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
	AL11910672	A. BUILDING: _____ B. WING _____	R 03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST TRACE SENIOR LIVING	5500 NW 69TH AVENUE LAUDERHILL, FL 33319

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{A 000}	Initial Comments An unannounced revisit to the licensure complaint survey (#2024011401) was conducted on at Forest Trace Senior Living (formerly Pacifica Senior Living Forest Trace). The facility had uncorrected deficiencies related to the complaint survey at the time of the visit. A new deficiency was identified at the time of the survey.	{A 000}		
{A 010}	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual	{A 010}		

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{A 010}	Continued From page 1 receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of	{A 010}		

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{A 010}	Continued From page 2 Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a	{A 010}		

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{A 010}	Continued From page 3 plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their	{A 010}		

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{A 010}	Continued From page 4 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a Resident's Health Assessment (AHCA form 1823) form was completed upon a significant change and reflective of the resident's current health status and care needs, for 3 of 3 sampled residents (Resident #4, #7 and #20) files reviewed. The findings included: During an interview with the Resident Services Director ( ) on at 9:45 AM, she was asked how the facility monitors the continued residency for residents residing at the facility. She stated, the facility monitors the continued residency monthly to ensure all Resident Health Assessments are accurate and to ensure appropriate levels of care are identified. She stated that all Health Assessments had been updated as it relates to the previously cited citation regarding Continued Residency during the survey. She was requested to provide proof of the dates all residents' Health Assessments were updated. She provided a resident list with the word "1823" written at the top of the document with all resident's names and dates (latest 1823 updated) noted next to each resident's name. Review of this document revealed updated dates for the Health Assessments range from 2022 to 2025, with only 5 names listed with updates for 2025 for a census of 126. At this time, the Director of Nurses (DON) was asked again if she had any additional documentation reflecting a more current audit	{A 010}		

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{A 010}	Continued From page 5 and update of all resident's assessments since many had been completed more than 3 years ago. She stated, this document reflected the current assessment dates for all residents which is used to ensure a resident met the criteria for continued Residency. An additional review revealed 4 residents with 2021 assessment dates, 12 residents with 2022 assessment dates, 25 residents with 2023 assessment dates, and 69 residents with 2024 assessment dates. The DON also stated she and the Administrator were hired in and the assessments had been completed by prior staff no longer employed by the facility. Therefore, she could not attest to the accuracy for the assessments completed prior to her employment. She also stated that in addition to the Resident Health Assessment form (AHCA form 1823), the facility also completes resident assessments to identify the level of care required for each resident. She stated the levels are 1 to 6, in which 6 is the highest level of care. She stated a level 6 requires the most care. A) Review of Resident #4's record revealed the resident was admitted to the facility on . Review of the most recent AHCA form 1823 within her file dated indicated the medical diagnosis of 's , (Mellituus Type 2), , , , Wasting and Atrophy. The Nursing/Treatment/ , , noted as "N/A". The form also documented the resident has a history of in the past. The resident requires assistance and supervision with all Activities of Daily Living (ADLs) except eating and self-care which she is noted as independent. Further review of the AHCA form documented the resident required 24-hour nursing or , , care and was bedridden.	{A 010}		

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{A 010}	Continued From page 6 During an interview with the Resident Services Director on at 11:30 AM, she stated Resident #4 had a on and had to be transferred to the hospital. She stated the resident recently returned from the hospital on and is currently receiving , , , . She also stated she had not reassessed the resident for continued residency upon her return from the hospital. She stated she was waiting until she finished , , , and improved before she has the medical doctor complete a new AHCA form 1823. She stated she still feels the resident's care level is 2. Upon observations of Resident #4 on at 11:58 AM, revealed the resident was unable to ambulate freely and required the use of a wheelchair (assistive device) with assistance from staff. Resident #4 was noted to be extremely week and frail, confirmed by the Resident Services Director at the time of observation. She stated she is aware of the decline in condition, and she was hoping that she would improve with , , , . She stated the resident is receiving , , , twice a week. During an interview with the Resident on at 12:05 PM, she confirmed that she recently returned from the hospital (exact date not provided). She stated the staff helps her with everything, getting dressed, bathing, going to the bathroom, getting into her wheelchair and transporting her downstairs for all meals. She stated she could not propel her wheelchair and relied on the staff for help. Review of Resident #4's Resident Assessment (internal document) completed by the facility and	{A 010}		

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{A 010}	Continued From page 7	{A 010}		

dated indicated the resident is a Level 2, reflecting she is independent with her Activities of Daily Living (ADLs). Further review of the form revealed the signature section for the Resident and Authorized Community Rep (Representative) was left blank. During an interview with the Director of Nursing on at 1:15 PM, she was questioned regarding the type of services the resident is currently receiving. She stated that staff help the resident, she was unable to provide specific information regarding the type of care (including supervision) the resident is currently receiving, specifically since she was identified as a risk on .

During further interview with the , on at 2PM, she stated after AHCA intervention and review of Resident #4's file the resident requires a higher level of care and agreed the facility's internal assessment was not accurate. At 2:32 PM, the provided an updated Resident Assessment form (internal assessment form) indicating the Resident is a level 5. At this time, the was questioned regarding the type of services a resident receives from the facility at a Level 5(Care Level), she was unable to provide an explanation and/or documentation regarding the exact services for a Level 5. Further interview at this time with the , she was unable to provide any documentation and/or explanation for reassessment of the resident for continued residency and to ensure that the facility was capable of meeting the residents' care needs.

B) During an interview on at 10:45AM with the , she provided a list of Residents that were currently receiving hospice services. Review of the list revealed Resident #7 was

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{A 010}	Continued From page 8 currently receiving hospice services. Resident #7's AHCA form 1823 dated indicated medical diagnoses as and . Further review of the form documents the Nursing/Treatment as medication management. The form did not indicate the resident was receiving Hospice services. Review of Resident #7's incident reports and charting notes (from to current) revealed the resident had multiple at the facility and is a risk. However, review of Resident # 7's AHCA form 1823 failed to indicate she is a risk. The AHCA form 1823 also documented the resident required assistance with all ADLs except eating and toileting which are noted as independent. However, review of the resident's charting notes completed by the facility documented the resident is total care with all ADLs. C) Review of Resident #20's file revealed a Health Assessment (AHCA form 1823) dated . The resident's diagnosis is indicated as , , and . The resident's physical or sensory limitation are documented as difficult walking and ambulates with walker. Further review of the form revealed the resident required assistance with her ADLs and is independent with eating (set-up noted) and supervision with transfers. Further record review revealed no other Health Assessments. During an interview with the DON on at 3:11 PM, it was revealed the assessment dated is the most recent assessment. At this time, the DON confirmed the assessment was not current or reflective of the resident's current needs. Review of the resident assessment sheet (internal form completed by the facility) documents the resident is a Level 6 for care.	{A 010}		

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{A 010}	Continued From page 9 These concerns were discussed with the Resident Services Director on at 3:30 PM. However, she provided no additional information or explanation regarding the inaccurate Residents' AHCA form 1823s. She was also reminded that the accuracy of the AHCA form 1823 is important because it is a vital tool used to assess a resident for continued residency and to ensure appropriate care and services are provided to the residents. Class III	{A 010}		
{A 025}	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.	{A 025}		

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{A 025}	Continued From page 10 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to provide appropriate supervision to residents residing in the Memory Care unit, for 23 out of 23 sampled Memory Care residents (Residents #7,	{A 025}		

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{A 025}	Continued From page 11 #8, #9, #11, #12, #16, #17, #18, #19, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, # #33 & #34). The findings include: A) On observations of the Memory Care Unit #1 (1st floor-west side of the building) revealed approximately 14 residents sitting in the Memory Care Dining Room eating breakfast. The following was observed between 8:30AM - 9:15 AM: 1) There was only 1 Direct Care Staff (Staff M) is present in the Dining Room for 14 residents. The residents were not being supervised or provided assistance while eating. Staff M was washing dishes in the room behind a closed wall in the kitchenette. 2) Multiple Residents were observed staring at their breakfast meal (full entree, untouched). These residents were noted as being unable to assist themselves with eating their breakfast meals, and who had also been observed waiting for minutes or more to be fed, assisted or supervised with their meals. 3) Approximately 6 residents were observed struggling to feed themselves with their and/or utensils, observed dropping the breakfast meal contents on the ground and themselves. 4) Two Residents were observed slouching in their wheelchairs. 5) One resident was observed consuming an orange peel. 6) Two residents were observed attempting to consume a morning beverage, which spilled immediately on the floor. The liquid remained on the floor, posing as a slipping hazard to the residents. No staff was observed attempting to	{A 025}		

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{A 025}	Continued From page 12 clean the spill until the Surveyor intervened and notified Staff M of the spill. 7) The residents were observed in clothing that was unkempt, mismatched, and disheveled. 8) Five residents were observed wearing only socks and no shoes. Further observations of the dining room revealed there is a kitchenette area that is enclosed by a wall. At that time, there was only 1 staff member (Staff M) present in the room. Staff M remained in the enclosed kitchenette area throughout the survey until the surveyor intervened. At approximately 8:50 AM on , Staff M was asked if there were any other direct care staff present. She stated one (1) staff member was down the hallway providing morning care to a hospice resident that was staying in her room. She stated that she had been in the room since the start of breakfast around 7:45 AM. Staff M confirmed that she is responsible for supervising the residents, plating the breakfast meals, washing dishes, cleaning the dining area and in the dining room. She was asked how she supervises the residents, if she is behind the wall in the kitchenette. She stated she does the best that she can. Staff M further stated the other staff will join her once they have finished bringing the residents out of their rooms and caring for the individuals in the room. However, she was unable to provide the exact time the staff member would join her. During the interview, Staff M confirmed all of the residents in this wing needed either supervision or assistance with ADLs (activities of daily living). It was noted that Staff M remained alone caring and supervising fourteen (14) residents alone in the dining room. On at approximately 9:00AM an interview with Staff H (MedTech) revealed she	{A 025}		

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{A 025}	Continued From page 13 was assisting with care and services. During the interview, Staff H was observed to have one arm bandaged and in an arm sling. When asked about her arm and how it affected her job duties, Staff H stated that "she makes do". Staff H stated that when they are short staffed, she assists the care staff with supervising and assisting the residents. When asked if providing care is a part of her job duties, Staff H said, no, it is not. Staff H further stated she is only responsible for medication assistance. When asked if she thinks there is enough staff to provide care for the residents, Staff H said "no", the Memory Care wings (Unit #1 and #2) needed at least one more person. On at approximately 9:05AM an interview with Staff K, Certified Nursing Assistant (CNA) revealed there is not enough staff to support resident care needs. Per Staff K, there are only two care staff working the morning shift, herself and Staff M. When asked if there are enough staff to supervise and assist the residents, Staff K said, no. Staff K further stated the Memory Care wing could use at least one more person to assist with care needs because she and Staff M cannot support all of the residents' individual needs without leaving them unattended. Additionally, Staff K stated she has mentioned this to management, and nothing was done about it. On at 9:30AM Memory Care Unit #2 was observed. It was noted that only 1 staff member was present was present to a ratio 1 to 9 residents. The residents were all sitting at the table playing a game with Staff J (Direct Care Staff). Staff J stated she was the only staff member present to supervise the current residents in the dining/activity room. She stated	{A 025}		

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	AL11910672	A. BUILDING: _____ B. WING _____	R 03/11/2025

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{A 025}	Continued From page 14 Staff I, (Direct Care Staff) left to go on the other side of the building [outside of the locked Memory Care Unit] to discard trash and remove the morning breakfast dishes. She stated that she is unable to leave the room to provide any ADL care to the residents, because it would leave the other residents unattended/ Staff J further stated they need more help to supervise and assist the residents. On at approximately 9:39AM an interview with Staff I (Direct Care Staff) revealed there are not enough staff to support resident care needs. Per Staff I, it is only her and Staff J that work the morning shift in this wing. Staff I also stated she works double shifts on Saturday's and Sunday's due to short staffing. Staff I further stated, she is on call during the week because she comes in when there are callouts. When asked if there are enough staff to supervise and assist residents, Staff I stated "No". Staff I further stated she and Staff J need more support to supervise the residents. Review of the Staffing schedule for the month of and revealed that the facility only has 2 staff members per shift, there were 3 shifts total in each unit. B) Resident #16 resided in the facility's Memory Care Unit. Review of Resident #16's Health Assessment form (AHCA form 1823) indicated the following diagnoses: and . Resident #16 is listed as independent with eating, and required supervision with ambulation, bathing, , self-care (grooming), toileting and transferring; he uses both a wheelchair and a walker. The AHCA 1823	{A 025}		

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{A 025}	Continued From page 15 form also documented special precautions as prevention. The resident is documented as a Level 3 per the facility's care level assessment. Further record review failed to indicate the prevention steps the facility implemented regarding the resident's level of care. Resident #8's Health Assessment form (AHCA form 1823) dated indicated the following diagnoses: Memory Problems, and Disturbance, . Resident #8 required assistance with all Activities of Daily Living (ADL), except with eating. The AHCA 1823 form also documented special precautions as precautions. The resident is documented as a Level 5 per the facility's care level assessment. Further record review failed to indicate the prevention steps the facility implemented regarding the resident's level of care. During an interview conducted on at 11:30 AM, with Staff I, CNA, she was asked how the staffing was at the facility. She replied by saying that when there are only two (2) CNAs, and if one (1) of them has to help another resident, or they themselves need to go to the bathroom, it is a concern. Staff I stated that sometimes it takes two (2) staff members to care for one (1) resident, for example if this occurs, in , with the following four (4) residents on these Memory Care Units, in , per the CNA: Resident #17, Resident #18 these residents were described as sometimes being "combative and spits", Resident #19 and with Resident #8. Staff also stated that there is no one to help assist with the other residents and she added that this is a "hard" unit. Additionally, she went on to	{A 025}		

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{A 025}	Continued From page 16 say that it is so busy sometimes, that the CNAs are unable to take a lunch break for themselves. Staff I ended by saying that sometimes they are asked to do a double shift, especially on the weekends and sometimes the same scenario, as above, will occur with regard to no help on the unit. On at 12:07 PM an interview was conducted with Staff M, a CNA, she indicated that it would be better if they had three (3) people in this unit to assist with resident care because, in the event that someone is attending to another resident, or needs to leave the immediate resident care area, there would be an extra person to assist the next resident. Staff M said that her duties include: on care, dishing out the food out in the Memory Care unit, serving each resident, washing the dishes afterward, assist some of the residents with eating, if they need help, cleaning up in the dining room afterwards and then changing each resident, as needed; with only two (2) employees working, that also need to take breaks, use the bathroom, eat lunch, etc. And, per Staff M, this is the same situation or occurrence on the weekends in this unit. An interview was conducted on at 1:54 PM with Staff N, a Medication Technician (Med. Tech./CNA) for the Assisted Living side, in which she was asked about staffing. She stated that sometimes the staff do say that they need some help during the week and weekends. She further stated that if someone calls off, then the facility will either call her in or ask her the day before to work. During an interview conducted on at 2:44 PM, with Resident #16 on the Memory Care	{A 025}		

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{A 025}	Continued From page 17 Unit, the resident was asked about staff availability and response and to his care. He was able to state that he gets weak because he is not able to do very much and he said that he gets showers every week, but he went on to say that most of the time, when he puts the call light on or when he calls out for assistance or help, he said that they don't come right away, if he needs them. He also said that sometimes, there are times on the weekends that there are less people to help, as far as he knows and can remember. The Resident Services Director further recognized and acknowledged on at 3:30 PM that adequate care and services appropriate to the needs of residents, are to be provided by the facility. The Resident Services Director acknowledged that the Memory Care Units (#1 and #2) needed additional supervision and increased staffing. She provided assignment sheets for both units from the previous days. However, the assignment sheets only listed the names of the staff members, and the floor assigned. The assignment sheets didn't identify duties or responsibilities of the staff members per floor and in the Memory Care Units (#1 and #2). Class II	{A 025}		
A 152	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,	A 152		

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A 152	Continued From page 18 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 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 observations and interview, it was determined that the facility failed to maintain a safe living environment, in the Memory Care Units (#1 and #2). The findings included: During a tour of the Memory Care Unit #1 on	A 152		

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A 152	Continued From page 19 between the hours of 8 AM and 10:30 AM, the following was observed: Unit #1: 1) The walls throughout the unit were noted to have multiple dark scuff marks and stains throughout (unknown particles), noted on the walls and baseboards. 2) Multiple residents' room doors had scuff marks and other unknown particles. 3) The corridor hallway floors were noted to be dirty, extremely sticky in nature and various trash and unknown particles on the floor throughout the unit. 4) The Dining Room/Activity Room walls noted to have multiple scuff marks and stains throughout (unknown particles), noted on the walls and baseboards. 5) Unknown food particles were noted in the corners of the Dining Room. 6) Entrance/Exit Door (used by residents and staff) interior glass frame noted to be broken and cracking alone the base. Unit #2: The following was observed in the Activity Room/Dining Room: 1) The walls noted in the Dining Room/Activity Room had multiple stains (unknown particles) and scuff marks. 2) The Baseboards were noted to have multiple stains and markings, pieces of trash and debris in the corners. 3) One of 2 closet doors were broken and off the hinges, and propped against the inside of the closet. 4) Wall-paint was peeling in multiple locations throughout the walls. 5) There was a large hole noted near the entrance door.	A 152		

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A 152	Continued From page 20 6) The floors were noted to be extremely dirty, with various food particles, stains and the floors were noted to be sticky throughout when walking in the area. On at 9:49AM an interview with Staff I revealed the staff has had ongoing complaints about the facility's physical plant. Staff I stated she has informed maintenance of the issues with the paint, holes, and scuffs and nothing has been done to correct it. Staff I further stated that maintenance work orders/concerns take a long time to be addressed because the staff comes on their own time to fix things. On at 12:25PM an interview with the Administrator and Maintenance Manager revealed they were aware of the physical plant concerns being unaddressed. Both the Administrator and Maintenance Manager stated they are aware of the issues in Memory Care because they are in the process of remodeling the facility. The Administrator confirmed he was aware of the large hole in the wall in Memory Care Unit #2 and stated they will be fixing it soon. When asked if they were aware of the broken glass door hazard in Memory Care Unit #1, both staff said no. After seeing the broken glass, the Maintenance Manager stated that he would fix it immediately. The Administrator and Maintenance Manager were advised to keep a maintenance log to document the physical plant concerns that were resolved. The Administrator agreed to maintain a log. Class III	A 152		