

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4548	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/03/2024
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NAME OF PROVIDER OR SUPPLIER THRIVE AT JONES FARM	STREET ADDRESS, CITY, STATE, ZIP CODE 2238 CECIL ASHBURN DR. SE HUNTSVILLE, AL 35802
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(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	<p>Initial Comments</p> <p>On April 3, 2024, an unannounced probational licensure follow-up and licensure survey was conducted for this 75 bed Assisted Living Facility (ALF) with a census of 46.</p> <p>There were four (4) complaints investigated during this survey. LC#20230927007, LC#20230209009 and LC#20220303008 were unsubstantiated. LC#20230504004 was substantiated and deficiencies were cited 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 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 504	<p>420-5-4-.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		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 504	<p>Continued From page 1</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 2</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 3</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; and</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 4</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 5</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, 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 and to freely come and go from the home.</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 observations and interview, the facility failed to provide health care consistent with established and recognized standards within the community by failure to provide proper hand hygiene. In addition, the facility failed to provide at least 30 days written notice of involuntary termination of residence at the facility.</p> <p>Findings: Hand Hygiene</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>On April 2, 2024, at approximately 8:00 AM, surveyors observed Employee Identifier (EI)#7 during medication assistance. EI#7 assisted multiple residents with medication and failed to perform hand hygiene between residents. This finding was discussed with EI#1, EI#2 and EI#3 who all agreed with the finding.</p> <p>30-Day Discharge Notice</p> <p>On April 2, 2024, EI#2 informed the surveyors that two residents of the facility {Resident Identifier (RI)#4 and RI#7} were on a "waiting list" to move to the specialty care assisted living facility (SCALF) on the same campus. Refer to deficiencies 613 and 614 for additional information on RI#4 and RI#7. RI#7 transferred to the SCALF on April 3, 2024 during the onsite survey. On April 3, 2024, EI#1 informed the surveyors that the plan was to transfer RI#4 to the SCALF by the end of April 2024 when a current resident of the SCALF moved out. EI#1 also stated that no 30-day written discharge notices had been issued to RI#4 and RI#7 because the transfers to SCALF had been discussed with the two residents' sponsors and the SCALF was in the same building.</p>	A 504		
A 508	<p>420.5.4-.05 (3) (h) Records and Reports.</p> <p>(h) Incident Investigation. When an incident, as defined below, occurs in an 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</p>	A 508		

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A 508	<p>Continued From page 7</p> <p>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 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, witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed,</p>	A 508		

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A 508	<p>Continued From page 8</p> <p>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 of 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 the facility's policies and procedures, the incident investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p>	A 508		

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A 508	<p>Continued From page 9</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p> <p>(iii) When the administrator was notified (date and time).</p> <p>(iv) Circumstances under which the incident occurred.</p> <p>(v) When the incident occurred (date and time).</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p>	A 508		

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A 508	<p>Continued From page 10</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 as defined in these rules.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual</p>	A 508		

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A 508	<p>Continued From page 11</p> <p>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 of the Alabama Administrative Code Sec. 420-4-1-.04. shall 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</p>	A 508		

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A 508	<p>Continued From page 12</p> <p>documentation shall be retained for a period of not less than 3 years.</p> <p>(x) Any indication of malfunction of the sprinkler system, or fire alarm system.</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>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	A 508		

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A 508	<p>Continued From page 13</p> <p>facility failed to report incidents timely to the Department's Online Incident Reporting System.</p> <p>Findings:</p> <p>On April 1, 2024, surveyors reviewed incidents reported to the Department's Online Incident Reporting System. The following incidents were reported greater than 24 hours after the incident occurred.</p> <ul style="list-style-type: none"> * A fall was reported on March 26, 2024 at 8:20 AM which occurred on March 23, 2024 at 6:15 AM. * A fall was reported on March 26 at 8:34 AM which occurred on March 25, 2024 at 5:00 AM. * A fall was reported on March 11, 2024 at 10:38 AM which occurred on March 7, 2024 at 9:00 PM. * A fall was reported on February 26, 2024 at 9:36 PM which occurred on February 25, 2024 at 6:15 PM. * A fall was reported on February 4, 2024 at 9:56 PM which occurred on February 3, 2024 at 12:25 PM. * An alleged abuse incident was reported on February 1, 2024 at 6:31 PM which occurred on January 31, 2024 at 12:35 PM. * A fall was reported on January 26, 2024 at 7:54 AM which occurred on January 24, 2024 at 11:15 PM. * A fall was reported on October 18, 2023 at 6:48 AM which occurred on October 16, 2023 at 7:00 PM. * A fall was reported on October 15, 2023 at 1:51 PM which occurred on October 14, 2023 at 8:25 AM. * A fall was reported on July 26, 2023 at 5:11 PM which occurred on July 25, 2023 at 1:00 PM. * A fall was reported on July 2, 2023 at 1:09 PM which occurred on June 23, 2023 at 8:30 AM. 	A 508		

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A 508	<p>Continued From page 14</p> <ul style="list-style-type: none"> * A fall was reported on June 29, 2023 at 3:20 PM which occurred on June 28, 2023 at 3:33 AM. * A fall was reported on January 9, 2023 at 10:25 AM which occurred on January 5, 2023 at 10:40 PM. * A fall was reported on December 6, 2022 at 7:23 PM which occurred on December 5, 2022 at 10:30 AM. * An alleged abuse incident was reported on October 9, 2022 at 10:26 AM which occurred on October 8, 2022 at 4:00 AM. * A fall was reported on September 30, 2022 at 1:05 PM which occurred on September 28, 2022 at 4:00 PM. * A fall was reported on September 26, 2022 at 3:03 PM which occurred on September 24, 2022 at 8:00 AM. * A fall was reported on April 15, 2022 at 10:58 AM which occurred on April 14, 2022 at 7:15 AM. * A fall was reported on March 3, 2022 at 6:47 PM which occurred on March 1, 2022 at 10:49 PM. <p>When interviewed on April 3, 2024, EI#2 stated she (EI#2) was responsible for reporting most incidents to ADPH. EI#2 added that the facility was developing a new system to address late incident reports but agreed there were still some reports which had been submitted late.</p>	A 508		
A 611	<p>420-5-4-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.</p> <p>(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</p>	A 611		

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A 611	<p>Continued From page 15</p> <p>be accessible to the direct care staff at all times.</p> <p>(b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.</p> <p>1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. 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:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>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.</p>	A 611		

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A 611	<p>Continued From page 16</p> <p>5. Activities of Daily Living. Residents of assisted living facilities 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.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(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.</p> <p>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p>	A 611		

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A 611	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, a resident's facility care plan was not updated to address the resident's current condition with appropriate interventions to meet the care needs of the resident.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JANUARY 26, 2023.</p> <p>Findings:</p> <p>Review of resident records on April 2 and 3, 2024 revealed the following information. RI#1 was admitted to the facility on January 10, 2023 and had diagnoses which included hypothyroidism, anxiety disorder, insomnia, hypertension, diverticular disease of the intestine, polyosteoarthritis and history of malignant neoplasm of the breast.</p> <p>During interviews with staff on April 1, 2 and 3, 2024, five out of five staff members (EI#2, EI#6, EI#7, EI#8 and EI#9) reported RI#1 resisted care at times, especially when incontinent of urine and in need of assistance with incontinent care and changing clothing. Staff also reported RI#1 was confused at times. RI#1's Monthly Assessment and Wellness Review, dated September 1, 2023, read "...Resident is refusing care and can be short tempered with staff. Behavior health began services and prescribed Oxcarbazepin tab 150 mg to stabilize mood...". RI#1's resistance to care and need for incontinent care was not addressed on RI#1's facility care plan.</p> <p>RI#1's facility record contained a physician's order for RI#1 to consume three beers per day. RI#1's monthly Wellness Review, dated February</p>	A 611		

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A 611	<p>Continued From page 18</p> <p>22, 2023, read "...It has been noted that the resident travels the hallways asking other residents and team members for beer. The resident is allowed 3 beers a day in which family supplies and nurse places them in fridge in the mornings". During observation of medication assistance, around 9:00 AM on April 2, 2024, surveyors observed RI#1 drinking a beer with another empty beer bottle beside his/her chair. EI#7 confirmed that RI#1 had already consumed 2 beers that morning. RI#1's facility care plan read "Staff will ensure resident has 3 beers in (his/her) fridge daily...Resident allowed 3 beers daily provided by nurse...MD approved 3 beers daily...". The care plan did not direct staff to monitor RI#1 for complications of alcohol consumption or for possible drug interactions with alcohol consumption.</p> <p>On April 2, 2024, EI#1 and EI#3 agreed RI#1's resistive behaviors and alcohol consumption should be addressed with additional interventions on the RI#1's facility care plan.</p>	A 611		
A 613	<p>420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(5) Medications.</p> <p>(a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical</p>	A 613		

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A 613	<p>Continued From page 19 examination.</p> <p>(b) A physician order is required for a resident to manage and have custody of his or her own medications.</p> <p>(c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.</p> <p>(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.</p> <p>(e) A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, residents who were unable or unwilling to protect themselves from a medication</p>	A 613		

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A 613	<p>Continued From page 20</p> <p>error did not receive medication administration by licensed staff.</p> <p>Findings:</p> <p>Review of resident records, on April 2 and 3, 2024, as well as interviews with facility staff, on April 1, 2 and 3, 2024, revealed the following information.</p> <p>RI#1 had resided at the facility since January 10, 2023. RI#1 had a history of resistance to care, alcohol consumption and confusion. Refer to deficiency 611 for additional information on RI#1.</p> <p>RI#4 was admitted to the facility on December 29, 2023 and had diagnoses which included malignant neoplasm of the skin, hypothyroidism, vitamin B deficiency, vitamin D deficiency, hypercholesterolemia, hypertension, cardiac murmur, dementia and transischemic attacks. Five of five staff members interviewed (EI#2, EI#6, EI#7, EI#8 and EI#9) reported RI#4 was frequently confused and required escorts to and from the dining room for each meal.</p> <p>RI#7 was admitted to the facility on September 11, 2023 and had diagnoses which included chronic obstructive pulmonary disease, anemia, hyperlipidemia, hypertension, chronic ischemic heart disease, atrial fibrillation, atrial flutter, systolic and diastolic heart failure, cerebrovascular disease, venous insufficiency and gastroesophageal reflux disorder. Five of five staff members interviewed (EI#2, EI#6, EI#7, EI#8 and EI#9) reported RI#7 was frequently confused and required escorts to and from the dining room for each meal. RI#4 was transferred to the specialty care assisted living facility on the same campus during the onsite survey.</p>	A 613		

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A 613	Continued From page 21 On the morning of April 2, 2024, between 8:15 AM and 9:50 AM, surveyors observed EI#7, Medication Technician, provide medication assistance to these three residents. Refer to deficiency 614 for further information on the residents' medication assistance. None of the three residents were able and willing to independently confirm the time their medications should be given. Review of the three residents' Medication Assistance Records (MARs) for the months of March and April 2024 revealed unlicensed staff had administered medications to all three residents. EI#2 reported two of the residents (RI#4 and RI#7) had been identified by staff as needing a specialty care assisted care facility and were on a "waiting list" for this facility. However, licensed staff had not been provided to administer medications to the three residents who were unable or unwilling to protect themselves from a medication error. On April 3, 2024, EI#1 stated licensed staff were being provided to administer medications to all three residents.	A 613		
A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents. (f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety. (g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be	A 614		

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A 614	<p>Continued From page 22</p> <p>assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:</p> <p>1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use.</p> <p>(6) Assistance with self-administration of medication includes the following practices:</p> <p>(a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed.</p> <p>(b) Physically assisting a resident by opening or helping to open a container holding medications.</p> <p>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.</p> <p>(d) Physically bringing a container of medication to a resident.</p> <p>(7) Assistance with self-administration of</p>	A 614		

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A 614	<p>Continued From page 23</p> <p>medications shall under no circumstances include any of the following practices:</p> <p>(a) Medication administration as defined in these rules.</p> <p>(b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given.</p> <p>(c) Giving a resident injections of any kind.</p> <p>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.</p> <p>(e) Placing medications in a feeding tube.</p> <p>(f) Giving enemas or suppositories.</p> <p>(g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under</p>	A 614		

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A 614	<p>Continued From page 24</p> <p>the total control and direction of the resident. 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>(h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. 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>(i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe</p>	A 614		

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A 614	<p>Continued From page 25</p> <p>practices by facility staff.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, at least three residents of the facility were unable or unwilling to properly utilize the unit dose packaging system and protect themselves from medication errors.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged residents of the facility had dementia which resulted in the residents being unsafe to reside in an assisted living facility. Surveyors were able to substantiate this complaint during the onsite survey.</p> <p>Review of resident records and interviews with facility staff, on April 1, 2 and 3, 2024, revealed the following information.</p> <p>RI#1 had resided at the facility since January 10, 2023. RI#1 was resistant to care and was confused at times. Refer to deficiencies 611 and 613 for additional information on RI#1.</p> <p>RI#4 had resided at the facility since December 29, 2023. RI#4 was frequently confused and had to be escorted to and from his/her room to activities including meals. Refer to deficiencies 504 and 613 for additional information on RI#4.</p> <p>RI#7 had resided at the facility since September</p>	A 614		

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A 614	<p>Continued From page 26</p> <p>11, 2023. RI#7 was frequently confused and had to be escorted to and from his/her room to activities including meals. Refer to deficiencies 504 and 613 for additional information on RI#7.</p> <p>On the morning of April 2, 2024, surveyors observed EI#7, Medication Technician, assist these three residents (RI#1, RI#4 and RI#7) with medications. Each resident was presented with a morning and an evening medication packet containing their name as well as "morning" or "evening/night" typed underneath the resident's name on the packet. The resident was asked if this was his/her medication and which medication he/she would take now.</p> <p>RI#1 identified his/her name on the packets but stated it was difficult to see due to poor lighting in the room. It was also noted that RI#1 was drinking his/her second beer that morning at the time of the observation. When asked which medication should be taken at that time (morning), RI#1 stated he/she was unable to see the times and refused to have additional lighting turned on in the room. RI#1 stated "I will take the big one", referring to the two morning packages which were attached together. Although this was the correct medication, RI#1 refused to confirm that the medication was correct.</p> <p>RI#4 identified his/her name on the packets by stating "It has my name on it. Who put my name on it?". When asked which packet he/she would take now, RI#4 responded "Does it matter which one I take now?". After EI#7 repeatedly showed RI#4 the times on each packet and asked which one should be taken at that time, RI#4 stated he/she would take the morning packet now.</p> <p>RI#7 identified his/her name on the packets when</p>	A 614		

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A 614	Continued From page 27 shown the name. When asked to identify which medication should be taken at that time, RI#7 had to be shown the times repeatedly by EI#7. After multiple attempts, RI#7 identified the morning packet to be taken now. RI#1 refused to correctly identify his/her medications. RI#4 and RI#7 required considerable instruction and direction by EI#7 to correctly identify what medication should be taken at that time. Instead of each resident directing their care, EI#7 directed the residents to enable them to identify their medications correctly. The residents were unable or unwilling to protect themselves from a medication error without the assistance of staff. Both EI#1 and EI#3 concurred with the finding. On April 3, 2024, EI#1 informed the surveyors that licensed staff were scheduled to administer medications to all three residents.	A 614		
A 617	420-5-4-.06 (8) Care of Residents. (8) Disposal of Medications. 1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days. 2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible	A 617		

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A 617	<p>Continued From page 28</p> <p>party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication, and the amount. This statement shall be maintained in a file for at least three years.</p> <p>3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to document disposition of a resident's medications upon discharge of the resident from the facility.</p> <p>Findings:</p> <p>Review of discharged residents' records, on April 3, 2024, revealed the following information.</p> <p>RI#11 was admitted to the facility on May 28, 2019 and had diagnoses which included hypothyroidism, hypertension, hyperlipidemia, tremors, vertigo, mild cognitive impairment, insomnia and osteoporosis. Multiple medications were ordered for RI#11 at the facility. RI#11 was discharged from the facility on February 29, 2024.</p>	A 617		

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A 617	Continued From page 29 There was no documentation of the disposition of RI#11's medications upon RI#11's discharge from the facility. EI#2 was unable to locate the medication disposition.	A 617		
A 621	420-5-4-.06 (11) (b) Care of Residents. (b) Retention 1. An assisted living facility shall not allow any resident to return to the assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the facility is licensed to provide or the facility is capable of providing. 2. An 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. 3. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in an assisted living facility. 4. An 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	A 621		

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A 621	<p>Continued From page 30</p> <p>to direct his or her own care AND the individual is able to direct others and does direct others 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>5. If a resident of an assisted living facility is diagnosed with a terminal illness other than dementia 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 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>6. All skilled services provided in the facility, such as but not limited to wound care or insertion of a urinary catheter, shall be provided by the staff of properly licensed or certified agencies. Skilled services shall not be delegated</p>	A 621		

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A 621	<p>Continued From page 31 to facility staff.</p> <p>7. Residents that develop acute infectious pulmonary disease, such as active tuberculosis, or other diseases capable of transmission to other individuals through normal person-to-person contact shall be immediately transferred to an appropriate level of care until certified by a physician to be free of a contagious condition.</p> <p>8. No assisted living facility shall be operated in whole or in part in a manner that prevents free and unhindered egress from the facility by any of its residents.</p> <p>9. An assisted living facility shall not retain any resident who cannot safely reside in the facility unless his or her egress from the facility is restricted.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility retained a resident who did not meet the criteria for retention in an assisted living facility.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged a resident was retained at the facility in need of skilled wound care which exceeded ninety days. Surveyors were able to substantiate this complaint during the onsite survey.</p> <p>Review of resident records on April 2 and 3, 2024</p>	A 621		

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A 621	<p>Continued From page 32</p> <p>revealed the following information.</p> <p>RI#9 was admitted to the facility on August 26, 2021 and had diagnoses which included gastroesophageal reflux disorder, atrial fibrillation, chronic kidney disease stage 3, dementia, congestive heart failure and skin cancer. A facility Skin Integrity Review Form, dated August 30, 2021, documented a wound to RI#9's scalp related to radiation therapy. The following entries were noted on RI#9's facility care plan: "...9/13/21-home health ordered for wound care...10/16/21 Antibiotic ordered for cellulitis at site of skin cancer removal. Seen in walk in clinic due to possible wound infection...11/1/21-started on services by wound care center, resident can direct (his/her) care...". Progress Note Details from the wound center documented wound care to RI#9's "non-healing" scalp wound weekly from November 2021 through August 7, 2023, when RI#9 was "going to rehab for 21 days". A facility Progress Note, dated April 23, 2023, read "Home health reinstated contract for continuing to see resident 1 x weekly for wound care. Resident currently has staph infection to wound and is being treated with topical ABT (antibiotic) to wound...". RI#9 was not admitted to an inpatient facility for rehabilitation until August 26, 2023 and did not return to the facility.</p> <p>An Integumentary note was documented by the wound care center on August 7, 2023, describing RI#9's scalp wound as follows: "Wound #1 status is open. Original cause of wound was radiation burn. The date acquired was: 9/1/21. The wound has been in treatment 92 weeks. The wound is currently classified as a Full Thickness with Exposed Support Structures wound with etiologies of Soft Tissue Radionecrosis and Trauma, Other and is located on the</p>	A 621		

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A 621	<p>Continued From page 33</p> <p>Head-occiput. The wound measures 2.2 cm length x 2.3 cm width x 0.1 cm depth...There is Fat Layer (Subcutaneous Tissue) exposed. There is no tunneling or undermining noted. There is a medium amount of serosanguineous drainage noted. The wound margin is flat and intact. There is small (1-33%) granulation within the wound bed. There is a large (67-100%) amount of necrotic tissue within the wound bed including Adherent Slough. The periwound skin appearance exhibited: Scarring, Dry/Scaly...".</p> <p>RI#9 received skilled wound care from home health and from a wound treatment center for approximately 23 months while residing at the facility. Although facility documentation showed RI#9 could direct his/her care, the facility was not licensed to provide and did not provide the skilled wound care. RI#9 was retained at the facility, requiring skilled nursing care which had exceeded 90 days. When interviewed on April 3, 2024, EI#3 stated RI#9 was discharged because RI#9 became unable to direct his/her care.</p>	A 621		
A 702	<p>420-5-4-.07 (2) Food Service</p> <p>(2) Food Handling Procedures.</p> <p>(a) Dish and Utensils Washing, Disinfection, and Storage.</p> <p>1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.</p> <p>2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the</p>	A 702		

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A 702	<p>Continued From page 34</p> <p>following methods:</p> <p>(i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or</p> <p>(ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with manufacturer's instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.</p> <p>3. Dishes and utensils shall be allowed to air dry.</p> <p>4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.</p> <p>5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above,</p>	A 702		

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A 702	<p>Continued From page 35</p> <p>as documented in material provided from the manufacturer and kept on file at the facility.</p> <p>(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop may be stored in the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.</p> <p>(c) Protection of Food from Contamination.</p> <p>1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage back flow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.</p> <p>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.</p> <p>3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.</p> <p>4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.</p>	A 702		

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A 702	<p>Continued From page 36</p> <p>5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared.</p> <p>6. All food products shall be used by the manufacturer's indicated date or discarded.</p> <p>7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times.</p> <p>8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.</p> <p>9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods).</p> <p>10. Laundry shall not be brought through the food preparation or service area.</p> <p>(d) Storage and Service of Milk and Ice</p>	A 702		

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A 702	<p>Continued From page 37</p> <p>Cream.</p> <p>1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use.</p> <p>2. Milk and fluid milk products shall be stored in such a manner that bottles or containers, from which the milk or milk product is to be poured or drunk, will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.</p> <p>3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.</p> <p>(e) Kitchen Garbage and Trash Handling.</p> <p>1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.</p> <p>2. After being emptied, all garbage cans and trash cans shall be washed and dried before</p>	A 702		

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A 702	<p>Continued From page 38</p> <p>reuse.</p> <p>(f) Employees' Cleanliness.</p> <p>1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.</p> <p>2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.</p> <p>3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.</p> <p>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.</p> <p>(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.</p> <p>(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities.</p> <p>(j) Paper for Food Wrapping. Only new</p>	A 702		

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A 702	<p>Continued From page 39</p> <p>paper, foil, or plastic wrap shall be used for wrapping of foods.</p> <p>(k) Laundering of clothing shall not be permitted in food preparation or service areas.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide proper handling and serving of food to prevent contamination. In addition, leftover foods were not discarded timely.</p> <p>Findings:</p> <p>Food Handling and Serving</p> <p>On April 2, 2024, at approximately 7:10 AM, during the breakfast meal, surveyors observed employees (EI#6, EI#7 and EI#8) serving food to residents without wearing aprons. These three employees also provided personal care to residents. This finding was discussed with EI#1, EI#2 and EI#3, who all agreed aprons should be worn.</p> <p>Leftover Foods</p> <p>On April 2, 2024, at approximately 1:12 PM, during a tour of the kitchen with EI#5, surveyors noted the following expired leftover foods in the refrigerator: egg salad dated March 27; fruit cocktail dated March 29. EI#5 stated the dates on the foods were the dates the food was prepared or opened, not the use by dates. EI#5 agreed both items had been stored greater than three days. The items were removed from the refrigerator by EI#5 to be discarded.</p>	A 702		

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A 804	Continued From page 40	A 804		
A 804	<p>420-5-4-.08 (4) Physical Facilities.</p> <p>(4) Food Service Facilities.</p> <p>(a) Floors. Floors in food service areas shall be of such construction as to be easily cleaned, sound, smooth, non-absorbent, without cracks or crevices, and shall be provided with approved and conveniently located facilities for the disposal of floor wash water.</p> <p>(b) Walls and Ceilings. Walls and ceilings of food service areas shall be of tight and substantial construction, and smoothly finished. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows which prevent the entrance of rain or dust during inclement weather.</p> <p>(c) Screens or Outside Openings. Openings to the outside shall be effectively screened, or suitable provisions made equal to screening (such as fly fans). Screen doors shall be equipped with self-closing devices.</p> <p>(d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light.</p> <p>(e) Ventilation. Vent/exhaust hoods, vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Existing recirculating vent hoods in Family facilities may remain in use when filters are cleaned or replaced regularly to prevent excess grease accumulation. Group assisted living</p>	A 804		

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A 804	<p>Continued From page 41</p> <p>facilities with residential stoves may use a residential hood sized for the stove. Commercial exhaust hoods shall be installed when commercial cooking equipment is used. Congregate facilities shall use a commercial exhaust hood system.</p> <p>(f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall include a lavatory and shall be well lighted and ventilated.</p> <p>(g) Hand Washing Facilities. Each Group and Congregate assisted living facility shall provide a hand washing lavatory in the kitchens which shall be equipped with a soap dispenser and a supply of soap, disposable towels, and hot and cold running water through a mixing valve or combination faucet. The use of a common towel and common bar soap is prohibited. Hands shall not be washed in sinks where food is prepared. Existing Group and Congregate facilities that enlarge or renovate kitchens shall install a hand wash sink.</p> <p>(h) Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation for the storage of perishable foods shall be provided. Refrigeration shall be maintained at 41 degrees Fahrenheit or less. All refrigerators shall be provided with thermometers. All refrigerators shall be kept clean.</p> <p>(i) Equipment and Utensil Construction. Equipment and utensils, except single service utensils, shall be so constructed as to be easily</p>	A 804		

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A 804	<p>Continued From page 42</p> <p>cleaned and shall be kept in good repair. No cadmium plated, lead, or readily corrodible utensils or equipment shall be used.</p> <p>(j) Separation of Kitchen from Resident Rooms and Sleeping Quarters. Any room used for sleeping quarters shall be separated from the food service area by a solid wall with no direct openings. Sleeping accommodations shall not be permitted within the food service area.</p> <p>(k) Clean Rooms. Floors, walls, and ceilings of rooms in the food service area shall be clean and free of an accumulation of rubbish, dust, grease, dirt, etc.</p> <p>(l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc.</p> <p>(m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use.</p> <p>(n) Location and Space Requirements. Food service facilities shall be located in a specifically designated area and shall include the following rooms and space: kitchen, dishwashing, food storage, and dining room.</p> <p>(o) Equipment. Minimum equipment in the kitchen shall include the following:</p> <p>1. Range. In a Family or Group assisted living facility, a residential use range is permitted. A Congregate assisted living facility shall have a heavy-duty</p>	A 804		

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A 804	<p>Continued From page 43</p> <p>range suitable for institutional use with double oven, or equivalent.</p> <p>2. Refrigerator. A Family or Group assisted living facility may use a residential refrigerator. A Congregate assisted living facility shall have a heavy duty refrigerator suitable for institutional use.</p> <p>3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods.</p> <p>4. Dishwashing. The dishwashing equipment for Family and Group assisted living facilities shall be either residential type using cold water sanitizers or commercial type with a booster water heater. Dishwashing equipment for all Congregate assisted living facilities shall be commercial type using a booster water heater or an automatic dispensing sanitizing chemical system.</p> <p>5. A three-compartment sink with a booster heater or chemical sanitizing system for the third compartment shall be provided in Congregate assisted living facilities.</p> <p>6. Garbage cans with cover.</p> <p>(p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans, and raised platforms shall be provided and kept clean. Perishable food shall be stored at least six inches above the floor. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water, leakage, or any other source of</p>	A 804		

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A 804	<p>Continued From page 44</p> <p>contamination.</p> <p>(q) Dining Room. A resident dining room, or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed capacity.</p> <p>(r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be provided. Hot water shall be piped to all hand-washing facilities, and to each compartment of all dishwashing and laundry sinks. Water heaters shall be automatic type.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain clean equipment for food service.</p> <p>Findings:</p> <p>On April 2, 2024, at approximately 1:12 PM, during a kitchen tour with EI#5, surveyors observed rust covering a large portion of the bottom shelf on a metal table where pots and pans were stored. In addition, the steam table had debris/crumbs on the top, sides and lower shelf. The water in the compartments of the steam table was dirty with food particles and debris. Also the oven had a heavy black buildup of grease and grime inside, the kitchen floor was sticky and had stains, and the ice scoop was stored on the counter, uncovered.</p> <p>EI#5 agreed with the findings and stated "we are fixing to renovate the kitchen". EI#5 added that</p>	A 804		

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A 804	Continued From page 45 much of the equipment in the kitchen would be replaced.	A 804		
A1002	420-5-4-.10 (2) Sanitation and Housekeeping. (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable environment for residents, staff, and the public. (a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies. (b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering. (c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. (d) General Storage. 1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms. 2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition.	A1002		

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A1002	<p>Continued From page 46</p> <p>3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a safe, functional, and sanitary environment.</p> <p>Findings:</p> <p>On April 1, 2024, at approximately 5:09 PM, during a facility tour, surveyors observed a storage room across from room 247 that was unsecured and unattended. The storage room had one can of WD 40 and 1 can of Comet cleanser that were unsecured in the storage room. The door to the storage room had a device on the door latch that prevented it from being locked.</p>	A1002		

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A1002	Continued From page 47 On April 2, 2024, at approximately 10:30 AM, during a facility tour, the surveyor and EI#4 observed two laundry rooms that had a large amount of liquid detergent on the floor behind the washing machines. EI#4 agreed with the findings. On April 3, 2024, EI#1, EI#2 and EI#3 concurred with the above findings.	A1002		
A1203	420-5-4-.12 (5) Physical Environment. (5) General Building Requirements - Family, Group, and Congregate. (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly. (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (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. (d) Screens. All screen doors and operable windows shall be equipped with	A1203		

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A1203	<p>Continued From page 48</p> <p>tight-fitting, full-length insect screens. Screen doors shall be equipped with self-closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All assisted living facilities shall provide emergency artificial lighting to adequately illuminate halls, corridors, kitchens, dining areas, 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> <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.</p>	A1203		

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A1203	<p>Continued From page 49</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 storage purpose. 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 assisted living facility, doors of resident bathrooms connected to resident bedrooms 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 each assisted living facility shall be at least three feet wide. Bedroom doors in Family assisted living facilities shall not be less than 32 inches wide.</p> <p>4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in</p>	A1203		

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A1203	<p>Continued From page 50</p> <p>accordance with NFPA 101. Other special locking arrangements are permitted only in specialty care assisted living facilities.</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. Exit doors of Family facilities may swing inward.</p> <p>(m) Ventilation. The building shall be well-ventilated at all times to prevent 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 designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p>	A1203		

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A1203	<p>Continued From page 51</p> <p>(o) Call System. Except in Family facilities, 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. Openings shall be protected with screens, or doors.</p> <p>(r) Exit marking. In Group and Congregate 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>	A1203		

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(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
A1203	<p>Continued From page 52</p> <p>2. Open flame and portable heaters are prohibited in 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 assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to provide adequate emergency lighting.</p> <p>Findings:</p> <p>On April 1, 2024, at approximately 3:15 PM, during a facility tour, surveyors observed emergency lights located near rooms 237, 244, 251, 255, and 262 were not working properly. Also, emergency lights located in the laundry room, exercise room, and Brinlee community room were not working properly.</p> <p>On April 1, 2024, EI#4 stated "I have been replacing the batteries in the lights as soon as they come in". On April 3, 2024, EI#1, EI#2 and EI#3 agreed with the above findings.</p> <p>CONNIE CHERRY, REGISTERED NURSE TROY BLACK, REGISTERED NURSE</p>	A1203		