

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D 4802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2022
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NAME OF PROVIDER OR SUPPLIER TERRACE LAKE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 100 TERRACE LAKE DRIVE GUNTERSVILLE, AL 35976
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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 August 16, 2022, an unannounced licensure survey was conducted for this 26 bed Assisted Living Facility (ALF) with a census of 20.</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 risk or potential risk of harm to the residents and requires a plan of correction.</p>	A 000		
A 402	<p>420-5-4-.04 (3) Personnel.</p> <p>(3) Employee Screening.</p> <p>(a) Prior to any resident contact, such as but not limited to assistance with activities of daily living, newly employed personnel shall have a physical examination certifying that the employee is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to residents through normal staff to resident contact. Employees who develop signs or symptoms of infectious skin lesions or diseases that would be capable of transmission to residents through normal staff to resident contact shall not be permitted to have resident contact until free from such signs and symptoms.</p> <p>(b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis.</p> <p>(c) Vaccines. Assisted living facilities shall immunize employees in accordance with current recommended Centers for Disease Control and Prevention (CDC) guidelines</p>	A 402		

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

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A 402	<p>Continued From page 1</p> <p>(www.cdc.gov/vaccines). Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage.</p> <p>(d) An assisted living facility shall not hire an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure all employees had a physical examination (PE)certifying the employee was free of infectious diseases prior to resident contact. In addition, the facility failed to provide evidence all employees were evaluated for tuberculosis (TB).</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 18, 2018.</p> <p>Findings:</p> <p>On August 16, 2022, the surveyor reviewed five (5) employee files. The files did not contain the required screenings for new hires. Employee Identifier (EI)#1, Administrator, told the surveyor she (EI#1) would address this immediately. The following five (5) employees did not have a PE on file:</p> <p>EI#2, Executive Director EI#6, Patient Care Assistant (PCA) EI#7, PCA EI#8, PCA EI#9, Receptionist</p>	A 402		

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A 402	Continued From page 2 The following three (3) employees did not have a TB evaluation on file: EI#7, PCA EI#8, PCA EI#9, Receptionist	A 402		
A 403	420-5-4-.04 (4) Personnel. (4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain: (a) An application for employment which contains information regarding the employee's education, training, and experience. (b) Verification of current certification or licensure, if applicable. (c) Record of required physical examinations and vaccinations. (d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry. (e) Date of hire. (f) Date of initial resident contact. (g) Date employment ceased. This Rule is not met as evidenced by: Based on record reviews and interviews, the	A 403		

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A 403	Continued From page 3 facility failed to maintain complete personnel records. Findings: On August 16, 2022, the surveyor reviewed the employee files with EI#1, Administrator. The date of initial resident contact was not documented for the following employees: EI#2, Executive Director, EI#6, PCA EI#7, PCA EI#8, PCA EI#9, Receptionist EI#1 told the surveyor she (EI#1) would revise the new hire checklist to include this date in all employee files.	A 403		
A 405	420-5-4-.04 (6) Personnel. (6) Training. (a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below: 1. State law and rules on assisted living facilities.	A 405		

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A 405	<p>Continued From page 4</p> <ol style="list-style-type: none"> 2. Facility policies and procedures. 3. Resident rights. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 10. Special needs of the elderly, mentally ill, and mentally retarded. 11. Safety and nutritional needs of the elderly. 12. Identifying signs and symptoms of dementia. <p>(b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must</p>	A 405		

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A 405	<p>Continued From page 5</p> <p>obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization.</p> <p>(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure all employees received required initial training prior to resident contact or trained in special needs of residents. In addition the facility did not have all new employees certified in cardiopulmonary resuscitation (CPR) within 90 days of hire.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 18, 2018.</p> <p>Findings:</p>	A 405		

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A 405	<p>Continued From page 6</p> <p>On August 16, 2022, the surveyor reviewed five (5) employee files. The files did not contain all the required training for the employees. EI#1 told the surveyor she (EI#1) would address this immediately.</p> <p>Initial Training Prior to Resident Contact. EI#2, EI#6, EI#7, EI#8, and EI#9 did not have the following initial training on file:</p> <p>State law and rules for ALF Resident Rights Basic first aid Advance directives Resident fire and environmental safety Special needs of the elderly, mentally ill and mentally retarded Safety and nutritional needs of the elderly Identifying signs and symptoms of dementia</p> <p>Training in Special Needs of Residents. The facility admitted and retained residents with special needs to include, diabetes, oxygen therapy, and an indwelling urinary catheter. However the facility to did not provide this training for employees.</p> <p>Certification in CPR within 90 days of Hire. EI#9, Receptionist, was hired on April 7, 2022, but did not have certification in CPR.</p>	A 405		
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</p>	A 611		

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A 611	<p>Continued From page 7</p> <p>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 .</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</p>	A 611		

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A 611	<p>Continued From page 8</p> <p>each resident receiving care from an outside provider.</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 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to update plans of care after a change in condition. In addition, all entries on the plan of care were not accurately dated.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 18, 2018.</p> <p>Findings:</p> <p>Resident Identifier (RI)#6 was admitted to the facility on May 13, 2022. On May 28, 2022, RI#6 was taken to the hospital after a fall due to weakness. RI#6 was admitted with sepsis and acute renal failure and returned to the facility on June 21, 2022. The plan of care did not address the fall and was not updated after the hospitalization. On June 28, 2022, the CRNP made a house call. RI#6 was diagnosed with insomnia and treated with doxepin 3 mg nightly. The plan of care was not updated to reflect RI#6's current condition.</p> <p>During the survey, the plans of care expectations were discussed with EI#1, Administrator, and EI#2, Executive Director. They verbalized understanding and agreed to update the plans of care accordingly.</p>	A 611		
A 612	<p>420-5-4-.06 (4) (c) (d) (e) (f) Care of Residents</p> <p>(c) The facility shall offer appropriate activity programs to each resident, maintaining supplies and equipment as necessary to</p>	A 612		

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A 612	<p>Continued From page 10</p> <p>implement the activity programs. Every day the facility shall provide activities appropriate to each resident.</p> <p>(d) Pets residing at the facility or used in activity programs shall be in good health and shall have current vaccinations as required by law. Vaccination certificates, or copies of vaccination certificates, shall be kept on file at the facility to demonstrate compliance with this requirement.</p> <p>(e) Mail, Telegrams, and Other Communications.</p> <p>1. Incoming mail, telegrams, and other written communications addressed to the resident shall be delivered to the resident unopened. Outgoing mail shall be promptly delivered to regular postal channels upon receipt from the resident. Residents shall be permitted to place and receive telephone calls at the facility in complete privacy.</p> <p>2. Personnel of the facility shall assist residents with communications, such as writing letters or assisting with writing letters, or reading mail out loud if requested to do so.</p> <p>(f) Appointments. Residents shall be assisted in making and keeping appointments.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to provide activities appropriate to each resident every day.</p>	A 612		

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A 612	Continued From page 11 Findings: During interviews with residents on August 15, 2022, the surveyor was told there were not enough activities going on for the residents. The surveyor reviewed the August 2022 activity calendar with EI#1, Administrator, on August 16, 2022. EI#1 acknowledged the activity program was not what she (EI#1) would like for it to be. EI#1 said she (EI#) had been actively searching for the right candidate to hire as a full time activities director, but she (EI#1) had been unsuccessful.	A 612		
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 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.	A 617		

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A 617	<p>Continued From page 12</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 interviews, the facility failed to properly document release of medications upon discharge of a resident.</p> <p>Findings:</p> <p>RI#9 was admitted to the facility on March 12, 2022, and was discharged to another ALF on July 29, 2022, The record did not contain a statement of release for RI#9's medication. EI#1 told the surveyor the medications were given to the sponsor at the time of discharge, but a release statement was not available. EI#1, Administrator, and EI#3, PCA Supervisor, informed the surveyor the appropriate release form was completed by EI#7, PCA, but she (EI#7) failed to make a copy and and sent the original with the sponsor.</p>	A 617		
A 620	<p>420-5-4-.06 (11) (a) Care of Residents.</p> <p>(11) Admission and Retention of Residents. Residents admitted to and retained in</p>	A 620		

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A 620	<p>Continued From page 13</p> <p>assisted living facilities must meet all eligibility and continued stay requirements specified in these rules.</p> <p>(a) Admission</p> <p>1. An assisted living facility shall not admit any individual who:</p> <p>(i) Is receiving or requires skilled nursing care.</p> <p>(ii) Has a wound that requires care beyond basic first aid.</p> <p>(iii) Lacks the ability to make decisions related to personal safety.</p> <p>(iv) Cannot direct his or her care.</p> <p>(v) Has behaviors that may be dangerous to themselves or others.</p> <p>(vi) Cannot safely self-manage medications or self-administer medications with assistance.</p> <p>(vii) Is receiving or in need of hospice services.</p> <p>(viii) Cannot safely reside in the facility unless his or her egress from the facility is restricted.</p> <p>(ix) Is diagnosed with acute infectious pulmonary disease, such as influenza, or active tuberculosis, or with other diseases capable of transmission to other individuals through normal person-to-person contact.</p>	A 620		

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A 620	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility admitted a resident who did not meet the admission criteria for an assisted living facility.</p> <p>Findings:</p> <p>Review of resident records on August 16, 2022, revealed the following information. RI#2 was admitted to the facility on September 17, 2021, with diagnoses to include, cerebral infarction, right hemiparesis, atrial fibrillation, and congestive heart failure. The next day after admission on September 18, 2021, the doctor ordered, "Cleanse the stage III ulcer to the coccyx with wound cleanser; apply bordered foam dressing. Perform every M/F by MCHC home health nurse." The home health start of care (SOC) date was September 18, 2021. The ulcer was healed by November 2, 2021. On August 16, 2022, the surveyor discussed these finding with EI#1, Administrator. EI#1 explained RI#2 was admitted by a nurse no longer employed by the facility and was under the impression the admission was allowed if the wound healed in 90 days. The surveyor reviewed the admission rule with EI#1 and she (EI#1) agreed this was an inappropriate admission.</p>	A 620		
A 702	<p>420-5-4-.07 (2) Food Service</p> <p>(2) Food Handling Procedures.</p> <p>(a) Dish and Utensils Washing,</p>	A 702		

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A 702	<p>Continued From page 15</p> <p>Disinfection, and Storage.</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> (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. 3. Dishes and utensils shall be allowed to air dry. 4. After washing, rinsing, sanitizing, and 	A 702		

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A 702	<p>Continued From page 16</p> <p>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, 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.</p>	A 702		

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A 702	<p>Continued From page 17</p> <p>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> <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</p>	A 702		

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A 702	<p>Continued From page 18</p> <p>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 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>	A 702		

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A 702	<p>Continued From page 19</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 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>	A 702		

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A 702	<p>Continued From page 20</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 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 follow proper food handling procedures in the dining room.</p> <p>Findings: On August 15-16, 2022, during lunch in the dining room the surveyor observed the PCAs engaged in the handling of the food. The surveyor informed EI#4, Dietary Manager, the PCAs have direct resident contact and should be wearing aprons while serving the food. EI#4, Dietary Manager, said he (EI#4) was not aware of this rule. EI#4 immediately went into the kitchen and provided the caregivers with disposable aprons.</p>	A 702		
A 703	<p>420-5-4-.07 (3) Food Service.</p> <p>(3) Dietary Service.</p>	A 703		

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A 703	<p>Continued From page 21</p> <p>(a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents.</p> <p>(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p>	A 703		

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A 703	<p>Continued From page 22</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals.</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to post the current week's menu in the food service area.</p> <p>Findings:</p> <p>On August 15, 2022 at 11:55 AM, the residents were coming to the dining room for lunch. The surveyor noted the menu was not posted in the dining room and asked RI#3 what she/he was eating for lunch. RI#3 replied, "I don't know." The surveyor interviewed EI#4, District Dietary Manger, regarding the menu not being posted. EI#4 explained the menus are in the kitchen, but not posted for the residents. On August 16, 2022, EI#4 had created and posted a daily and weekly menu in the dining room that was easy to read and accessible for the residents.</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A 703		