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| A 000 | Initial Comment<br><br>Annual Licensure Survey<br><br>Violations Cited<br>295.2000 a) c) 6)<br>295.2040 2) 5) c)<br>295.3020 c)<br>295.3030 a) b)<br>295.4000 b)<br>295.9000 c) | A 000 | | |
| A2000 | Section 295.2000 Residency Requirements<br><br>This Regulation is not met as evidenced by:<br>Type Two Violation<br><br>Section 295.2000 Residency Requirements<br><br>a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act)<br><br>c) A person shall not be accepted for residency if:<br><br>6) The person has a severe mental illness, which for the purposes of this Section means a condition that is characterized by the presence of a major mental disorder as classified in the Diagnostic and Statistical Manual of Mental | A2000 | | |

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| A2000 | Continued From page 1<br>Disorders, Fifth Edition, Text Revision DSM-5-TR, where the individual is a person with a substantial disability due to mental illness in the areas of self-maintenance, social functioning, activities of community living and work skills, and the disability specified is expected to be present for a period of not less than one year, but does not mean Alzheimer's disease and other forms of dementia based on organic or physical disorders. Nothing in this Section is meant to prohibit an individual with a diagnosis of depression from living in an establishment so long as the resident is not substantially disabled in the areas of self-maintenance, social functioning, activities of community living, and work skills;<br><br>Based on observation, interview, and record review the facility failed to appropriately screen one (R1) of three residents reviewed for residency requirements facilitating a mentally ill person to be housed in an assisted living facility without the ability to self manage, socially function or participate in the assisted living environment. This failure creates a substantial probability of harm to a resident or residents.<br><br>Findings include:<br><br>R1's hospital discharge dated 9/29/25 documents a psychiatric evaluation and treatment.<br><br>R1's service plan documents admission to the establishment on 9/29/25 diagnoses of neurocognitive disorder, dementia, depression, congestive obstructive pulmonary disease and peripheral edema.<br><br>On 10/8/25 at 8:15AM, R1 was sitting in her resident room in a chair. Appears anxious and when she speaks uses flight of thought jumping | A2000 | | |

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| A2000 | Continued From page 2<br>from subject to subject, when discussing her medical condition screams, "Jinx, Jinx, Jinx" while making various hand motions. A mat and pillows were observed in front of R1's chair. When asked if R1 falls, R1 stated, "I like to lay down there" while making various facial expressions.<br><br>The establishment communication book dated 10/1/25 documents R1 attempting to exit seek all night stating that she is waiting for her husband to pick her up. R1 then walks around the establishment naked and screaming.<br><br>The establishment communication book dated 10/4/25 documents R1 screaming and angry with staff, reason unknown. R1 continues to refuse underwear or pants.<br><br>The establishment communication book dated 10/5/25 documents R1 threatening to call 911 on her daughter.<br><br>The establishment communication book dated 10/7/25 documents R1 up all night, exit seeking, pulling the emergency cord with no need for assistance and stating that she is trying to reach Elon Musk.<br><br>On 10/8/25 at 9:00AM, E1 Communication Liaison stated that they did not screen R1 before admission. "Her daughter just told me that she is bipolar. She isn't appropriate for our facility." | A2000 | | |
| A2040 | Section 295.2040 Disaster Preparedness<br><br>This Regulation is not met as evidenced by:<br>Type 1 Violation | A2040 | | |

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| A2040 | Continued From page 3<br><br>Section 295.2040 Disaster Preparedness<br><br>2) Instruct all personnel employed on the premises in the use of fire extinguishers.<br><br>5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.<br><br>c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to:<br><br>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;<br><br>2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;<br><br>3) Evaluate the effectiveness of disaster plans, procedures and training.<br><br>Based on interview and record review, the establishment failed to provide fire disaster training including use of a fire watch, fire extinguisher use and fire alarms for all employees and failed to hold fire drills every other month including during the night shift when residents were sleeping. The establishment also failed to orient two (R1 and R3) of three residents reviewed to the building exits and fire safety practices for the establishment. These failures | A2040 | | |

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| A2040 | Continued From page 4<br>have the probablity to cause severe harm or death to the residents who reside in the establishment.<br><br>Findings include:<br><br>On 10/8/25 reviewed the establishment fire training for staff. E4 Registered Nurse and E7 Caregiver did not have documentation of fire training for the past year.<br><br>On 10/8/25 at 3:17PM, E1 Communications Liason confirmed that E4 and E7 did not participate in the establishment annual fire training.<br><br>On 10/8/25 reviewed the establishment fire drills. Drills were documented on February 19, 2025 at 3:30PM, April 16, 2025 at 2:30PM, June 20, 2025 at 6:30PM and August 20, 2025 at 9:00AM.<br><br>On 10/8/25 at 3:00PM, E1 Communications Liason stated that no other fire drills could be located since the last annual survey.<br><br>The facility provided resident roster documents R1's admission to the establishment on 9/29/25.<br><br>R1's medical record does not contain a signed fire safety and orientation for R1.<br><br>The facility provided resident roster documents R3's admission to the establishment on 8/29/25.<br><br>R3's medical record does not contain a signed fire safety orientation for R3.<br><br>On 10/8/25 at 1:30PM, E1 Communications Liasion stated that orientation was supposed to occur upon admission to the establishment. | A2040 | | |

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| A3020 | Section 295.3020 Employee Orientation and Ongoing Training<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation<br><br>Section 295.3020 Employee Orientation and Ongoing Training<br><br>c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include:<br><br>1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights;<br><br>2) Disaster procedures;<br><br>3) Hygiene and infection control;<br><br>4) Assisting residents in self-administering medications;<br><br>5) Abuse and neglect prevention and reporting requirements; and<br><br>6) Assisting residents with activities of daily living.<br><br>Based on interview and record review the establishment failed to ensure that three employees (E4, E5 and E6) completed eight hours of ongoing training. This failure has the potential to casuse harm to all nine residents who | A3020 | | |

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| A3020 | Continued From page 6<br>reside in the establishment.<br><br>Findings include:<br><br>On 10/8/25 at 2:00PM, a review of E4 Registered Nurse, E5 Owner/Caregiver, and E6 Caregiver's annual training was completed. Eight hours of continuing education was not located in their files since the last annual survey for E4, E5, nor E6.<br><br>On 10/8/25 at 3:00PM, E1 Communications Liason stated that she could not locate any additional training for E4 Registered Nurse, E5 Owner/Caregiver, nor E6 Caregiver. E1 stated that all employees are supposed to complete annual computer training. | A3020 | | |
| A3030 | Section 295.3030 Initial Health Eval for Dir Care and FS empl<br><br>This Regulation is not met as evidenced by:<br>Type 1 Violation<br><br>Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees<br><br>a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors.<br><br>b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. | A3030 | | |

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| A3030 | Continued From page 7<br><br>Based on interview and record review the establishment failed to ensure that three employees (E4, E5, and E7) had initial health evaluations completed. This failure has the potential to affect all nine residents who reside at the facility and creates a substantial probability of harm severe to a resident or residents.<br><br>Findings include:<br><br>On 10/8/25 at 3:30PM a review of E4 Registered Nurse, E5 Owner/Caregiver, and E7 Caregiver was completed. No initial health evaluations were found for E4, E5, nor E7 in their files.<br><br>On 10/8/25 at 4:00PM, E1 Communications Liaison confirmed that E4, E5, nor E7 had initial health evaluations in their files. | A3030 | | |
| A4000 | Section 295.4000 Physician/s Assessment<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation<br><br>Section 295.4000 Physician's Assessment<br><br>a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis | A4000 | | |

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| A4000 | Continued From page 8<br>Code. At the time of admission, the physician's assessment must reflect the resident's current condition.<br><br>b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician.<br><br>Based on interview and record review the establishment failed to ensure that two (R1 and R2) of three resident physician assessments were signed by physicians. This failure creates a substantial probability of harm to a resident or residents.<br><br>Findings include:<br><br>R1's physician certification dated 9/26/25 is signed by Z1 Nurse Practitioner.<br><br>R2's physician certification dated 8/28/25 is signed by Z2 Nurse Practitioner.<br><br>On 10/8/25 at 11:30AM, E1 Communications Liaison stated that she thought that all of the certifications had been signed by physicians, but that they were not. | A4000 | | |
| A9000 | Section 295.9000 Physical Plant<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation<br><br>Section 295.9000 Physical Plant<br><br>c) The establishment shall comply with the | A9000 | | |

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| A9000 | Continued From page 9<br>accessibility standards of the Americans with Disabilities Act (ADA Accessibility Guidelines). (Section 20(1) of the Act)<br><br>Based on observation, interview and record review the establishment failed to ensure that two (R1 and R3) residents had unfettered access to their bathroom emergency call systems. This failure creates a substantial probability of harm to a resident or residents.<br><br>Findings include:<br><br>1.) On 10/8/25 at 9:53AM, R1's bathroom emergency call light cord was wrapped around the grab bar by the toilet. When pulled, it was much more difficult to get the alarm to sound.<br><br>The establishment communication book dated 9/30/25, 10/4/25, 10/5/25, 10/6/25 and 10/7/25 documents R1 pulling the emergency cord when no emergency was indicated.<br><br>2.) On 10/8/25 at 9:30AM, R3's bathroom emergency call light cord was wrapped around the grab bar by the toilet making it hard to pull the cord.<br><br>On 2:20PM at R3 stated, "I had to move here because I couldn't see to cook anymore. I am nearly blind."<br><br>On 10/8/25 at 3:00PM, E1 Communications Liasion stated that cords should not be tied around the grab bars because it will make it harder to pull them. "I will go fix this right away." | A9000 | | |