Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967749	A. BUILDING: _____ B. WING _____	11/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE ASSISTED LIVING FACILITY	4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712

(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 A complaint investigation (#2021013808, #2021014439, #2021014634 and #2021015394) was conducted at Angel Care Assisted Living Facility on . . . . . and . . . . . . Deficiencies were identified at the time of the survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known . the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain daily Medication Observation Records (MOR) that were updated with the times scheduled medication were offered, if more than an hour after they were ordered, for five Residents (# 1, #19, #33, #34, #35) of five sampled residents. Findings included: An interview was conducted on at 10:41am with Staff A an unlicensed Medication Technician (MT) while standing in front of a medication cart conducting resident medicine assistance, when asked what time Residents #1, #33, #34, and #35 she stated 8am. When asked why those medications were just now being given, she stated that she was working in the memory care unit that day and that the MT for the north hall did not show up for work, so they asked her to go to the north hall and start doing the med passes for the residents on the north hall. In an interview with the Administrator on at 12:25pm she said that medication observation records will allow staff to mark medications given regardless of time. She said the only way to see the actual time a medication was given , was by running a report that she just found out was available in the program after contacting the company, upon surveyor request. A record review was conducted on 11/5/2021 of Residents #1, #33, #34, and #35 revealed the following: -Resident #33 had 12 medications ordered to be taken approximately 8am daily,	A 054		

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A 054	Continued From page 2 -Resident #34 had 16 medications ordered to be taken approximately 8am daily, -Resident #35 had 20 medications ordered to be taken approximately 9am daily and Resident #1 had 16 medications ordered to be taken approximately 8am daily. The record review also revealed they were recorded in the electronic medication observation record (EMOR) system as given within the time ordered, no matter how far after the ordered times in the EMOR system. In a review of the medication record report for Resident #19 conducted on , he had 9 medications scheduled for 9:00am and they were given at 10:23am by Staff A but signed as give at 9:00am. There were no notes on the MOR for late administration. In a review of the facility's medication policy conducted on it read that the EMOR "must be immediately updated each time the medication is offered or administered, and if a medication is given at a time different than on the EMOR, the reason must be documented." In an interview with the Administrator on at 3:40am she revealed that medications can be marked as given on the MOR by staff from their phones and there is no way to disable that in the system. She said that there would be no way to notify the MD of late medications given unless the staff told her about it. She was aware medications were marked as given at the scheduled time and not at the time of administration. Class III	A 054		

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A 079	Continued From page 3	A 079		
A 079 SS=G	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 . 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there	A 079		

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A 079	Continued From page 4 must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in	A 079		

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A 079	Continued From page 5	A 079		

meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.
1. When additional staff is required above the

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A 079	Continued From page 6 minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adequate staffing to meet the scheduled and unscheduled needs of residents, which placed seventy-seven (77) residents at risk of harm and/or injury, for exacerbation of their health care conditions, , missed or delayed medications, delays in needed medical treatment, and elopement, due to the lack of staffing supervision. Findings Included:	A 079		

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A 079	Continued From page 7 In an interview with Staff D conducted on at 11:46am she revealed that sometimes there is only one employee working at night and that it happened just a couple of days before. She also said that when employees do not come in for their shift, they still leave them on the schedule. In an interview with the Administrator on at 12:25pm she acknowledged having staffing issues and , with Staff B on night shift. She said she comes in when she wants to, if at all, and she cannot count on her. She confirmed she has had trouble with staffing as recent as the past two weeks. In an interview with Staff F conducted on at 5:10am she said there was an resident that needed care in . She confirmed it was Resident #31 and said she would show the surveyor where she was. She found the door to Resident #31's room locked and was unable to say where she was. She said she came on duty late at 12:00am and had not checked on her yet. She said no one had told her that Resident #31 and #32 had moved out of their room. In an observation conducted on between 9:30am -3:00pm was locked and the nameplate outside the door had the names for Resident #31 and Resident #32. In an observation conducted on at 5:20am, Residents #29 and #30 were moving around the memory care unit (one ambulating and one in a wheelchair in the common area) and no staff observed. The Resident Aide from AL	A 079		

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A 079	Continued From page 8 enter the unit looking for staff and had exited the propped open door off the common area and was getting the memory care resident aides out of their car. She indicated they were both on break together. In an interview with Staff G and Staff H conducted on at 6:20am they both confirmed they had been on their break outside. In an interview with Resident #20 conducted on at 5:35am she revealed that there is not enough staff and that you can hardly get anyone's attention. In an observation on at 6:00am Staff G and Staff H (memory care unit aides) were tying clear garbage bags onto the hallway rails to clean rooms in the AL south hallway outside of the locked memory care unit. In an interview with Staff G and Staff H conducted on at 6:00am they said they had only been employed for three days and were not aware of any bed bugs in the facility. In an interview with the Administrator conducted on at 8:41am she said she did not have an policy but provided a general policy. Policy read "An assisted living facility shall provide care and services appropriate to the needs of residents admitted to the facility." The Administrator stated that she expected staff to change and check residents every two hours on every shift, make sure they are clean and dry and get assistance with changing. In an interview with Resident #24 conducted on at 11:09 am she said that sometimes there is only one employee on duty at night and	A 079		

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A 079	Continued From page 9	A 079		

they are on memory care and do not even come up to her hallway. She said she complained about this to the administrator when she came to the facility in , . She said she does not feel safe living there.

In an interview with Staff D conducted on at 10:59am she said that she had been questioned about why she was assigned to assisted living and was working memory care at 7:00am and she said it was because she was the only care staff there in the facility between 7:00am until 8:00am and knew she needed to stay with memory care residents.

In an interview with the Administrator on at 11:47am, she said that Staff A was running late, and that one staff had called off, leaving Staff D alone for direct patient care from 7:00am until 7:45am when Staff A arrived.

In a review of the facility video system tape of the memory care unit for , conducted on , for 12:00am through 5:20am, there were no staff observed moving about on the memory care unit. Resident #3 was observed in the common room in his wheelchair at 4:07am, Resident #30 was observed at 4:27am in the common area wheeling her wheelchair over to the window to look behind the curtains to see outside the door, before standing up from her wheelchair and then sitting down. Resident #29 was observed pacing up and down the unit hallway from approximately 4:00am through 5:20am with no staff present.

In a review of the staff schedule conducted on Staff B was scheduled on the 11:00pm-7:00am shift on 9 days between through .

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A 079	Continued From page 10 In a review of the timecard record for Staff B conducted on [redacted] she clocked in at 11:05pm on [redacted] and clocked out at 1:20am on [redacted]. In an interview with the Administrator on [redacted] at 2:40pm she stated that staff who do not remember to punch in or are new just fill out a paper missed punch card and she enters their time manually. She said there is no way to know if they really worked unless she watched the cameras continually. She agreed the facility video of the memory care unit did not show staff between approximately 12:00am through 5:20am. Additionally, she confirmed that a medication technician must be on duty every shift, and that she would not know if Staff B left early or did not arrive unless someone called her. She said that she would be spending a lot of time the next day entering the payroll due to large amount of handwritten forms, since the Business Office Manager is gone. In a review of the facility timecards for [redacted] through [redacted] conducted on [redacted] 90% of the records were handwritten missed punch cards, and not electronically logged with the timecard system in the facility. An interview was conducted on [redacted] at 10:41am with Staff A an unlicensed Medication Technician (MT) while standing in front of a medication cart conducting resident medicine assistance, when asked what time Resident #33, #34, #35 and #1 she stated 8am. When asked why those medications were just now being given she stated that she was working in the memory care unit today and that the MT for the north hall did not show up for work, so they asked her to go	A 079		

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A 079	Continued From page 11 to the north hall and start doing the med passes for the residents on the north hall. In an interview with Resident #14 conducted on [redacted] at 11:00am, he stated he went without [redacted] medications for three days and on [redacted] he left the facility on an outing and missed his scheduled [redacted] medications due at 2:00pm. He stated he did not receive his 10:00pm dose that day when he returned. His next dose received was at 6:00am on [redacted]. He said there are ongoing issues with medications at the facility. In an interview with the Administration on [redacted] at 11:48am she agreed that Staff A gave medications at 12:14pm that were scheduled at 9:00am and the late medication report we requested for [redacted] was 600 pages long, so she was providing 20 pages of it. In an interview with the Administrator on [redacted] at 12:25pm she said that medication observation records will allow staff to mark medications given regardless of time. She said the only way to see the actual time a medication was given , was by running a report that she just found out was available in the program after contacting the company, upon surveyor request. A record review was conducted on 11/5/2021 of Resident#33, #34, #35 and #1 revealed the following: Resident #33 had 12 medications ordered to be taken approximately 8am daily, Resident #34 had 16 medications ordered to be taken approximately 8am daily, Resident #35 had 20 medications ordered to be taken approximately 9am daily and Resident #1 had 16 medications ordered to be taken approximately 8am daily. The record review also revealed that	A 079		

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A 079	Continued From page 12 while the medications were given well after the time ordered to be given, they were recorded in the electronic medication observation record (EMOR) system as given within the time ordered, no matter how far after the ordered times in the EMOR system. In an interview with Staff F conducted on at 5:09am she revealed that the medication technician for 11:00pm-7:00am was not on duty and had left early around 12:30am, and there was no one available to give medications until the next shift arrived at 7:00am. She was not aware to call anyone when the medication technician left early, and had only been an employee for a month.She did not call the Administrator until requested by surveyor, In an observation of Resident #1 conducted on at 5:09am he said he had a bad and needed , medicine. He said "this is why I cannot get my under control. It's because of issues like this. I should get every 4 hours and. I am just sitting here waiting." In an observation conducted on at 6:00am of Resident #21 she said she was in , and was waiting on her 6:00am dose of , and that she last had a dose at 12:00am. In an interview with Resident #23 conducted on at 6:15am she said that she needed a pill to calm her and couldn't get one and had been waiting. In an observation conducted on at 6:20am the Administrator arrived in the facility.	A 079		

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A 079	Continued From page 13 In an observation conducted on at 6:20am in # , Resident #31 was receiving care by Staff F. In an interview with the Administrator conducted on at 6:20am outside of # , surveyor informed her that Staff F was just doing care for the first time on the shift because she said she did not know Resident #31 moved rooms/halls. She was unable to say why Staff F did not know where Resident #31 and #32 were relocated when they moved out of for bed bugs. In a review of the medication record report for conducted on for Resident #34 there were two medications ordered at 8:00am and given by Staff A at 9:48am. One of the medications was syringe for . In a review of the medication record report for conducted on for Resident #33 there were 12 medications scheduled for 8:00am and given by Staff A at 9:16am. Two of these medications were , and , for , , and another was , for . In a review of the medication record report for Resident #23 she received an as needed , 1mg tablet for , at 8:39am. In a review of the medication record report for Resident #19 conducted on , he had 9 medications scheduled for 9:00am and they were given at 10:23am by Staff A. These medications included , and , that were ordered for , , and for . He received an as needed for , at 6:42am	A 079		

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A 079	Continued From page 14 by the Administrator. In a review of the medication record report for Resident #1 conducted on he had 2 medications scheduled at 8:00am and given by Staff A at 9:52am, and had , for , ordered at 5:00am and given by Staff A at 7:56am. He then received another , for , at 9:52am that was scheduled at 9:00am. Additionally, it showed he received , at 1:56am on by Staff B. In an interview with the Administrator on at 11:40am she said that Staff B must have signed out the , given for Resident #1 on her phone, since she clocked out at 1:20am on the timecard system, and the EMOR report showed it was given by her at 1:56am. In an interview with the Administrator conducted on at 12:10pm she said that she was unaware there was no medication technician on duty after Staff B left early. She confirmed Staff B was the employee she told surveyor about on , that was unreliable and did not want to come in on night shift. In an interview with the Administrator conducted on at 3:00pm she said that she would have no way of knowing if staff did not arrive for their shift unless someone called her. She could not explain why Staff G, Staff H and Staff F did not know to contact her when Staff B left early. In a review of the facility's medication policy conducted on it read that the EMOR "must be immediately updated each time the medication is offered or administered, and if a medication is given at a time different than on the	A 079		

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A 079	Continued From page 15 EMOR, the reason must be documented." In a review of the facility's Resident Care Standard Policy conducted on it read that the "facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility." In an interview with the Administrator conducted on at 3:11pm she said the medication cart keys were to be kept locked in the south hallway in an unlocked cabinet behind the nursing station. She was unable to say where the ley to the cabinet was to keep the med cart keys secured. In an interview with Staff D conducted on at 3:12pm she confirmed she has no key to the cabinet behind the nursing station to secure the medication cart keys, and that the residents know the keys are there. Photo Evidence Obtained. Class II	A 079		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the	A 081		

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A 081	Continued From page 16 employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to	A 081		

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A 081	Continued From page 17 facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:	A 081		

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A 081	Continued From page 18 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that all required in-service trainings required with in thirty days from date of hire were in employee personnel files for three employees (Staff A, B and C) of three sampled employees. Findings included: A record review for Staff A, conducted on [redacted] with a date of hire (DOH) of [redacted] revealed that Staff A did not have documentation of completing resident rights training or resident and neglect training. A record review for Staff B, conducted on	A 081		

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A 081	Continued From page 19 . . . . . with a date of hire (DOH) of . . . . revealed that Staff B did not have documentation of completing resident rights training. A record review for Staff C, conducted on with a date of hire (DOH) of revealed that Staff C did not have documentation of completing resident rights training. An interview was conducted with the Administrator on . . . . . at 2:30pm, when asked about providing proof that Staff A, Staff B and Staff C had completed resident rights or resident trainings the Administrator stated she was unable to provide proof that Staff A, B and C had completed the trainings. Class III	A 081		
A 152 SS=G	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with	A 152		

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A 152	Continued From page 20 the top surface of the mattress at a comfortable ␣ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, . or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a safe and decent living environment free from pests for 11 (Residents #1, #2, #15, #17, #18, #20, #24, #25, #26, #31 and #32) of 11 residents sampled. Additionally, the facility failed to implement policies and procedures to maintain control standards and provide personal laundry services for all residents. Findings Included: In an interview with Staff E conducted on at 10:15am she said that Residents' #31 and #32 room had bed bugs but the residents were now moved out and that there	A 152		

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A 152	Continued From page 21 were active bed bugs in Resident's #17's room, but all she had seen were bugs. An interview was conducted on at 10:20am with Resident #1 when asked if he had told anyone about having live bed bugs in his room he stated, "yes I have told the Administrator several weeks ago and nothing has been done to fix the problem." An interview was conducted on at 10:20am with Resident #2 when asked if he had told anyone about having live bed bugs in his room he stated, "yes I have told the Administrator several weeks ago and nothing has been done to fix the problem." On at 10:20am a tour of Resident #1 and Resident #2's room was conducted. The tour revealed 2 live bed bugs in the suite. One on the ceiling above the Resident #2 bed and the other was behind a section of paint peeling where the ceiling and wall meet above the resident's bed. The wall behind the toilet has water stains from the toilet leaking currently or in the past, the shower wall had water stains from the shower leaking currently or in the past, and the grab bar in the bathroom was not tightly secured to the wall. In an interview with Resident #17 conducted on at 10:30am he said there "are bed bugs all over this and if you walk into the bathroom, you will see them." In an observation conducted on at 10:30am of Resident #17 he had round red marks on both along with a scabbed and reddened area, scarred circular areas, and red and scratch marks.	A 152		

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A 152	Continued From page 22 In an observation conducted on at 10:30am of Resident #17's bathroom the following were observed: - Dark brown stains/bio-growth on the wall paint near the top of the shower - Black stains/bio-growth on the wall corner. - No light cover on the above mirror lights and only one of the two lightbulbs was working. - Black bio-growth on the bottom of the shower curtain - Black mud and unidentified debris and bio-growth on the tile and grout in front of the toilet - A raised toilet seat with black bio-growth and missing paint - Lifted paint and water stains on the baseboards with dark brown stains on the wood in the corner outside of the shower An observation of Resident #15 and #25's room was conducted on at 10:45am, the metal closet rod was on the floor with only the left side barely attached and hanging out of the wall, with clothing on hangers on the floor of the closet. In an interview with Resident #15 conducted on at 10:45am she revealed that the closet rod broke two weeks ago leaving her roommate, Resident # 25's clothing on hangers on the floor. Additionally, she said the maintenance man refused to fix it and told the Administrator that several times before he left. She stated that she had seen bed bugs in her room and pointed to the wall above her bed where spots of remained where she said she hit them to kill them. In an interview with Resident #18 conducted on at 11:04am, she said that there were	A 152		

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A 152	Continued From page 23 bed bugs across the hall in Residents' #31 and #32 room. Resident #18 stated that Resident #26 had a bed bug on her shirt and the staff had removed it with gloves on. In an interview with Staff D conducted on [redacted] at 11:46am she said that she has seen bed bugs in the facility and has seen roaches all around the nursing station. She said they tried to spray the room but said she told them you cannot treat bed bugs like that. An interview was conducted with the Administrator on at 11:59am, when asked if she knew about the bed bugs in suite A she stated "yes, I have called the pest control company who came out a few weeks ago to treat the suite, but the residents would not leave the suite to properly treat the suite." A record review was conducted on 11/5/2021 of the latest paperwork from the pest control company that was provided by the Administrator and revealed no indication of treatment of bed bugs for Resident #1 and Resident #2's room. In a review of the facility's Control Policy conducted on it reads that "all used linen is to be put in bags and deposited in the dirty linen area. In an interview with the Administrator on [redacted] at 12:25pm, she acknowledged that the facility is short staffed in housekeeping and only had two housekeepers working. Additionally, she said she was aware of the broken closet rack in Resident #25's closet and had not yet fixed it. She said she had no maintenance staff. She also said that the process for resident laundry was to put their dirty laundry outside their room in the	A 152		

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A 152	Continued From page 24 hallway so the staff would know to grab it. In an observation conducted on ..... and throughout the surveys, the ceiling outside the kitchen in the hallway was stained with a large 6- stain with areas of wetness, yellow areas in the ceiling and a dark orangish yellow stain approximately 1 by 2 in size with an opening in the center. Additionally, the stain was near a white ceiling vent that was covered in gray dust making the vent appear gray in color. In an interview with Resident #20 conducted on ..... at 5:35am, she said she did not like what she sees around the facility and that it was just not clean. She said she cannot wait to leave in 30 days. On at 6am while touring the facility, a smoke door by the north hall was observed to be held open with a clear trash bag tied to the handle of the smoke door and to a doorknob on the ... side of the smoke door. On at 10:55am while on a tour of the facility with the Administrator, the same smoke door was still being held open by the trash bag. An interview was conducted on at 10:55am with the Administrator and the Administrator agreed the trash bag was holding the door open and that the door is a smoke door. In an observation conducted on ..... at 11:00am on the south hallway the following were observed: " A dirty blanket on the hallway floor outside of ... ... A white laundry basket of dirty clothing	A 152		

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A 152	Continued From page 25 in the hall across from . " A black floor fan in the hall sitting with dust covering the front " A four tired plastic white stand that was stained and had dirt, dried spills on each shelf with hangers hanging off of it. It contained a package of depends as well as unwrapped depends just under a spray bottle with unidentified cleaning solution. " A yellow mop and bucket with dirty dark gray water in the hallway by the nursing station " A white circular floor fan with gray dust covering the front making the fan appear gray. " An unlatched closet partially open in the hallway leading to the resident smoking patio. with a dirty brown and gray discolored sink with dark gray dirty water inside and a gallon bottle of " A ceiling vent with dark gray dust covering the vent and extending dark gray dust onto the ceiling around the vent. " Stains and dried spills on the tile of the hallway outside the resident rooms and nursing stations as well as the common room/rec area. " Dirty plastic gloves on top of the dominos box and cards on the rec table with a clear med cup and two clear drinking cups. " A half full clear plastic cup of water on the bookshelf in the rec room by the pool table. In an interview with Resident #24 conducted on at 11:09am she said there was a room on her hall with active bed bugs in it and that Resident #2 brought a bed bug out in a cup to show her what they looked like. She said Resident #2 said he had been to the Administrator to complain twice, and she would not call anybody to treat his room. In an observation of the laundry room off the	A 152		

Agency for Health Care Administration

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A 152	Continued From page 26 north hall conducted on . . . . there were two washers that had blankets and sheets in them but were not working. In an interview conducted on at 12:10pm the Administrator said the washers were broken and she had sent some items to a laundromat. She said that she had not yet taken Resident #25"s clothing to be washed after the closet rod had collapsed leaving her clothing on the floor a couple of weeks ago. In a record review of the facility laundry receipt dated , conducted on at 2:40pm, the laundered items listed were only sheets, blankets, comforters and towels. No resident clothing was listed. Photographic evidence obtained. Class II	A 152		