Accepted May 27, 2026 2150 hours

Gregory C. Griffin, RN, MSHAI

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-03 A 302: The facility failed to follow its own policies and procedures for proper operation of the facility.

2. The facility will follow all policy and procedures and any changes to the policy and procedure will be communicated 30 days prior to implementation of a copy of the policy and procedure will be located the administrator office, medication room and kitchen.

3. The administrator or designee will ensure that all employees initial the training documentation at the training.

4. Employees will be responsible for following facility policies and procedures and will be monitored monthly, beginning May 2026 and ending on September 2026.

5. Documentation of the monthly and quarterly assessment will be placed in the administrator office.

Merry Unbehant A.L.A

Merry Unbehant, Administrator

5/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-03 A 303: The administrator failed to perform her duties to ensure safety and proper management for the day-to-day.

2. The newly appointed administrator will ensure that all daily operations are managed properly and safely for all residents and employees.

3. Administrator will update personnel files to ensure that each employee's files contain the date of hire and initial date of resident contact and end date of employment. All training for employees will be included and updated in personnel files.

4. The administrator and employees will follow all facility policy and procedures. Administrator will monitor monthly to ensure all policies and procedures are followed beginning May 2026.

5. Documentations of monthly monitoring will be placed in the Plan of Correction binder in the Administrator's Office

Merry Unbehant A.L.A

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-04 A403: The facility failed to provide personnel records.

2. All employee files will be updated with the following date of hire, initial resident contact and end-of-date employment.

3. Administrator will monitor employee's files and make changes as needed.

4. Administrator or designee will audit employees' files quarterly for any updates or changes, audit be beginning June 2026 and ending on November 2026.

5. Documentations of the audit will be placed in the Plan of Correction binder in the Administrator's Office.

Merry Unbehant A.LA

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-04 A 405: Facility failed to ensure all employees who had contact with residents are CPR certified.

2. Employee training will be documented and placed in the employee's file.

3. The administrator will ensure that all employees sign and date each training course.

4. All training, including ongoing, refresher and initial, including CPR Training, will be placed in the employees' file. The administrator or designee will review quarterly beginning June 2026; the administrator will ensure new employees training is completed date of hire.

5. Documentation will be placed in the Plan of Correction binder in the Administrator Office.

Merry Unbehant A.L.A

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-05 A502: The facility failed to provide the article of incorporation and the bylaws of the governing authority.

2. The facility will maintain a copy of the article of incorporation and the bylaws of the governing authority

3. The administrator will ensure the documents are available upon request.

4. The article of incorporation and the bylaws of the governing authority will be available and updated with any changes.

5. Documentation will be placed in the Plan of Correction binder in the administrator's office.

Merry Unbehant A.LA

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-05 A503: Facility failed to establish resident records with the required documentation upon admission.

2. The missing inventory form for R#1 completed on 4/24/26 the missing signed resident rights for R#2 an inventory forms was completed on 4/24/26 ,,the missing financial and inventory form for R#4 was completed on 4/24/26, The missing financial form residents rights an inventory form for R#5 was completed on 4/24/26 the missing resident rights form and inventory form for R#7 was completed on 4/24/26.

3. Administrator will ensure all admission paperwork will be reviewed before finalized.

4. The administrator or designee will audit resident files monthly for 3 months, beginning June/2026 through August/2026.

5. Documentation of the audit will be in the Plan of Correction binder in the Administrator Office.

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-05 A507: Facility failed to document a plan to transfer each resident to the appropriate settling if and when facility is unable to meet resident's needs.

2. The missing documentation for plan to transfer for R#3 and R#4 were updated prior to April/2026.

3. The administrator will audit current residents' admission records with any changes and updates.

4. The Administrator will create a resident checklist to ensure completeness and will monitor resident files monthly, beginning May2026

5. Documentation will be placed in the Plan of Correction binder and the Administrator Office.

Merry Unbehant A-LA

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-06 A602: Facility failed to document information on the resident's initial medical examination records.

2. The missing pulse rate for R#2 medical examination was updated.

3. The administrator reviewed current resident records to ensure medical examinations are completed and updated.

4. The administrator conducted an audit 4/2026 to ensure all resident records were updated. The administrator will audit resident's records monthly.

5. Documentations the audit will be placed in the Plan of Correction binder and the administrator office.

Merry Unbehant A.L.A

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-06 A611: Facility failed to ensure monthly assessments were completed and plans of care were accessible at all times.

2. The monthly assessment for R #2, R#3,R#4,R# 5,R#6, R#7 were completed and updated (4/2026) Resident care plans are available to staff in the Medication room

3. The Administrator will review all current resident records to ensure monthly assessments are completed and current with resident care plan and available to staff in the medication room.

4. The Administrator will monitor resident plan of care and monthly assessment for updates and any change.

5. Documentations will be placed in the Plan of Correction binder in the administrator's office.

Merry Unbehant B.L.A

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-06 A614: Facility failed to provide each resident with the opportunity to identify their medication.

2. El#3 was retrained on how to assist R#5 and R#7 with their medication.

3. Administrator retrained staff on 4/20/26 on the proper procedure for assisting resident with medication and allowing residents to identify their medication.

4.The administrator will conduct monthly reviews of employees to ensure proper medication assistance and monitor residents to confirm their ability to identify their own medication.

5. Documentation will be placed in the Plan of Correction Binder in the Administrator's Office.

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-09 A618: Oxygen was not stored and maintained.

2. Oxygen has been stored safely and properly maintained.

3. Administrator retrained staff on 4/20/26 on proper storage and maintained of oxygen in the facility.

4. Administrator or Designee will monitor monthly for proper oxygen storage to ensure oxygen tanks are in the correct holder stand.

5. Documentation will be placed in the Plan of Correction binder and the administrator's office.

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-07 A701: Facility failed to ensure there was an employee who had graduated from dietary manager course.

2. On May 7, 2026, the facility contracted with a licensed dietitian to provide consultant services and address needs for clinical oversight of therapeutic diets.

3. Administrator will review all residents diet to ensure that all diets are being followed.

4. The facility will maintain a signed contract with a dietitian for consultations ensuring that all diets are viewed as required. Administrator /Licensed Dietitian will monitor resident menus monthly. Administrator is currently enrolled in food manager course.

5. Documentation will be placed in the Plan of Correction binder in the Administrator Office.

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-08 A805: Facility failed to provide a safe place for outside activities.

2. The facility contracted a new lawn service on 4/10/2026 to ensure that the grounds are maintained.

3. The lawn service will keep all outdoor areas properly cared for, including regular mowing and general upkeep.

4. The contracted lawn service is scheduled to come twice a month and as needed. The administrator will monitor the lawn service ground keeping, for a safe, clean and pleasant environment for residents, staff and visitors.

5. Documentation of service will be placed in the Plan of Correction binder in the Administrator's Office.

Merry Unbehant, Administrator

05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-10 A1001: Facility failed to maintain proper water temperature

2. The hot water temperature is being checked on each shift by staff members in apartment 10, apartment 11,and resident beauty shop.

3. All staff will record daily temperatures for other apartments.

4. Administrator or designee will monitor daily log for proper water temperatures. Temperatures must be maintained between 100 and 110degrees Fahrenheit to prevent scalding while also maintaining and hygiene.

5. Documentation will be placed in the Plan of Correction binder in the administrator's Office.

Merry Unbehant A.LA

Merry Unbehant, Administrator

05/21/2026

Water Temperature Audit Log

Facility: _Premier Care Assisted living__ Month/Year: _____ Completed By: _____

Location	Date	Time	Temp (°F)	Temp Limit	Initials
Room 1 Shower	_____	_____	_____	100- 110°F	_____
Room 1 Sink	_____	_____	_____	100-110°F	_____
Room 2 Shower	_____	_____	_____	100-110°F	_____
Room 2 Sink	_____	_____	_____	100-110°F	_____
Room 3 Shower	_____	_____	_____	100-110°F	_____
Room 3 Sink	_____	_____	_____	100-110°F	_____
Room 4 Shower	_____	_____	_____	100-110°F	_____
Room 4 Sink	_____	_____	_____	100-110°F	_____
Room 5 Shower	_____	_____	_____	100-110°F	_____
Room 5 Sink	_____	_____	_____	100-110°F	_____
Room 6 Shower	_____	_____	_____	100-110°F	_____
Room 6 Sink	_____	_____	_____	100-110°F	_____
Room 7 Shower	_____	_____	_____	100-110°F	_____
Room 7 Sink	_____	_____	_____	100-110°F	_____
Room 8 Shower	_____	_____	_____	100-110°F	_____
Room 8 Sink	_____	_____	_____	100-110°F	_____
Room 9 Shower	_____	_____	_____	100-110°F	_____
Room 9 Sink	_____	_____	_____	100-110°F	_____

Room 10 Shower	_____	_____	_____	100-110°F	_____
Room 10 Sink	_____	_____	_____	100-110°F	_____
Room 11 Shower	_____	_____	_____	100-110°F	_____
Room 11 Sink	_____	_____	_____	100-110°F	_____
Room 12 Shower	_____	_____	_____	100-110°F	_____
Room 12 Sink	_____	_____	_____	100-110°F	_____
Room 13 Shower	_____	_____	_____	100-110°F	_____
Room 13 Sink	_____	_____	_____	100-110°F	_____
Room 14 Shower	_____	_____	_____	100-110°F	_____
Room 14 Sink	_____	_____	_____	100-110°F	_____
Beauty Shop	_____	_____	_____	100-110°F	_____
Washroom	_____	_____	_____	100-110°F	_____
Employee/Visitor Restroom	_____	_____	_____	100-110°F	_____

Review by: Mary Unkehaut A.L.H Date: 05/21/2026

Premier Care Assisted Living

Facility ID: D2603

Administrator: Merry Unbehant

Survey Exit Date:03/12/2026

420-5-4-11 A1101: The facility failed to document monthly fire drills and The sprinkler and alarm inspections not performed semiannually.

2. A sprinkler inspection was conducted on 5/5/2026, All fire drills will be documented.

3. Administrator will ensure that all monthly fire drills are documented and placed in the fire drill binder. The administrator will ensure that all inspections are completed and documented in the inspection binder.

4. Administrator will audit fire drill binder quarterly to ensure all documents are updated. The administrator will audit the inspection binder semiannually to ensure all inspections have been documented

5. Documentations of the audit will be placed in the Plan of Correction Binder in the Administrator Office.

Merry Unbehant A.L.A

Merry Unbehant, Administrator

05/21/2026