STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P0806	A. BUILDING: _____ B. WING _____	04/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUGGER MOUNTAIN SPECIALTY CARE ASSIS	1100 DAILY STREET PIEDMONT, AL 36272

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On April 12, 2023, an unannounced licensure survey was conducted for this 9 bed Specialty Care Assisted Living Facility (SCALF) with a census of 9. There were no complaints investigated during this survey. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.	A 000		
A 508	420-5-20-.05 (3) (h) Records and Reports. (h) Incident Investigation. When an incident, as defined below, occurs in a specialty care assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review. 1. Incidents which require investigation are: (i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as extensive bruising, pain, or injury that is not consistent with actions necessary in	A 508		

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A 508	Continued From page 1	A 508		

providing day-to-day care to a resident or for which medical treatment was sought.

(ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid including but not limited to a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office.

(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.

(iv) Elopement by a resident.

(v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.

(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.

(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.

(viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).

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A 508	Continued From page 2 (ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility. (x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident. (xi) An unplanned occurrence that results in media attention. (xii) A medication error, overdose, or over sedation. (xiii) Ingestion by a resident of a toxic substance that requires medical attention. (xiv) Any indication of malfunction of the sprinkler system, or fire alarm system. 2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following: (i) Names of all residents involved. (ii) Names of all staff involved including person in charge at the time of the incident. (iii) When the administrator was notified (date and time). (iv) Circumstances under which the incident occurred. (v) When the incident occurred (date	A 508		

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A 508	Continued From page 3 and time). (vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn). (vii) Immediate actions taken. (viii) The extent and description of injury, if any, to the affected resident or residents. (ix) Immediate treatment rendered. (x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified. (xi) Names, telephone numbers, and addresses of witnesses. (xii) Date and time relatives or sponsor were notified. (xiii) Out-of-facility treatment. (xiv) Follow-up care. (xv) Outcome resolution. (xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future. (xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation. (xviii) The entire investigative file shall	A 508		

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be made available for inspection and copying by representatives of the Department upon request.

(xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies.

(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.

3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:

(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention.

(ii) Elopement by a resident.

(iii) Suspected, alleged, confessed, witnessed, or actual abuse, neglect, or exploitation of a resident or residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file.

(iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural

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gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.

(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.

(vi) An unplanned occurrence that results in media attention.

(vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.

(viii) Ingestion by a resident of a toxic substance that requires medical attention.

(ix) Notifiable diseases and health conditions listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04. shall also be reported by the facility to the State Health Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than three years.

(x) Any indication of a malfunction of the sprinkler system, fire alarm system, or a door locking device.

4. The report to the Department's Online Incident Reporting System shall include the following:

(i) Facility name and direct phone

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A 508	Continued From page 6 number. (ii) Time and date of the report. (iii) Reporter's name. (iv) Name of resident(s), staff, or visitor(s) involved in the incident. (v) Names of staff on duty at the time of the incident. (vi) Date and time of the incident. (vii) A brief description of the incident. (viii) Any injury or injuries to resident(s). (ix) Action taken by the facility in response to the incident. (i) Vital Statistics Reports. A record shall be kept of all births, deaths, and stillbirths that occur within the specialty care assisted living facility. By the fifth day of each month, the administrator shall make a report of such births, deaths, and stillbirths for the preceding month on such forms as the State Board of Health shall provide to the county health officer, or in counties without a county health officer, to the State Registrar. This report shall be in addition to the official birth, death, and stillbirth certificates. If there are no births, deaths, or stillbirths in any month, a report shall be made stating that fact to the county health officer.	A 508		

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A 508	Continued From page 7 This Rule is not met as evidenced by: Based on observations and interview, a resident injury which required medical attention was not reported to the Department's Online Incident Reporting System as required. Findings: Resident Identifier (RI)#3 had resided at the facility since May 27, 2022. Refer to deficiency 604 for additional information on RI#3. On April 12, 2023, Employee Identifier (EI)#2 reported to the surveyor that RI#3 sustained a fall at the facility around April 4, 2023 which resulted in a skin tear to the lower leg. The skin tear required daily skilled wound care which was ordered by the physician on April 4, 2023. No incident report documenting the fall and injury had been submitted to the Online Incident Reporting System. EI#2 agreed the incident had not been reported as required.	A 508	A508 All resident charts, incident reports, and MAR's were reviewed by Administrator and RN consultant to ensure that all reportable incidents had been identified and reported. Completed 4/17/23. On 4/17/23 a reportable incidents sheet was added to the beginning of each incident packet. Also, mandatory In-service for all staff on reporting incidents to appropriate staff in a time sensitive manner was conducted on 4/17/23 and 4/18/23.Will provide re-educations as needed. Incident Prevention Program documentation form to be completed by RN consultant weekly, incidents to be monitored/reviewed for four weeks to ensure interventions effectiveness. Weekly fall and safety committee meetings to continue as well as monthly SCALF fall log and RN monthly assessment/review. This documentation will be kept with RN consultant and reviewed by administrator monthly.	
A 604	420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.	A 604		

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A 604	Continued From page 8 Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status. The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments. (b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care. (c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems: 1. Weight loss: (i) Each month, the facility shall accurately weigh and record the weight of each resident.	A 604		

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A 604	Continued From page 9 (ii) A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician. 2. Falls (two or more falls within a 30 day period). 3. Elopement. 4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident. 5. Unmanageable, combative, or potentially harmful behavior(s). 6. Any accident with injury. (d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status. (e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.	A 604		

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A 604	Continued From page 10 This Rule is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to complete resident assessments as required. Findings: Review of resident records on April 12, 2023 revealed the following information. RI#1 RI#1 was admitted to the facility on January 19, 2022 and had diagnoses which included acute kidney failure, essential hypertension, pain, depression and vitamin deficiency. On March 9, 2023, RI#1 was diagnosed with a urinary tract infection and had a physician's order for antibiotics as well as increased fluids. A comprehensive assessment, PSMS and Behavior Screening were not completed for RI#1 for this significant change in RI#1's status. RI#2 RI#2 was admitted to the facility on February 16, 2022 and had diagnoses which included osteoarthritis of the right knee, dementia, insomnia and constipation. RI#2 was diagnosed with a urinary tract infection on February 10, 2023 and had a physician's order for antibiotics. On March 6, 2023, after completion of the antibiotics, RI#2 had concentrated, odiferous urine and the physician ordered increased fluids. A comprehensive assessment, PSMS and Behavior Screening were not completed for RI#2 with these significant changes in RI#2's status.	A 604	A 604 RI#1 On 4/13/23 and 4/17/23 all residents charts were reviewed by administrator and EI#2. Any updates and changes were addressed. Chart was reviewed by EI#2 and Administrator on 4/13/23. A comprehensive assessment,PSMS, and behavior screen were performed on 4/13/23. Care Plan was updated to reflect physicians orders of increased fluids. On 4/17/23 and 4/18/23 and education was performed with all staff on identifying, reporting, and documenting significant changes. EI#2 educated on use of RN monthly assessment/review form on 4/17/23. RN to monitor EI#1's fluid intake weekly for four weeks and consult MD as needed. RN monthly assessment/review form to be completed by RN consultant and reviewed by administrator monthly. On 4/18/23 EI#2 completed a comprehensive assessment, PSMS, and behavior screen on RI#2. Care Plan was updated to reflect physicians orders of increased fluids. On 4/17/23 and 4/18/23 an education was performed with all staff on identifying, reporting, and documenting significant changes. EI#2 educated on use of RN monthly assessment/review form on 4/17/23. RN to monitor EI#2's fluid intake weekly for four weeks and consult MD as needed. RN monthly assessment/review form to be completed by RN consultant and reviewed by administrator monthly.	

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A 604	Continued From page 11 RI#3 RI#3 was admitted to the facility on May 27, 2022 and had diagnoses which included hypertension, asthma, hypothyroidism, atrial fibrillation, cerebral infarction, anemia, adjustment disorder with anxiety, insomnia, allergies, hyperlipidemia and pain. In February 2023, RI#3 sustained a significant weight loss of 6.9 percent in one month (130 pounds in January 2023 and 121 pounds in February 2023). A comprehensive assessment, PSMS and Behavior Screening were not completed for RI#3 for this significant weight loss. RI#4 RI#4 was admitted to the facility on March 22, 2023 and had diagnoses which included dementia with behavioral disturbance, diabetes mellitus, hypertension and coronary artery disease with stent. A PSMS and Behavior Screening were not completed for RI#4 upon admission. When interviewed on April 12, 2023, EI#2, Registered Nurse, stated that she (EI#2) was new to the position and may not have completed all required assessments.	A 604	A604 RI#3 chart was reviewed on 4/13/23 by RN consultant and administrator. A comprehensive assessment, PSMS, and behavior screen were performed on 4/13/23. RI#3 was assessed and put on weekly weights for 4 weeks and had modifications to their diet per the registered dietitian. Care plan updated. On 4/17/23 and 4/18/23 and education was performed with all staff on identifying, reporting, and documenting significant changes. EI#2 educated on use of RN monthly assessment/ review form on 4/17/23. RN monthly assessment/review form to be completed by RN consultant and reviewed by administrator monthly. A 604 On 4/17/23 RI#4 chart was reviewed by EI#2 and administrator. The PSMS and behavior screen were located in the chart dated 3/13/23. On 4/17/23 EI#2 was provided and education on admission requirements into a SCALF. Admission packet with check list was reviewed. EI#2 enrolled for SCALF rules and regulation review through ALAA. RN consultant and coordinator training check list given to EI#2 4/14/23 completed on 4/20/23. Admission check list to be verified by administrator and RN consultant prior to admissions. Copy to be kept in patient chart.	
A 605	420-5-20-.06 (3) (f) Care of Residents. (f) Observation. Each specialty care assisted living facility shall provide general observation and health supervision of the residents to identify changes in all residents' health conditions and physical abilities, and awareness of the need for medical attention or nursing services as the changes develop.	A 605		

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A 605	Continued From page 12 Whenever a resident requires medical attention, nursing services, or changes in personal care and assistance with activities of daily living provided by the facility, the facility shall arrange for or assist the residents in obtaining necessary services. This Rule is not met as evidenced by: Based on observations, record review and interview, the facility failed to arrange for skilled nursing services to be provided to a resident in need of skilled wound care. Findings: RI#3 had resided at the facility since May 27, 2022. Refer to deficiency 604 for additional information on RI#3. On the morning of April 12, 2023, the surveyor and EI#2 observed a wound to RI#3's right lower anterior leg which was covered with a clear dressing. A moderate amount of serosanguinous drainage was present and the tissue surrounding the wound was intact and bruised. Review of RI#3's facility record on April 12, 2023 revealed a physician's order, dated April 4, 2023, for RI#3 as follows: "Cleanse skin tear right leg, shin area with normal saline daily. Cover with Tegaderm daily until healed". Review of RI#3's Medication Administration Record (MAR) revealed facility nurses had documented completion of wound care to RI#3's leg daily	A 605	A 605 on 4/14/23 all resident charts were reviewed to ensure compliance. EI#2 contacted RI#3's home health company that they must provide this skilled service. IE#2 provided regulation review related to A 605 on 4/14/23 by administrator. All staff educated on identifying and reporting any change of condition and what constitutes skilled care. EI#2 educated on use of RN monthly assessment/ review form on 4/17/23. RN monthly assessment/ review form to be completed by RN consultant and reviewed by administrator monthly. RI#3's wound care log to be reviewed weekly four 4 weeks by administrator and RN consultant to ensure no skilled care is being provided by facility staff.	

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A 605	Continued From page 13 since April 5, 2023. When interviewed on April 12, 2023, EI#2 stated RI#3 had sustained the skin tear to the leg during a fall and facility nurses had been performing the wound care to RI#3's leg daily. EI#2 also stated RI#3 currently was receiving home health services and she (EI#2) had informed the home health nurse of the injury but home health had not provided any wound care. EI#2 verbalized understanding that the skilled wound care should be provided by an agency licensed to provide skilled care.	A 605		
A 611	420-5-20-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary.	A 611		

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A 611	Continued From page 14 1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider. 5. Activities of Daily Living. Residents of a specialty care assisted living facility shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident. (i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested. (ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.	A 611		

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A 611	Continued From page 15 (iii) Hair. Residents' hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on record reviews and interview, a resident's facility care plan was not updated when a significant change in the resident's status occurred. Findings: RI#3 had resided at the facility since May 27, 2022. Refer to deficiency 604 for additional information on RI#3. In February 2023, RI#3 sustained a significant weight loss of 6.9 percent in one month as described in deficiency 604. This significant weight loss was not addressed on RI#3's facility care plan to include appropriate interventions to prevent further weight loss. When interviewed on April 12, 2023, EI#2 agreed the weight loss had not been addressed on RI#3's care plan.	A 611	A 611 On 4/14/23 all resident care plans were reviewed by administrator and EI#2 to ensure they reflect the resident's current status. RI#3's care plan was updated to address weight loss with modification to diet, and weekly weights for 4 weeks starting week of 4/17/23 and continuing until weight loss is resolved. Education provided to all employees to address change in status of residents on 4/17/23 and 4/18/23. EI#2 educated on use of RN monthly assessment/review form on 4/17/23. RN to monitor EI#3's weight loss for four weeks or until resolved monthly assessment/review form to be completed by RN consultant and reviewed by administrator monthly and ensure care plans reflect current resident status.	

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A 617	420-5-20-.06 (6) Care of Residents. (6) Disposal of Medications. (a) Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code Chapter 420-11-11, et. seq. Under no circumstances shall expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days. (b) Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name, and strength of the medication and the amount. This statement shall be maintained in a file for at least three years. (c) When medications are destroyed on the premises of the specialty care assisted living facility, a record shall be made and retained for at least three years. This record shall include: the name of the specialty care assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness.	A 617		

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A 617	Continued From page 17 This Rule is not met as evidenced by: Based on observations and interview, the facility failed to destroy controlled substances within 30 days following the discharge of residents. Findings: On April 12, 2023, the surveyor observed controlled substances in the facility's possession. The controlled substances included the following: Butalbital/Acetaminophen/Caffeine (Fioricet) 50/325/40 milligrams 42 doses for RI#6 and Gabapentin 300 milligrams 94 doses for RI#7. RI#6 was discharged from the facility on December 11, 2022 and RI#7 had been discharged from the facility since January 3, 2023. EI#2 agreed the stored controlled substances should have been destroyed.	A 617	A 617 On 4/17/23 med cart was observed by administrator and and EI#3. Medications were removed from cart and facility policy was followed for destruction of medication. On 4/17/23 facility policy and regulations were reviewed with EI#2 by administrator. On 4/17/23 a new resident discharge form was added to the admission packet to be put in the chart for discharged This must be signed by RN consultant and administrator within 15 days of discharge. 1 copy is to be kept in the chart and one is to be kept with administrator.	
A 702	420-5-20-.07 (2) Food Service. (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than	A 702		

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A 702	Continued From page 18 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or (ii) A cold water sanitizer: A sanitizing solution shall be used in accordance with the manufacturers' instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach or its equivalent or 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months. 3. Dishes and utensils shall be allowed to air dry. 4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing. 5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility. (b) Ice. Crushed or chipped ice shall be	A 702		

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protected from splash, drip, and hand contamination during storage and service. The ice scoop shall be stored in a holder inside the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.

(c) Protection of Food from Contamination.

1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage backflow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.

2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator nor in other areas used for storage of food.

3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.

4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall maintain at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.

5. All leftover foods shall be labeled and dated with a "use by date," so that it may be consumed or discarded by that date, which is no

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more than three days from the date is was prepared.

6. All food products shall be used by the manufacturer's indicated date or discarded.

7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used so that food is not contaminated in transport and foods that are transported are held and served at the appropriate temperature at all times.

8. Hot food shall be maintained at a minimum temperature of 135 degrees Fahrenheit and cold foods at a maximum temperature of 41 degrees Fahrenheit.

9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods).

10. Laundry shall not be brought through the food preparation or service area.

(d) Storage and Service of Milk and Ice Cream.

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A 702	Continued From page 21 1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use. 2. Milk and fluid milk products shall be stored in such a manner that bottles or containers from which the milk or milk product is to be poured or drunk will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident. 3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses. (e) Kitchen Garbage and Trash Handling. 1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals. 2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.	A 702		

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A 702	Continued From page 22 (f) Employees' Cleanliness. 1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food. 2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room. 3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use. (g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area. (h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors. (i) Dining in Kitchen. Dining in the kitchen shall not be permitted in Congregate assisted living facilities. (j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.	A 702		

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A 702	Continued From page 23 (k) Laundering of clothing shall not be permitted in food preparation or service areas. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to ensure food was protected from possible contamination. Findings: During the breakfast and lunch meals on April 12, 2023, the surveyor observed EI#5 and EI#6, Personal Care Assistants, serving food to residents. EI#5 and EI#6 were not wearing a covering over their clothing while serving the food. Both EI#5 and EI#6 were observed providing care to residents that same day. When interviewed on April 12, 2023, EI#5 stated employees had aprons available but she (EI#5) had failed to wear the apron that day. CONNIE CHERRY, REGISTERED NURSE	A 702	A 702 On 4/12/23 staff was educated on regulation and facility policy regarding A 702. Random compliance checks were implemented on 4/17/23 to ensure ongoing compliance. This audit will be conducted by RN consultant and turned in to Administrator. Educations will be provided as needed. All documentation related to this plan of correction will be kept in a binder in the administrators office.	

Administrator

Date: 4/24/23