Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING: _____ B. WING _____	C 04/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

(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
S 000	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 A complaint survey was conducted in conjunction with a licensure survey by the Office of Healthcare Licensing and Surveys on 4/5/16 through 4/6/16. The survey was prompted by complaint intakes LIC-15-052, LIC-15-053, LIC-16-002 and LIC-16-021. The following common abbreviations are used throughout this document: CNA- Certified Nurse Aide RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5012	Ch 12 Sec 7 (a)(ii) Assisted Living Facility (ALF) Core Services (a) The assisted living facility core services include the following: (ii) A safe and clean environment. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a safe and clean environment in 4 of 5 resident hallways (100, 200,	S5012	S5012 The facility will ensure it provides a safe and clean environment. This will be accomplished by: A. The Administrator and Manager will work with the maintenance staff to ensure the facility provides a safe and clean environment. B. The following areas will be corrected: Ceiling tiles in resident lounge will be replaced, Carpet in room 209 will be repaired, Carpet near room 106 will be repaired and the hole in the wall will be repaired. Wallpaper outside room 105 will be repaired. The threshold between the hall and room will be repaired. 3 ceiling tiles outside room 103 will be replaced. The walls outside the room will be painted. Carpet in lobby will be repaired. The laundry room will be repaired and painted. Ceiling tile and wall outside room 303 will be repaired. Kitchen flooring will be replaced.	

Spoke ē Arvadelle Foote on 6/22/16 at 8:43 AM. Plan of Correction accepted ō agreed Changes. DOC 6/1/16

Tim Lucas

Healthcare Licensing and Surveys

PRINTED: 04/20/2016
FORM APPROVED

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S5012	Continued From page 1 300, 400). The findings were: 1. Observation on 4/5/16 at 1:30 PM showed 3 ceiling tiles in the resident lounge that had brown stains on them. The stains appeared to be areas that were once wet and had dried. 2. Observation on 4/5/16 at 1:50 PM showed carpet in room 209 was loose and moved when it was walked on. 3. Observation on 4/5/16 at 1:57 PM showed the carpet near room 106 was stained, torn, and coming loose. Further, there was a hole in the wall that measured 2 1/2 inches by 2 1/2 inches. 4. Observation on 4/5/16 at 1:57 PM showed the wallpaper outside of room 105 was coming away from the wall and staples had been applied to the area. Continued observation showed there was no threshold between the hallway and the resident room. The seams of the carpet were pulling away from the floor. 5. Observation on 4/5/16 at 2 PM showed 3 ceiling tiles outside of room 103 with brown discolored stains. Further, the walls outside of room 103 were discolored and had yellow and brown stains. 6. Observation on 4/5/16 at 2:02 PM showed the carpet in the lobby of the facility had seams that were frayed and pulling away from the floor. 7. Observation on 4/6/16 at 4 PM showed a gouged area in the 100 hall laundry room. The area measured 4 feet in length and had chipped paint and exposed dry wall. 8. Observation on 4/5/16 at 2:14 PM showed a	S5012	C. The Manager will ensure that listed maintenance projects are completed in halls 100, 200, 300 and 400, in apartments 209 & 105 and Laundry rooms. D. The Quality Management staff will do monthly inspections on all hallways, apartments and laundry rooms. E. The Manager will complete monthly building inspections. F. A quality monitoring tool will be completed monthly and will be reviewed at the Quality Management Team Meeting.	DOC 6/1/16

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S5012	Continued From page 2 brown-stained ceiling tile and brown liquid stain down the wall outside of room 303. 9. Observation on 4/5/16 at 2:45 PM showed there were 54 tiles that measured 12 inches by 12 inches that were broken, chipped, or cracked and created an un-sanitizable surface in the kitchen. 10. Interview with the facility administrator on 4/6/16 at 5:45 PM revealed the facility did not have a plan or timeline for correction of the areas identified.	S5012	**S5041** The facility will ensure that residents rights are respected and documented in each resident file. This will be accomplished by: A. RN and Manager will revise and update the Resident Cardiac and Pulmonary Resuscitation (CPR) designation form. Res #35 no longer resides at the facility. B. The RN and Manager will review all current resident files. All files will be updated with revised CPR policy. C. Quality Manager Team will ensure all resident files are updated with the new CPR policy. D. The Manager will monitor all new resident files to ensure proper CPR policy is included. The RN will conduct a staff inservice to inform staff of revised CPR plan. All residents will be informed of revised CPR policy. E. The new CPR policy will be reviewed at the Quarterly Quality Management Meeting.	DOC 6/1/16
S5041	Ch 12 Sec 7 (c)(xiv) Assisted Living Facility (ALF) Core Services (c) Resident Rights. The facility shall adopt and follow a written policy of resident rights. The policy shall be posted in a conspicuous place, and there shall be documentation in the resident's record that the resident read, or management explained, the policy. This policy shall not exclude, take precedence over, or in any way abrogate the legal and constitutional rights enjoyed by all adult citizens and shall include, but is not limited to the following: (xiv) Expect the cooperation of the provider in achieving the maximum degree of benefit from those services which are made available by the facility; This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure resident rights were honored related to Cardiac and Pulmonary Resuscitation (CPR) designation for 1	S5041		

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S5041	Continued From page 3 of 1 sample residents (#35) who required CPR. The findings were: Review of the medical record showed resident #35 moved in on 5/1/15 with a primary diagnosis of chronic obstructive pulmonary disease (COPD). Review of the CPR designation form showed "In the event of a cardio/respiratory arrest, this facility has staff who are trained in CPR. They are able to perform CPR until a Paramedic Ambulance arrives...It is the policy of this facility to consider what is in the best interest of the resident at all times; therefore, if a life threatening episode should happen to (resident), the following life sustaining procedures/acts will be performed..." There were then the options of yes or no to the administration of CPR. The resident signed this CPR designation form on 5/1/15 indicating s/he wished to have CPR administered. The following concerns were identified: a. Review of a progress note dated 11/18/15 showed the resident did not come to breakfast and when a CNA checked on him/her, the resident was found not breathing. The CNA called 911 and notified the nurse manager immediately. There was no information related to the condition of the resident other than not breathing, also the note failed to show CPR was attempted. b. Review of the 11/18/15 investigation/incident report showed RN #1 stayed with the resident until the ambulance arrived and the "EMT's were unable to revive [resident's name]." There was no information related to the facility staff initiating/attempting CPR. c. Interview with RN #1 on 4/6/16 at 4:45 PM verified she was not certified to provide CPR. d. Interview with the administrator on 4/6/16 at 5:45 PM revealed she employed 2 CNAs who	S5041		

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S5041	Continued From page 4 were CPR certified. Review of the certification cards showed CNA #1 was certified from 3/7/15 to 3/7/17 and CNA #2 had a current CPR certification issued 9/18/14 with a recommended renewal date of "9-2016." Review of the schedule for 11/18/15 and interview with the administrator on 4/6/16 at 5:45 PM verified the CNA who found the resident not breathing was CNA #1. The administrator stated CPR was not initiated by staff because it only took a few minutes for the ambulance to arrive.	S5041	S5050 The facility will ensure acceptable standards practice are utilized for the destruction of medications. This will be accomplished by:	
S5050	Ch 12 Sec 7 (d)(ii)(A-B) Assisted Living Facility (ALF) Core Services (d) Medications. (ii) Prescription drugs shall be dispensed from a licensed pharmacy, labeled with the name, address and telephone number of the pharmacy, name of resident, name and strength of drug, directions for use, date filled, expiration date, prescription number and name of physician. Controlled substances shall have a warning label on the bottle. (A) An RN shall destroy all discontinued prescriptions; other than controlled substances, using acceptable standards or practice. (B) Discontinued or outdated controlled substances shall be destroyed by the RN in the presence of a licensed pharmacist and documented in the resident's record. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview the facility failed to ensure acceptable standards of	S5050	A. The RN will maintain a log of all medications destroyed or given to family or other agencies. B. The RN will review all resident medications that are discontinued and document on the medicine log how the medication is destroyed or given to family or other agencies. C. The Quality Management Team will review discontinued medication disposal monthly. D. The Discontinued Medication Log will be monitored on a monthly basis. E. The Quarterly Quality Management Meeting will review monitor the Medication Disposal Log.	DOC 6/1/16

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S5050	Continued From page 5 practice were utilized for the destruction of medications. The findings were: Observation on 4/6/15 at 3:45 PM showed medications that had been discontinued were stored in the medication storage room. Interview with RN #1 at that time, revealed the facility does not keep a record of destruction for medications that are destroyed.	S5050	S5053 The facility will ensure that medication assistance follows the Wyoming Nurse Practice Act and the Wyoming Board of Nursing Rules & Regulations. This will be accomplished by: A. The RN will conduct an inservice with CNA's that assist residents with medication. B. The RN will instruct CNA's to give residents the opportunity to independently take their medications. C. The RN will keep all narcotic medication in the narcotic specific area lock box. D. The nursing assistants will utilize knowledge of client's rights, legal/ethical concepts, communication skills, safety and infection control while assisting with the self-administration of medication. E. The RN and Manager will monitor medication assistance with our ongoing medication quality monitoring tool. F. The RN and Manager will conduct routine observations of CNA's assisting residents 11 & 22 and all other residents with the self-administration of medication.	
S5053	Ch 12 Sec 7 (d)(v)(A) Assisted Living Facility (ALF) Core Services (d) Medications. (v) Medication Administration (A) An RN shall be responsible for the supervision and management of all medication administration as required by the Wyoming Nurse Practice Act, and the Wyoming Board of Nursing Rules and Regulations. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview, and review of Wyoming Board of Nursing rules, the facility failed to ensure medications were administered as required for 2 of 6 sample residents (#11, #22) receiving medications. The findings were: 1. Observation on 4/6/16 at 11:45 AM showed CNA #2 removed medications from a locked cart and took out a medication card for resident #22. The CNA walked to the table where the resident was sitting and without offering the resident independence in taking the medications the aide removed the medication from the card and placed it in a cup. The CNA then handed the resident the	S5053		

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S5053	Continued From page 6 cup. The resident removed the medication from the cup, put it in his/her mouth, took a drink of water, and swallowed the medication. 2. Observation on 4/6/16 at 11:50 AM showed CNA #2 removed two medications, levothyroxine (thyroid medication) 125 mg (milligrams) and hydrocodone/acetaminophen (a narcotic) 7.5/325 mg and took the medications to a table where resident #11 was sitting. The CNA removed 1 tablet from each card and gave it to the resident. The resident put the medication in his/her mouth, took a drink, and swallowed the medication. The resident was not offered the opportunity to independently take the medications. 3. Interview with the DON on 4/6/16 at 3:45 PM revealed the only narcotic medications that are kept in a narcotic specific area are "patches." All other narcotic medications are in "blister packs" and are kept with the resident's medications. Further, The CNAs "administer the medications" and sign off in a reconciliation book. 4. Review of the Wyoming State Board of Nursing CNA Rules showed "...Section 8. Basic Nursing Functions, Tasks, and Skills that may be Delegated. (a) After appropriate delegation by the supervising nurse, the nursing assistant/nurse aide shall utilize knowledge of client's rights, legal/ethical concepts, communication skills, safety, and infection control while performing the following:...(J) Assisting with the self-administration of medications..."	S5053	G. The medication monitoring tool will continue to be reviewed at our quarterly Quality Assurance Management Meeting	DOC 6/1/16
S5072	Ch 12 Sec 7 (j)(i) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition.	S5072		

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S5072	Continued From page 7 (i) Assisted Living Facilities that choose to admit residents who need therapeutic or mechanically modified diets must employ or contract with a Registered Dietitian who shall approve written menus and dietary modifications, approve special diet needs, plan individual diets, and provide guidance to dietary staff in areas of preparation, service, and monitoring. The frequency of visits is determined by the residents' needs and the competency of the dietary staff but must include at least a monthly onsite review of dietary services. This State Rule and Regulation is not met as evidenced by: Based on medical record review, and staff interview, the facility failed to ensure a registered dietitian (RD) was employed or contracted to provide services for 3 of 3 residents (#14, #18, #22) reviewed with orders for therapeutic diets. The findings were: 1. Review of the medical record for resident #22 showed physician consent and medical information dated and signed by the physician on 11/9/15. This included a diagnoses of Gout, and a "low uric acid" diet order. 2. Review of the medical record for resident #14 showed physician consent and medical information dated and signed by the physician on 3/13/16. This included a diagnosis of diabetes, and a "regular diet/no concentrated sweets" diet order. 3. Review of the medical record for resident #18 showed physician consent and medical information dated and signed by the physician on 6/1/15. This included a diagnosis of diabetes and	S5072	**S5072** The facility will ensure appropriate diets are provided for all residents. This will be accomplished by: A. A registered Dietician will be contracted on a monthly basis to ensure residents 22, 14 & 18 and all residents receive proper diets that are ordered by the physicians. B. The Registered Dietician will review all resident diets on a monthly basis. C. The Dietary Manager will meet with the Registered Dietician on monthly basis to review all resident diets. D. The Registered Dietician and Dietary Manager will monitor monthly to ensure all residents have proper diets. E. The diets of residents will be reviewed at our quarterly Quality Assurance Management Meeting.	POC 6/1/16

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S5072	Continued From page 8 a diet order for a "regular- watch sugar" diet. 4. Interview with the administrator on 4/6/16 at 5:45 PM verified they did not have an RD providing services, and all residents were provided the same "regular" diet. The administrator further revealed the expectation was for the residents to be aware of their own diet needs/restrictions.	S5072		
S5073	Ch 12 Sec 7 (j)(ii) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (ii) There must be organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome and sanitary in accordance with the rules. The dietetic service must ensure that food prepared is nutritionally adequate in accordance with the Dietary Reference Intakes (DRI) for adults. This State Rule and Regulation is not met as evidenced by: Based on observation, staff interview and review of menu recipes, the facility failed to ensure planned adequate portions were served during 1 of 1 meals observed. The census was 34. The findings were: Observation of the noon meal service on 4/6/16 at 11:25 AM showed the menu consisted of chicken breast, au gratin potatoes, corn, and a roll. Observation showed a standard size portion was served for the chicken and the corn. Observation showed residents were served a #16	S5073	**S5073** The facility will ensure the Dietary Manager will follow established portion controls for meals. This will be accomplished by: A. Food portion scoops and spoons will be used according to Dietary Reference Intakes (RDI) for adults. B. Inservice for cooks will be conducted by Dietary Manager to ensure portion control policies are followed for all residents. C. Dietary Manager will conduct routine observation of meals served to ensure proper portions are being served. D. Dietary Manager will monitor meals twice weekly using a portion control monitoring form. E. Portion Control will reviewed at our quarterly Quality Assurance Management Meeting	DOC 6/1/16

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S5073	Continued From page 9 scoop (which is equivalent to 1/4 cup) of the potatoes. Interview with the cook at 11:50 AM revealed she just picked a scoop that looked like a good portion size and there was no guide to follow. Review of the menu showed there were no portion sizes to follow. Interview with the dietary manager on 4/6/16 at 2:50 PM verified there were not any standard portions followed. Review of the recipe on the box of au gratin potatoes showed the serving size was 1/2 cup.	S5073	**S5077** The facility will ensure that the kitchen and dining area are kept in a clean and sanitary condition. This will be accomplished by: 1. Proper Hand Hygiene A. Dietary Manager will conduct inservice to ensure proper hand hygiene procedures are known and followed. This will include hand washing and wearing of gloves. B. All staff that enter the kitchen to assist with serving meals will attend inservice on proper hand hygiene. C. Dietary Manager will observe hand hygiene procedures on a monthly schedule D. Dietary Manager will document on hand hygiene tool to ensure all staff follow procedures. E. Hand Hygiene procedures and observations will be reviewed at quarterly Quality Assurance Management Meeting.	gbc 6/1/16
S5077	Ch 12 Sec 7 (j)(vi) Assisted Living Facility (ALF) Core Services (j) Food Service and Nutrition. (vi) The kitchen and dining area shall be kept clean and sanitary in accordance with standards established in the current edition of FDA Food Code. The dining area shall provide suitable furniture and adequate space to comfortably seat all residents. This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure sanitary conditions in 1 of 1 kitchens. The findings were: 1. Observation on 4/6/16 at 11:40 AM showed aide #1 was preparing drinks for the residents. She handle the refrigerator door and the ice machine lid and without performing hand hygiene the aide proceeded to handle resident beverage cups. In addition, the aide went in and out of the kitchen and returned without washing her hands before preparing residents' beverages. On 4/6/16 at 11:50 AM the cook came back into the kitchen from a break and washed her hands. The cook	S5077		

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S5077	Continued From page 10 then handled the garbage can lid to dispose of the paper towel and donned gloves to serve the resident's lunch meal. According to Food Code 2013, U.S. Public Health Service, 2-301.14 When to Wash: FOOD EMPLOYEES shall clean their hands and exposed portions of their arms... "(E) After handling soiled EQUIPMENT or UTENSILS...(H) Before donning gloves for working with FOOD; and (I) After engaging in other activities that contaminate the hands." 2. Observation on 4/6/16 at 3:55 PM showed 2 dish machines were tested for sanitizing temperatures using a thermolabel sticker. When the cycles were completed for each machine, the stickers were checked and neither showed the plate surface temperature had reached the required 160 degrees Fahrenheit (F). Interview with the cook on 4/6/16 at 11:25 AM revealed she was uncertain what the temperature needed to be for these machines to sanitize. Review of the March/April 2016 log for tracking the temperature of the dish machines showed the temperature for rinse was being recorded as 130 degrees F. When asked where these temperatures were gotten, the cook revealed a thermometer under the sink which was affixed to the water pipes leading to the machines. Interview with the dietary manager on 4/6/16 at 3:55 PM verified the temperature was not high enough to sanitize and the water would need to be adjusted. He further verified a better way to measure the temperature may be needed. According to Food Code 2013, U.S. Public Health Service:4-501.112 "The temperature of hot water delivered from a warewasher sanitizing rinse manifold must be maintained according to the	S5077	2. Dishwasher Temperature A. Manager will verify dishwasher temperature reaches approve temperature of at least 160 F. B. Dietary Manager will obtain thermolabel stickers from Paper Thermometer Co. to verify dishwasher temperature on weekly basis. C. Dietary Manager will meet with building maintenance to ensure dishwasher temperate always reaches at least 160 F. D. All dishwasher temperatures will be read and recorded on temperature log. E. Dishwasher use and temperatures will be reviewed at quarterly Quality Assurance Management Meeting.	DOC 6/1/16

Healthcare Licensing and Surveys

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	ALF013	A. BUILDING: _____ B. WING _____	C 04/06/2016

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S5077	Continued From page 11 equipment manufacturer's specifications and temperature limits specified in this section to ensure surfaces of multiuse utensils such as kitchenware and tableware accumulate enough heat to destroy pathogens that may remain on such surfaces after cleaning. The surface temperature must reach at least 71°C (160°F) as measured by an irreversible registering temperature measuring device to affect sanitization. When the sanitizing rinse temperature exceeds 90°C (194°F) at the manifold, the water becomes volatile and begins to vaporize reducing its ability to convey sufficient heat to utensil surfaces. The lower temperature limits of 74°C (165°F) for a stationary rack, single temperature machine, and 82°C (180°F) for other machines are based on the sanitizing rinse contact time required to achieve the 71°C (160°F) utensil surface temperature." 3. Observation on 4/5/16 at 2 PM showed the ice machine was in need of cleaning. The outside of the front of the machine had a dried streak of brown liquid. Additionally, the vent on the back of the machine had an accumulation of dust which was thick and also was accumulated on the wall behind the machine. The ice machine remained unclean on 4/6/16 at 11:25 AM. Interview with the manager on 4/6/16 at 2:50 PM revealed the machine was in need of cleaning. According to Food Code 2013, U.S. Public Health Service: 4-601.11 "(A) Equipment food-contact surfaces and utensils shall be clean to sight and touch...(C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris."	S5077	3. Ice Machine A. The Ice Machine will be maintained in a clean and sanitary condition (front and back). B. Dietary staff will check front and back of ice machine to ensure it is clean and free of dust daily. C. All kitchen equipment will be maintained in a clean and safe condition. D. Dietary Manager will inspect ice machine on regular basis, at least weekly. E. Ice machine cleanliness and use will be reviewed at quarterly Quality Assurance Management Meeting.	DOC 6/1/16

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S5091	Continued From page 12	S5091		
S5091	Ch 12 Sec 7 (n)(ii)(A-AA) Assisted Living Facility (ALF) Core Services (n) Furnishings, Buildings, Physical Plant. (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below: (A) All windows shall have drapes, curtains, shades or blinds to assurance privacy; (B) Beds (if provided by the facility) shall be at least standard size in width (39"), and shall be equipped with comfortable, clean mattresses and pillows. Mattresses shall be professionally renovated or replaced as needed. Extra long beds shall be used to accommodate tall residents. Rollaway-type beds, cots, and folding beds shall not be used unless the resident brings these items from home for personal use; (I) Two residents may, by consent of both parties; or by approval of the appropriate responsible party, be permitted to use one bed no smaller than double size, and occupy a single-bed sleeping room. (C) Cabinet or bedside table; (D) Non-combustible wastebasket; (E) Chair; and (F) If common closets are utilized by two (2) or more residents, dividers shall be provided for separation of each resident's clothing. All closets shall be equipped with doors. Free-standing closets shall be deducted from the	S5091	**S5091** The facility will ensure that residents are provided with bathroom supplies of toilet paper and hand soap. This will be accomplished by: A. The facility will have toilet paper and hand sop in stock at the facility. B. The facility will provide toilet paper and hand soap to residents upon request. C. The housekeeper will monitor apartments and provide toilet paper and hand soap as needed. D. Resident needs for their apartments, including toilet paper and hand soap, will be reviewed at quarterly Quality Assurance Management Meeting.	DSC 6/1/16

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S5091	Continued From page 13 square footage in the sleeping room. (G) The size and arrangement of the residents' beds, furnishings, possessions or equipment shall allow the resident to gain fire emergency access to windows and doors, and access to toilet room. Multiple-bed rooms shall have at least three (3) feet between beds. (H) Residents shall be encouraged to bring personal items and furniture to their rooms, (e.g., beds, chairs, and pictures); (I) There shall be at least one (1) bedside screen per double room available to provide resident privacy when needed; (J) There shall be an adequate supply of hot and cold water available at each lavatory, bathtub/shower, kitchen sink, dishwasher, and laundry equipment. Hot water for bathing, and resident handwashing, and laundry should be no hotter than one hundred and twenty (120°) degrees Fahrenheit. (K) All plumbing shall be maintained in good repair and according to the requirements of the Uniform Plumbing Code; (l) Private water systems shall be safe, potable, and have an adequate supply. Testing shall be done monthly and records of tests shall be retained at the facility. (ll) Private water systems shall be tested and found safe and potable before Licensure is granted. (L) Fireplaces shall be securely screened and glassed in; (M) The facility shall be maintained so that it is free of hazards, such as loose or broken window glass, loose or cracked floors or floor	S5091		

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S5091	Continued From page 14	S5091		

coverings, or cracked or loose plaster on wall or ceilings;

(N) At least one primary grade level entrance to the building shall be freely accessible for wheelchairs;

(O) Each resident shall have his individual comb, toothbrush, towels, and wash cloths;

(P) Clean drinking glasses shall be available for the residents. Common drinking cups are prohibited;

(Q) Bathrooms shall have soap and toilet paper. The facility shall provide paper towels or a blow dryer for hands, or rack space adequate for each resident using the bathroom to hang his/her personal towel. Use of a common towel is prohibited.

(R) Provisions shall be made for privacy in all bath and toilet rooms;

(S) Automatic deodorizers or aerosol fresheners shall not be used except in bathrooms; and

(T) Residents shall not use a common bar of soap. The facility shall provide either soap dispensers or individual bars of soap for each resident.

(U) Housekeeping.

(I) Housekeeping practices and procedures shall be employed to keep the home free from offensive odors, accumulations of dirt, and dust.

(II) Floors shall be maintained and clean.

(III) Polish of floors shall provide a non-slip finish.

(IV) Throw or scatter rugs shall not be used. Non-slip mats may be used.

(V) Covered containers with tight lids shall be used for garbage storage.

(W) The facility shall be maintained free of

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S5091	Continued From page 15	S5091		

insects and rodents. All windows shall be screened. All exit doors opening inward shall have a screen door.

(X) Linens and laundry.

(I) Laundry service for linen and residents' personal clothing shall be provided. The manager shall take measures to ensure that residents' clothing is not lost or misplaced while laundering.

(II) All linen shall be bagged or placed in a hamper before being transported to the laundry area.

(III) Bed linen shall be changed as necessary but at least weekly. Additional blankets or pillows shall be provided. Rubber or water protective sheets shall be used if indicated.

(IV) Two (2) complete changes of clean bed linen shall be on hand for each licensed bed.

(1.) Torn, worn, or unclean bed linen shall not be used.

(V) All bleaches, detergents, disinfectants, and other cleaning agents shall be separated from medicines and foods.

(VI) Soiled linen shall not be transported through, sorted, processed, or stored, in kitchens, food preparation areas, or food storage areas.

(Y) The heating system shall be inspected yearly, before the heating season, and maintained according to manufacturer's instructions.

(Z) Portable space heaters shall not be used (e.g. electric or kerosene)

(AA) Equipment Maintenance and Testing.

(I) The devices, equipment, systems, conditions, arrangements, levels of protection, or any other features that are required for compliance with the provisions of the Life Safety Code shall be permanently maintained for the

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S5091	Continued From page 16 building housing the facility. This State Rule and Regulation is not met as evidenced by: Based on resident and staff interview, the facility failed to ensure bathroom supplies were provided as required. The census was 34. The findings were: Interview with a group of 4 residents on 4/6/16 at 10:30 AM revealed the facility did not provide toilet paper or soap for their bathrooms. The residents stated they had to buy their own, and the facility had a small store where these items as well as other things could be purchased. Interview with the administrator on 4/6/16 at 5:45 PM verified the residents were responsible for providing their own soap and toilet paper. She was unaware these items were required to be provided by the facility.	S5091		