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| | ASL510082 | A. BUILDING: _____ B. WING _____ | 05/13/2025 |

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| A 000 | Initial Comment<br><br>Annual Licensure Survey Conducted<br><br>295.2040 -a),b)2<br>295.3030 -e)1,2<br>295.4010 -a),b) 1,2,3;c);d);e);g)2,3;h) | A 000 | | |
| A2040 | Section 295.2040 Disaster Preparedness<br><br>This Regulation is not met as evidenced by:<br>Type 3<br>Section 295.2040 Disaster Preparedness<br><br>a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment.<br>b) Each establishment shall:<br>2) Instruct all personnel employed on the premises in the use of fire extinguishers.<br><br>These Requirements are not met as evidenced by:<br><br>Based on interview and record review, the facility failed to ensure documentation of fire extinguisher training for four employees (E7, E8, E10, E11) out of 9 employees reviewed for fire extinguisher training in a total sample of 9.<br><br>Findings include:<br><br>On 5/8/25 at 10:00 am employee files were reviewed with E12(Director of Finance) who could not find documentation of fire extinguisher | A2040 | | |

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| A2040 | Continued From page 1<br>training for E7(Certified Nurses Aide), E8(Care Partner), E10(Care Partner) and E11(Care Partner). E12 stated there should be documentation in the employee files of completion of fire extinguisher training. | A2040 | | |
| A4010 | Section 295.4010 Service Plan<br><br>This Regulation is not met as evidenced by:<br>Type 2<br>Section 295.4010 Service Plan<br><br>a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan.<br>b) The service plan shall be developed by:<br>1) The resident, resident's representative or any individual requested by the resident; (not signed)<br>2) The manager or manager's designee; and<br>3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care.<br>c) The service plan shall be signed and dated by all individuals involved in its development.<br>d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, | A4010 | | |

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| A4010 | Continued From page 2<br>shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)<br>e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).<br>g) Service plans shall address:<br>2) The amount, type, and frequency of health-related services needed by the resident;<br>3) Staff responsible for the provisions of the service plan; and<br>h) The service plan shall include all support services provided or arranged for by the establishment.<br><br>These Requirements are not met as evidenced by:<br><br>Based on interview and record review, the facility failed to ensure one resident (R1) out of three residents reviewed for fall service plan interventions in a total sample of six had:<br><br>Service plan updates after falls on 1/1/25, 1/6/25, 1/17/25, 1/26/25, 2/3/25, 2/4/25, 2/8/25, 2/11/25, 2/27/25, 4/17/25 or explanation of why updates were not indicated;<br>Developed and implemented fall service plan interventions which addressed fall risk factors, need for supervision including cognitive issues affecting R1's compliance with fall prevention measures;<br>Developed and implemented fall service plan interventions which addressed and mitigated the risk of injury from a fall incorporating R1's functional limitations and need for contact guard assist for ambulation as documented in R1's | A4010 | | |

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| A4010 | Continued From page 3<br>therapy notes;<br>Included the resident or resident's representative, manager, and registered nurse in the development of the service plan with signatures;<br>Documented physical therapy services provided to R1 with pertinent physical therapy recommendations incorporated into R1's service plan and implemented into daily care; and<br>Followed facility service plan policy and procedure.<br>As a result of these failures, R1 had a fall on 2/27/25 which resulted in hospitalization on 3/1/25 for closed fracture of the back. Because facility is not addressing falls, R1 is at risk for additional falls with injury.<br><br>Findings include:<br><br>Facility is operating without a Director of Nursing. The DON's last day of employment was Friday.<br><br>R1 Diagnoses listed in clinical record and initial physician assessment/ certification have date of 2/26/24. Facility accepts Assisted Living residents only.<br>Diagnoses include Unspecified Dementia, Major Depressive Disorder, Type 1 Diabetes Mellitus on insulin, Fracture T7 - T8 Thoracic Vertebrae fracture (3/23/25), Muscle Weakness, Metabolic, Encephalopathy (2/22/24), Sepsis and Meningitis (2/22/24), Frontal lobe and Executive Function Deficit following cerebrovascular disease, Ataxia, Walking difficulty, history of falls and Fracture T7-T8 Thoracic Vertebra. Born on 6/14/1949, R1 is 75 years old.<br><br>On 5/8/25 at 12:05 pm, R1 answered the door to apartment without use of a walker and refused to be interviewed.<br>R1's clinical record is partially contained in an | A4010 | | |

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| A4010 | Continued From page 4 | A4010 | | |

electronic record as well as hard copy chart. The clinical record review was complicated by information which was not available in either the medical record or hard copy chart. Access to electronic record was further complicated by internet connection at facility which did not function until facility provided access via facility owned laptop. Some of R1's medical information required facility administration to log into the electronic record because surveyor was not given electronic permission to access this part of the clinical record. Printing of documents was also dependent on facility staff.
Cognitive assessment, physician notes/consultations, last 2 service plans, physical therapy notes, nursing notes, physician assessment/consults, Medication administration record for January, February, and March, accident/incident reports since last annual were requested of E1(Executive Director).

Facility reported only 1 cognitive assessment was performed on admission for R1.
R1 has had between 9 and 10 falls since January of 2025.

During review of hard copy chart and electronic record for falls, R1's physical therapy notes, and medication administration record were not included. E1(Executive Director) was advised these records were missing.
The following day, 3 therapy notes dated 4/18/24(occupational therapy), 4/23/25(physical therapy) and 5/1/25(R1 declined therapy) were forwarded for review. Based on these forwarded notes, timeframes for therapy or functional status for R1 could not be determined. The physical therapy note of 4/23/25 has very limited information documented. This note states, "(R1) is seen for physical therapy reassessment, for

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| A4010 | Continued From page 5 | A4010 | | |

walking, transfers, gait training." While the note refers to a physical therapy assessment, there is no documented information on R1's functional status.

E1(Executive Director) was advised the therapy notes forwarded did not present any information on R1's capabilities. Additional notes were forwarded the next day which included an order for occupational therapy on 3/27/25 and a physical therapy evaluation on 3/25/25. Occupational therapy note is dated 5/1/25("Visit number 4"). No other occupational therapy notes were forwarded. Physical therapy visited R1 according to documentation on 4/15/25("Visit number 3"), 4/23/25("Visit number 4"), and 4/28/25("Visit number 5").

The last physical therapy note forwarded by the facility of 4/28/25 titled, "Therapy assessment/plan" documents in part, " ...but continues to demonstrate poor safety with transfers and gait and would continue to benefit from therapy to improve both." Under heading, "indicate plans for next visit," therapy writes, "Continue plan of care with focus on gait and transfer safety within home."
Written note by physical therapy assistant of 4/28/25 documents R1 complained of a fall 2 days ago for which R1 pressed the call pendant to alert the staff after the fall. PTA describes R1 as needing reminders to "slow down," and "improve fluidity of movement." R1 demonstrates ambulation of 100 feet with 4 wheeled walker CGA(contact guard assist) with knees overextended and minimal hip flexion and discontinuous step especially on right foot. Max cueing to increase step height and hip flexion and to decrease distance to AD. Patient able to return demo 25% of the time. (R1) demonstrates

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| A4010 | Continued From page 6 | A4010 | | |

excessive shakiness in legs periodically and is given cues to take standing rest breaks when (R1) is shaky ..." PTA ends this note documenting, "(R1) continues to demonstrate decreased safety awareness and is a fall risk."

Impaired safety awareness is also documented in a 5/1/25 occupational therapy note when R1 reports a wheel falling off walker which (R1) states she continued to use for ambulation.

Although therapy notes document the need for contact guard assist due to functional impairments, and clinical documentation repeatedly documents falls in which R1 is not calling for assistance, R1's service plan of 2/28/25 as well as clinical/accident/incident notes continues to advocate to remind R1 to call for assistance. In the service plan under heading "escort and mobility" R1 is considered "independent going to and from the dining room or community activities." Staff should, "be alert to heightened risk for falling" as "(R1) has fallen in the last twelve months" with "..harm/injury with outside treatment (severity code 3)." A walker and wheelchair are listed as mobility aid. Use of a wheelchair is not included in any documentation reviewed.
Facility assessment of R1 as independent in mobility contradicts therapy discussion of need for contact guard assist and cueing for ambulation.

Additional generalized interventions are listed under universal fall precautions none of these interventions address root causes of R1's falls, include physical therapy's recommendations for extensive cuing and contact guard assist for mobility or show R1 is stable enough to be able to ambulate independently.

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| A4010 | Continued From page 7<br><br>Facility forwarded a 1-page document dated January 1, 2025 Code 2 with some of the same generalized fall interventions in the service plan of 2/28/25. This document includes fall interventions for the fall of 2/27/25 in which R1 fell trying to get a soda from the refrigerator. Similar to previous fall interventions R1 is reminded to call to AL(Assisted Living) staff whenever needs assistance; encouraged/highly reminded use of walker at all times; reminded to alert nurse/staff of any onset of new symptoms; denies pain/discomfort; lower back area noted red/scraped. First aid applied. It was after the fall of 2/27/25 that R1 is hospitalized and found to have fracture of back.<br><br>Service plan does not include any of the signatures required to show inclusion of interested parties in its development.<br>E1(Executive Director) was advised service plan for R1 does not address fall risk.<br>Facility has policy and procedure titled, "Service Plan Process Policy," last revised on 3/2020. Policy overview emphasizes the development of a service plan through evaluation which provides information about resident needs to the care associates and serves to address the resident needs. Interventions are to be specific, individualized and address altered care needs over a period of greater than two weeks. Staff involved in the development of the service plan as well as resident and or resident representative are to sign the service plan. Facility failed to follow it's policy and procedure on service plans for R1. | A4010 | | |