

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Nursing Center at LA Posada, The		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Masterpiece Way Palm Beach Gardens, FL 33410	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 01948</p> <p>Based on observation, interview, and record review, the facility failed to care and services, as evidenced by lack of supervision and assistance, during meals for 1 of 4 sampled residents, Resident #17, reviewed for nutrition.</p> <p>The findings included:</p> <p>Review of the clinical record of Resident #17 revealed the resident was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included: Fracture of Left Shoulder, Congestive Heart Failure (CHF), Repeated falls, and Psychosis. Review of the current Minimum Data Set (MDS) assessment dated [DATE] noted a Brief Interview for Mental Status (BIMS) score of 2 indicating severe cognitive impairment, and the resident required supervision and touching assistance with eating of meals. Review of the current physician orders dated 10/17/24 documented for a Mechanical Soft / No Added Salt Diet.</p> <p>Review of the current care plan dated 10/18/24 documented the following problems:</p> <ul style="list-style-type: none"> <li>-Impaired Vision - no documented intervention for staff supervision and assistance with meals.</li> <li>-ADL (Activities of Daily Living) Care - no documentation of intervention for staff supervision and assistance with meals.</li> <li>-Nutrition - no documentation of intervention for staff supervision and assistance with meals.</li> <li>-Cognitive Loss - no documentation of intervention for staff supervision and assistance with meals.</li> </ul> <p>Observation of the breakfast meal on 10/28/24 at 8:30 AM noted Resident #17 to be confused and cognitive impaired. Resident #17 was noted to be struggling to eat independently and was spilling food onto front of self. During the 30-minute breakfast observation, it was noted there were no staff to enter the resident's room and provide supervision or assistance with the meal. Resident #17 was noted to be calling out for help during the meal. The resident consumed only 25% food and fluids of the breakfast meal.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of lunch meal on 10/28/24 at 12:45 PM noted the meal tray was served to the room of Resident #17. Review of the meal ticket noted that the resident had a No Added salt diet but the resident received a pureed meal. The resident was with cognitive impairment and confusion, the tray set-up was done by nurse who stated to the surveyor 'she needs help with feeding but can't help now and will be back latter'. Continued observation noted the resident to be eating with her hands (pureed beef, and mashed potatoes) and she ate the dessert with her hands first. No further help was noted with the meal from nursing staff. Resident #17 ate less than 50% without assistance and supervision. Three spoons were served with the meal and no other silverware (fork and knife) was provided with the food tray.</p> <p>During the observation of the breakfast meal on 10/29/24 at 8:45 AM, it was noted that the tray was served to the room of Resident #17. Further observation noted that the meal tray ticket documented Mechanical Soft / No Added Salt diet. Further observation noted that the nursing aide set up the meal tray for the resident and left the room. Further observation over the next 15 minutes noted the resident with confusion, yelling out for assistance, and spilling tray foods when attempting to self-feed. It was further noted that the resident was seen by the Unit Secretary who then sat with the resident and the resident was feed the entire meal. Meal consumption was 100% food and fluids.</p> <p>On 10/29/24 at 10:00 AM, the surveyor discussed the observations and record review of Resident #17 with the Director of Nursing (DON). It was discussed that the resident is able to feed with close supervision and assistance by staff with all meals. Further discussed was that the goal would be for the resident to receive assistance and supervision. The DON agreed with the findings that the resident was not receiving the necessary supervision and assistance with meals to maintain independence with eating.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 01948</p> <p>Based on observation, interview, and record review, the facility failed to provide residents with a well-balanced diet that meets daily nutritional needs that potentially included 40 of the facility 40 residents, and specifically 6 of 6 sampled residents, Residents #5, #14, #17, #25, 195, and #197, with physician ordered Pureed and Mechanical Soft Diets.</p> <p>The findings included:</p> <p>1. During the review of Cycle Menu #2 which was being utilized during the survey of 10/27/24, it was noted that the cycle menu documented that the breakfast was the only meal that documented an 8-ounce portion of Choice of Milk. Further review of the lunch and dinner meals noted no milk serving documented and stated only 8-ounce beverage.</p> <p>During an interview with the Certified Dietary Manager (CDM) and Food Service Director (FSD), it was discussed that the requirements set by the government standards for development a nutritious diet for adult [AGE] years of greater was a minimum 16-ounces of milk or equivalent be served per day. The CDM and FSD stated that they were aware of the requirement but attempts to correct the cycle menus were not completed.</p> <p>A nutrition tool was requested for the menu development. A review of the Basic Nutrition / Review Healthy Eating Pattern (DOC 425) and the healthy Eating Pattern Evaluation Sheet (Form 425) was provided by the FSD that documented the following:</p> <p>1) The Healthy Eating [NAME] currently used in healthcare communities is based on the following five food groups that include:</p> <p>*Milk, Yogurt, and Cheese: 2 or more 8-ounce servings of low-fat or non-fat milk per day, 2 or more 8-ounce servings of yogurt, or 2 or more 2-ounce servings of processed cheese.</p> <p>2) Age, sex, body, and activity level determines your calorie needs.</p> <p>3) Number of servings from each food group includes: 2-3 servings of Milk, Yogurt, &amp; Cheese.</p> <p>The required servings of milk could potentially affect 40 of the 40 facility's residents.</p> <p>2. During the observation of the lunch meal in the satellite kitchen on 10/29/24 at 11:50 AM, it was noted during the review of the approved lunch menu that the [NAME] Salad (1/2 cup) was included on Regular, No Added Salt (NAS), and Carbohydrate Controlled (CCHO) diets. Further review noted that a mock salad or alternate salad was not included for the Mechanical Soft and Puree diet.</p> <p>Interview conducted with the Certified Dietary Manager (CDM) and Food Service Director (FSD) at the time of the review noted that they agreed and were aware of the findings, but they were not able to make changes in the corporate Cycle Menu.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's diet manual for Mechanical Soft and Puree Diet noted the following:</p> <p>Mechanical Soft: Difficult to chew foods are to be chopped, ground, shredded, cooked, or altered to make them easier to chew or swallow.</p> <p>Puree Diet: All foods pureed to a smooth pudding like, consistency eliminating the whole chew phase. Pureed diets follow the foods on the regular menu as closely as possible with the main difference being consistency.</p> <p>Following the diet manual review for Mechanical Soft and Puree Diet, it was again discussed with the CDM and FSD on 10/29/23 that an alternate for the [NAME] Salad should have been developed into the Cycle Menu.</p> <p>Review of the facility's Diet Census for 10/27/24 noted that there were currently 2 residents (sampled Residents #5 and #195) with physician ordered Pureed Diet, and 4 residents (sampled Residents #14, #17, #25, and #197) with physician ordered Mechanical Soft Diet.</p> <p>During the review of the facility's current Cycle Menu (# 2) that was in use during the survey of 10/30/24, it was noted that all lunch protein entrees were documented to be served at a minimum of 3-ounces of protein. Further review revealed Cycle Menus #1, #3, #4, and the percentage (%) also documented the lunch protein serving as a minimum 3-ounces (21 grams Protein) of protein. Further review of the approved lunch meal of 10/27/24 noted that the entree to be served was Cheese Blintzes (2) and Sausage Patty (1).</p> <p>A review of the manufacturer's nutrient analysis of the for the Cheese Blintzes noted that the total protein provided in the serving was 6 grams (1.5-ounces Protein) and the Sausage Patty provided 5 grams (less than 1-ounce of Protein). The total protein grams served (Blintzes &amp; Sausage) was 11 grams which was 10 grams short of the required 21 grams.</p> <p>Interview with the CDM and FSD at this time and review of the math calculations of the protein being served revealed they agreed that addition protein foods needed to be included in the lunch meal to ensure a 3-ounce protein portion. The CDM and FSD stated that they are unable to make changes in the corporate Cycle Menus.</p> <p>The protein servings could potentially affect 40 of the facility's 40 residents.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>01948</p> <p>Based on observation, interview, and record review, the approved menu was not followed for 2 of 2 sampled residents, Residents #5, and #195, with physician ordered Pureed diets.</p> <p>The findings included:</p> <p>1. During the review of the approved menu for the lunch meal of 10/27/24, it was documented that the Pureed Diet was to receive 2 Pureed Pancake with 1 ounce of sour cream and 1 ounce of pureed bread.</p> <p>During the observation of the lunch meal on 10/27/24 at 11:45 AM in the second floor satellite serving kitchen, it was noted that the pureed pancakes and pureed bread were not prepared or served. No lunch alternatives were noted to be prepared.</p> <p>Interview with the Food Service Director (FSD) at the time of observation noted that the breakfast / lunch cook failed to review the Pureed menu to ensure that all foods included on the approved pureed menu (pureed potato pancakes and bread) for the lunch meal of 10/27/24 were prepared and served.</p> <p>Review of the facility's diet census for 10/27/24 noted that there were 2 facility residents with physician ordered Pureed diets that included Resident's #5 and #195.</p> <p>2. During the review of the approved menu for the lunch meal of 10/28/24, it was documented that the Pureed Diet was to receive 4-ounce of Pureed Potatoes O'Brien. During the observation of the lunch meal conducted on 10/28/24 in the second floor satellite serving kitchen, it was noted that the pureed Potatoes O'Brien were not prepared or served. No alternatives were noted to be prepared or served.</p> <p>In an interview with the FSD at the time of the observation, the FSD stated that the breakfast / lunch cook failed to review the pureed menu to ensure that all pureed food ere prepared and served.</p> <p>A review of the facility's diet census for 10/27/24 noted that there were 2 facility residents with physician ordered Pureed diet that included Resident's #5 and #195.</p> <p>3. During review of the approved menu for the lunch meal of 10/28/24, it was noted that Pureed diets were to receive a serving of Pureed Dread/Roll.</p> <p>During the observation of the lunch meal conducted on 10/29/24 at 11:45 AM in the second floor satellite serving kitchen, it was noted that the Pureed bread was not prepared of served. No other alternates were noted to be prepared or served.</p> <p>In an interview with the FSD at the time of the observation, the FSD stated that the breakfast / lunch cook failed to review the pureed menu to ensure that all pureed foods were prepared and served.</p> <p>(continued on next page)</p>		

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F 0803  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	A review of the facility's diet census for 10/28/24 noted that there were 2 facility residents with physician ordered Pureed diet that included Resident's #5 and #195.		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>01948</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for potentially 40 of 40 facility residents.</p> <p>The findings included:</p> <p>1. During the initial observation tour of the main kitchen on 10/27/24 at 9:00 AM and accompanied with the facility's Food Service Director (FSD), the following were observed:</p> <p>(a) Observation of the main hallway leading up to the kitchen entry/exit door noted that the exterior of the air-conditioning vent was covered with a black mold type substance. It was discussed with the FSD that the mold could result in food borne illness and required cleaning and sanitizing immediately.</p> <p>Photographic Evidence Obtained.</p> <p>(b) Observation of the produce walk-in refrigerator #1 noted that the exteriors of the 3 fan motor covers were rust laden. The surveyor discussed with the FSD the potential for rust substances to fall into foods and result in food contamination.</p> <p>Photographic Evidence Obtained.</p> <p>(c) Observation of walk-in refrigerator #2 noted that the exterior covers of the 3 fan covers were dust laden. The surveyor discussed with the FSD that the dust was spraying all over the foods being stored within the unit and potentially resulting on food contamination.</p> <p>Photographic Evidence Obtained.</p> <p>(d) Approximately 25 portions of uncovered raw fish was being stored on a rack within walk-in refrigerator #1. The surveyor discussed with the FSD that all raw potentially hazardous foods require proper covering at all times.</p> <p>Photographic Evidence Obtained.</p> <p>(e) Approximately 2 pounds of raw shrimp were being stored with walk-in refrigerator #2 and failed to have a storage and discard date. The surveyor discussed with the FSD that all foods must be properly labeled and dated.</p> <p>Photographic Evidence Obtained.</p> <p>(f) A 5-pond container of Ricotta Cheese was located in walk-in refrigerator #2 with a stamped manufacturers expiration date 07/16/24. The surveyor discussed with the FSD that all foods past the manufacturers expiration date must be discarded immediately.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Photographic Evidence Obtained.</p> <p>(g) The floor area around the entrance door to the walk-in refrigerator was heavily stained and soiled. The surveyor discussed with the FSD that the unit is not being properly cleaned on a regular basis. Photographic Evidence Obtained.</p> <p>(h) Numerous cases (10) of food were noted to be stored on the soiled floor of the walk-in freezer. The surveyor discussed with the FSD that all foods must be store a minimum 6 inches off the floor on properly food storage shelving, and that the freezer floor is not being properly cleaned on a regular basis.</p> <p>(i) Soiled cleaning rags (4) were noted to be stored directly on food preparation and serving surfaces. It was discussed with the FSD that the rags are contamination the food surfaces and that all rags must be stored in a chemical solution when not in use.</p> <p>Photographic Evidence Obtained.</p> <p>(j) Chemical sanitizing levels were performed on 3 sanitizing solution buckets. The test revealed that there was insufficient level of chemical (Quaternary) levels in the water as per regulation. The surveyor discussed with the FSD that all chemical storage rags buckets must meet regulatory requirement.</p> <p>Photographic Evidence Obtained.</p> <p>(k) The wall area at the food preparation sink was black mold laden and required re-caulking to the stainless steel run. The surveyor discussed with the FSD that re-caulking is required and that the area is not being properly cleaned on a regular basis.</p> <p>Photographic Evidence Obtained.</p> <p>(l) The inside and exterior of a food transportation cart located within the 3-compartment sink area was heavily soiled and brown stained. The surveyor discussed with the FSD that the carts are not being properly cleaned on a regular basis.</p> <p>Photographic Evidence Obtained.</p> <p>(m) The exterior of the door entry threshold of the pot storage room was noted to have large areas of peeling paint. The surveyor discussed with the FSD that the paint could potentially enter foods and result in food contamination.</p> <p>Photographic Evidence Obtained.</p> <p>(n) The exteriors of 7 commercial frying skillets were soiled and covered with black carbon matter. The surveyor discussed with the FSD that each time the pans are used the carbon is entering into the food being prepared and resulting in potential food contamination.</p> <p>Photographic Evidence Obtained.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(o) Observation of the clean pot and pan equipment storage room noted that a soiled mop bucket was being stored within the room. The surveyor discussed with the FSD that soiled equipment are not to be stored with clean equipment.</p> <p>Photographic Evidence Obtained.</p> <p>(p) The exteriors of the commercial ingredient bins (flour, sugar) were soiled and areas of dried food matter. The surveyor discussed with the FSD that the ingredient bins were not being properly cleaned on a regular basis.</p> <p>Photographic Evidence Obtained.</p> <p>(q) Numerous baking sheet pans (20) were noted to be covered with black carbon substance. The surveyor requested to the FSD to discard the pans and replace them.</p> <p>Photographic Evidence Obtained.</p> <p>(r) Observation of the dish machine noted that the 2 exhaust chutes were not properly attached to the top of the machine as required. The surveyor discussed with the FSD that the issues be repaired as soon as possible.</p> <p>Photographic Evidence Obtained.</p> <p>(s) The stainless-steel dish-runs attached to the dish machine were mold laden and required re-caulking.</p> <p>Photographic Evidence Obtained.</p> <p>(t) The soiled cleaning rags container (1) and the tables cloths container (1) were not made of non-absorbent plastic bags and were not covered. The surveyor discussed with the FSD that the type of material used for storage be plastic and must be covered at all times.</p> <p>Photographic Evidence Obtained.</p> <p>2. During the observation of the Second Floor Satellite Serving Kitchen conducted on 10/27/24 at 10:00 AM, the following were observed:</p> <p>(a) Soiled mop, broom, dustpan were being hung from one of the room walls, and a soiled mop buckets was also being stored in the food serving area. The surveyor discussed with the FSD that no soiled cleaning equipment is to be stored within the food serving and food storage area.</p> <p>Photographic Evidence Obtained.</p> <p>(b) Observation of the food storage and clean disposable room noted that staff personal belongings (purses - 2) were being stored on food storage shelving. The surveyor discussed with the FSD that soiled personal belongings cannot be stored within the clean storage room.</p> <p>Photographic Evidence Obtained.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>39026</p> <p>Based on record review and interviews, the facility failed to ensure the Binding Arbitration Agreements was complied with all the regulatory requirements, that included the Agreement must explicitly grant the resident / representative the right to rescind within 30 days of signing it. This affected 35 residents who had signed the facility's current arbitration agreement for the period of 02/02/21 through 10/24/24. The census at the time of survey was 40 residents.</p> <p>The findings included:</p> <p>On 10/27/24 at 10:58 AM, during entrance conference with the Administrator, she verified that there were residents that have entered into an arbitration agreement. She stated this is done when the residents are admitted and part of their admission packet. She confirmed that no residents at this time have resolved a dispute using arbitration.</p> <p>On 10/28/24 at 12:46 PM, an interview was conducted with the Administrator and the Admission Director who was responsible for explaining the arbitration agreement to the residents or responsible party. A review of the list of residents or responsible parties who signed the Voluntary Arbitration Agreement revealed 35 residents had signed.</p> <p>A copy of the Voluntary Arbitration Agreement, which was included in the Facility's Admission Packet, was provided for review. During review of the Arbitration Agreement, the following concern was noted:</p> <p>The agreement stated that each party shall have three (3) business days from the execution of this Agreement to cancel the Agreement by notifying the other party in writing, by certified mail return receipt requested, of its desire to cancel.</p> <p>The Administrator and the Admission Director were immediately informed of the finding with the Arbitration Agreement.</p> <p>On 10/28/24 at 1:57 PM, an additional interview was conducted with the Administrator and Admissions Director. A revised agreement was presented to the surveyor that now</p> <p>included each party shall have thirty (30) calendar days from the execution of this Agreement to cancel the Agreement by notifying the other party in writing, by certified mail return receipt requested, of its desire to cancel.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Nursing Center at LA Posada, The		STREET ADDRESS, CITY, STATE, ZIP CODE  3600 Masterpiece Way Palm Beach Gardens, FL 33410	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0848</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide a neutral and fair arbitration process and agree to arbitrator and venue.</p> <p>39026</p> <p>Based on record review and interviews, the facility failed to ensure the Binding Arbitration Agreements was complied with all regulatory requirements, that included the arbitration proceedings shall take place in a venue that is convenient for both parties. This affected 35 residents who signed the facility's current arbitration agreement for the period of 02/02/21 through 10/24/24. The census at the time of survey was 40 residents.</p> <p>The findings included:</p> <p>On 10/27/24 at 10:58 AM, during entrance conference with the Administrator, she verified that there were residents that have entered into an arbitration agreement. She stated this is done when they are admitted and is part of their admission packet. She confirmed that no residents at this time have resolved a dispute using arbitration.</p> <p>On 10/28/24 at 12:46 PM, an interview was conducted with the Administrator and the Admission Director who was responsible for explaining the arbitration agreement to the residents or responsible party. A review of the list of residents or responsible parties who signed the Voluntary Arbitration Agreement revealed 35 residents had signed.</p> <p>A copy of the Voluntary Arbitration Agreement, which was included in the Facility's Admission Packet, was provided for review. During review of the Arbitration Agreement, the following finding was noted:</p> <p>The Agreement stated that The arbitration proceedings shall take place in the county where the subject facility is located.'</p> <p>The Administrator and the Admission Director were immediately informed of the finding with the Arbitration Agreement.</p> <p>On 10/28/24 at 1:57 PM, an additional interview was conducted with the Administrator and Admissions Director. A revised agreement was presented to the surveyor that now</p> <p>included The arbitration proceedings shall take place in the county that is convenient for both parties.</p>		