STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P4101	A. BUILDING: _____ B. WING _____	C 11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER VILLAGE CAMELLIA PLACE	1171 GATEWOOD DRIVE, BUILDING 206 AUBURN, AL 36830

(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 November 21, 2024, an unannounced licensure and complaint survey was conducted at this 42 bed Specialty Care Assisted Living Facility (SCALF) with a census of 25. Five complaints were investigated during this survey. LC20210920014, LC20200406013, and LC20200405009 were investigated and substantiated. LC20190826014 and LC20201210020 were unsubstantiated. Two deficiencies were cited as a result of the complaint investigations. 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 residents and require a plan of correction.	A 000		
A 303	420-5-20-.03 (2) (a) Administration. (2) The Administrator. (a) Responsibility. 1. The administrator shall be a direct representative of the governing authority in the management of the specialty care assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties. 2. Any individual employed as an administrator shall be properly licensed.	A 303		

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A 303	Continued From page 1 3. Any individual employed as an administrator shall meet all applicable statutory requirements. 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. 5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age. 6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character. 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. 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, then the facility does not meet this administration and management requirement. 9. The facility administrator is responsible for ensuring that required training is provided to all staff.	A 303		

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A 303	Continued From page 2 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. 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. 12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan. 13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained. This Rule is not met as evidenced by: Based on observation, interview, and record review, Employee Identifier (EI)#1, the administrator, failed to properly perform her duties to ensure the care and safety needs of all residents were met. Findings: On November 19 - 21, 2024, a surveyor with the ADPH conducted an onsite survey and five complaint investigations. Three complaints regarding staffing and residents requiring a higher level of care were substantiated. The administrator failed to ensure the facility was	A 303		

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A 303	Continued From page 3	A 303		

staffed with at least the minimum required staff at all times. Refer to deficiency 401 for additional information.

The administrator failed to ensure the most recent inspection report was posted in a prominent location. Refer to deficiency 504 for additional information.

The administrator failed to ensure incidents reported to the ADPH Online Reporting System were investigated and failed to report incidents in a timely manner. Also, the facility failed to report to the ADPH a malfunction of the fire alarm system. Refer to deficiency 508 for additional information.

The administrator failed to ensure the Registered Nurse (RN) or Wellness Director (WD) completed a geriatric depression screening for three residents prior to admission. Refer to deficiency 604 for additional information.

The administrator failed to ensure a resident who required a higher level of care than the facility was capable of providing was transferred or discharged to an adequate setting. Refer to deficiency 606 for additional information.

The administrator failed to ensure care plans were current and adequate to meet the care needs of residents. Refer to deficiency 611 for additional information.

The administrator failed to ensure the facility did not retain a resident with unmanageable behaviors. Refer to deficiency 621 for additional information.

The administrator failed to ensure fire

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A 303	Continued From page 4 extinguishers were visually inspected monthly and fire drills were performed monthly as required. Refer to deficiency 1101 for additional information.	A 303		
A 401	420-5-20-.04 (1) (2) Personnel. (1) A specialty care assisted living facility shall ensure adequate personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. No specialty care assisted living facility shall have fewer staff on duty than specified in Table A below. Even if this minimum staffing ratio is met, the governing authority of a specialty care assisted living facility shall have additional staff on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. Facilities with resident bedroom wings separated from the remainder of the facility by a lockable door shall maintain dedicated staff to these areas adequate to meet all care and safety needs of the residents in these areas at all times.	A 401		

Table A

Staff Number	7 AM - 3 PM	3 PM - 11 PM	11 PM - 7 AM
2	1 -16 Residents	1 - 16 Residents	1 - 16 Residents
3	17 - 24 Residents	17 - 36 Residents	17 - 48 Residents
4	25 - 32 Resident	37 - 48 Residents	49 - 64 Residents
5	33 - 40 Residents	49 - 60 Residents	65 - 80 Residents
6	41 - 48 Residents	61 - 72 Residents	81 - 96 Residents

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A 401	Continued From page 5	A 401		

7 49 - 56 Residents 73 - 84 Residents 97 - 112 Residents
8 57 - 64 Residents 85 - 96 Residents 113 - 128 Residents
9 65 - 72 Residents 97 - 108 Residents 129 - 144 Residents
10 73 - 80 Residents 109 - 120 Residents 145 - 160 Residents
11 81 - 88 Residents 120 - 132 Residents 161 - 176 Residents

1 Additional Staff | For each 8 residents, or any fraction thereof, by which the census exceeds 88 | For each 12 residents, or any fraction thereof, by which the census exceeds 132 | For each 16 residents, or any fraction thereof, by which the census exceeds 176

(a) A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current certification in cardiopulmonary resuscitation (CPR).

(b) A specialty care assisted living facility must be sufficiently staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.

(2) Employee Schedule. A specialty care assisted living facility shall post a schedule of employees indicating names and days and hours scheduled to work. This schedule shall be retained in the facility for 6 months after use.

In the event of an unplanned staff shortage which would make it otherwise impossible to meet the staffing requirements imposed by these

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A 401	Continued From page 6 rules, a facility may employ a certified nurse aide who has not received the training specified in these rules. For the purposes of this subsection, a certified nurse aide is defined as an individual who has been deemed or determined to be competent by the Alabama Nurse Aide Registry maintained by the Alabama Department of Public Health. This individual may not work unless accompanied at all times by an individual who is appropriately trained in accordance with these rules. Such employment shall last only until the facility has employed staff trained in accordance with the above. In no event may the period during which such staff is employed in a facility exceed 120 consecutive hours. This Rule is not met as evidenced by: Based on observation, interview and document review, the facility was not staffed with at least the minimum required staff at all times. THIS DEFICIENCY WAS CITED AS A RESULT OF COMPLAINT INVESTIGATIONS. Findings: At the time of the onsite survey from November 19-21, 2024, the census of the facility was 25 residents with 23 residents currently in house. This census required no less than three staff members to be on duty from the hours of 3:00 PM-11:00 PM and 11:00 PM-7:00 AM. On the afternoon of November 19, 2024, EI#12, a Licensed Practical Nurse (LPN), acknowledged she had worked short-staffed on the 3:00	A 401		

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A 401	Continued From page 7 PM-11:00 PM On the morning of November 20, 2024, EI#5, a LPN, said she had worked at the facility for about two months and had worked short-staffed once on a weekend on the 11:00 PM-7:00 AM shift. On the morning of November 20, 2024, a review of the staffing schedule revealed on November 1, 9 and 10, 2024, less than three staff members were scheduled to be on duty. EI#1 acknowledged the insufficient staffing scheduled. EI#1 thought the only staff required was one staff per sixteen residents.	A 401		
A 504	420-5-20-.05 (3) (d) Records and Reports. (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. 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. solely by reason of status as a resident of the facility. 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	A 504		

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A 504	Continued From page 8 free from chemical and physical restraints. 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. 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. 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. 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. 7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so. 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.	A 504		

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A 504	Continued From page 9 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. 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. 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. 12. Every resident shall have the right to present grievances and recommend changes in 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.	A 504		

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A 504	Continued From page 10 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. 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: (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. (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. (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. 15. Every resident shall be fully informed, 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. 16. Every resident shall be fully informed, as evidenced by the resident's written	A 504		

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A 504	Continued From page 11 acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities. 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. 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. 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. 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 pattern of conduct that is harmful or dangerous to himself or herself or to other residents. 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	A 504		

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A 504	Continued From page 12 toilet articles, except for personal possessions too large to be stored in the resident's room. 22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings. 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. 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post the most recent inspection report. Findings: On the afternoon of November 19, 2024, the most recent inspection report could not be found. Afterward, the report was found behind the concierge desk. On the morning of November 21, 2024, EI#1 acknowledged the inspection report was not posted in a prominent location.	A 504		
A 508	420-5-20-.05 (3) (h) Records and Reports.	A 508		

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A 508	Continued From page 13 (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 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	A 508		

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A 508	Continued From page 14 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). (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.	A 508		

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A 508	Continued From page 15 (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 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	A 508		

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A 508	Continued From page 16 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 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.	A 508		

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A 508	Continued From page 17 (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 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	A 508		

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A 508	Continued From page 18 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 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	A 508		

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A 508	Continued From page 19 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. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to investigate incidents that had been reported to the ADPH Online Reporting System, report incidents in a timely manner and report to the ADPH a malfunction of the fire alarm system. Findings: Investigation of incidents Requests for investigations of reported incidents were not received by ADPH. The dates of reported incidents were February 19, 2024, November 2, 2023, May 22, 2023, May 12, 2023, April 16, 2023 and October 6, 2022. Reporting incidents timely On November 13, 2024, the ADPH Online	A 508		

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A 508	Continued From page 20 Reporting System received late report of three incidents. On November 8, 2024, July 31, 2024, May 31, 2024, May 28, 2024, and February 19, 2024, the ADPH Online Reporting System received late reports of incidents. Report of malfunction of the fire alarm system On the morning of November 19, 2024, an observation was made of the facility fire panel with an alert of "Trouble 6 Supervisory ...". EI#1 said the malfunction had not been reported to ADPH. The alert was observed on the fire panel November 20th and 21st, 2024, also. Review of the May 7, 2024, fire alarm inspection revealed the fire panel failed and the panel needed to be replaced.	A 508		
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. 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	A 604		

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A 604	Continued From page 21 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. (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	A 604		

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A 604	Continued From page 22 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Registered Nurse (RN) or the Wellness Director (WD), completed a geriatric depression screening of prospective residents prior to admission. Also, the facility failed to	A 604		

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A 604	Continued From page 23 ensure monthly assessments were completed as required. Findings: RI#1 was admitted to the facility December 11, 2021, with diagnoses of dementia and anxiety. RI#1 did not have a geriatric depression screening completed upon admission. RI#2 was admitted to the facility July 9, 2022, with a diagnosis of Alzheimer's disease. RI#2 did not have a geriatric depression screening completed upon admission. RI#2 did not have monthly assessments completed for the months of December 2023, January 2024 and April 2024. RI#4 was admitted to the facility October 31, 2024, with diagnoses of dementia and unsteady gait. RI#4 did not have a geriatric depression screening completed upon admission.	A 604		
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	Continued From page 24	A 606		

This Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure a resident who required a level of care, higher than the facility was capable of providing, was transferred or discharged to an appropriate setting.

Findings:

RI#1 was admitted to the facility December 11, 2021, with diagnoses of dementia and anxiety. According to the admission assessment by the physician, RI#1 ambulated independently. RI#1 required assistance with grooming and bathing. RI#1 had no behavioral symptoms.

On the morning of November 19, 2024, RI#1 was observed being fed by staff. Three staff members, EI#7, EI#9 and EI#10, identified RI#1 as potentially ineligible related to behaviors and not being capable to direct care. EI#7 had been scratched earlier that morning by RI#1 and had reported the incident to the nurse, EI#4. When asked who had she had told, EI#7 named EI#3, a director and EI#4. EI#3 and EI#4 told EI#7 they knew of the behaviors and for her (EI#7) to try to be more understanding.

On the afternoon of November 19, 2024, EI#2 was asked about RI#1 and EI#2 responded, "(He/She) has some behaviors. (He/She) has some good times and some bad times."

On the afternoon of November 19, 2024, EI#3 said he was aware of RI#1's behaviors but no assessment had been done or referral to behavioral health as it should have been. When asked why, EI#3 said he had discussed the issue with EI#6, a LPN, and assumed she had addressed the behaviors. On November 21,

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A 606	Continued From page 25 2024, EI#3 said EI#6 had reported the behaviors to him. EI#3 said he did nothing about the behaviors but relayed this information to EI#1 in morning meetings. EI#3 was asked if he was aware a resident with unmanageable behaviors was ineligible for a SCALF and he said no, but he did now. EI#3 alleged EI#1 had responded by saying they would look in to it. On the morning of November 21, 2024, EI#2, who was newly hired, said she was unaware of RI#1's behaviors. She had assessed the resident, reviewed the medical record and identified a noted decline. EI#2 said they were in the process of discharging RI#1 to a higher level of care. EI#2 acknowledged a resident that is physically combative should be discharged. On the morning of November 21, 2024, EI#1 said EI#3 had only discussed RI#1's tearfulness with her. EI#1 agreed with RI#1 being ineligible related to unmanageable behaviors.	A 606		
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,	A 611		

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A 611	Continued From page 26	A 611		

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.

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

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A 611	Continued From page 27	A 611		

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.

(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 observations, record reviews, and interviews, the facility failed to ensure all care plans were current and adequate to meet the care needs of all residents.

Findings:

RI#1
RI#1 was admitted to the facility December 11,

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A 611	Continued From page 28 2021, with diagnoses of dementia and anxiety. According to the admission assessment by the physician, RI#1 had no behavioral symptoms. Staff members reported RI#1 had behaviors of resisting care, hitting staff, scratching staff or spitting on staff. RI#1's facility care plan did not address RI#1's anxiety or behaviors with appropriate goals and interventions to manage the behaviors. RI#3 RI#3 was admitted to the facility on May 14, 2018, with a diagnosis of anxiety. RI#3's facility care plan did not address RI#3's anxiety with appropriate goals and interventions. RI#4 RI#4 was admitted to the facility on October 31, 2024,with diagnoses of dementia and diabetes mellitus. RI#4's facility care plan did not address RI#4's dementia or diabetes mellitus. On the morning of November 21, 2024, EI#1 and EI#2 agreed the care plans were inadequate.	A 611		
A 621	420-5-20-.06 (9) (b) Care of Residents. (b) Retention. 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. 2. A specialty care assisted living facility shall not retain a resident that has a PSMS score	A 621		

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A 621	Continued From page 29	A 621		

greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation.

3. A specialty care assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.

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.

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:

(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR

(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.

6. If a resident of a specialty care assisted living facility is diagnosed with a terminal

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A 621	Continued From page 30 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 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. 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. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility retained a resident who had unmanageable behaviors. Findings: On November 19, 2024, the surveyor was told by three staff members, EI#7, EI#9 and EI#10, that RI#1 was uncooperative, resisted care and had behaviors of fighting staff during care. There was no documentation of refusal of care or behaviors addressed on the care plan or the annual Behavior Screen dated December 18,	A 621		

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A 621	Continued From page 31 2023. On the morning of November 19, 2024, EI#7 was asked about any residents that might not eligible for the Specialty Care Assisted Living Facility. EI#7 named RI#1 and added RI#1 had scratched her that morning. EI#7 said she told EI#4, the LPN. On the morning of November 21, 2024, EI#3 said he did not know a resident with unmanageable behaviors was ineligible for the SCALF but he did now. On the morning of November 21, 2024, EI#2 confirmed a resident with unmanageable behaviors should be discharged.	A 621		
A1101	420-5-20-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All specialty care assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the Life Safety	A1101		

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Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.

(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.

(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.

(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:

1. Minimizes leaks and spills.

2. Adequately protects against inappropriate access.

3. Complies with the requirements of the currently adopted Life Safety Code.

(f) Fire Alarm and Sprinkler System.

1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except

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A1101	Continued From page 33 that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and Testing reports shall be maintained in the facility for a period of at least 3 years. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure fire extinguishers were visually inspected monthly and that fire drills were performed every month as required. Findings: FIRE EXTINGUISHERS On the morning of November 19, 2024, the surveyor observed five fire extinguishers that had not been checked since May 1, 2024, and five fire extinguishers that had not been checked since July 1, 2024.	A1101		

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A1101	Continued From page 34 FIRE DRILLS On the morning of November 19, 2024, two care associates were asked about fire drills being conducted. The care associates said they had not participated in a fire drill and had worked at the facility for about six months. Another care associate who had worked at the facility approximately three years said it had been about six months since a fire drill had been conducted. On the afternoon of November 20, 2024, documentation of fire drills revealed only one fire drill had been conducted in the past year. On the morning of November 21, 2024, EI#1 said the fire extinguishers should be checked and fire drills conducted monthly. THERESA HARRISON, REGISTERED NURSE	A1101		