5 Day Kohlvatz: Admission Dida Sierra: Discharge Coleman: Discharge Young: 5 Day Henry: Discharge Sprinkle: Discharge West: Discharge Silva: Discharge Dixon: Discharge		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Audits: bowel movements, showers	Poc: 95.21%

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Interviews, In-services	
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	15, 107, 209, 228, 303, 344	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •2 Rooms to clean from discharges •Replacing hvac in laundry •Laundry caught up
Social Services (Pending UDA/Overdue)	•**1** New Admissions •MDS •Prepping home health •Care Conferences for next week •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, carnival today •Carefeed Blast to families regarding parking lot closure •MDS •Care Plans
Maintenance (TELS)	•Mike picking up van from repair shop •HVAC unit being replaced in laundry today •Parking lot closing Friday night to Monday morning for parking lot sealing •Tels •Work orders & pm's	**Appointments/Transportation**	•2 Appointments: Tunon, Labomme •6 Dialysis: Johnson, Hairston, Chambers, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, weekly call, following up on RMS & daily documentation •Kiani: IDT, pharmacy req's, weekly call
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance** •**Judy: RD** •Admissions, RD consult, IDT, MDS	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	8 Med A 29 Mgd A 26 Med B 0 Mgd B 4 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** Express Records for Eleanore Courtney
Business Office	•**Trish not in Attendance** •A/R Review	**HR/PR/AP**	•Prep for Payroll Close (Sat 5/16/26) •A/P •Arbitration Letters: Terminations •Absence Reports •Employee Files •Corporate Assignments ***All Staff Friday, 5/22/26, 2:30 pm***
Case Management	•PDPM •Spreadsheet •Clinical Review •D/c Planning •Assessments	**DON**	•Wheelchairs on order: follow up •Working with MDS on timeliness •Working with Sasha with RMS & Eileen •Follow up with Kim, Wound LPN, on documentation

Ideal Workflow:

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STAND UP MEETING

Date: 5/18/2026	Census 158	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team:			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	27 Mgd 12 Mcd 7 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mgd	110>127B	
# Of Admissions (type)	1 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	4 2 AMA 1 Hospital 1 Home	Planned Ending Census	159		
# ER Transfer	0	Comment: **Private Dining Schedule: Tiffany, Marcelena, Tyler** **MOD: Saturday Stacy B** **Sunday, Anthony**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.64

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Sierra, E: Skin Wound/Ulcer Chambers, D: Different	Physician & Family Notified "			Completed "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Room 114B: States his room is not being cleaned, nightstand dusty, and trash not taken out	Errin	Housekeeping: Phil
Reyes (room 2) from HPN: states night nursing is not helpful, not answering call light	Errin	Nursing: Sasha

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Audit for refrigerator
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 31
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Jones: D/c Eder: D/c Siva: D/c Ford: Quarterly Thomas: 5 Day Sidhu: 5 Day Thomas: IPA		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, CNA Interview, Audits: medication & bowel movement	Poc: 94.07%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	17, 109, 211, 230, 305, 346	**Laundry** (Chemical Check/Linen supply)	•3 Call Offs •Rooms to clean from discharges •Supplies Delivery Today

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			•Replacing hvac in laundry •Carpet Cleaner being repaired today •Phil Out Tomorrow
Social Services (Pending UDA/Overdue)	•New Admissions •2 Care Conferences today •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, blackjack, board games, Catholic Services, corn haul •MDS
Maintenance (TELS)	•**Mike not in Attendance** •Parking lot closure this Wednesday-Thursday •Tels •Work orders & pm's	**Appointments/Transportation**	•0 Appointments: •5 Dialysis: Howard, Labomee, Lester, Salazar, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: Ruby resources, daily documentation, evaluations, separation forms, care conferences •Kiani: code status audit for west, RTA, admission reviews, med rooms, daily documentation, UDA's
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** -Reviewed today's menu -Short staffed •**Judy: RD** •Admissions, tube feeding progress notes, MDS, meeting with Eunice today	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 26 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 2** -Humana for Thelma Hrt -Lincoln Financial Group (Disability Claim) for Mary Ripberger
Business Office	•Posting cash •Trust Accounts •Medicaid NOD	**HR/PR/AP**	•Orientation & Onboarding •Weekly Staffing Call Invites Sent Out •A/P •Absence Reports •Employee Files •Corporate Assignments ***All Staff Friday, 5/22/26, 2:30 pm***
Case Management	•Spreadsheet •Meeting w/Optum at 12 pm •D/c Planning •Assessments	**DON**	•Review attendance reports for night shift nurses •Discharges •Pharmacy Req •Rescheduling charts to nursing leadership

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.

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STAND UP MEETING

Date: 5/19/2026	Census 158	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team:			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	27 Mgd 12 Mcd 7 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mgd	110>127B	
# Of Admissions (type)	1 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	4 2 AMA 1 Hospital 1 Home	Planned Ending Census	159		
# ER Transfer	0	Comment: **Private Dining Schedule: Tiffany, Marcelena, Tyler** **MOD: Saturday Stacy B** **Sunday, Anthony**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.64

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Sierra, E: Skin Wound/Ulcer Chambers, D: Different	Physician & Family Notified "			Completed "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Room 114B: States his room is not being cleaned, nightstand dusty, and trash not taken out	Errin	Housekeeping: Phil
Reyes (room 2) from HPN: states night nursing is not helpful, not answering call light	Errin	Nursing: Sasha

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Audit for refrigerator
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 31
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection *	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Jones: D/c Eder: D/c Siva: D/c Ford: Quarterly Thomas: 5 Day Sidhu: 5 Day Thomas: IPA		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, CNA Interview, Audits: medication & bowel movement	Poc: 94.07%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	17, 109, 211, 230, 305, 346	**Laundry** (Chemical Check/Linen supply)	•3 Call Offs •Rooms to clean from discharges •Supplies Delivery Today

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			•Replacing hvac in laundry •Carpet Cleaner being repaired today •Phil Out Tomorrow
Social Services (Pending UDA/Overdue)	•New Admissions •2 Care Conferences today •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, blackjack, board games, Catholic Services, corn haul •MDS
Maintenance (TELS)	•**Mike not in Attendance** •Parking lot closure this Wednesday-Thursday •Tels •Work orders & pm's	**Appointments/Transportation**	•0 Appointments: •5 Dialysis: Howard, Labomee, Lester, Salazar, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: Ruby resources, daily documentation, evaluations, separation forms, care conferences •Kiani: code status audit for west, RTA, admission reviews, med rooms, daily documentation, UDA's
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** -Reviewed today's menu -Short staffed •**Judy: RD** •Admissions, tube feeding progress notes, MDS, meeting with Eunice today	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 26 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 2** -Humana for Thelma Hrt -Lincoln Financial Group (Disability Claim) for Mary Ripberger
Business Office	•Posting cash •Trust Accounts •Medicaid NOD	**HR/PR/AP**	•Orientation & Onboarding •Weekly Staffing Call Invites Sent Out •A/P •Absence Reports •Employee Files •Corporate Assignments ***All Staff Friday, 5/22/26, 2:30 pm***
Case Management	•Spreadsheet •Meeting w/Optum at 12 pm •D/c Planning •Assessments	**DON**	•Review attendance reports for night shift nurses •Discharges •Pharmacy Req •Rescheduling charts to nursing leadership

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.

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STAND UP MEETING

Date: 5/22/2026	Census 162	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •All Staff Today 5/22/26 •QAPI •Interviews •Guarantee that scheduling is covered through holiday •Time Clock

Description	Yesterday	Description	Today	RM# Changes	Conversions
	31 Mgd 120 Mcd 7 Mcr 4 Pvt	# Of prospective Admits & Type	4 Mgd	233A>232A 233B>232B	
# Of Admissions (type)	4 3 Mgd 1 Hospice	# Of planned DC's & Type	Golish>Home Kleinschmit>Home Evans>Home		
# Of Discharges (P-Planned, U-Unplanned)	1 Home	Planned Ending Census	163		
# ER Transfer	0	Comment: **Private Dining Schedule: Kiana, Stacy, Phil** **MOD: Saturday Stacy B** **Sunday, Anthony** **Saturday Discharge: Sardar>Home** **Monday Discharge: Vallette>Home** **Young>Home**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.39

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Haynes G: Seems	Physician & Family Notified			Completed

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Room 113B & 114B: Both complained that someone's tv was too loud at night	Errin: Therapy	Kiani: Nursing
Room 242: Wants Nexus letter for VA	Anthony: Medical Records	Anthony: Medical Records

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

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SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 29
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report

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Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Estrada: Quarterly Stone: Quarterly Adams: Admissions Hight: 5 Day & Admission Williams: " Evans: 5 Day Golish: D/c Kleinschmit: D/c Claire: D/c Sadar: D/c Vallette: D/c Young: D/c		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Competencies: Medication, Audits: bowel movements, interviews	Poc: 95.72%

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New hire (Orientation / Physical):

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	20, 112, 214, 233, 308, 327	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry Caught Up •Delivery today: put up •Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•Admissions •MDS **•AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Just Dani Today •Morning stretch & workout, coffee & tea, craft, happy hour •MDS
Maintenance (TELS)	•Quotes for doors on West •Quotes for kitchen oven & flat top •Tels •Work orders & pm's	**Appointments/Transportation**	•5 Appointments: Petros, Traynor, Abrams, Williams, Horan •5 Dialysis: Johnson, Hairston, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A ***Irene on vacation. Tony subbing***	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, ruby resources, daily documentation, corporate call •Kiani: Daily documentation, IDT Rounds, corporate call
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice** -Reviewed today's menu -Following up with Sysco re: issues, late deliveries, and no deliveries **•Judy: RD** -Admissions, quarterly, MDS, IDT meeting	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 28 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Lincoln Financial Group for Mary Ripberger
Business Office	**•Trish not in Attendance: Delayed**	**HR/PR/AP**	•Training: No paper time off requests effective 6/1/26 •Interviews •A/P •Reviewed Memorial Day Holiday Pay •Absence Reports •Employee Files •Corporate Assignments *****All Staff Friday, 5/22/26, 2:30 pm*** (Emily, Stacy, Clinical)**
Case Management	**•Marvetta not in Attendance** •Spreadsheet •D/c Planning •Assessments	**DON**	**•KeKe not in Attendance**

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)

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STAND UP MEETING

Date: 5/26/2026	Census 157	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •QAPI Today at 10:30 am			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	27 Mgd 118 Mcd 8 Mcr 4 Pvt	# Of prospective Admits & Type	0	19>12	
# Of Admissions (type)	2 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	7 1 Expired 6 Home	Planned Ending Census	157		
# ER Transfer	0	Comment: **Private Dining Schedule: Courtney, Phil, Laquila** **MOD: Saturday Anthony** **Sunday Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.71

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Amendola, J: Change in Skin	Physician & Family Notified			In Progress
O'Neal, M: Other	"			Completed
Aggabao, M: Skin Wound	"			"
Stone, I: Fall	"			"
O'Neal, M: Other	"			"
Fitzgerald, B: Other	"			"
Weiser, R: Skin Wound	"			"
Rewinski, G: Other	"			"
Wilson, D: Abdominal Pain	"			"

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Stone, Ida	Fall			In Progress
Gottlieb, Gloria	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 28
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report					
Daily Documentation	☐Yes ☐No	Weekly Summary	☐Yes ☐No	UDA Audits	☐Yes ☐No
Facility Driven audits					

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POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Hanna: 5 Day O'Neal: 5 Day Weiser: 5 Day Fitzgerald: 5 Day Adams: 5 Day Hurley: 5 Day Bienstock: 5 Day Wademan: 5 Day Belsher: Quarterly		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, POC documentation	Poc: 92.85%
New hire (Orientation / Physical): 1 Admissions Asst, 2 Receptionist, 1 Social Worker, 1 CNA, 1 LPN, 1 RN	

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DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	22, 114, 216, 236, 310, 329	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry Caught Up •Stock •Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•Quarterly's •Care Conferences •**AIT: Alliyah on Corporate Assignment** •Working with Medical Records	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, thrift store, jenga, Catholic Services •MDS
Maintenance (TELS)	•Approved for kitchen oven & flat top •Dry wall repair •Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Kozel •5 Dialysis: Howard, Labomme, Lester, Salazar, Castro
Central Supply (concern w/supply)	N/A ***Irene on vacation. Tony subbing***	**SUB ACUTE** (Timely MD progress note):	•Sasha: Clinical follow up, daily documentation, ruby resources, med cart check on 300 •Kiani: **Not in Attendance: Called Out**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance: off 3 days** -Reviewed today's menu •**Judy: RD** -Admissions, MDS, quarterly's, monthly sanitation with the kitchen	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	•**Errin not in Attendance: Called out sick** 7 Med A 28 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 0** Anthony out on Friday due to MOD on Saturday
Business Office	•Training •Private statements, triple check prep	**HR/PR/AP**	•Orientation & Onboarding •Announce & Disburse Info: No paper time off requests effective 6/1/26 •A/P •QAPI •Absence Reports •Employee Files •Corporate Assignments
Case Management	•Spreadsheet •D/c Planning •Assessments •Triple Check Prep	**DON**	•C Mar Audit

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.

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STAND UP MEETING

Date: 5/4/2026	Census 159	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Received 2567 •Working to complete •Dr. Robbie at St. Joseph's today			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	27 Mgd 120 Mcd 9 Mcr 3 Pvt	# Of prospective Admits & Type	2 Mgd		
# Of Admissions (type)	3 1 Mcr 2 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	7 3 Hospital 4 Home	Planned Ending Census	161		
# ER Transfer	0	Comment: **Private Dining Schedule: Sasha, Emily, Jamia** **MOD: Saturday Dani** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.55

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Alcantara, F: Short Breath	Physician & Family Notified			Completed
Bright, E: Other	"			"
Coleman, S: Edema	"			"
Rogers, D: Other	"			"
Delgado, M: Other	"			"
Hell, R: Other	"			"
Davis, D: Fall	"			"
Traylor, L: Bleeding	"			"
Bright, E: Urinary Incont.	"			"
Traylor, L: Altered Mental	"			"
Cowel, C: Fall	"			"

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
R. Lester/Room 326: Not receiving double portion protein for each meal	Stacy B.	Dietary
Room 105: Wants chip ice	Kim T	Michael: Not Allowed

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Cowel, Courtney	Fall			Completed
Davis, Douglas	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Refridgerator Checks
Vaccination
Flu Vaccine (Compliance %): 98 Pneumococcal Vaccine (Compliance %): 98 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 33
Precautions in place: ☒ Yes ☐ No **2 contact isolation: Room(s) 117, 331**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report					
Daily Documentation	☐Yes ☐No	Weekly Summary	☐Yes ☐No	UDA Audits	☐Yes ☐No
Facility Driven audits					

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POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Employee Files	Poc: 87.41% Saturday, 88.82% Sunday
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	6, 126, 222, 242, 318, 334	**Laundry** (Chemical Check/Linen supply)	•Phil will be out for 2 Weeks •CiCi Reporting: •1 Call Off

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			•Room to clean from discharges •Deep Clean Dr. Robbie's Office
Social Services (Pending UDA/Overdue)	•Emily •New Admissions •MDS •AIT: Alliyah on Corporate Assignment	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, bingo, board games, small group, pretty nails •MDS •Care Plans
Maintenance (TELS)	•Follow up with life safety vendors •Tels •Work orders & pm's	**Appointments/Transportation**	•2 Appointments: Petros, Wade •6 Dialysis: Johnson, Hairston, Smith, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, documentation, assessments/evaluations •Kiani: Delayed today
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•Dietary: Eunice not in Attendance •Judy: RD •New admissions, quarterly's, MDS	**RNA/RNP** (referral/decline, staff hours):	2 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	8 Med A 25 Mgd A 23 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Lincoln Financial Group (Disability) for Mary Ripberger
Business Office	•Training w/Corporate •Triple Check, Tuesday, 5/5/26, 8:30 am	**HR/PR/AP**	•Payroll Pre-Check •A/P Close •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•Marvetta on Vacation	**DON**	•IDT Rounds •Plan of correction •Pharmacy Reqs

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
    j. The Social Services Director and Admissions lead the conversation on necessary Room changes.
    k. Director of Rehab or BOM let the IDT know of any conversions of patients from skilled to custodial care.
3. Projections

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STAND UP MEETING

Date: 5/5/2026	Census 161	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Submitted 2567 yesterday •Upcoming case mix review 5/11/26 @ 8 am •No overtime for non-clinical •Clinical to cut down overtime			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	30 Mgd 120 Mcd 8 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mgd	313A>321A	
# Of Admissions (type)	3 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	1 Hospital	Planned Ending Census	162		
# ER Transfer	0	Comment: **Private Dining Schedule: Marvetta (Kim T to sub), Anthony (RNA to sub), Tyler** **MOD: Saturday Dani** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.45

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Cowel, C: Fall Preston, W: Altered Mental Alcantara, F: Short Breath Salazar, J: Fall Rodriguez, R: Other	Physician & Family Notified " " " "			Completed " " " "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
R. Lester/Room 326: Not receiving double portion protein for each meal	Stacy B.	Dietary spoke to resident

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Cowel, Courtney	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 99 Pneumococcal Vaccine (Compliance %): 99 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 34
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room(s) 117**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON, ADON, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

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DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance due to Triple Check		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Employee Files, Competencies	Poc: 91.63%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	7, 127, 201, 243, 319, 336	**Laundry** (Chemical Check/Linen supply)	•Phil will be out for 2 Weeks •CiCi Reporting: •1 Call Off •2 Rooms to clean from discharges •Wipe down 200 & 300

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			•Deep Clean Dr. Robbie's Office
Social Services (Pending UDA/Overdue)	•**Emily** •New Admissions •MDS •Public Guardina for Nyak •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Morning stretch & workout, coffee & tea, bingo, Catholic Services, Cinco de Mayo •MDS •Care Plans
Maintenance (TELS)	•Mike with Statewide •Follow up with life safety vendors •Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Dita •4 Dialysis: Howard, Labomme, Lester, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: •Kiani:
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** •Reviewed today's menu •Reviewing portion sizes •In-services •**Judy: RD** •New admissions, quarterly's, annuals	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	***Erin not in Attendance due to Triple Check*** 8 Med A 25 Mgd A 23 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	***Anthony not in Attendance due to Triple Check*** **Medical Record Request:**
Business Office	•**Triple Check, Tuesday, 5/5/26, 8:30 am** ***Trish not in Attendance due to Triple Check***	**HR/PR/AP**	•A/P Close •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•**Marvetta on Vacation**	**DON**	•POC Audits •IDT •Pharmacy Rec's •Phone Meetings

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
   a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
   b. The Admissions Director reports the number of admissions and the type of payor for each patient.
   c. The Admissions Director reports the number of planned and unplanned discharges.
   d. The Admissions Director reports the number of expected admissions and the payor type.
   e. The Admissions Director reports the number of planned discharges and payor type.

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STAND UP MEETING

Date: 5/11/2026	Census 166	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Symposium Monday-Thursday			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	35 Mgd 119 Mcd 9 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mgd	1>14	
# Of Admissions (type)	2 1 Mcr 1 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	5 1 Expired 2 Home 2 Hospital	Planned Ending Census	167		
# ER Transfer	0	Comment: **Private Dining Schedule: Eileen, Judy, Tyler out (Jamia will sub)** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.5

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Tunon, B: Abdominal Pain	Physician & Family Notified			Completed
Hill-Cloude, S: Chest Pain	"			"
Smith, J: Expired	"			"
Siva, P: New Pain	"			"
Ylinen, S: Weight Loss	"			"
Mead, J: Chest Pain	"			"
Goodman, M:Abnormal Vital	"			"
Hardy, E: Skin Wound/Ulcer	"			"
Fitzgerald, B: Other	"			"
Jelozian, S: Pain	"			"
Fitzgerald, B: Abnormal Vital				

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Wilson, D: Other	"			"

ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

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SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Vaccination
Flu Vaccine (Compliance %): 99 Pneumococcal Vaccine (Compliance %): 99 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 30
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report

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Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance due to MDS Case Mix Audit		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Auditing new admission charts and employee files	Poc: 89.45% Saturday, 89.61% Sunday
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

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DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	11, 103, 205, 224, 323, 340	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •6 Rooms to clean from discharges •Linen caught up
Social Services (Pending UDA/Overdue)	•**Emily not in Attendance** •2 New Admissions •3 MDS •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Morning stretch & workout, coffee & tea, lip sync battle, •MDS •Care Plans
Maintenance (TELS)	•Landscapers & Fire Sprinkler vendor on campus •Tels •Work orders & pm's	**Appointments/Transportation**	•0 Appointments: •6 Dialysis: Johnson, Hairston, Chambers, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: In MDS case mix review 8 am-5 pm, Omnicare Pharmacy on campus today, Nurse's Week •**Kiani: Not in Attendance**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance** •Reviewed today's menu (Judy reviewed) •**Judy: RD** •5 New admissions, 7 quarterly's	**RNA/RNP** (referral/decline, staff hours):	1 RNA 1 RNA working CNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 34 Mgd A 24 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** United Healthcare Medicare Advantage for Davis Douglas
Business Office	•Month is closed •Uploading month end close today •Training at 10:30 am	**HR/PR/AP**	•Catching up from vacation •A/P •Arbitration Letters •Fingerprinting •Employee Files •Corporate Assignments
Case Management	•Catching up from being on vacation	**DON**	

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)

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STAND UP MEETING

Date: 5/12/2026	Census 166	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Symposium Monday-Thursday			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	35 Mgd 119 Mcd 9 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mcd	105B>110 2>8 3>318A	
# Of Admissions (type)	2 1 Mcr 1 Mgd	# Of planned DC's & Type	1 Miller>Home		
# Of Discharges (P-Planned, U-Unplanned)	0	Planned Ending Census	166		
# ER Transfer	0	Comment: **Private Dining Schedule: Sasha, Laquila, Jamia (Tyler will sub)** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.56

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Rauhoff, D: Change in Skin Hell, R: Other	Physician & Family Notified "			Completed "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Room 116: Has a former patient's items in the room	Errin: Therapy	Emily: Social Services

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Refrigerator audit
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 30
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance due to MDS Case Mix Audit		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation	Poc: 87.65%
New hire (Orientation / Physical): 1 Receptionist	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	12, 104, 206, 225, 324, 341	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •5 Rooms to clean from discharges •Laundry caught up •New MIT on campus to learn carpet care for 2 days
Social Services (Pending UDA/Overdue)	•1 New Admissions •1 MDS •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, enchanted garden party, Catholic Services, petals and poetry on the patio

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			•MDS •Care Plans
Maintenance (TELS)	•Kitchen vendor on campus •Parking lot closing Friday night to Monday morning for parking lot sealing •Tels •Work orders & pm's	**Appointments/Transportation**	•0 Appointments: •6 Dialysis: Howard, Labomme, Lester, Salazar, Castro, Jones
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	**•Sasha Not in Attendance** -In MDS case mix audit 8 am-5 pm •Kiani: Ortho appts, fall, meeting with Dr. Steele
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance** **•Judy: RD** •3 Assessments, quarterly's, annuals	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	8 Med A 35 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 0** -Printing medical records for Marquita Johnson, per her request
Business Office	**•Trish not in Attendance (sent report)**	**HR/PR/AP**	•Orientation & Onboarding •A/P •Arbitration Letters •Absence Reports •Employee Files •Corporate Assignments
Case Management	**•Marvetta not in Attendance**	**DON**	

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
    j. The Social Services Director and Admissions lead the conversation on necessary Room changes.
    k. Director of Rehab or BOM let the IDT know of any conversions of patients from skilled to custodial care.
3. Projections
    a. Administrator or/ scheduler will report projected staffing.
4. Skillable (Change in Condition)

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STAND UP MEETING

Date: 5/13/2026	Census 170	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Symposium Monday-Thursday			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	35 Mgd 121 Mcd 10 Mcr 4 Pvt	# Of prospective Admits & Type	1 Mcd		
# Of Admissions (type)	4 1 Mcr 2 Mcd 1 Mgd	# Of planned DC's & Type	1 Miller>Home		
# Of Discharges (P-Planned, U-Unplanned)	0	Planned Ending Census	170		
# ER Transfer	0	Comment: **Private Dining Schedule: Tiffany (nursing to sub), Tyrone, Tyler** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.62

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Wade, D: Abnormal Vital Quesada, F: Change in Skin Valdez, L: Fall	Physician & Family Notified " "			Completed " "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Resident, Tina Polo: What happened to personal large tv	Stacy B	Emily: Social Services
Room 114B: TV is randomly changing and turning	Errin	Michael: Maintenance

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Valdez, De C Lidia	Fall			Complete

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
IP Meeting at 2 pm
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 31
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kathy not in Attendance due to MDS Case Mix Audit		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation	Poc: 87.84%
New hire (Orientation / Physical): 1 Receptionist	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	13, 105, 207, 226, 301, 342	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •2 Rooms to clean from discharges •Laundry caught up •New MIT on campus to learn carpet care for 2 days
Social Services (Pending UDA/Overdue)	•3 New Admissions •2 MDS •Janet Smith's son coming in at 11 am	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, ice cream sundaes at 3 pm •MDS

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	•**AIT: Alliyah on Corporate Assignment**		•Care Plans
Maintenance (TELS)	•**Mike not in Attendance** •Parking lot closing Friday night to Monday morning for parking lot sealing •Tels •Work orders & pm's	**Appointments/Transportation**	•4 Appointments: Williams, Draper, Paksi, Jelozian •6 Dialysis: Johnson, Hairston, Chambers, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•**Sasha Not in Attendance** -In MDS case mix audit 8 am-5 pm, Omnicare Pharmacy on campus •Kiani: New admissions rounds, meeting with Dr. Steele, RNA
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance** •**Judy: RD** •2 Admissions, quarterly's, IDT	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	9 Med A 35 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 0**
Business Office	•Private write off's •Teams training call •Wendy on campus today	**HR/PR/AP**	•Leaving at 2:30 pm today •Orientation & Onboarding •A/P •Arbitration Letters •Absence Reports •Employee Files •Corporate Assignments
Case Management	•Meeting with VA at 11 am •Spreadsheet •Clinical Review •D/c Planning •Assessments	**DON**	

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer
    h. The Admissions Director reports the # Hospital Readmission
    i. The Admissions Director reports the # Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)
    j. The Social Services Director and Admissions lead the conversation on necessary Room changes.
    k. Director of Rehab or BOM let the IDT know of any conversions of patients from skilled to custodial care.
3. Projections

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STAND UP MEETING

Date: 5/14/2026	Census 169	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team:			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	35 Mgd 122 Mcd 9 Mcr 3 Pvt	# Of prospective Admits & Type	0	119A>121B	
# Of Admissions (type)	2 1 Mgd 1 Mcd	# Of planned DC's & Type	1 Howell>Group Home		
# Of Discharges (P-Planned, U-Unplanned)	2 Home	Planned Ending Census	168		
# ER Transfer	0	Comment: **Private Dining Schedule: Kiani, Christinne, Phil** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.62

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Duran, D: Weight Loss	Physician & Family Notified			Completed
Dixon, K: Fall	"			"
Wade, D: Skin Wound	"			"
Tanyag, E: Other	"			"
Savage, M: Fall	"			"

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Savage, Micahel	Fall			Complete
Dixon, Kenneth	Fall			Complete

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
NHSN Report
Vaccination
Flu Vaccine (Compliance %): 99 Pneumococcal Vaccine (Compliance %): 99 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 31
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Huang: Quarterly Myers: Quarterly Xue: Quarterly Broom: 5 Day Cambra: End PPS		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
3 Interviews, Competency for licensed nurses, audits on bowel movements	Poc: 88.4%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	14, 106, 208, 227, 302, 343	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Rooms to clean from discharges •Replacing hvac in laundry •Laundry caught up •Cleaning wheelchairs on West

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Social Services (Pending UDA/Overdue)	•New Admissions •MDS •Quarterly's •Care Conferences for next week •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, bouquets •MDS •Care Plans
Maintenance (TELS)	•HVAC unit being replaced in laundry today •New van going to auto shop for a/c repair •Parking lot closing Friday night to Monday morning for parking lot sealing •Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Howell •5 Dialysis: Howard, Labomme, Lester, Castro, Jones
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: ruby resources, daily documentation, IDT •Kiani: Admission audit, RNA, QI's, review med rooms
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice not in Attendance** •**Judy: RD** •Admissions, quarterly's, IDT	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	8 Med A 35 Mgd A 26 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** Aetna/Episource for Daniel Golden •KeKe requested that Anthony resumes attending morning clinical meeting
Business Office	•RFS report •Private statements •Meeting	**HR/PR/AP**	•A/P •Arbitration Letters •Absence Reports •Employee Files •Corporate Assignments
Case Management	•PDPM •Spreadsheet •Clinical Review •D/c Planning •Assessments	**DON**	•Meeting with unit clerks and Anthony •Meeting with IDT Team •F/U on wheelchairs •Office Changes

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
   a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
   b. The Admissions Director reports the number of admissions and the type of payor for each patient.
   c. The Admissions Director reports the number of planned and unplanned discharges.
   d. The Admissions Director reports the number of expected admissions and the payor type.
   e. The Admissions Director reports the number of planned discharges and payor type.
   f. The Admissions Director reports the projected ending census for the day.
   g. The Admissions Director reports the # ER Transfer
   h. The Admissions Director reports the # Hospital Readmission

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STAND UP MEETING

Date: 5/15/2026	Census 167	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Follow Up •Time Adjustments •Prior Pay Period Time Adjustments •Survey Follow Up & Audits (F Tags) •Communication			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	33 Mgd 122 Mcd 8 Mcr 4 Pvt	# Of prospective Admits & Type	3 Mgd	121B>121A	
# Of Admissions (type)	1 Mgd	# Of planned DC's & Type	5 Coleman>Home Dita>Home Henry>Home Sprenkel>Home West>Home		
# Of Discharges (P-Planned, U-Unplanned)	3 1 AMA 1 Hospital 1 Group Home	Planned Ending Census	165		
# ER Transfer	0	Comment: **Private Dining Schedule: No Private Dining Today due to Carnival** **MOD: Saturday Alliyah** **Sunday, Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.41

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION

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Siva, P: Other Ford, A: Other Madden, C: Other Horan, T: Other Jones, S: Other Duran, D: Weight Loss	Physician & Family Notified " " " " "			Completed " " " " "

ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

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SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 30
Precautions in place: ☒ Yes ☐ No **0 contact isolation:**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

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Xchive / Facility driven Audits

Xchive Clinical Report					
Daily Documentation	☐Yes ☐No	Weekly Summary	☐Yes ☐No	UDA Audits	☐Yes ☐No
Facility Driven audits					
POC (ADLs) Compliance %	☐Yes ☐No	Skilled Cert/Recert	☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No	

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Penafiel: Quarterly Jones: 5 Day Haynes: 5 Day Kohlvatz: Admission Dida Sierra: Discharge Coleman: Discharge Young: 5 Day Henry: Discharge Sprinkle: Discharge West: Discharge Silva: Discharge Dixon: Discharge		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Audits: bowel movements, showers	Poc: 95.21%

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Interviews, In-services	
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	15, 107, 209, 228, 303, 344	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •2 Rooms to clean from discharges •Replacing hvac in laundry •Laundry caught up
Social Services (Pending UDA/Overdue)	•1 New Admissions •MDS •Prepping home health •Care Conferences for next week **•AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, carnival today •Carefeed Blast to families regarding parking lot closure •MDS •Care Plans
Maintenance (TELS)	•Mike picking up van from repair shop •HVAC unit being replaced in laundry today •Parking lot closing Friday night to Monday morning for parking lot sealing •Tels •Work orders & pm's	**Appointments/Transportation**	•2 Appointments: Tunon, Labomme •6 Dialysis: Johnson, Hairston, Chambers, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, weekly call, following up on RMS & daily documentation •Kiani: IDT, pharmacy req's, weekly call
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance** **•Judy: RD** •Admissions, RD consult, IDT, MDS	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	8 Med A 29 Mgd A 26 Med B 0 Mgd B 4 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** Express Records for Eleanore Courtney
Business Office	**•Trish not in Attendance** •A/R Review	**HR/PR/AP**	•Prep for Payroll Close (Sat 5/16/26) •A/P •Arbitration Letters: Terminations •Absence Reports •Employee Files •Corporate Assignments *****All Staff Friday, 5/22/26, 2:30 pm*****
Case Management	•PDPM •Spreadsheet •Clinical Review •D/c Planning •Assessments	**DON**	•Wheelchairs on order: follow up •Working with MDS on timeliness •Working with Sasha with RMS & Eileen •Follow up with Kim, Wound LPN, on documentation

Ideal Workflow:

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STAND UP MEETING

Date: 5/18/2026	Census 158	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team:			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	27 Mgd 12 Mcd 7 Mcr 3 Pvt	# Of prospective Admits & Type	1 Mgd	110>127B	
# Of Admissions (type)	1 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	4 2 AMA 1 Hospital 1 Home	Planned Ending Census	159		
# ER Transfer	0	Comment: **Private Dining Schedule: Tiffany, Marcelena, Tyler** **MOD: Saturday Stacy B** **Sunday, Anthony**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.64

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Sierra, E: Skin Wound/Ulcer Chambers, D: Different	Physician & Family Notified "			Completed "

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Room 114B: States his room is not being cleaned, nightstand dusty, and trash not taken out	Errin	Housekeeping: Phil
Reyes (room 2) from HPN: states night nursing is not helpful, not answering call light	Errin	Nursing: Sasha

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

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Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Audit for refrigerator
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 31
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

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NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Jones: D/c Eder: D/c Siva: D/c Ford: Quarterly Thomas: 5 Day Sidhu: 5 Day Thomas: IPA		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, CNA Interview, Audits: medication & bowel movement	Poc: 94.07%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	17, 109, 211, 230, 305, 346	**Laundry** (Chemical Check/Linen supply)	•3 Call Offs •Rooms to clean from discharges •Supplies Delivery Today

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			•Replacing hvac in laundry •Carpet Cleaner being repaired today •Phil Out Tomorrow
Social Services (Pending UDA/Overdue)	•New Admissions •2 Care Conferences today •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, blackjack, board games, Catholic Services, corn haul •MDS
Maintenance (TELS)	•**Mike not in Attendance** •Parking lot closure this Wednesday-Thursday •Tels •Work orders & pm's	**Appointments/Transportation**	•0 Appointments: •5 Dialysis: Howard, Labomee, Lester, Salazar, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: Ruby resources, daily documentation, evaluations, separation forms, care conferences •Kiani: code status audit for west, RTA, admission reviews, med rooms, daily documentation, UDA's
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** -Reviewed today's menu -Short staffed •**Judy: RD** •Admissions, tube feeding progress notes, MDS, meeting with Eunice today	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 26 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 2** -Humana for Thelma Hrt -Lincoln Financial Group (Disability Claim) for Mary Ripberger
Business Office	•Posting cash •Trust Accounts •Medicaid NOD	**HR/PR/AP**	•Orientation & Onboarding •Weekly Staffing Call Invites Sent Out •A/P •Absence Reports •Employee Files •Corporate Assignments ***All Staff Friday, 5/22/26, 2:30 pm***
Case Management	•Spreadsheet •Meeting w/Optum at 12 pm •D/c Planning •Assessments	**DON**	•Review attendance reports for night shift nurses •Discharges •Pharmacy Req •Rescheduling charts to nursing leadership

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.

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STAND UP MEETING

Date: 5/22/2026	Census 162	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •All Staff Today 5/22/26 •QAPI •Interviews •Guarantee that scheduling is covered through holiday •Time Clock

Description	Yesterday	Description	Today	RM# Changes	Conversions
	31 Mgd 120 Mcd 7 Mcr 4 Pvt	# Of prospective Admits & Type	4 Mgd	233A>232A 233B>232B	
# Of Admissions (type)	4 3 Mgd 1 Hospice	# Of planned DC's & Type	Golish>Home Kleinschmit>Home Evans>Home		
# Of Discharges (P-Planned, U-Unplanned)	1 Home	Planned Ending Census	163		
# ER Transfer	0	Comment: **Private Dining Schedule: Kiana, Stacy, Phil** **MOD: Saturday Stacy B** **Sunday, Anthony** **Saturday Discharge: Sardar>Home** **Monday Discharge: Vallette>Home** **Young>Home**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.39

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Haynes G: Seems	Physician & Family Notified			Completed

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up
Room 113B & 114B: Both complained that someone's tv was too loud at night	Errin: Therapy	Kiani: Nursing
Room 242: Wants Nexus letter for VA	Anthony: Medical Records	Anthony: Medical Records

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

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SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 29
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report

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Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Estrada: Quarterly Stone: Quarterly Adams: Admissions Hight: 5 Day & Admission Williams: " Evans: 5 Day Golish: D/c Kleinschmit: D/c Claire: D/c Sadar: D/c Vallette: D/c Young: D/c		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Competencies: Medication, Audits: bowel movements, interviews	Poc: 95.72%

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New hire (Orientation / Physical):

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	20, 112, 214, 233, 308, 327	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry Caught Up •Delivery today: put up •Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•Admissions •MDS •**AIT: Alliyah on Corporate Assignment**	**Activities** (Events, Pending/overdue UDA)	•Just Dani Today •Morning stretch & workout, coffee & tea, craft, happy hour •MDS
Maintenance (TELS)	•Quotes for doors on West •Quotes for kitchen oven & flat top •Tels •Work orders & pm's	**Appointments/Transportation**	•5 Appointments: Petros, Traynor, Abrams, Williams, Horan •5 Dialysis: Johnson, Hairston, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A ***Irene on vacation. Tony subbing***	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, ruby resources, daily documentation, corporate call •Kiani: Daily documentation, IDT Rounds, corporate call
Dietary Dept. (Staff hour Issue, labeling /dating issue)	•**Dietary: Eunice** -Reviewed today's menu -Following up with Sysco re: issues, late deliveries, and no deliveries •**Judy: RD** -Admissions, quarterly, MDS, IDT meeting	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 28 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 1** -Lincoln Financial Group for Mary Ripberger
Business Office	•**Trish not in Attendance: Delayed**	**HR/PR/AP**	•Training: No paper time off requests effective 6/1/26 •Interviews •A/P •Reviewed Memorial Day Holiday Pay •Absence Reports •Employee Files •Corporate Assignments ***All Staff Friday, 5/22/26, 2:30 pm*** (Emily, Stacy, Clinical)
Case Management	•**Marvetta not in Attendance** •Spreadsheet •D/c Planning •Assessments	**DON**	•**KeKe not in Attendance**

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)

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STAND UP MEETING

Date: 5/26/2026	Census 157	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •QAPI Today at 10:30 am			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	27 Mgd 118 Mcd 8 Mcr 4 Pvt	# Of prospective Admits & Type	0	19>12	
# Of Admissions (type)	2 Mgd	# Of planned DC's & Type	0		
# Of Discharges (P-Planned, U-Unplanned)	7 1 Expired 6 Home	Planned Ending Census	157		
# ER Transfer	0	Comment: **Private Dining Schedule: Courtney, Phil, Laquila** **MOD: Saturday Anthony** **Sunday Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.71

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Amendola, J: Change in Skin	Physician & Family Notified			In Progress
O'Neal, M: Other	"			Completed
Aggabao, M: Skin Wound	"			"
Stone, I: Fall	"			"
O'Neal, M: Other	"			"
Fitzgerald, B: Other	"			"
Weiser, R: Skin Wound	"			"
Rewinski, G: Other	"			"
Wilson, D: Abdominal Pain	"			"

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Stone, Ida	Fall			In Progress
Gottlieb, Gloria	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 28
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report					
Daily Documentation	☐Yes ☐No	Weekly Summary	☐Yes ☐No	UDA Audits	☐Yes ☐No
Facility Driven audits					

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POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Hanna: 5 Day O'Neal: 5 Day Weiser: 5 Day Fitzgerald: 5 Day Adams: 5 Day Hurley: 5 Day Bienstock: 5 Day Wademan: 5 Day Belsher: Quarterly		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, POC documentation	Poc: 92.85%
New hire (Orientation / Physical): 1 Admissions Asst, 2 Receptionist, 1 Social Worker, 1 CNA, 1 LPN, 1 RN	

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DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	22, 114, 216, 236, 310, 329	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry Caught Up •Stock •Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•Quarterly's •Care Conferences **•AIT: Alliyah on Corporate Assignment** •Working with Medical Records	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, thrift store, jenga, Catholic Services •MDS
Maintenance (TELS)	•Approved for kitchen oven & flat top •Dry wall repair •Tels •Work orders & pm's	**Appointments/Transportation**	•1 Appointment: Kozel •5 Dialysis: Howard, Labomme, Lester, Salazar, Castro
Central Supply (concern w/supply)	N/A ***Irene on vacation. Tony subbing****	**SUB ACUTE** (Timely MD progress note):	•Sasha: Clinical follow up, daily documentation, ruby resources, med cart check on 300 •Kiani: **Not in Attendance: Called Out**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance: off 3 days** -Reviewed today's menu **•Judy: RD** -Admissions, MDS, quarterly's, monthly sanitation with the kitchen	**RNA/RNP** (referral/decline, staff hours):	3 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	**•Errin not in Attendance: Called out sick** 7 Med A 28 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 0** Anthony out on Friday due to MOD on Saturday
Business Office	•Training •Private statements, triple check prep	**HR/PR/AP**	•Orientation & Onboarding •Announce & Disburse Info: No paper time off requests effective 6/1/26 •A/P •QAPI •Absence Reports •Employee Files •Corporate Assignments
Case Management	•Spreadsheet •D/c Planning •Assessments •Triple Check Prep	**DON**	•C Mar Audit

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
   a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
   b. The Admissions Director reports the number of admissions and the type of payor for each patient.

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STAND UP MEETING

Date: 5/27/2026	Census 160	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team:			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	31 Mgd 117 Mcd 8 Mcr 4 Pvt	# Of prospective Admits & Type	1 Mcr		
# Of Admissions (type)	4 Mgd	# Of planned DC's & Type	1 Kolbatz>Home		
# Of Discharges (P-Planned, U-Unplanned)	2 1 Home 1 Hospital	Planned Ending Census	160		
# ER Transfer	0	Comment: **Private Dining Schedule: Marvetta, Tyrone, Tyler** **MOD: Saturday Anthony** **Sunday Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.46

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Savage, M: Fall	Physician & Family Notified			Completed
Adams, S: Fall	"			"
Rodriguez, R: Other	"			"
Moncrief, E: Abdominal Pain	"			"
Tanyag, E: Other	"			"
Madden, C: Fall	"			"

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Savage, Michael	Fall			Completed
Adams, Sabra	Fall			Completed
Madden, Carol	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
IP Meeting @ 2 pm, Fridge Checks
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 28
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

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DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kolvatz: D/c Mekonen: Quarterly Hill: Annual		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, Competency: medication pass, d/c to hospital	Poc: 93.71%
New hire (Orientation / Physical): 1 Admissions Asst, 2 Receptionist, 1 Social Worker, 1 CNA, 1 LPN, 1 RN	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	23, 115, 217, 237, 311, 330	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry Caught Up •Linen inventory on Friday •Training 2 pm today

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			•Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•New Admission •Quarterly's •Upcoming Care Conferences •Discharges **•AIT: Alliyah on campus today**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, roulette, outing to Chow Mein House, drumming, art project, •Review resumes
Maintenance (TELS)	•Quotes for doors on West •Life safety tour for new hires •Tels •Work orders & pm's	**Appointments/Transportation**	•6 Appointments: Estrada, O'Neal, Wade, Belsher, O'Neal, Flett •5 Dialysis: Johnson, Hairston, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A ***Irene on vacation. Tony subbing***	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, falls, admissions, daily documentation •Kiani: **Not in Attendance: Vacation**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance: off 3 days** **•Judy: RD** -Weights, dialysis,MDS	**RNA/RNP** (referral/decline, staff hours):	2 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 31 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 2** -Commence Health for Ann Han -United Health Care for Davis Douglas ****Anthony out on Friday due to MOD on Saturday**
Business Office	•Training: Medicaid Triple Check, 6/3/26, 8:30 am, Private Dining	**HR/PR/AP**	•Orientation & Onboarding •Announce & Disburse Info: No paper time off requests effective 6/1/26 •A/P •Bank for THOS •Absence Reports •Employee Files
Case Management	•VA Meeting @ 11 am •Spreadsheet •D/c Planning •Assessments •Triple Check Prep	**DON**	•Binder for weekend call outs •Training at St. Joseph's •C Mar Audit •GDR with Social Services

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer

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STAND UP MEETING

Date: 5/28/2026	Census 162	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Meetings •Reviewed vacation request policy •Reviewed time adjustment policy •Communication •Report dietary concerns fully and timely: Alliyah overseeing •Rounds: need be completed •Will be at St. Joseph's part of day

Description	Yesterday	Description	Today	RM# Changes	Conversions
	35 Mgd 116 Mcd 8 Mcr 3 Pvt	# Of prospective Admits & Type	2 Mgd	232B>233B 232A>233A	
# Of Admissions (type)	5 4 Mgd 1 Mcr	# Of planned DC's & Type	2 Adams>Home Sinclair>Home		
# Of Discharges (P-Planned, U-Unplanned)	3 2 Home 1 Hospital	Planned Ending Census	162		
# ER Transfer	0	Comment: **Private Dining Schedule: Kathy, Aurora, Laquila** **MOD: Saturday Anthony** **Sunday Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.37

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Willingham, A: Other Hill-Cloude, S: Other Tanya, E: Weight Loss	Physician & Family Notified " "			Completed Completed Completed

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

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SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)
If yes: Date: Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
NHSN Report, IDT
Vaccination
Flu Vaccine (Compliance %): 98 Pneumococcal Vaccine (Compliance %): 98 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 30
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

CONFIDENTIAL/Privileged: This document has been prepared for review and evaluation by the CQI or QAPI Committee & is entitled to the protection of the peer review, medical review, continuous quality improvement, self-assessment or other similar privileges provided by Chapter 32 of federal law.

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Huestis: Quarterly Estrella: End PPS Adams: D/c Sinclair: D/c Haun: 5 Day		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Auditing: bowel movements, CNA's, showers	Poc: 92.73%
New hire (Orientation / Physical):	

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DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	24, 116, 218, 238, 312, 331	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry/Linen Caught Up •Linen inventory on Friday •Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•New Admission •Quarterly's •2 Care Conferences **•AIT: Alliyah on campus today** -Audits, VA for St. Joseph's, follow up with Dietary and Central Supply	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, blackjack, root beer floats •Reviewing resumes
Maintenance (TELS)	•Awaiting kitchen equipment delivery •Quotes for doors on West •Quotes for cameras •Tels •Work orders & pm's	**Appointments/Transportation**	•4 Appointments: Wen, O'Neal, Sinclair, Buatti •4 Dialysis: Howard, Labomme, Lester, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: PDPM, Care Conferences, IDT, BHS, clinical follow up, call sheet for IDT, daily documentation •Kiani: **Not in Attendance: Vacation**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance** **•Judy: RD** -New admissions, MDS, progress notes, IDT, monthly sanitation report	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 31 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 2** -Summerlin Hospital Medical Center for Sue Weinstein -Sunrise Hospital Medical Center for Dolores Hanna ****Anthony out on Friday due to MOD on Saturday**
Business Office	•Corporate training with Marcelena, BHS meeting **Triple Check, 6/3/26, 8:30 am, Private Dining**	**HR/PR/AP**	•Announce & Disburse Info went out yesterday via SNF Clinic blast: No paper time off requests effective 6/1/26 •A/P •Bank for THOS •Absence Reports •Employee Files
Case Management	•PDPM •Spreadsheet •D/c Planning •Assessments •Triple Check Prep	**DON**	**•KeKe not in attendance: remote today**

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census

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STAND UP MEETING

Date: 5/29/2026	Census 163	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Will be at St. Joseph's part of day			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	37 Mgd 116 Mcd 7 Mcr 3 Pvt	# Of prospective Admits & Type	2 Mgd	119A>118	
# Of Admissions (type)	7 Mgd	# Of planned DC's & Type	1 Thompson>Home		
# Of Discharges (P-Planned, U-Unplanned)	4 1 AMA 3 Home	Planned Ending Census	164		
# ER Transfer	0	Comment: **Private Dining Schedule: Kim T, Alliyah** **MOD: Saturday Anthony** **Sunday Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.51

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
	Physician & Family Notified			

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & Incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 97 Pneumococcal Vaccine (Compliance %): 97 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 31
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

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DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kleinfelder: Quarterly Gibson: Quarterly Savage: Quarterly Thompson: D/c Conrad: 5 Day Weinstein: 5 Day Matthew: 5 Day Hilliard: 5 Day Johnson: Annual		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Auditing: bowel movements, RNA, medication pass, admission review	Poc: 97.56%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

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DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	25, 117, 219, 239, 313, 332	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry/Linen Caught Up •Linen inventory today •Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•New Admissions •Quarterly's **•AIT: Alliyah on campus today** -Central Supply, Maintenance, Dietary	**Activities** (Events, Pending/overdue UDA)	•Dani alone today •Morning stretch & workout, coffee & tea, bingo, arm chair travel, happy hour, birthday celebration •Interview
Maintenance (TELS)	•Awaiting kitchen equipment delivery •Quotes for doors on West •Quotes for cameras •Tels •Work orders & pm's	**Appointments/Transportation**	•2 Appointments: Preston, Horan •5 Dialysis: Johnson, Hairston, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, weekly call, admissions •Kiani: **Not in Attendance: Vacation**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice** -Reviewed today's menu -ERU East cart came back with ants on Wednesday night **•Judy: RD** -Admissions, quarterly's, annuals, IDT, sanitation report, dialysis	**RNA/RNP** (referral/decline, staff hours):	0 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	6 Med A 36 Mgd A 22 Med B 0 Mgd B 3 Mcd/Clk Cty **-Errin will be out until Thursday next week**	**Medical Records** (Uploading /Record Request)	**Medical Record Request:** ****Anthony out today due to MOD on Saturday**
Business Office	•Posting cash, month end close prep, triple check prep, corporate huddle at 2 pm **Triple Check, 6/3/26, 8:30 am, Private Dining**	**HR/PR/AP**	**•No paper time off requests effective 6/1/26** •A/P •Bank for THOS •Absence Reports •Employee Files
Case Management	•Spreadsheet •Admissions •D/c Planning •Assessments •Triple Check Prep	**DON**	**•KeKe not in Attendance**

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.

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STAND UP MEETING

Date: 5/27/2026	Census 160	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team:			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	31 Mgd 117 Mcd 8 Mcr 4 Pvt	# Of prospective Admits & Type	1 Mcr		
# Of Admissions (type)	4 Mgd	# Of planned DC's & Type	1 Kolbatz>Home		
# Of Discharges (P-Planned, U-Unplanned)	2 1 Home 1 Hospital	Planned Ending Census	160		
# ER Transfer	0	Comment: **Private Dining Schedule: Marvetta, Tyrone, Tyler** **MOD: Saturday Anthony** **Sunday Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.46

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Savage, M: Fall	Physician & Family Notified			Completed
Adams, S: Fall	"			"
Rodriguez, R: Other	"			"
Moncrief, E: Abdominal Pain	"			"
Tanyag, E: Other	"			"
Madden, C: Fall	"			"

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION
Savage, Michael	Fall			Completed
Adams, Sabra	Fall			Completed
Madden, Carol	Fall			Completed

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
IP Meeting @ 2 pm, Fridge Checks
Vaccination
Flu Vaccine (Compliance %): 100 Pneumococcal Vaccine (Compliance %): 100 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 28
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to DON Interim, ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

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DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kolvatz: D/c Mekonen: Quarterly Hill: Annual		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Orientation, Competency: medication pass, d/c to hospital	Poc: 93.71%
New hire (Orientation / Physical): 1 Admissions Asst, 2 Receptionist, 1 Social Worker, 1 CNA, 1 LPN, 1 RN	

DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	23, 115, 217, 237, 311, 330	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry Caught Up •Linen inventory on Friday •Training 2 pm today

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			•Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•New Admission •Quarterly's •Upcoming Care Conferences •Discharges **•AIT: Alliyah on campus today**	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, roulette, outing to Chow Mein House, drumming, art project, •Review resumes
Maintenance (TELS)	•Quotes for doors on West •Life safety tour for new hires •Tels •Work orders & pm's	**Appointments/Transportation**	•6 Appointments: Estrada, O'Neal, Wade, Belsher, O'Neal, Flett •5 Dialysis: Johnson, Hairston, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A ***Irene on vacation. Tony subbing***	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, falls, admissions, daily documentation •Kiani: **Not in Attendance: Vacation**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance: off 3 days** **•Judy: RD** -Weights, dialysis,MDS	**RNA/RNP** (referral/decline, staff hours):	2 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 31 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 2** -Commence Health for Ann Han -United Health Care for Davis Douglas ****Anthony out on Friday due to MOD on Saturday**
Business Office	•Training: Medicaid Triple Check, 6/3/26, 8:30 am, Private Dining	**HR/PR/AP**	•Orientation & Onboarding •Announce & Disburse Info: No paper time off requests effective 6/1/26 •A/P •Bank for THOS •Absence Reports •Employee Files
Case Management	•VA Meeting @ 11 am •Spreadsheet •D/c Planning •Assessments •Triple Check Prep	**DON**	•Binder for weekend call outs •Training at St. Joseph's •C Mar Audit •GDR with Social Services

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
    a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.
    b. The Admissions Director reports the number of admissions and the type of payor for each patient.
    c. The Admissions Director reports the number of planned and unplanned discharges.
    d. The Admissions Director reports the number of expected admissions and the payor type.
    e. The Admissions Director reports the number of planned discharges and payor type.
    f. The Admissions Director reports the projected ending census for the day.
    g. The Admissions Director reports the # ER Transfer

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STAND UP MEETING

Date: 5/28/2026	Census 162	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Meetings •Reviewed vacation request policy •Reviewed time adjustment policy •Communication •Report dietary concerns fully and timely: Alliyah overseeing •Rounds: need be completed •Will be at St. Joseph's part of day

Description	Yesterday	Description	Today	RM# Changes	Conversions
	35 Mgd 116 Mcd 8 Mcr 3 Pvt	# Of prospective Admits & Type	2 Mgd	232B>233B 232A>233A	
# Of Admissions (type)	5 4 Mgd 1 Mcr	# Of planned DC's & Type	2 Adams>Home Sinclair>Home		
# Of Discharges (P-Planned, U-Unplanned)	3 2 Home 1 Hospital	Planned Ending Census	162		
# ER Transfer	0	Comment: **Private Dining Schedule: Kathy, Aurora, Laquila** **MOD: Saturday Anthony** **Sunday Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.37

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
Willingham, A: Other Hill-Cloude, S: Other Tanya, E: Weight Loss	Physician & Family Notified " "			Completed Completed Completed

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

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SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**
NHSN Report, IDT
Vaccination
Flu Vaccine (Compliance %): 98 Pneumococcal Vaccine (Compliance %): 98 PPD screening (Due): ongoing
EBP (Enhance Barrier Precaution)
Number of Resident on EBP 30
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

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Xchive Clinical Report					
Daily Documentation	☐Yes ☐No	Weekly Summary	☐Yes ☐No	UDA Audits	☐Yes ☐No
Facility Driven audits					
POC (ADLs) Compliance %	☐Yes ☐No	Skilled Cert/Recert	☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No	

DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Huestis: Quarterly Estrella: End PPS Adams: D/c Sinclair: D/c Haun: 5 Day		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Auditing: bowel movements, CNA's, showers	Poc: 92.73%
New hire (Orientation / Physical):	

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DEPARTMENT HEADS REPORT

DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	24, 116, 218, 238, 312, 331	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry/Linen Caught Up •Linen inventory on Friday •Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•New Admission •Quarterly's •2 Care Conferences **•AIT: Alliyah on campus today** -Audits, VA for St. Joseph's, follow up with Dietary and Central Supply	**Activities** (Events, Pending/overdue UDA)	•Dani & Tyrone •Morning stretch & workout, coffee & tea, blackjack, root beer floats •Reviewing resumes
Maintenance (TELS)	•Awaiting kitchen equipment delivery •Quotes for doors on West •Quotes for cameras •Tels •Work orders & pm's	**Appointments/Transportation**	•4 Appointments: Wen, O'Neal, Sinclair, Buatti •4 Dialysis: Howard, Labomme, Lester, Castro
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: PDPM, Care Conferences, IDT, BHS, clinical follow up, call sheet for IDT, daily documentation •Kiani: **Not in Attendance: Vacation**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice not in Attendance** **•Judy: RD** -New admissions, MDS, progress notes, IDT, monthly sanitation report	**RNA/RNP** (referral/decline, staff hours):	1 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	7 Med A 31 Mgd A 25 Med B 0 Mgd B 3 Mcd/Clk Cty	**Medical Records** (Uploading /Record Request)	**Medical Record Request: 2** -Summerlin Hospital Medical Center for Sue Weinstein -Sunrise Hospital Medical Center for Dolores Hanna ****Anthony out on Friday due to MOD on Saturday**
Business Office	•Corporate training with Marcelena, BHS meeting **Triple Check, 6/3/26, 8:30 am, Private Dining**	**HR/PR/AP**	•Announce & Disburse Info went out yesterday via SNF Clinic blast: No paper time off requests effective 6/1/26 •A/P •Bank for THOS •Absence Reports •Employee Files
Case Management	•PDPM •Spreadsheet •D/c Planning •Assessments •Triple Check Prep	**DON**	**•KeKe not in attendance: remote today**

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
    a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census

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STAND UP MEETING

Date: 5/29/2026	Census 163	Administrator comments (Follow up): Dr. Robbie reviewed the following with the leadership team: •Will be at St. Joseph's part of day			
Description	**Yesterday**	**Description**	**Today**	**RM# Changes**	**Conversions**
	37 Mgd 116 Mcd 7 Mcr 3 Pvt	# Of prospective Admits & Type	2 Mgd	119A>118	
# Of Admissions (type)	7 Mgd	# Of planned DC's & Type	1 Thompson>Home		
# Of Discharges (P-Planned, U-Unplanned)	4 1 AMA 3 Home	Planned Ending Census	164		
# ER Transfer	0	Comment: **Private Dining Schedule: Kim T, Alliyah** **MOD: Saturday Anthony** **Sunday Mechelle**			
# Hospital Readmission	0				
Reentry both From ER and Hospital Readmission (if they were out more or less than 24 hours)	0				

PROJECTIONS

HOURS	C N A	RNA	LVN	RN	Total PPD
Projection/ forecast					3.51

SKILLABLE (Change in Condition)

Change in Condition	Change in Condition with Skilled Pick up (W/in 30-day window?)	Payor Change	Level Change	CONCLUSION
	Physician & Family Notified			

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ABUSE ALLEGATIONS/ GRIEVANCES (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	ONCLUSION

PERSON-CENTERED INTERVIEW ROUNDING WORKSHEET

Concerns Identified	Addressed by	Status / Follow up

INCIDENT REPORT/RISK MANAGEMENT /UNUSUAL OCCURRENCE (List names & incidents. Check marks all completed items while developing action plans for incomplete items. Incident Report paperwork should be reviewed prior to stand up. DON or SSD to bring to Stand Up)

NAME	INCIDENT TYPE	RISK MANAGEMENT COMPLETION	REPORTABLE	CONCLUSION

SURVEY ACTIVITY / SVR STATUS / POC

SURVEY ACTIVITY / SVR STATUS

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Reportable Event / FRI

Reportable Event / FRI

ENFORCEMENT CYCLE (any open)

ENFORCEMENT CYCLE (any open)	
If yes: Date:	Comment:

INFECTION CONTROL & PREVENTION

COVID STATUS
Number of Resident that has covid in Facility: **Staff/Residents COVID**

Vaccination
Flu Vaccine (Compliance %): 97 Pneumococcal Vaccine (Compliance %): 97 PPD screening (Due): ongoing

EBP (Enhance Barrier Precaution)
Number of Resident on EBP 31
Precautions in place: ☒ Yes ☐ No **1 contact isolation: Room 13**

Ruby Resource Audits Follow up MARS & TARS FROM YESTERDAY Completed: Audited new admissions and information given to ADON's, DSD, MDS

Admission Audit	Change in Condition audit	MAR / TAR	Discharge Audit	Order audit	Dialysis Audit	Wound audit
☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No	☒Yes ☐No

Name of Skilled Resident	Case Mix Projection	Diagnosis Listing	MDS query	HIPPS code Alert	Medicare Technical Findings
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Xchive / Facility driven Audits

Xchive Clinical Report		
Daily Documentation ☐Yes ☐No	Weekly Summary ☐Yes ☐No	UDA Audits ☐Yes ☐No
Facility Driven audits		
POC (ADLs) Compliance % ☐Yes ☐No	Skilled Cert/Recert ☐Yes ☐No	Physician Visit / order Signature ☐Yes ☐No

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DISCHARGE AND TRANSFER

NAME	Notice of Transfer	Notice of Transfer (Fax to ombudsman)	Notice of Transfer (Copy Given to RP/Resident)	Bed hold Notice

MDS Distribute MDS/HMO Assessments Follow Up Form

MDS due & overdue of the week report from Ruby Resource follow up	☐ Yes ☒ No

Potential QM Trigger	Name of Resident	MDS/ARD (for MDS that are due in 2 weeks?)	Action Plan
	Kleinfelder: Quarterly Gibson: Quarterly Savage: Quarterly Thompson: D/c Conrad: 5 Day Weinstein: 5 Day Matthew: 5 Day Hilliard: 5 Day Johnson: Annual		

QM Triggered	Name of Resident	MDS/ARD (recently transmitted MDS)	Action Plan

DSD

Training / Education (Related to MSR)	Percentage of Compliance
Auditing: bowel movements, RNA, medication pass, admission review	Poc: 97.56%
New hire (Orientation / Physical):	

DEPARTMENT HEADS REPORT

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DEPARTMENT HEADS REPORT			
Environmental (Rounds, Deep Cleaning Rooms)	25, 117, 219, 239, 313, 332	**Laundry** (Chemical Check/Linen supply)	•Fully Staffed •Laundry/Linen Caught Up •Linen inventory today •Rooms to clean from discharges
Social Services (Pending UDA/Overdue)	•New Admissions •Quarterly's **•AIT: Alliyah on campus today** -Central Supply, Maintenance, Dietary	**Activities** (Events, Pending/overdue UDA)	•Dani alone today •Morning stretch & workout, coffee & tea, bingo, arm chair travel, happy hour, birthday celebration •Interview
Maintenance (TELS)	•Awaiting kitchen equipment delivery •Quotes for doors on West •Quotes for cameras •Tels •Work orders & pm's	**Appointments/Transportation**	•2 Appointments: Preston, Horan •5 Dialysis: Johnson, Hairston, Tate, Jackson, Davis
Central Supply (concern w/supply)	N/A	**SUB ACUTE** (Timely MD progress note):	•Sasha: IDT Rounds, weekly call, admissions •Kiani: **Not in Attendance: Vacation**
Dietary Dept. (Staff hour Issue, labeling /dating issue)	**•Dietary: Eunice** -Reviewed today's menu -ERU East cart came back with ants on Wednesday night **•Judy: RD** -Admissions, quarterly's, annuals, IDT, sanitation report, dialysis	**RNA/RNP** (referral/decline, staff hours):	0 RNA
Rehabilitation Dept. ST/PT/OT (Change in diet/level of assistance, overdue JMA & rehab screening)	6 Med A 36 Mgd A 22 Med B 0 Mgd B 3 Mcd/Clk Cty **-Errin will be out until Thursday next week**	**Medical Records** (Uploading /Record Request)	**Medical Record Request:** ****Anthony out today due to MOD on Saturday**
Business Office	•Posting cash, month end close prep, triple check prep, corporate huddle at 2 pm **Triple Check, 6/3/26, 8:30 am, Private Dining**	**HR/PR/AP**	**•No paper time off requests effective 6/1/26** •A/P •Bank for THOS •Absence Reports •Employee Files
Case Management	•Spreadsheet •Admissions •D/c Planning •Assessments •Triple Check Prep	**DON**	**•KeKe not in Attendance**

Ideal Workflow:

To improve the effectiveness and efficiency of stand up, ***staff should be prepared to report the following information***. The key players would be DON, Administrator, Admissions, Medical Records Director, Social Services Director, DSD, Dietary Supervisor, Payroll, Business Office Manager, Maintenance Supervisor, Recreation/Activities and Housekeeping/Laundry Lead.

1. Administrator Comments (Follow Ups)
   a. Follow-up from items not completed or addressed to the IDT. Typically, I take 2-4 minutes to let the team know about successes and opportunities of departments since the last stand up. Also, I take a moment to address general customer service or compliance issues as well.
2. Census
   a. Filled out and reported by the Admissions Director. States the case mix at midnight for Medicare, HMO, In-house (IH), and Total census with Bed holds.

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APPLICATION OF ALLIYAH HOWARD

NEVADA STATE BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS

REGULAR BOARD MEETING

NOVEMBER 18, 2026

MS. HOWARD'S DOCUMENTS FOR THE BOARD'S CONSIDERATION

HUTCHISON & STEFFEN
ATTORNEYS

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October 29, 2026

VIA ELECTRONIC MAIL: beltca@beltca.nv.gov

Jennifer Van Curen
Executive Director
Nevada State Board of Examiners
for Long Term Care Administrators
6170 Mae Anne Avenue, Suite 1
Reno, Nevada 89523

Re:	Client:	Alliyah Howard
	Complaint No.:	26-NFAS-11
	File No.:	10532-0032

ALLIYAH HOWARD'S RESPONSE TO THE BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS' CORRESPONDENCE DATED OCTOBER 14, 2026

Dear Ms. Van Curen:

Please allow this correspondence to serve as Alliyah Howard's ("Ms. Howard") Response to the above-referenced Correspondence from the Nevada State Board of Examiners for Long Term Care Administrators ("Board"), dated October 14, 2026. This Response is timely submitted in advance of the Board's review of this matter scheduled for November 18, 2026.

In its correspondence, the Board offered Ms. Howard the opportunity to respond to a complaint submitted through the Board's online contact form. Ms. Howard takes the allegations against her seriously and appreciates the opportunity to provide an account of the circumstances, together with supporting documentation. Ms. Howard denies any and all allegations, express or implied, that her conduct as an Administrator-in-Training ("AIT") was improper in any regard or violated any provision of the Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), or any other applicable authority. Please find below a section outlining Ms. Howard's general objections and requests for clarification, a statement of relevant facts, and her response to each allegation.

The Board further offered Ms. Howard the opportunity to provide any documents or other evidence in her possession which might further the Board's review, analysis, and consideration of the facts related to the complaint. Pursuant to the Board's request, please find enclosed the following:

- Copies of emails Ms. Howard sent to St. Joseph Transitional Rehab staff bearing her professional email signature, which identifies her position as an AIT at The Heights of Summerlin;

- A copy of the name badge Ms. Howard wore at St. Joseph Transitional Rehab, which identifies her position as The Heights of Summerlin AIT; and
- Copies of Ms. Howard's AIT hour logs bearing the sign-off of her preceptor and facility leadership.
- A Declaration from Dr. Robbie Williams, Ms. Howard's preceptor and the Administrator of the Heights of Summerlin and St. Joseph's Transitional Rehab

Please be advised that should the Disciplinary Screening Officer assigned to this case have any questions subsequent to review of this Response, he or she should direct any such questions to my office instead of contacting Ms. Howard directly.

OBJECTIONS AND REQUESTS FOR CLARIFICATION

Pursuant to NRS 654.110(3), "[e]xcept as otherwise provided in this section and NRS 239.0115, a complaint filed with the Board, all documents and other information filed with the complaint and all documents and other information compiled as a result of an investigation conducted to determine whether to initiate disciplinary action against a person are confidential, unless the person submits a written statement to the Board requesting that such documents and information be made public records." See NRS 654.110. Ms. Howard requests that the Board take note of the aforementioned statute and ensure that all records deemed confidential pursuant to the statute are maintained as such. As the plain language of NRS 654.110(3) requires that any record and/or information obtained during an investigation be kept confidential, Ms. Howard objects to any possibility of the Board providing a copy of this Response or its enclosures to the complainant or any other third party.

Ms. Howard also formally objects to the Notice & Request and the attached complaint as insufficient based on the failure of both to set forth specific charges against her. The complaint consists of a single-sentence online form submission from an individual identified only as "DON," with no email address or telephone number provided, stating that Ms. Howard "forged her hours" in the AIT program at The Heights of Summerlin. The complaint does not identify the hours, dates, records, or documents purportedly at issue, nor does it identify any basis for the complainant's knowledge. The Notice & Request likewise fails to identify the statutory or regulatory sections, if any, that the conduct generally described in the complaint, if proven, may violate, aside from broad references to NRS and NAC Chapter 654 and NRS and NAC Chapter 449. Ms. Howard requests clarification as to the specific charges alleged against her and an enumeration of the statutes and/or regulations that may be implicated.

Further, the complaint enclosed with the Notice & Request addresses only the alleged falsification of AIT hours. Ms. Howard understands, however, that the Board's review may also concern (1) whether she represented herself as a licensed administrator at St. Joseph Transitional Rehab, and (2) the circumstances of her conversation with a Board member during a visit to that facility. Although Ms. Howard addresses each of these matters below in the interest of full cooperation and candor, these allegations are not set forth in the complaint provided to her. To the extent the Board possesses additional information, reports, or documentation that has not been disclosed and is necessary for Ms. Howard to respond to or defend against, Ms. Howard reserves all rights to address and respond to such information. Ms. Howard also objects to any attempt to raise additional issues without her having an opportunity to respond to the same. Accordingly, Ms.

Howard requests clarification as to the specific allegations made against her, individually, such that she may properly defend against the same in accordance with her due process rights under the Nevada Constitution and the Constitution of the United States of America. In light of the foregoing, Ms. Howard reserves the right to supplement this Response upon receiving the requested, necessary clarification.

STATEMENT OF RELEVANT FACTS

At all relevant times, Ms. Howard was an AIT at The Heights of Summerlin, completing her training under the supervision of her preceptor, Dr. Robbie Williams, as approved by the Board. Throughout her AIT, Ms. Howard made a sincere effort to fulfill her responsibilities and to present herself with the utmost professionalism.

At the direction of her preceptor and company leadership, Ms. Howard was occasionally present at St. Joseph Transitional Rehab for the purpose of attending meetings and observing and participating in supervisory assigned activities. While at St. Joseph Transitional Rehab, Ms. Howard continuously wore her name badge, which accurately identified her position as The Heights of Summerlin AIT. Her email correspondence with St. Joseph Transitional Rehab staff likewise bore her professional email signature identifying her AIT position at The Heights of Summerlin.

In spring 2026, a member of the Board visited St. Joseph Transitional Rehab and spoke with Ms. Howard. During that visit, Ms. Howard presented her identification badge to the Board member. Following her initial conversation with the Board member, Ms. Howard excused herself and contacted her preceptor, who requested to join the discussion. While waiting for her preceptor, Ms. Howard was notified that the Board member was preparing to leave, at which time she was able to speak with the Board member again. To be clear, Ms. Howard was not avoiding conversations with the Board, rather she was waiting for her preceptor, as she believed was appropriate. This was in no way an effort to thwart her obligations to the Board.

Throughout her AIT training, Ms. Howard's hours were reviewed and signed off on by facility leadership and her preceptor. There were times when department heads were not available to sign certain portions of the timesheets. However, those hours have been verified by her preceptor.

RESPONSE TO ALLEGATIONS

I. Ms. Howard Denies That She Represented Herself as a Licensed Administrator to Staff and the Public at St. Joseph Transitional Rehab.

Ms. Howard respectfully denies the allegation that she represented herself as a licensed administrator to staff and the public at St. Joseph Transitional Rehab. With all staff and members of the public at St. Joseph Transitional Rehab, Ms. Howard continuously wore her name badge, which accurately stated her position as The Heights of Summerlin AIT. Indeed, during the Board member's visit, Ms. Howard presented that very identification badge to him.

Ms. Howard's written communications are consistent with her badge. Her emails to St. Joseph Transitional Rehab staff bear her professional email signature, which identifies her AIT

position at The Heights of Summerlin. Nothing in these communications suggests that Ms. Howard held herself out as a licensed nursing home administrator for any facility.

Moreover, Ms. Howard's presence at St. Joseph Transitional Rehab was at the direction of her preceptor and company leadership, for the purpose of attending meetings and observing and participating in supervisory assigned activities. Participation in such activities is an expected component of administrator training and is consistent with the Board's requirements. While Ms. Howard completed the activities assigned to her, her presence was not intended to indicate, and did not indicate, that she was a licensed nursing home administrator. Ms. Howard respectfully requests that the Board consider the enclosed supporting documentation when evaluating this allegation. Accordingly, Ms. Howard denies and disputes any allegation that she misrepresented her licensure status.

II. Ms. Howard Denies That She Left the Premises to Avoid a Conversation With the Board Member.

Ms. Howard respectfully denies the characterization that she left the premises after a brief initial conversation with the Board member. Following her initial conversation with the Board member, Ms. Howard excused herself and contacted her preceptor, Dr. Robbie Williams, who requested to join the discussion. Seeking the involvement of her preceptor, who is responsible for supervising her training, was an appropriate and good-faith step for an AIT to take. While waiting for her preceptor, Ms. Howard was notified that the Board member was preparing to leave. At that time, Ms. Howard immediately returned to speak with the Board member.

At no point was it Ms. Howard's intention to avoid, evade, or disregard a conversation with the Board. Ms. Howard respectfully asks the Board to consider these circumstances when evaluating this allegation. Accordingly, Ms. Howard denies and disputes any allegation that she failed to cooperate with the Board.

III. Ms. Howard Denies Providing Inaccurate or False Documentation of Time Worked as an AIT.

Ms. Howard respectfully denies providing inaccurate or false documentation of time worked as an AIT, and specifically denies the complainant's assertion that she "forged" her hours. During her AIT training, Ms. Howard's hours were reviewed and signed off on by facility leadership and her respected preceptor. While there were some portions of her time cards that were not signed by a department head, her preceptor has verified that Ms. Howard worked the hours in question in the identified departments and has provided a declaration relating to the same.

As noted above, the complaint is a single-sentence submission that does not identify any specific hours, dates, or records alleged to be inaccurate, and it provides no basis for the complainant's knowledge. Without such information, there is nothing to rebut the contemporaneous review and approval of Ms. Howard's hours by those responsible for supervising her training. Accordingly, Ms. Howard denies and disputes any allegation that she falsified or inaccurately reported her AIT hours.

CONCLUSION

Ms. Howard appreciates each Board member's time and consideration in reviewing this Response and the supporting documentation. Ms. Howard has taken her time as an AIT seriously and understands the responsibility and honesty associated with pursuing licensure. She submits this Response with integrity and remains committed to cooperating with the Board throughout its review.

As set forth in detail in this Response, Ms. Howard denies any and all allegations, express or implied, that she violated any section of NRS or NAC Chapter 654, NRS or NAC Chapter 449, or any other applicable authority. Ms. Howard respectfully requests that the Board consider the supporting documentation and the full circumstances surrounding each allegation before reaching a conclusion, and that the Board close its investigation.

Thank you for your attention to this matter. Should you have any questions following your review of this correspondence and supporting documentation, please feel free to contact me.

Very Truly Yours,

/s/ Jessica Gandy
Jessica Gandy, Esq.

Alliyah Howard

JG/cs

DECLARATION OF DR. ROBBIE WILLIAMS REGARDING ALLIYAH HOWARD'S ADMINISTRATOR IN TRAINING PROGRAM

I, Dr. Robbie Williams, declare as follows:

1. I am over the age of eighteen and competent to make this declaration. I have personal knowledge of the facts stated herein, except as to matters stated on information and belief, which I believe to be true. If called as a witness, I could and would testify competently to these facts.
2. I am the Facility Administrator of the Heights of Summerlin, located at 10550 W. Park Run Drive, Las Vegas, Nevada. I am licensed as a facility administrator in the State of Nevada.
3. In my capacity as Facility Administrator, I am familiar with and have access to the personnel, training, and timekeeping records maintained by the Heights of Summerlin in the ordinary course of its business, including the records relating to Alliyah Howard's administrator in training ("AIT") program. These records were made at or near the time of the events recorded, by or from information transmitted by persons with knowledge, and are kept as a regular practice of the facility.
4. Ms. Howard participated in a Nevada AIT program from approximately February 2026 through August 2026. Her AIT rotations were completed at the Heights of Summerlin and at St. Joseph's Transitional Rehabilitation Center. Varies Heights of Summerlin administrative staff, including myself, served as her preceptor.
5. Based on my personal knowledge and my review of the facility's records, Ms. Howard completed all of the hours required for her Nevada AIT program at the Heights of Summerlin and St. Joseph's Transitional Rehabilitation Center, including the hours required in each department rotation, as listed on her submitted time sheets.
6. I am aware that certain of Ms. Howard's AIT time sheets were not signed by the head of the department in which the hours were served. The absence of a department head signature on those time sheets was an administrative oversight and does not reflect any deficiency in the hours Ms. Howard actually completed. Notwithstanding the missing signatures, the Heights of Summerlin confirms that Ms. Howard completed all of the hours reflected on those time sheets, as well as all of the other relevant hours required for her AIT program, this has been confirmed through schedule review and discussion with department heads.
7. Throughout her AIT program, Ms. Howard was identified by the facility as an "administrator in training" at all times. This includes but is not limited to her email signature, her work badge, and any personal introductions she may have made. The Heights of Summerlin is not aware of any instance in which Ms. Howard held herself out as an "administrator," rather than as an "administrator in training," whether to residents, families, staff, vendors, regulators, or any other person, in written materials, signature blocks, name badges, or otherwise.

8. To the best of my knowledge, Ms. Howard conducted herself during her AIT program in a manner consistent with the rules governing administrators in training in Nevada.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed on this 29 day of October, 2026, in Las Vegas, Nevada.



Dr. Robbie Williams

Facility Administrator, Heights of Summerlin

medical records

AIT Training

Department	Duration	Initial
Transfers/dc ombudsman	3/3 1hr	ADL
intro to Ruby ressource, medical Rec. audits	3/18 3hr	ADL
made Qapi-form and Qapi unsigned orders	3/20 1.5	ADL
daily audit / Ruby ressource	3/23 (9.5)	ADL
Survey Prep. brought pt med requests ↓ to surveyors	3.24.26 (3hr)	ADL
	3.25.26 (3hr)	ADL
↓ dialysis Tracking education	3.26 26 (3hr)	ADL
unsigned orders issues resolved	3.27.26 (3hr)	ADL
review unsigned orders contracted MD's	3.30.26 1hr	ADL

AIT Training

Medical records	Ruby Review BF/U (8)	ADL
	clinical review (3)	ADL
unsigned MD orders	MR (6)	ADL

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AIT Training

[illegible]	Duration	Initial
Dietary	2-19-26 (2.5)	K
	2-20-26 (2.5)	K
	2.23.26 (2.5)	K
	2.23.26 (6)	K
	2.26.26 (2)	K
	2.26.26 (2)	K
	3.6.26 (2)	Schneider
	3.6.26 (2)	K. Park
	3.7.2026 (7)	Schneider
	3.8.2026 (9.5)	K. Park
	3.9.2026 (2)	K. Park
	3.9.2026 (.5)	K. Park
RDN/LD	3.10.2026 (.5)	

AIT Training

[illegible]	[illegible]	Initial
Housekeeping Laundry	3.9.26 (3hours)	
	3/9/26 (.5)	
laundry	3/10/26 (6)	
SIR review Meeting w/ Robin	3/11/26 (.5)	

HR40

AIT Training		
Department	Duration	Initial
	7.5	
	12	
	12	
	8.5	

76.5 Staff Development

AIT Training		
Department	Duration	Initial
Surv.	12	
Surv.	12	
Aur. Audit	12	
Meeting	12	
w/Staff/Mr.	12	
	12	
P.O.C	4.5	

envi management

AIT Training

[illegible]	[illegible]	[illegible]
4/20	(1)	Mark Fuller
	(1)	Mark Fuller
	(6)	
	(5)	
	(3)	
	(4)	
	(5)	
	(3)	
	(3)	
	(3)	
	(3)	
	(3)	Mark Fuller

4

Central Supply

AIT Training

Graduation	Duration	Initial
May	12	
	12	
	12	
	12	
	12	
June	10	
	10	

AIT Training

Medical records	Ruby Review BF/U (8)	ADL
	clinical review (3)	ADL
Unsigned MD orders	MR (6)	ADL

medical records

AIT Training

Department	Duration	Initial
Transfers/dc ombudsman	3/3 1hr	ADL
intro to Ruby ressource, medical Rec. audits	3/18 3hr	ADL
made Rapid Response and daily audit / Ruby resource	3/20 1.5	ADL
Survey Prep. brought to MD requests to surveyors	3/23 (4.5)	ADL
↓	3.24.26 (3hr)	ADL
↓ dialysis Tracking education	3.25.26(3hr)	ADL
unsigned orders issues resolved	3.26.26(3hr)	ADL
review unsigned orders contracted MD's	3.27.26(3hr)	ADL
	3.30.26 1hr	ADL

AIT Training

Department	Duration	Trainer
Dietary	2-19-26 (2.5)	K
	2-20-26 (2.5)	K
	2.23.26 (2.5)	K
	2.23.26 (6)	K
	2.26.26 (2)	K
	2.26.26 (2)	K
	3.6.26 (2)	Schneider
	3.6.26 (2)	K. Park
	3.7.2026 (7)	S. Hunter
	3.8.2026 (9.5)	K. Park
	3.9.2026 (2)	K. Park
	3.9.2026 (.5)	K. Park
RDN/LD	3.10.2026 (.5)	

AIT Training		
[illegible]	[illegible]	[illegible]
Housekeeping Laundry	3.9.26 (3hours)	
	3/9/26 (.5)	
laundry	3/10/26 (6)	
SIR review Meeting in Robbie	3/11/26 (.5)	

HR40

AIT Training		
Department	Duration	Date
	7.5	
	12	
	12	
	8.5	

76.5 Staff Development

AIT Training		
[illegible]	Duration	Initial
Surv.	12	
Surv.	12	
Aur. Audit	12	
Meeting	12	
w/Staff/Aur.	12	
	12	
P.O.C	4.5	

envi management

AIT Training

4/20	(1)	Mark Fuller
	(1)	Mark Fuller
	(6)	
	(5)	
	(3)	
	(4)	
	(5)	
	(3)	
	(3)	
	(3)	
	(3)	
	(3)	Mark Fuller

Central Supply

AIT Training		
May	12	7
	12	7
	12	7
	12	7
	12	7
June	10	7
	10	7

Therapy 4/26

AIT Training

Clinical Review iPPPM Levels	4/6 (5.5)	EA
	4/8 (4)	EA
	4/10 (6.5)	EA
	4/14 (4)	EA

Therapy

5.5 Hours- Participated in PDPM meetings and reviewed therapy components related to resident care plans and reimbursement.
4 hours - Reviewed therapy levels and evaluated discharge appropriateness for residents.
6.5 hours- Observed and reviewed therapy services provided in the therapy gym.
4 hours- Attended therapy meeting where insurance caseloads, authorizations, and therapy coverage were discussed / clinical meeting where therapy interventions were assigned for residents with falls and other identified needs.

20 Hours Total



AIT Training		
Nursing	2/3/2026 (1.5)	xOL, RN
	2/4/26 (1.5)	xOL, RN
	2/5/26 (1.5)	xOL, RN
	2/6/26 (1.5)	xOL, RN
	2/9/26 (1.5)	xOL, RN
	2/10/26 (1.5)	xOL, RN
	2/11/26 (1.5)	xOL, RN
	2/12 (1.5)	xOL, RN
	2/13 (1.5)	xOL, RN
	2/16/26 (1.5)	xOL, RN
	2/17/26 (1.5)	xOL, RN
	2/18 (1.5)	xOL, RN
	2/19 (1.5)	xOL, RN
	2/20/26 (1.5)	xOL, RN
	2/27/26 (1.5)	xOL, RN

AIT Training		
Department	Duration	Trainer
Weekly Regional call Clinical, Post meeting	N (4) 3.20	Dr, RN
Clinical Review of IP, Soms	3.21 (2)	Dr, RN
review orders psych referral	3.23 (1.5)	Dr, RN
Clinical review	3.24 (1.5)	Dr, RN
Clinical review	3.25 (1.5)	Dr, RN
Clinical review	3.26 (1.5)	Dr, RN
Clinical review	3.27 (1.5)	Dr, RN
clinical, PDPM, discharge review	3.30 (4)	Dr, RN
Clinical, PDPM Psych review	3.31 (4)	Dr, RN

AIT Training

Department	Attended	Initial
Nursing: Clinic IDT · Nurse duty Review	4/1 (12)	SH
Clinical Standard IDOT	4/2 (4hrs)	SH
Clin. Stand, idt pgm Cravenew	4/3 (12hrs)	SH
Psych Audit	4/4 (12 Hours)	SH
OOP/elopement	4/5 (12hrs)	SH

AIT Training

[illegible]	[illegible]	[illegible]
Nursing	3·2·26 (1.5)	dls, RN
	3·3·26 (1.5)	dls, RN
	3·4·26 (1.5)	dls, RN
	3·5·26 (1.5)	dls, RN
	3·6·26 (1.5)	dls, RN
	3·9·26 (1.5)	dls, RN
Clinical	3·10·26 (1.5)	dls, RN
Ellen Orientation	3·10·26 (.5)	dls, RN
Sasha CC	3·10·26 (.5)	SH
Meeting w/Chart HIM/Legal	3·10·26 (1.5)	dls, RN
Clinical	3/11/26 (1.5)	SH
Reportable Events Webinar	3/11/2026 (1)	SH
Safety Meeting/CNA Insurance	3/11/2026 (1)	dls, RN
Clinical Audits LAWN	3/12/2026 (8)	dls, RN
Clinical Audits LAWN	3/13/2026 (8)	dls, RN
Audit Opioid	3·14·26 (8)	dls, RN
Audit Opioid	3·15·26 (8)	dls, RN
Clinal, hospice idt care conference	3·16·26 (4)	dls, RN
Clinical, idt meeting cc	3·17·26 (4)	dls, RN
Clinical, IP meeting, Post	3·18·26 (4)	dls, RN
Clinical, Weekly idt meet Psych, Beh. Meeting	3·19·26 (4)	dls, RN
Cloudmindsdemo	3·19·26 (1.5)	dls, RN

10 admin

AIT Training		
Department	Duration	Initial
	10	

Administration

AIT Training		
[illegible]	[illegible]	[illegible]
	3·2 (6.5hr)	aw
	3.3 (5.5hr)	aw
	3-4 (6.5hour)	aw
	3\5 (6.5hr)	aw
	3\6 (2.5)	aw
	3\9 (1hr)	aw
	3\10 (1hr)	aw
	3-11 (4hour)	aw
	3-17 (4hr)	aw
	3\18 (1hour)	aw
	3\19 (2.5)	aw
	3·20 (2·5)	aw
	3·23 (2hr)	aw
	3·24 (3.5hr)	aw
	3·25 (3.5hr)	aw
	3.26 (3.5hr)	aw
	3·27 (3.5hr)	aw
	3·30 (3hr)	aw
	3·31 (4hr)	aw

AIT Training		
Department	Duration	Initial
Administration	2-2 (8)	RW
	2-3 (6.5)	RW
	2-4 (6.5)	RW
	2-6 (6.5)	RW
	2-9 (6.5)	RW
	2-10 (6.5)	
	2-11 (6.5)	
	2/12/26 (6.5)	
	2-13-26 (6.5)	
	2-16-26 (6.5)	
	2/17/26 (6.5)	
	2/18/26 (6.5)	
	2-19-26 (4)	
	2-20-26 (4)	
	2-24 (6.5)	
	2-25 (6.5)	
	2-26 (2.5)	
	2-27 (6.5)	

Department	Duration	Initial
HOUSEKEEPING	2	PW
	2	PW
	2	PW
	8	PW
	4	PW
	2	PW
	2	PW
	1.5	PW
	.5	PW
	2	PW
	2	PW
	2	PW
	2	PW
	2	PW
	2	PW
	2	PW
	2	PW

Laundry

AIT Training		
Reviews of Threshholds	4/12 (4Hours)	RW
Meeting w/Robbie	4/20 (2hrs)	RW
	4/27 (2)	RW
	4 (2)	RW
	12hrs	RW

10

Department	Duration	Initial
Dietary	2	Em
	2	Em
	4	Em
	2	Em
	2	Em
	2	Em
	2	Em
	8	Em
	8	Em
	4	Em
	4	Em

Alliyah Danea Howard

AIT

The Heights of Summerlin

Alliyah Danea Howard

AIT

The Heights of Summerlin

November 5, 2026

State of Nevada
Board of Examiners
For Long Term Care Administrators
6170 Mae Anne Avenue, Suite 1
Reno, Nevada 89523

Email: beltca@beltca.nv.gov

Regarding: Complaint #26-NFAS-11

Dear Board Members for Long Term Care Administrators:

I would like to respond to the data from the form "Contact Information" received on 7/2/2026. This complaint was from the DON (no name given) at 10550 West Park Run, Las Vegas, NV 89147. In this contact online form, it alleges that "Alliyah Howard, Administrator-in-Training (AIT) forged her hours for the AIT program while working at the Heights of Summerlin."

On December 18, 2025, I applied to become the Preceptor for Administrator-in-training Program for Alliyah Howard. The approval was received on 12/19/2025. Her AIT rotations were to address the five (5) Domains of Practice as established by the National Association of Boards of Examiners of Long Term Care Administrators (NAB) including Resident Care and Quality of Life, Personnel Management, Financial Management, Physical Environment and Atmosphere Management, and Leadership and Management. The State of Nevada requires Administrator-in-Training applicant to fulfill 1,000 hours under the direction of an approved Preceptor.

Based on my personal knowledge, Ms. Howard's AIT completed all of the hours required for her Nevada AIT program. The AIT time sheets were signed by Department Heads to confirm completion of all hours reflected on the time sheets (attachment 1).

As the regulations indicate that the AIT program take place under me as the preceptor and at my direction. In May 2026, I was temporary licensed for St. Joseph Transitional Rehabilitation Center. There are times that Ms. Howard, AIT, assisted me at St. Joseph Transitional Rehabilitation.

Respectfully, I am submitting this respond to the Complaint #26-NFAS-11.

Sincerely,

Dr. Robbie D Williams, Ed.D
NHA #343 licensed 1998