Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D0222	A. BUILDING: ______ B. WING ______	01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF FOLEY	**615 E LAUREL AVENUE FOLEY, AL 36536**

(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 January 13, 2022, an unannounced licensure survey was conducted for this 28 bed Assisted Living Facility with a census of 21. There were two complaints investigated during this survey. LC#20200708010 and LC#2022012047 were substantiated with deficiencies 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 420-5-4, Alabama Administrative Code, for Assisted Living Facilities (ALF). The deficiencies cited resulted in harm for one resident, placed the remaining 20 residents at a significant risk of harm and requires a plan of correction.	A 000		
A 302	420-5-4-.03 (1) (e) Administration. Policies. The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:	A 302		

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

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A 302	Continued From page 1 (i) Facility responsibility to protect all residents from abuse, neglect, and exploitation. (ii) How allegations of abuse, neglect, and exploitation will be handled by the facility. (iii) Resident confidentiality. (iv) Admission and continued stay criteria. (v) Discharge criteria and notification procedures for residents and sponsors. (vi) Facility responsibility when a resident's personal belongings are lost. (vii) What services the facility is capable and not capable of providing. (viii) Medication management. (ix) Infection control. (x) Meal service, timing, menus and food preparation, storage, and handling. (xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness. (xii) Staffing and conduct of staff while on duty. (xiii) Oxygen administration and storage if used in the facility. (xiv) Dietary Policies. The dietitian,	A 302		

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with the approval of the administrator, shall develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address:

(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.

(II) The attire and cleanliness of staff members who prepare, handle, or serve food.

(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.

(IV) Food substitutions or alternatives.

(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.

(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.

(VII) Provision of necessary services to any resident requiring adaptive devices to eat.

(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.

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(IX) Storage of food.

(X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility employees failed to follow the infection control policy and procedure for the use of face masks to prevent the spread of Covid-19.

THIS DEFICIENCY WAS CITED AS A RESULT OF THE COMPLAINT INVESTIGATION.

Findings:

On January 04, 2022, at approximately 8:35 AM, the surveyor observed EI#2's surgical mask was worn with EI#2's nose exposed. EI#2 did not wear the surgical mask as required for proper protection and prevention for the spread of Covid-19.

On January 04, 2022, at approximately 8:37 AM, the surveyor observed EI#6 walking about the facility without a face mask of any kind. After EI#6 saw that the surveyor was in the facility, EI#6 went to a table in the common living room, got a surgical face mask from the drawer and put it on.

On January 04, 2022, at approximately 11:40 AM, the surveyor with EI#1, reviewed the Infection

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A 302	Continued From page 4 Prevention and Control during the Covid Pandemic policy and Procedure effective November 2021. The policy documented that,"all staff will continue to use routine face masks." On January 04, 2022, at approximately 11:43 AM, the surveyor with EI#1, observed EI#2 sitting at the nurse's desk in the common living room area. RI#5 was observed sitting within four (4) feet of EI#2. EI#2 was talking on the phone and had put EI#2's surgical mask under EI#2's chin exposing EI#2's mouth and nose. EI#1 agreed that EI#2 should have had the surgical mask over EI#2's nose and mouth. On January 04, 2022 at approximately 11:43 AM, the surveyor with EI#1, observed EI#7 lean over RI#6 to adjust RI#6's oxygen tank. EI#7 was talking on the phone and had put EI#7's face mask under his/her chin, exposing EI#7's mouth and nose. EI#1 agreed that EI#7 should have had the surgical mask over EI#7's nose and mouth. On January 04, and 05, 2022, the surveyor observed throughout the survey that none of the facility residents wore a face mask when the residents were in the facility's common areas. On January 13, 2022, at approximately 8:55 AM, EI#10 told the surveyor that EI#10 had worked today and yesterday, but was unaware of any residents in the facility who had tested positive for Covid 19. On January 13, 2022, at approximately 8:56 AM, the surveyor with EI#2 observed that RI#3 tested positive for Covid 19, but there had not been any quarantine or caution sign placed on RI#3's apartment door. There was no personal	A 302		

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A 302	Continued From page 5 protective equipment (PPE) placed outside RI#3's room for employee use. On January 13, 2022, at approximately 9:00 AM, the surveyor asked EI#2 when RI#3 tested positive for Covid 19. EI#2 told the surveyor she (EI#2) had it written down at EI#2's desk. EI#2 left the library and returned with RI#3's actual Covid 19 specimens attached to the Covid rapid test cards in EI#2's bare hands and placed RI#3's positive Covid specimens on the table in front of the surveyor. RI#3's specimens had not been placed in any type of bag to prevent contamination of any surface that it came into contact with. Then EI#2 tried to dispose of RI#3's Covid specimens by trying to put them in a sharps container in a cabinet in the medication room.	A 302		
A 504	420-5-4-.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.	A 504		

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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.

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.

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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.

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

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governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.

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; and

(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

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available in the facility, and of related charges.

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.

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.

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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.

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 and to freely come and go from the home.

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 ensure all resident protected health information was kept confidential at all times. This deficient practice had the potential to affect all 21 residents living in the facility.

Findings:

On January 04, 2022, at approximately 11:43 AM, the surveyor and EI#1 observed EI#2 sitting at the nurse's desk in the common living room area talking on the phone. A resident was sitting in a chair at the end of the nurses desk. EI#1 and

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EI#2 both told the surveyor in separate interviews that they were concerned about confidentiality of resident's protected health information because of the location of the nurse's desk. EI#1 and EI#2 both told the surveyor that there were residents milling and sitting around the nurse's desk all day long while the nurse talked to medical providers about other residents' protected health information.

EI#1 and EI#2 both told the surveyor in separate interviews that they had both talked with corporate representatives about moving the nurse's desk to a private room with a door and were told that was not acceptable.

A 508 — 420.5.4-.05 (3) (h) Records and Reports. — A 508

(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 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 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.

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

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

(iv) Elopement by a resident.

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

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

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

(viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I of 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

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A 508	Continued From page 13 God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility. (x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident. (xi) An unplanned occurrence that results in media attention. (xii) A medication error, overdose, or over sedation. (xiii) Ingestion by a resident of a toxic substance that requires medical attention. (xiv) Any indication of malfunction of the sprinkler system, or fire alarm system. 2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following: (i) Names of all residents involved. (ii) Names of all staff involved including person in charge at the time of the incident. (iii) When the administrator was notified (date and time). (iv) Circumstances under which the incident occurred. (v) When the incident occurred (date and time).	A 508		

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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
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(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).

(vii) Immediate actions taken.

(viii) The extent and description of injury, if any, to the affected resident or residents.

(ix) Immediate treatment rendered.

(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.

(xi) Names, telephone numbers, and addresses of witnesses.

(xii) Date and time relatives or sponsor were notified.

(xiii) Out-of-facility treatment.

(xiv) Follow-up care.

(xv) Outcome resolution.

(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.

(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation.

(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.

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(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 as defined in these rules.

(ii) Elopement by a resident.

(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 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

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damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.

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

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

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

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

(ix) Notifiable diseases and health conditions listed in Appendix I 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 documentation shall be retained for a period of not less than 3 years.

(x) Any indication of malfunction of the sprinkler system, or fire alarm system.

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

(i) Facility name and direct phone number.

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(ii) Time and date of the report.

(iii) Reporter's name.

(iv) Name of resident(s), staff, or visitor(s) involved in the incident.

(v) Names of staff on duty at the time of the incident.

(vi) Date and time of the incident.

(vii) A brief description of the incident.

(viii) Any injury or injuries to resident(s).

(ix) Action taken by the facility in response to the incident.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to complete an incident report for a resident fall and also failed to complete a thorough investigation for a fall with injuries that required medical treatment. This deficient practice affected at least one resident and had the potential to affect the remaining 20 residents living in the facility.

Findings:

On January 05, 2022, at approximately 11:00 AM, RI#3's record was reviewed with EI#1 and EI#2. RI#3 was admitted to the facility on September

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14, 2014, with diagnoses which included dementia, anxiety, and bipolar disorder.

On May 10, 2021, at 6:40 AM, RI#3's record documented that RI#3 slid from bed trying to go to the bathroom and no injuries were noted. RI#3's incident report documented that RI#3 had slippers with slippery soles and that staff should ensure RI#3's walker was in reach. RI#3's incident report did not indicate if the resident's call light was utilized or working at the time of the fall.

On July 07, 2021, at 2:30 AM, RI#3's record documented RI#3 was found on the floor with no apparent injuries and RI#3 was trying to get into RI#3's chair/recliner to watch television. RI#3's incident report did not document if the resident's call light was utilized or functioning. RI#3's incident report documented the resident called staff on the phone to get help. RI#3's incident report and care plan documented RI#3 was shown how to properly use RI#3's walker and staff were to ensure RI#3's walker was in reach.

On September 26, 2021, at 2:10 AM, RI#3's record documented RI#3 was found on the floor with no apparent injuries and that RI#3 slid off of the bed trying to go to the bathroom. RI#3's incident report did not document if RI#3's call light was functioning or utilized. RI#3's incident report documented the "resident called and co-worker answered." RI#3's incident report also documented the "resident's (should) call for assistance to the bathroom in the night and staff to offer assistance to the bathroom on routine rounds."

On October 24, 2021, RI#3's record documented RI#3's physician was notified that RI#3 was found on the floor in front of RI#3's chair/recliner at

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12:36 AM. RI#3 had no apparent injuries. There was no incident report or investigation for this fall.

On January 03, 2022, at 11:17 PM, an incident report documented that RI#3 found face down on the floor in front of RI#3's recliner. The incident report completed by EI#8 documented " (RI#3) refused assistance from the R.A.'s (resident assistants), called 911 (emergency services) sent (RI#3) to SBRMC (South Baldwin Regional Medical Center) - pain in (right) hip". There were no other injuries for RI#3 documented on the incident report.

On January 05, 2022, at approximately 10:30 AM, the surveyor and EI#1 observed RI#3 had severe pitting edema (swelling) of both lower legs and feet. RI#3 was also unsteady when transferring from the recliner to a wheelchair and to the chair scales. RI#3 had dark purple bruising observed on RI#3's right upper forehead, light purple bruising around both eyes, on RI#3's nose, and under both eyes. RI#3 had dark purple bruising on RI#3's left shoulder and right thumb area. RI#3 also had abrasions of various shapes and sizes located on the bridge of RI#3's nose, right cheek, and left forehead. RI#3 had a skin tear on RI#3's right thumb. RI#3 told the surveyor and EI#1 that the night shift staff "dragged me across the rug, even though I told them not too." RI#3 made sure that the surveyor and EI#1 understood that the wounds on RI#3's face were "not caused by the EMT's, it was from the people who work here."

On January 05, 2022, at approximately 11:00 AM, EI#1 told the surveyor there was no incident report or investigation available for review for RI#3's fall on October 24, 2021. EI#1 also told the surveyor she (EI#1) had not completed an

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A 508	Continued From page 20 investigation for RI#3's fall on January 03, 2022, at 11:17 PM.	A 508		
A 604	420-5-4-.06 (3) (a) (b) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments. (b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and procedures, the monthly assessment shall: 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. 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 or greater weight loss in a period of three months or less, or a ten percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician. 3. Document identified changes in	A 604		

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resident status.

4. Assess the appropriateness of each resident's plan of care. Any decline in resident status requires immediate implementation and documentation 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 complete appropriate monthly assessments, and perform adequate health supervision for all residents. This deficient practice resulted in actual harm for one resident (RI#3) and potentially affected 17 of 21 residents who had been admitted to the facility prior to December 2021.

Findings:

On January 05, 2022, at approximately 11:00 AM, the records for RI#1, RI#2, and RI#3 were reviewed with EI#1 and EI#2.

RI#1 was admitted to the facility on April 30, 2021, with diagnoses which included chronic obstructive pulmonary disease, chronic respiratory failure, and vascular dementia.

RI#1's last documented monthly assessment was dated October 01, 2021.

RI#2 was admitted to the facility on August 09, 2021, with diagnoses which included atrial fibrillation, diabetes, anxiety, and hypertension.

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RI#2's last documented monthly assessment was dated October 01, 2021.

RI#3 was admitted to the facility on September 14, 2014, with diagnoses which included dementia, anxiety, and bipolar disorder.

On October 24, 2021, RI#3's record documented RI#3's physician was notified that RI#3 was found on the floor in front of RI#3's chair/recliner at 12:36 AM. RI#3 had no apparent injuries. There was no investigation or incident report completed for this fall.

On January 03, 2022, at 11:17 PM, an incident report documented that RI#3 was found face down on the floor in front of RI#3's recliners. The incident report completed by EI#8 documented that RI#3 "refused assistance from the R.A.'s (resident assistants), called 911 (emergency services) sent (RI#3) to SBRMC (South Baldwin Regional Medical Center) - pain in (right) hip". There were no other injuries for RI#3 documented on the incident report.

On January 05, 2022, at approximately 10:30 AM, the surveyor and EI#1 observed RI#3 had severe pitting edema (swelling) of both lower legs and feet. RI#3 was also unsteady when transferring from the recliner to a wheelchair and to the chair scales. RI#3 had dark purple bruising observed on RI#3's right upper forehead; light purple bruising around both eyes, and on RI#3's nose and cheeks (under the eyes), dark purple bruising on RI#3's left shoulder and right thumb. RI#3 also had abrasions of various shapes and sizes located on the bridge of RI#3's nose, right cheek, and left forehead. RI#3 also had a skin tear with bruising on RI#3's right thumb. RI#3 told the

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A 604	Continued From page 23 surveyor and EI#1 that the night shift staff had "dragged me across the rug, even though I told them not too." RI#3 made sure that the surveyor and EI#1 understood that the wounds on RI#3's face were "not caused by the EMT's, it was the people who work here." RI#3's last documented monthly assessment was dated October 01, 2021. On January 05, 2022, at approximately 11:00 AM, EI#2 told the surveyor and EI#1 she (EI#2) did not know there was more to the monthly assessment than the medication awareness forms. EI#2 had been employed by the facility for approximately two months. EI#2 verified the monthly assessments for November and December 2021, for RI#1, RI#2, or RI#3, did not address falls, incidents or changes in resident status.	A 604		
A 611	420-5-4-.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. 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	A 611		

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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.

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:

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 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.

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(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.

(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.

(iii) Hair. Resident's 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 observation, record review and interview, the facility failed to ensure all resident care plans contained interventions which met the needs of the residents. This deficient practice resulted in harm for one resident's and placed the remaining 20 residents at risk for harm.

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Findings:

On January 05, 2022, at approximately 11:00 AM, the records for RI#1, RI#2, and RI#3 were reviewed with EI#1 and EI#2.

RI#3 was admitted to the facility on September 14, 2014, with diagnoses which included dementia, anxiety, and bipolar disorder.

On September 26, 2021, at 2:10 AM, RI#3's record documented RI#3 was found on the floor with no apparent injuries and that RI#3 slid off of the bed trying to go to the bathroom. RI#3's incident report did not document if RI#3's call light was functioning or utilized. RI#3's incident report documented the "resident called and co-worker answered." RI#3's incident report also documented that the "resident's (should) call for assistance to the bathroom in the night and staff to offer assistance to the bathroom on routine rounds."

On October 24, 2021, RI#3's record documented RI#3's physician was notified RI#3 was found on the floor in front of RI#3's chair/recliner at 12:36 AM. RI#3 had no apparent injuries. There was no incident report or investigation for this fall.

On January 03, 2022, at 11:17 PM, an incident report documented that RI#3 was found face down on the floor in front of RI#3's recliners. The incident report completed by EI#8 documented that RI#3 "refused assistance from the R.A.'s (resident assistants), called 911 (emergency services) sent (RI#3) to SBRMC (South Baldwin Regional Medical Center) - pain in (right) hip". There were no other injuries for RI#3 documented on the incident report.

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On January 05, 2022, at approximately 10:30 AM, the surveyor and EI#1 observed RI#3 had severe pitting edema (swelling) of both lower legs and feet. RI#3 was also unsteady when transferring from the recliner to a wheelchair and to the chair scales. RI#3 had dark purple bruising observed on RI#3's right upper forehead; light purple bruising around both eyes and on RI#3's nose and cheeks (under the eyes), dark purple bruising on RI#3's left shoulder and right thumb. RI#3 also had abrasions of various shapes and sizes located on the bridge of RI#3's nose, right cheek, and left forehead. RI#3 had a skin tear with bruising on RI#3's right thumb. RI#3 told the surveyor and EI#1 that the night shift staff had "dragged me across the rug, even though I told them not too." RI#3 made sure the surveyor and EI#1 understood that the wounds on RI#3's face were "not caused by the EMT's, it was the people who work here."

On January 05, 2022, at approximately 11:00 AM, EI#2 told the surveyor RI#3 had been to the local emergency room on January 04, 2022, and EI#2 "knew nothing was broken", however, EI#2 was not aware that RI#3 had wounds on RI#3's face.

On January 05, 2022, at approximately 11:00 AM, EI#1 and EI#2 verified RI#3's care plan did not address RI#3's fall on October 26, 2021, the fall on January 03, 2022, or the facial wounds which were observed by the surveyor and EI#1 on January 05, 2022, at approximately 10:30 AM.

A 615 420-5-4-.06 (7) (j) Care of Residents. A 615

(j) All medications administered to residents and all medications self-administered with assistance of facility staff in an assisted living

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facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the following:

1. The name of the resident to whom the medication was administered or assisted.

2. The name of the medication administered or assisted.

3. The dosage of the medication administered or assisted.

4. The method of administration or assistance.

5. The site of injection or application, if the medication was injected or applied.

6. The date and time of the medication administration or assistance.

7. Any adverse reaction to the medication.

8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication.

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure that all medications administered

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A 615	Continued From page 29 to residents were contemporaneously documented at the time the medications were given. Findings: On January 13, 2022, at approximately 8:50 AM, the surveyor observed and told the surveyor that EI#2 was taking RI#3's medications into RI#3's apartment. On January 13. 2022, at approximately 9:22 AM, the surveyor with EI#2 reviewed RI#3's January 2022 Medication Administration Record (MAR). RI#3's MAR had not been completed to show that RI#3 had received his/her medications at 8:00 PM for January 10, 11, or 12, 2022. EI#2 told the surveyor that EI#2 had given RI#3 his/her medications, but had not finished filling out RI#3's MAR.	A 615		
A 618	420-5-4-.06 (9) Care of Residents. (9) Oxygen Therapy. (a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged. (b) Oxygen use including date, time,	A 618		

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A 618	Continued From page 30	A 618		

rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift unless oxygen therapy is self-managed by the resident.

(c) If a resident receives oxygen therapy in a facility:

1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition.

2. All oxygen tanks shall be safely maintained and stored.

3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted.

4. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen.

Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements.

This Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that oxygen was safely transported within the facility at all times. This deficient practice affected at least one resident, with the potential risk of harm to the remaining 20 residents.

Findings:

On January 05, 2022, at approximately 3:35 PM, the surveyor and EI#1, observed EI#5 in the

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A 618	Continued From page 31 hallway with an E size oxygen tank being carried by the cylinder valve post. EI#5 was also escorting RI#6 during the fire drill demonstration. Because the oxygen cylinder was not being transported in an approved tank carrier, EI#5 placed all the residents in the area at risk for significant harm if the oxygen cylinder slipped from EI#5's hand. RI#6 told the surveyor there was a pull behind oxygen tank carrier in RI#6's room for the oxygen cylinder. EI#1 agreed that EI#5 was transporting RI#6's oxygen cylinder inappropriately.	A 618		
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:	A 621		

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(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 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.

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.

The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to

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ensure that care needed by a resident is delivered to the resident.

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 to facility staff.

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.

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.

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.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility retained a resident's whose level of care exceeded the facility's license. This deficient practice resulted in harm to at least one resident, with the potential for significant harm to the remaining 20 residents.

Findings:

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RI#3 was admitted to the facility on September 14, 2014, with diagnoses which included dementia, anxiety, and bipolar disorder. The most current resident service plan dated December 02, 2020, documented RI#3 had no falls, was independent with dining/eating, used a rollater to ambulate and required stand by assistance for showers, dressing, and grooming.

On May 10, 2021, at 6:40 AM, RI#3's record documented RI#3 slid from bed while trying to go to the bathroom. The facility documented no injuries were noted. RI#3's incident report documented RI#3 had slippers with slippery soles and staff should ensure RI#3's walker was in reach. RI#3's incident report did not indicate if the resident's call light was utilized or working at the time of the fall.

On July 07, 2021, at 2:30 AM, RI#3's record documented that RI#3 was found on the floor with no apparent injuries while RI#3 was trying to get into RI#3's chair/recliner to watch television. RI#3's incident report did not document if the resident's call light was utilized or functioning. RI#3's incident report documented the resident called staff on the phone to get help. RI#3's incident report and care plan documented RI#3 was shown how to properly use RI#3's walker and staff were to ensure RI#3's walker was in reach.

On September 26, 2021, at 2:10 AM, RI#3's record documented RI#3 was found on the floor with no apparent injuries and that RI#3 slid off of the bed trying to go to the bathroom. RI#3's incident report did not document if RI#3's call light was functioning or utilized. RI#3's incident report documented "resident called and co-worker answered." RI#3's incident report also

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A 621	Continued From page 35 documented "resident's (should) call for assistance to the bathroom in the night and staff to offer assistance to the bathroom on routine rounds." RI#3's last documented monthly assessment was dated October 01, 2021. On October 24, 2021, RI#3's record documented RI#3's physician was notified that RI#3 was found on the floor in front of RI#3's chair/recliner at 12:36 AM. RI#3 had no apparent injuries. There was no investigation or incident report completed for this fall. On January 03, 2022, at 11:17 PM, an incident report documented RI#3 was found face down on the floor in front of RI#3's recliners. The incident report completed by EI#8 documented RI#3 "refused assistance from the R.A.'s (resident assistants), called 911 (emergency services) sent (RI#3) to SBRMC (South Baldwin Regional Medical Center) - pain in (right) hip". RI#3's incident report did not document the facial abrasions and bruises observed by the surveyor. RI#3's care plan did not address the facial wounds or this fall. On January 05, 2022, at approximately 8:55 AM, EI#9 told the surveyor RI#3 had been confused "off and on since I been working here, [approximately nine (9) months]." On January 05, 2022, at approximately 10:30 AM, the surveyor and EI#1 observed RI#3 had severe pitting edema (swelling) of both lower legs and feet. The surveyor asked RI#3 how the wounds got on RI#3's face. First RI#3 told the surveyor he/she (RI#3) didn't know there were wounds on his/her face. Then later in the conversation RI#3	A 621		

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A 621	Continued From page 36	A 621		

told the surveyor the facility staff had "dragged me on the rug the night I fell even though I told them not to." RI#3 was observed to be unsteady when transferring from the recliner to a wheelchair and to the chair scales.

The surveyor and EI#1 observed that RI#3 had dark purple bruising on RI#3's right upper forehead, light purple bruising around both eyes, RI#3's nose and cheeks (under the eyes) were bruised and there was dark purple bruising on RI#3's left shoulder and right thumb. RI#3 also had abrasions of various shapes and sizes located on the bridge of RI#3's nose, right cheek, and left forehead. RI#3 had a skin tear with bruising on RI#3's right thumb. RI#3 told the surveyor and EI#1 the night shift staff "dragged me across the rug, even though I told them not too." RI#3 made sure the surveyor and EI#1 understood the wounds on RI#3's face were "not caused by the EMT's, it was the people who work here."

On January 05, 2022, at approximately 11:00 AM, EI#2 told the surveyor RI#3 had been confused for approximately 10 days, however, the resident assistants were still administering RI#3's prescription medications. RI#3 also still had access to over-the-counter medications and ointments in RI#3's room. EI#1 told the surveyor RI#3's sponsor had not been given a written 30 day discharge notice, there had not been a nurse to administer medications and there had not been a sitter placed with the resident to ensure the resident's safety.

The surveyor requested and received an immediate plan of action to address RI#3's immediate safety needs.

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A 702	Continued From page 37	A 702		
A 702	420-5-4-.07 (2) Food Service (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or (ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with 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.	A 702		

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3. Dishes and utensils shall be allowed to air dry.

4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.

5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility.

(b) Ice. Crushed or chipped ice shall be 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.

(c) Protection of Food from Contamination.

1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage 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.

2. Medications, biologicals, poisons,

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detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.

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

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

5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared.

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

7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used 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.

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

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A 702	Continued From page 40 9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods). 10. Laundry shall not be brought through the food preparation or service area. (d) Storage and Service of Milk and Ice Cream. 1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use. 2. Milk and fluid milk products shall be stored in such a manner that bottles or containers, from which the milk or milk product is to be poured or drunk, will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident. 3. Contaminating substances shall not be stored with or over open containers of ice	A 702		

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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
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cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.

(e) Kitchen Garbage and Trash Handling.

1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.

2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.

(f) Employees' Cleanliness.

1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.

2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.

3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.

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(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.

(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.

(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities.

(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.

(k) Laundering of clothing shall not be permitted in food preparation or service areas.

This Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that the food was properly handled and the dishes were properly sanitized to prevent food bourne illnesses. This deficient practice affected all 21 residents living in the facility.

Findings:

On January 04, 2022, at approximately 8:50 AM, the surveyor made the following observations with EI#4.
The sanitation log had not been completed since breakfast on January 03, 2022.
The refrigerator contained multiple cracked raw eggs, cooked spaghetti noodles dated

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A 702	Continued From page 43 (December 22, 2021), ham slices dated (December 25, 2021), and fried pork chops dated (December 26, 2021). EI#4 told the surveyor the facility had received the egg shipment on January 03, 2022, and there were a lot of cracked eggs included with the shipment. On January 04, 2022, at approximately 8:50 AM, the surveyor with EI#4 observed that the sanitation log had not been completed for January 03, 2022, for the noon or evening meals, or for breakfast on January 04, 2022. EI#4 told the surveyor the breakfast dishes had already been washed. EI#4 told the surveyor that EI#4 had been working as the dietary manager for approximately two months and that food items were stored in the refrigerator for three (3) to four (4) days. EI#4 also told the surveyor EI#4 had made copies of the refrigerator temperature logs, but had not put them up yet and did not have any refrigerator temperature logs for January 2022.	A 702		
A 804	420-5-4-.08 (4) Physical Facilities. (4) Food Service Facilities. (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. (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	A 804		

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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.

(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.

(d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light.

(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 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.

(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.

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(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.

(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.

(i) Equipment and Utensil Construction. Equipment and utensils, except single service utensils, shall be so constructed as to be easily cleaned and shall be kept in good repair. No cadmium plated, lead, or readily corrodible utensils or equipment shall be used.

(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.

(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.

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(l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc.

(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.

(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.

(o) Equipment. Minimum equipment in the kitchen shall include the following:

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
range suitable for institutional use with double oven, or equivalent.

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.

3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods.

4. Dishwashing. The dishwashing equipment for Family and Group assisted living

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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.

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.

6. Garbage cans with cover.

(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 contamination.

(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.

(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.

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This Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that kitchen equipment was clean and properly maintained. This deficiency affected all 21 residents living in the facility at the time of the survey.

Findings:

On January 04, 2022, at approximately 8:50 AM, the surveyor with EI#4 observed that the countertop next to the toaster was cracked and had an accumulation of food crumbs and grime in the crack. The crack was approximately 24 inches long, 1/4 inch wide, and the entire depth of the countertop (one inch).

There were several cabinet doors, drawers, and shelves with an accumulation of dried spills and food debris.

The dishwasher door was observed in the open position with a rack of clean dishes air drying on the open dishwasher door. The rim of the dishwasher door had an accumulation of a black substance around the entire rim of the dishwasher door.

Several of the cabinet shelves had delaminated from moisture damage with exposed wood which could not be properly cleaned.

EI#4 told the surveyor the kitchen sink leaked around the rim of the sink and the garbage disposal leaked and did not work.

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A1203	Continued From page 49	A1203		
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 tight-fitting, full-length insect screens. Screen doors shall be equipped with self-closing devices. (e) Emergency Lighting. 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.	A1203		

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As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.

2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.

(f) Floors.

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.

2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.

(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.

(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily.

(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.

(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

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the wall at each end.

(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.

(l) Doors.

1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms shall swing into the bedroom.

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.

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.

4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other special locking arrangements are permitted only in specialty care assisted living facilities.

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

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A1203	Continued From page 52 inward. (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. (n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need. 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. 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. (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) Manufactured homes/mobile homes are not permitted.	A1203		

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A1203	Continued From page 53 (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. (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. (s) Heating, Lighting, and other Service Equipment. 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. 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. 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	A1203		

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and the NFPA National Electrical Code.

This Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure fire extinguishers were visually checked each month. This deficiency affected all 21 residents living in the facility at the time of the survey.

Findings:

On January 04, 2022 at approximately 8:50 Am the surveyor with EI#4 observed that the kitchen fire extinguisher had not been visually checked for the months of November and December 2021.

On January 04, 2022, at approximately 11:00 AM, the surveyor with EI#1 observed the fire extinguisher in the laundry room had not been visually checked for the month of November 2021 and December 2021.

EI#1 told the surveyor she (EI#1) had the fire extinguishers on a monthly check sheet, but had not gone behind EI#11 to ensure all of the fire extinguishers had been visually checked.

TONYA AVENATTI, REGISTERED NURSE