

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2024
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NAME OF PROVIDER OR SUPPLIER SONRISE SPECIALTY CARE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1607 HIGHWAY 43 SOUTH DEMOPOLIS, AL 36732
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A 000	<p>Initial Comments</p> <p>On August 15, 2024, an unannounced licensure and complaint survey was conducted for this 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 15.</p> <p>One complaint was investigated during this survey. LC#20240729005 was substantiated. Deficiencies were written as a result of the complaint investigation.</p> <p>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 significant harm to all residents and requires a plan of correction.</p>	A 000		
A 302	<p>420-5-20-.03 (e) Administration.</p> <p>(e) Policies. The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the resident. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:</p> <p>(i) Facility responsibility to protect all</p>	A 302		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 302	<p>Continued From page 1</p> <p>residents from abuse, neglect, and exploitation.</p> <p>(ii) How allegations of abuse, neglect, and exploitation will be handled by the facility.</p> <p>(iii) Resident confidentiality.</p> <p>(iv) Admission and continued stay criteria.</p> <p>(v) Discharge criteria and notification procedures for residents and sponsors.</p> <p>(vi) Facility responsibility when a resident's personal belongings are lost.</p> <p>(vii) What services the facility is capable and not capable of providing.</p> <p>(viii) Medication management.</p> <p>(ix) Infection control.</p> <p>(x) Meal service, timing, menus and food preparation, storage, and handling.</p> <p>(xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness.</p> <p>(xii) Staffing and conduct of staff while on duty.</p> <p>(xiii) Oxygen administration and storage if used in the facility.</p> <p>(xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall develop written policies and procedures for the</p>	A 302		

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A 302	<p>Continued From page 2</p> <p>guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address:</p> <p>(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.</p> <p>(II) The attire and cleanliness of staff members who prepare, handle, or serve food.</p> <p>(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.</p> <p>(IV) Food substitutions or alternatives.</p> <p>(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.</p> <p>(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.</p> <p>(VII) Provision of necessary services to any resident requiring adaptive devices to eat.</p> <p>(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.</p> <p>(IX) Storage of food.</p>	A 302		

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A 302	<p>Continued From page 3</p> <p>(X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to develop and implement written policies and procedures.</p> <p>Findings:</p> <p>The facility's policy titled, "CONDUCT OF PERSONNEL" revealed, "POLICY: To assure that every employee conducts himself/herself in a manner that promotes dignity and respect to the resident, visitors and fellow employees. PROCEDURE: ... 3. Do not shout ... 5. Remain calm during hectic times ... 6. Do not be short with residents, fellow employees, or visitors. ... 8. Treat all residents, visitors, and fellow employees with kindness, respect, and dignity. ..." The facility did not treat one resident with dignity and respect. Refer to deficiencies 303 and 504 for additional information.</p> <p>The facility's policy titled, "MEDICATION ADMINISTRATION" revealed, "POLICY: The RN (Registered Nurse)/LPN (Licensed Practical Nurse) is responsible for administering medication to the residents in this community. He/she may administer medication to residents only in accordance with the physician orders and the Nurse Practice Act. PROCEDURE: ... 7. Steps to prevent a missed dose (which is a state</p>	A 302		

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A 302	<p>Continued From page 4</p> <p>reportable medication error): ... 24. ... and medication errors shall be reported immediately to the resident's physician. ... An appropriate entry shall be recorded in the Resident's health record and an incident report filed when medication errors or adverse reactions occur. ... 26. In the event of ... medication error, the next of kin or legal representative (sponsor) and attending physician must be notified immediately. ..." The facility did not ensure a resident received his/her prescribed medication as ordered. Refer to deficiencies 303, 508 and 601 for additional information.</p> <p>The facility's policy titled, "DISCHARGE CRITERIA AND NOTIFICATION FOR RESIDENTS AND SPONSORS" revealed, "Policy: To ensure that residents who have health or safety needs beyond the capability of the facility are safely transferred or discharged to an appropriate setting. ... Procedure: ... The administrator ensures that resident who have health or safety needs beyond the capability of the facility are safely transferred or discharged to an appropriate setting ..." The facility retained residents with behaviors. Refer to deficiencies 303 and 606 for additional information.</p>	A 302		
A 303	<p>420-5-20-.03 (2) (a) Administration.</p> <p>(2) The Administrator.</p> <p>(a) Responsibility.</p> <p>1. The administrator shall be a direct representative of the governing authority in the management of the specialty care assisted living</p>	A 303		

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A 303	<p>Continued From page 5</p> <p>facility and shall be responsible to the governing authority for the proper performance of his or her duties.</p> <p>2. Any individual employed as an administrator shall be properly licensed.</p> <p>3. Any individual employed as an administrator shall meet all applicable statutory requirements.</p> <p>4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the administrator during absences. Under no circumstances shall the facility operate without a licensed administrator for greater than 45 days.</p> <p>5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age.</p> <p>6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.</p> <p>7. The administrator shall ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week.</p> <p>8. The administrator shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe environment and adequate care actually being provided at all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided,</p>	A 303		

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A 303	<p>Continued From page 6</p> <p>then the facility does not meet this administration and management requirement.</p> <p>9. The facility administrator is responsible for ensuring that required training is provided to all staff.</p> <p>10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting.</p> <p>11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed.</p> <p>12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan.</p> <p>13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the administrator failed to perform her duties to ensure the care and safety needs of all residents were met.</p> <p>Findings:</p> <p>On July 29th, 2024, the Alabama Department of</p>	A 303		

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A 303	<p>Continued From page 7</p> <p>Public Health (ADPH) received a complaint alleging Resident Identifier (RI)#1 had tested negative for benzodiazepines when he/she had routine and PRN clonazepam ordered. The complaint also alleged when RI#1 was discharged from the hospital, the facility staff handled the resident roughly and later told the resident he/she could just stay at the hospital.</p> <p>On August 6, 2024 - August 15, 2024, surveyors with the ADPH conducted an onsite survey and complaint investigation. The complaint was substantiated.</p> <p>Employee Identifier (EI)#2, administrator, failed in performing the following administrative duties.</p> <p>The administrator did not ensure facility policies and procedures were implemented. Refer to deficiency 302 for additional information.</p> <p>The administrator did not ensure RI#1 was treated in a dignified and safe manner. Refer to deficiency 504 for additional information.</p> <p>The administrator failed to report and investigate a possible medication error (negative drug screen) for a resident with an ordered benzodiazepine. Refer to deficiency 508 for additional information.</p> <p>The administrator failed to ensure RI#1 received an ordered medication. Refer to deficiency 601 for additional information.</p> <p>The administrator failed to ensure residents who required a higher level of care were transferred or discharged to an appropriate setting. Refer to deficiency 606 for additional information.</p>	A 303		

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A 303	<p>Continued From page 8</p> <p>The administrator failed to ensure residents were provided an activities program to meet the individual needs of the residents. Refer to deficiency 612 for additional information.</p> <p>The administrator failed to ensure the facility premises was free of rubbish and other conditions that could create a safety hazard. Refer to deficiency 1001 for additional information.</p> <p>The administrator failed to ensure the exterior of the facility was maintained in a clean and orderly manner. Refer to deficiency 1203 for additional information.</p> <p>An interview was conducted with EI#2 on the afternoon of August 8, 2024. EI#2 was asked what her duties included and she responded all of the day-to-day activities of the facility.</p>	A 303		
A 504	<p>420-5-20-.05 (3) (d) Records and Reports.</p> <p>(d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission, of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate.</p> <p>1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S.</p>	A 504		

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A 504	<p>Continued From page 9</p> <p>solely by reason of status as a resident of the facility.</p> <p>2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints.</p> <p>3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy.</p> <p>4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time.</p> <p>5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.</p> <p>6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.</p> <p>7. Every resident shall have the right to share a room with his spouse if both are</p>	A 504		

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A 504	<p>Continued From page 10</p> <p>residents of the facility and agree to do so.</p> <p>8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.</p> <p>9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident.</p> <p>10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases.</p> <p>11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.</p> <p>12. Every resident shall have the right to present grievances and recommend changes in</p>	A 504		

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A 504	<p>Continued From page 11</p> <p>policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.</p> <p>13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file.</p> <p>14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that:</p> <p>(i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care.</p> <p>(ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation.</p> <p>(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.</p> <p>15. Every resident shall be fully informed,</p>	A 504		

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A 504	<p>Continued From page 12</p> <p>prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges.</p> <p>16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities.</p> <p>17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area.</p> <p>18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted.</p> <p>19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges.</p> <p>20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a</p>	A 504		

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A 504	<p>Continued From page 13</p> <p>pattern of conduct that is harmful or dangerous to himself or herself or to other residents.</p> <p>21. Every resident shall have the right to wear his or her own clothes, and to keep and use his or her own personal possessions, including toilet articles, except for personal possessions too large to be stored in the resident's room.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours.</p> <p>24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure RI#1 was treated with due recognition of personal dignity and provided with a safe environment.</p> <p>Findings:</p> <p>RI#1 was admitted to the facility on October 27, 2023 with a diagnosis of bipolar disorder and an intellectual deficit. Refer to deficiency 508 and 601 for additional information on RI#1.</p>	A 504		

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A 504	<p>Continued From page 14</p> <p>Clothing Storage An observation was made with EI#5, a care partner, on the afternoon of August 7, 2024, of RI#1's clothing found in two (2) lawn trash bags in RI#1's closet. EI#5 said RI#1's clothes had not been put up since he/she came back from the hospital on July 23, 2024.</p> <p>On the afternoon of August 8, 2024, an interview was conducted with EI#2. EI#2 was asked how residents' clothing was to be kept in their rooms. EI#2 said in a dresser. EI#2 was asked if a resident's clothing, stored in lawn trash bags, in their closet was dignified. EI#2 said it was not (dignified).</p> <p>Inappropriate Clothing On the evening on August 7, 2024, an interview was conducted with EI#16, a DHR (Department of Human Resources) caseworker. EI#16 observed RI#1 in the DHR public office wearing torn paper scrubs and hospital (non-skid) socks with no shoes.</p> <p>On the afternoon of August 8, 2024, an interview was conducted with EI#2. EI#2 was asked what RI#1 was wearing when she (EI#2) and EI#1 took RI#1 to the DHR office. EI#2 said RI#1 was wearing paper scrubs that were torn in the back and non-skid socks. When asked if RI#1's dress was appropriate, EI#2 answered she really did not think about it and they should have let RI#1 change first.</p> <p>On the afternoon of August 8, 2024, an interview was conducted with EI#1. EI#1 was asked what RI#1 was wearing when she (EI#1) and EI#2 took RI#1 to the DHR office. EI#1 said RI#1 was wearing paper scrubs and yellow non-skid socks.</p>	A 504		

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A 504	<p>Continued From page 15</p> <p>El#1 said she felt like RI#1 was covered and DHR staff needed to see how she (RI#1) was dressed when she left the hospital. El#1 paused and then said, "Because we are trying to get DHR to help and the hospital will not help." El#1 was asked if RI#1 was treated in a dignified manner. El#1 responded no but she didn't think about it at the time.</p> <p>Dignity and Safety During Transport On July 29th, 2024, the Alabama Department of Public Health (ADPH) received a complaint alleging when RI#1 was discharged from the hospital, facility staff handled RI#1 roughly and later told the resident he/she could just stay at the hospital.</p> <p>During an interview with El#15, LPN, on August 6, 2024, El#15 stated El#3, LPN, was angry and rude to hospital staff when El#3 arrived to pick RI#1 up from the hospital on July 23, 2024. El#15 said El#3 and El#4, care partner, handled RI#1 roughly by "snatching" RI#1 and shoving RI#1 into the car. El#15 said she notified El#2, facility administrator, of El#3's and El#4's behavior.</p> <p>An interview was conducted on the afternoon of August 7, 2024, with El#17, the hospital security guard. El#17 said he also witnessed El#3 and El#4 arrive to pick up RI#1 and they appeared rushed, very anxious and rude. El#17 said they drove off but in less than three (3) minutes the car came speeding back to the hospital. El#17 said the driver (El#3), got out of the car and was loud and aggressive saying they were not taking RI#1 back to the facility. El#17 said RI#1 was standing there observing El#3's actions.</p> <p>An interview was conducted on the evening of August 7, 2024, with El#18, the hospital</p>	A 504		

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A 504	<p>Continued From page 16</p> <p>transporter/security guard. EI#18 was asked about the events surrounding RI#1 being picked up from the hospital by EI#3 and EI#4. EI#18 stated she observed and heard everything while sitting in her car in the parking lot. EI#18 said EI#3 pulled up to the front entrance at a high rate of speed, got out of the car and loudly proclaimed to EI#15 that she (EI#3) would not take RI#1 back to the facility and "yanked" RI#1's arm. After a brief discussion, EI#3 and EI#4 shoved RI#1 into the car and slammed the door shut. EI#18 said they left. In a couple of minutes, EI#18 said the car came speeding back up to the entrance and slammed on brakes. EI#3 loudly stated she would not take RI#1 back to the facility due to a paperwork error. EI#18 alleged EI#4 got out of the car and yanked RI#1 from the car causing RI#1 to fall. EI#18 said EI#4 grabbed the back of RI#1's (paper) scrubs pants hard enough to tear them and expose RI#1's adult brief and she also tore RI#1's scrub top. EI#18 stated she hollered out to EI#4 at which time EI#4 began gently assisting RI#1 realizing EI#18 had witnessed EI#4's rough treatment of RI#1.</p> <p>An interview was conducted on the morning of August 8, 2024, with EI#4. EI#4 was asked what the process was when she assisted with transporting residents. EI#4 was asked about hers and EI#3's interaction with hospital staff. EI#4 answered she did not say anything to hospital staff and that EI#3 drove the car too fast the first time they approached the hospital and even faster the second time. EI#4 said EI#3 was upset and jumped out of the car. EI#4 denied pushing or shoving RI#1. EI#4 stated RI#1 tripped and the scrubs were torn when EI#4 tried to catch RI#1. EI#4 denied hearing EI#18 holler out to her (EI#4) and denied knowing there were any hospital staff watching the incident. EI#4 was</p>	A 504		

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A 504	<p>Continued From page 17</p> <p>asked if the facility's code of conduct was followed by her (EI#4) and EI#3 when they went to the hospital to transport RI#1. EI#4 said no. These interview responses were read and signed by EI#4.</p> <p>An interview was conducted on the morning of August 8, 2024, with EI#3. EI#3 was asked what the process was when transporting residents. EI#3 said to be professional but there was no specific training. EI#3 was asked if it was safe to drive fast in a parking lot and she said no. EI#3 added she did not drive fast the first time but did go in "hot" (fast) the second time turning the corner fast. EI#3 was asked how driving fast in a parking lot would make a resident feel. EI#3 said it would make them scared. EI#3 was asked who assisted RI#1 in the back seat of her car when she first arrived at the front entrance of the hospital. EI#3 named EI#4 adding she (EI#3) may have helped. EI#3 was asked why was RI#1 shoved into the car. EI#3 answered she did not remember RI#1 being pushed. EI#3 was asked what she told EI#15 when she returned with RI#1. EI#3 admitted she was stern when she returned and was adamant about not taking RI#1 back to the facility. EI#3 was asked why she was raising her voice. EI#3 said she was upset because she thought she would get in trouble for having the wrong paperwork. EI#3 was asked why did RI#1 have to endure EI#3 raising her voice and repeating she could not take RI#1 back to the facility. EI#3 said she did not think it was right for RI#1 to hear that.</p> <p>An interview was conducted with EI#2 on the afternoon of August 8, 2024. EI#2 was asked how she expected staff to drive when transporting residents. EI#2 said the same as always and be professional. EI#2 was asked how a resident</p>	A 504		

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A 504	<p>Continued From page 18</p> <p>being transported might feel if the driver were speeding in a parking lot and slamming on brakes. EI#2 said scared and confused. EI#2 was asked how it was acceptable for staff to be in public, raising their voice, acting aggressively and refusing to pick up a resident. EI#2 said that was not acceptable. EI#2 was asked how she felt about RI#1 being subjected to that behavior by staff in front of witnesses. EI#2 said it made her sad. EI#2 was asked if a car approaches the hospital entrance with RI#1 at a fast rate of speed, the driver gets out fast, begins raising her voice at hospital staff, refusing to take a resident back, would that be a safe environment for a resident of Sunrise SCALF. EI#2 said no, it would not. EI#2 said it was not acceptable for staff to act in that manner.</p> <p>An interview was conducted with EI#1 on the afternoon of August 8, 2024. EI#1 was asked why she told RI#1's sponsor that RI#1's fall occurred because RI#1 was heavily sedated. EI#1 said that was what she was told by EI#4. When EI#1 was asked how RI#1 fell, she said EI#4 told her RI#1 opened the door, got out on his/her own and fell. EI#1 was asked what was done after EI#2 was informed of RI#1 being "snatched" and handled roughly by her staff. EI#1 said EI#2 talked to staff. The surveyor informed EI#1 that EI#2 denied knowledge of RI#1 being snatched and handled roughly to which she (EI#1) responded it sounded like a cover up.</p>	A 504		
A 508	<p>420-5-20-.05 (3) (h) Records and Reports.</p> <p>(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</p>	A 508		

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A 508	<p>Continued From page 19</p> <p>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.</p> <p>1. Incidents which require investigation are:</p> <p>(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 providing day-to-day care to a resident or for which medical treatment was sought.</p> <p>(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.</p> <p>(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.</p> <p>(iv) Elopement by a resident.</p> <p>(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.</p> <p>(vi) Suspected, alleged, confessed,</p>	A 508		

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A 508	<p>Continued From page 20</p> <p>witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.</p> <p>(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).</p> <p>(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.</p> <p>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(xi) An unplanned occurrence that results in media attention.</p> <p>(xii) A medication error, overdose, or over sedation.</p> <p>(xiii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>2. In addition to other items required by</p>	A 508		

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A 508	<p>Continued From page 21</p> <p>the facility's policies and procedures, the incident investigation shall contain the following:</p> <ul style="list-style-type: none"> (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 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. 	A 508		

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A 508	<p>Continued From page 22</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p> <p>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.</p> <p>(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.</p> <p>(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.</p> <p>(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.</p> <p>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.</p> <p>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:</p> <p>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed,</p>	A 508		

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A 508	<p>Continued From page 23</p> <p>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.</p> <p>(iv) 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.</p> <p>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(vi) An unplanned occurrence that results in media attention.</p> <p>(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.</p> <p>(viii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(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</p>	A 508		

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A 508	<p>Continued From page 24</p> <p>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.</p> <p>(x) Any indication of a malfunction of the sprinkler system, fire alarm system, or a door locking device.</p> <p>4. The report to the Department's Online Incident Reporting System shall include the following:</p> <p>(i) Facility name and direct phone number.</p> <p>(ii) Time and date of the report.</p> <p>(iii) Reporter's name.</p> <p>(iv) Name of resident(s), staff, or visitor(s) involved in the incident.</p> <p>(v) Names of staff on duty at the time of the incident.</p> <p>(vi) Date and time of the incident.</p> <p>(vii) A brief description of the incident.</p> <p>(viii) Any injury or injuries to resident(s).</p> <p>(ix) Action taken by the facility in response to the incident.</p> <p>(i) Vital Statistics Reports. A record shall be kept of all births, deaths, and stillbirths that</p>	A 508		

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A 508	<p>Continued From page 25</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report and investigate a possible medication error.</p> <p>Findings:</p> <p>RI#1 was admitted to the facility on October 27, 2023 with a diagnosis of bipolar disorder and an intellectual deficit. Refer to deficiency 504 and 601 for additional information on RI#1.</p> <p>NOTE: Clonazepam is a benzodiazepine drug used for acute treatment of panic disorder, acute mania, etc.</p> <p>RI#1's medical record revealed: A physician's order "... 10/30/2023 ... Clonazepam 0.5 MG (Milligrams) Tablet ... 3 X A DAY PRN (AS NEEDED) AGITATION ..." A physician's order "... Clonazepam 0.5 mg. po (by mouth) qAM (every morning) ... 4/11/24 ..." The "Controlled Drug Record" for RI#1's</p>	A 508		

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NAME OF PROVIDER OR SUPPLIER SONRISE SPECIALTY CARE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1607 HIGHWAY 43 SOUTH DEMOPOLIS, AL 36732
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A 508	<p>Continued From page 26</p> <p>Clonazepam 0.5 MG indicated RI#1 had received a routine dose of the drug daily at 07:00AM July 1, 2024, through July 8, 2024 and PRN does of the drug daily July 1, 2024 through July 4, 2024, twice on July 5, 2024, and daily July 6, 2024 through July 8, 2024 (date of admission to hospital and negative drug screen). This is a total of 17 doses documented as administered to RI#1 from July 1, 2024 through July 8, 2024.</p> <p>A review of the urine drug screen dated July 8, 2024, revealed, "... Benz (Benzodiazepine) Scrn (Screen) 7/8/24 1702 (5:02PM) NEGATIVE ..."</p> <p>On the morning of August 8, 2024, an interview was conducted with EI#3. EI#3 reported she reviewed RI#1's medication list with EI#14, a hospital nurse practitioner. EI#3 said that was when she learned that RI#1 had a negative benzodiazepine screen. EI#3 said she reviewed the MAR and medication list then notified EI#2 immediately. When EI#3 was asked what a negative benzodiazepine screen indicated to her, EI#3 said that a medication (benzodiazepine) was not given. When asked why RI#1's screen was negative, EI#3 said she did not know and there was no investigation. EI#3 said she was stunned by the negative lab (laboratory) result. EI#3 was asked about the process to follow when there is an allegation that a controlled substance was not administered. EI#3 said to report and investigate. When asked why that process was not followed, EI#3 said to ask EI#2.</p> <p>On the morning of August 8, 2024, an interview was conducted with EI#13, the pharmacist. EI#13 has been a licensed pharmacist for 33 years. EI#13 was asked how long clonazepam would remain detectable in the body for a drug screen.</p>	A 508		

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A 508	<p>Continued From page 27</p> <p>El#13 said a few days. When asked what he would expect facility staff to do if they were made aware of a negative drug screen for a resident who received routine and PRN clonazepam, El#13 said to look for possible drug diversion.</p> <p>On the afternoon of August 8, 2024, an interview was conducted with El#2. El#2 was asked what she did after being notified via text message from El#15, a hospital nurse, of the negative drug screen for RI#1. El#2 said she did nothing but El#3 had done a count of narcotic medications. El#2 said she realized she should have reported the negative drug screen as a possible medication error and investigated it.</p>	A 508		
A 601	<p>420-5-20-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or other emergency call).</p> <p>(b) Back-up Physician Support. Each</p>	A 601		

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A 601	<p>Continued From page 28</p> <p>specialty care assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in a specialty care assisted living facility.</p> <p>(c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who is responsible for the care of the resident and authorized to write orders by facility policy. All verbal orders must be authenticated within such time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure RI#1 received a prescribed medication.</p> <p>Findings:</p>	A 601		

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A 601	<p>Continued From page 29</p> <p>On July 29th, 2024, the Alabama Department of Public Health (ADPH) received a complaint alleging RI#1 had tested negative for benzodiazepines even though he/she had routine and PRN Clonazepam ordered.</p> <p>RI#1 was admitted to the facility on October 27, 2023 with a diagnosis of bipolar disorder and an intellectual deficit. Refer to deficiency 504 and 508 for additional information on RI#1.</p> <p>NOTE: Clonazepam is a benzodiazepine drug used for acute treatment of panic disorder, acute mania, etc.</p> <p>RI#1's medical record revealed: A physician's order "... 10/30/2023 ... Clonazepam 0.5 MG (Milligrams) Tablet ... 3 X A DAY PRN (AS NEEDED) AGITATION ..." A physician's order "... Clonazepam 0.5 mg. po (by mouth) qAM (every morning) ... 4/11/24 ..." The "Controlled Drug Record" for RI#1's clonazepam 0.5 MG indicated RI#1 had received a routine dose of the drug daily at 07:00AM July 1, 2024, through July 8, 2024, and PRN doses of the drug daily July 1, 2024 through July 4, 2024, twice on July 5, 2024, and daily July 6, 2024 through July 8, 2024 (date of admission to hospital and negative drug screen). A total of 17 doses were documented as administered to RI#1 from July 1, 2024 through July 8, 2024. These doses were documented as administered by EI#7, a LPN, EI#11, a LPN and EI#12, a LPN.</p> <p>A review of the urine drug screen dated July 8, 2024, revealed, "... Benz (Benzodiazepine) Scrn (Screen) 7/8/24 1702 (5:02PM) NEGATIVE ..."</p> <p>An interview was conducted on the evening of August 6, 2024, with EI#14, the hospital nurse</p>	A 601		

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A 601	Continued From page 30 practitioner. EI#14 said she noticed RI#1's tox (benzodiazepine drug) screen was negative. EI#14 called the facility to confirm RI#1's medications. She spoke with EI#3 who reviewed RI#1's medication which included clonazepam, EI#14 asked EI#3 if it was a PRN only. EI#14 said EI#3 told her RI#1 received a daily routine dose and a daily PRN dose. EI#14 told EI#3 she was confused because RI#1 was negative for benzodiazepines. EI#3 assured EI#14 that RI#1 had been getting the clonazepam daily. EI#14 said she informed EI#3, "There's no way, because it's not in (his/her) system and I just want you to know that I know she was not getting the clonazepam." On the morning of August 8, 2024, an interview was conducted with EI#7. EI#7 said she gave RI#1 the ordered clonazepam every morning on her shift and could not understand why RI#1 would have a negative screen for benzodiazepines.	A 601		
A 606	420-5-20-.06 (3) (g) Care of Residents. (g) Services Beyond Capability of Specialty Care Assisted Living Facility. Whenever a resident requires hospitalization, medical, nursing, or other care beyond the capabilities of the specialty care assisted living facility, arrangements shall be made to discharge the resident to an appropriate setting, or to transfer the resident promptly to a hospital or other health care facility able to provide the appropriate level of care.	A 606		

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A 606	<p>Continued From page 31</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents who required a level of care, higher than the facility was capable of providing, were transferred or discharged to an appropriate setting.</p> <p>Findings:</p> <p>RI#3 was admitted to the facility on December 26, 2023. RI#3's diagnoses included Alzheimer's disease, gastroesophageal reflux disease, hypothyroidism and anxiety. On admission RI#3 was independent with ambulation and required assistance with grooming, bathing, dressing and toileting.</p> <p>On August 13, 2024, the surveyor observed RI#3 sitting in a recliner in the common area. The foot of the recliner was elevated in the reclining position. EI#5 told the surveyor the foot rest was elevated to prevent RI#3 from attempting to stand because RI#3 would fall. The surveyor observed RI#3's legs were bent at the knees. EI#1 told the surveyor on August 14, 2024, that RI#3's physician said RI#3's knees were contracted.</p> <p>On August 14, 2024, at 8:00AM, the surveyor observed EI#5 transfer RI#3 from the wheelchair to the recliner. EI#5 supported RI#3's weight while pivoting RI#3 in front of the recliner. EI#5 eased RI#3 down into the chair. The surveyor observed RI#3 could not support his/her weight when standing. When asked if RI#3 could propel his/her wheelchair, EI#5 said no.</p> <p>Review of RI#3's care plan revealed RI#3 developed a facility acquired Stage II wound to the sacrum on May 1, 2024. On May 29, 2024,</p>	A 606		

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A 606	Continued From page 32 the facility documented RI#3's daughter would provide wound care for RI#3 on the days home health could not. The home health agency only provided wound care on Mondays and Thursdays. RI#3 required additional skilled care the facility could not provide.	A 606		
A 612	420-5-20-.06 (4) (c) (d) (e) (f) Care of Residents. (c) Activity Program. There shall be an activity program designed to meet the individual needs of each resident. The facility shall maintain supplies and equipment as necessary to implement the activity programs. Every day the facility shall provide activities appropriate to residents with dementia. Residents who have wandering behaviors shall have a documented activity program to manage this behavior. (d) Pets residing at the facility or used in activity programs shall be in good health and shall have current vaccinations as required by law. Vaccination certificates, or copies of vaccination certificates, shall be kept on file at the facility to demonstrate compliance with this requirement. (e) Mail, Telegrams, and Other Communications. 1. Incoming mail, telegrams, and other written communications addressed to the resident shall be delivered to the resident unopened. Outgoing mail shall be promptly delivered to regular postal channels upon receipt from the resident. Residents shall be permitted to receive telephone calls at the facility in complete privacy.	A 612		

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A 612	<p>Continued From page 33</p> <p>2. Personnel of the facility shall assist residents with communications, such as writing letters or assisting with writing letters, or reading mail out loud if requested to do so.</p> <p>(f) Appointments. Residents shall be assisted in making and keeping appointments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide an activities program designed to meet the individual needs of the residents.</p> <p>Findings:</p> <p>During a tour of the facility, on August 13, 2024, the surveyor observed a calendar of activities for the facility which showed activities scheduled each day of the week. However, the surveyor observed very few activities listed on the calendar which were actually carried out on a daily basis during the onsite survey.</p> <p>On August 13, 2024, the surveyor asked EI#5, about activities for residents. EI#5 said residents had church service on Sundays and bible study on Wednesdays. EI#5 said many of the residents participated in those services. EI#5 said other than that, most residents stayed in their rooms during the day. EI#5 was asked if there was an activities director for the facility. EI#5 said no that staff provided activities when they had time. EI#5 said there were plenty of supplies for activities but the residents did not like to participate.</p>	A 612		

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A 612	<p>Continued From page 34</p> <p>During the survey, the surveyor did not observe any planned activities for the residents. Residents were observed sitting in chairs in the common area. Some chairs were positioned facing a television that was playing an old western movie. Other chairs were positioned with the backs of the chairs to the television. There was no music playing.</p> <p>Two residents, RI#5 and RI#4, were observed continuously walking about the facility. Staff would walk with the wandering residents at times but there were no activities offered to the wandering residents to engage or distract them.</p> <p>During the exit interview with EI#1, EI#1 stated she would ensure activities were provided for the residents.</p>	A 612		
A 621	<p>420-5-20-.06 (9) (b) Care of Residents.</p> <p>(b) Retention.</p> <p>1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing.</p> <p>2. A specialty care assisted living facility shall not retain a resident that has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation.</p> <p>3. A specialty care assisted living facility shall not retain a resident that has symptoms or</p>	A 621		

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A 621	<p>Continued From page 35</p> <p>behaviors that infringe on the rights or safety of residents currently in the facility.</p> <p>4. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility.</p> <p>5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:</p> <p>(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR</p> <p>(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity but the individual has sufficient cognitive ability to direct his or her own care and the individual is able to direct facility staff and does direct facility staff to provide the physical assistance needed to complete such tasks, and the facility staff is capable of providing such assistance and does provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>6. If a resident of a specialty care assisted living facility is diagnosed with a terminal illness and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice</p>	A 621		

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A 621	<p>Continued From page 36</p> <p>care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for specialty care assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility retained residents who had unmanageable behaviors.</p> <p>Findings:</p> <p>On August 13, 2024, the surveyor was told by two staff members, EI#5 and EI#10, that several facility residents were uncooperative, resisted care and had behaviors of fighting staff during care. Care staff named RI#1 and RI#4</p> <p>RI#1 had been issued a discharge notice prior to the survey and alternative placement was being sought.</p> <p>RI#4 There was no documentation of refusal of care or behaviors addressed on the care plan (undated) or the Behavior Screen dated July 12, 2024. On</p>	A 621		

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A 621	Continued From page 37 August 13, 2024 at 10:00AM, the surveyor heard the hospice caregiver say RI#4 "hit me (caregiver) up side my head." The caregiver went on to say RI#4 usually grabs and holds the caregivers arms during care but had not hit her in the head before. The hospice caregiver said she reported the incident to facility staff.	A 621		
A1001	420-5-20-.10 (1) Sanitation and Housekeeping. (1) Sanitation. (a) Water Supply. 1. If at all possible, all water shall be obtained from a public water supply. If it is impossible to connect to a public water system, the private water supply shall meet the approval of the local County Health Department. 2. Water under pressure of not less than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall in no case exceed 110 degrees Fahrenheit. (b) Disposal of Liquid and Human Wastes. 1. There shall be installed within the building a properly designed waste disposal system, connecting to all fixtures to which water under pressure is piped. 2. All liquid and human waste, including floor wash water and liquid waste from	A1001		

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A1001	<p>Continued From page 38</p> <p>refrigerators, shall be disposed through trapped drains into a public sewer in localities where such system is available.</p> <p>3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed through trapped drains into a sewage disposal system approved by the local County Health Department. The sewage disposal system shall be of a size and capacity based on the number of residents and personnel housed and employed in the institution. Where the sewage disposal system is installed at an existing facility prior to granting of a license, it shall be inspected and approved by the local County Health Department.</p> <p>(c) Premises. The premises shall be kept neat and clean. The property shall be free of rubbish, weeds, ponded water, or other conditions, which may create a health, safety, or sanitation hazard.</p> <p>(d) Control of Insects, Rodents, and other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or control shall be used. Droppings shall be evidence of infestation by pests.</p> <p>(e) Toilet Room Cleanliness. Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, toiletry articles. The use of a common towel and common bar soap is prohibited.</p> <p>(f) Garbage Disposal.</p>	A1001		

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A1001	<p>Continued From page 39</p> <p>1. Garbage must be kept in water-tight suitable containers with tight-fitting covers. Garbage containers must be emptied at frequent intervals and shall be thoroughly cleaned and aired before using again.</p> <p>2. Garbage and waste shall be disposed of in accordance with local and state regulations.</p> <p>(g) Control of Odors. The facility shall be free of objectionable odors.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the premises of the facility was not free of rubbish or other conditions that could create a safety hazard.</p> <p>Findings: On August 13, 2024 during a tour of the facility premises, the surveyor observed two (2) commodes abandoned behind the building. The surveyor also observed the courtyard gate to be in need of repair. The wood post above the gate was rotten and breaking apart. The gate was hanging at an angle and did not close securely.</p>	A1001		
A1203	<p>420-5-20-.12 (5) Physical Environment.</p> <p>(5) General Building Requirements - Group and Congregate.</p> <p>(a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and</p>	A1203		

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A1203	<p>Continued From page 40</p> <p>painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly.</p> <p>(b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit.</p> <p>(c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms.</p> <p>(d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length 16 mesh screens. Screen doors shall be equipped with self-closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All specialty care assisted living facilities shall provide an emergency artificial lighting system to adequately illuminate halls, corridors, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p> <p>(f) Floors.</p>	A1203		

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A1203	<p>Continued From page 41</p> <p>1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish.</p> <p>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.</p> <p>(g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair.</p> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. Windows in specialty care facilities may have devices which prevent full opening of the window.</p> <p>(i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes.</p> <p>(j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30 - 36 inches above the floor and returned to the wall at each end.</p> <p>(k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for</p>	A1203		

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A1203	<p>Continued From page 42</p> <p>storage purposes. All walls and doors under stairs shall meet the same fire rating as the stairwell.</p> <p>(l) Doors.</p> <p>1. In each new specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom shall swing into the bedroom.</p> <p>2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location.</p> <p>3. Resident bedroom and other exit access doors in specialty care assisted living facility shall be at least three feet wide.</p> <p>4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special Requirements portion of this section.</p> <p>5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down.</p> <p>(m) Ventilation. The building shall be well ventilated at all times to prevent</p>	A1203		

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A1203	<p>Continued From page 43</p> <p>accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility.</p> <p>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.</p> <p>1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance.</p> <p>2. A visual inspection of each fire extinguisher shall be conducted monthly by a designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. A central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard.</p> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(q) Fireplaces and inserts shall be inspected and cleaned annually, and shall comply with the currently adopted building code.</p>	A1203		

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A1203	<p>Continued From page 44</p> <p>Openings shall be protected with screens or doors.</p> <p>(r) Exit marking. In all facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power.</p> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation.</p> <p>2. Open flame and portable heaters are prohibited in specialty care assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</p> <p>3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all specialty care assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code.</p>	A1203		

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A1203	<p>Continued From page 45</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the exterior of the facility was not maintained in a clean and orderly manner.</p> <p>Findings:</p> <p>During a tour of the exterior area of the facility on the afternoon of August 13, 2024, the following observations were made.</p> <ul style="list-style-type: none"> *The exterior vinyl siding was in need of cleaning. *Multiple screens on the windows were worn and torn. *One ceiling fan on the front porch contained broken blades. <p>On the morning of August 14, 2024, EI#8, Maintenance, agreed that the repairs were needed. EI#8 added that a hail storm had damaged the window screens.</p> <p>CYNTHIA GRANGER, REGISTERED NURSE THERESA HARRISON, REGISTERED NURSE</p>	A1203		