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FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2018
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NAME OF PROVIDER OR SUPPLIER JOYE ASSISTED LIVING SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]
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R 000	Initial Comments An annual survey was conducted on 08/09/18 through 08/13/18 to determine compliance with the Assisted Living Law. The Assisted Living Residence (ALR) provided care for eight residents and employed six personnel to include professional and administrative staff. The findings of the survey were based on observations, record reviews, and interviews. Listed below are abbreviations used throughout the body of this report: ALA - Assisted Living Administrator MAR - Medication Administration Record ISP - Individualized Service Plan H&P - History and Physical RN - Registered Nurse C - Celsius	R 000		
R 483	Sec. 604d Individualized Service Plans (d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR. Based on record review and interview, the ALR failed to ensure a resident's ISP was updated with a significant change in condition for one of three residents in the sample that had a significant change (Resident #6). Findings included:	R 483	RESIDENT #6 ISP WAS UPDATED TO REFLECT THE CHANGE IN THE RESIDENT'S CONDITION OF THE ABILITY TO BE ABLE TO ADMINISTER OWN INSULIN WITH SUPERVISION FROM RN AT THE FACILITY. A SIGNED ISP AND DOCTOR'S ORDER WAS OBTAINED. TO PREVENT THIS DEFICIENT PRACTICE FROM CONTINUED ON PG 2 DEF.	8/20/18 AND ORIGINAL

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Glenn Richardson ADMINISTRATOR TITLE
8/7/2018 DATE
STATE FORM 0899 9TKD11 If continuation sheet 1 of 9

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R 483	Continued From page 1 Review of Resident #6's current medical record on 08/10/18 at 3:00 PM showed that the resident started self-administering insulin (Levemir Flex Touch 60 units) on 05/08/18. Further review of the resident's record revealed ISPs dated 11/01/17 and 05/17/18 which lacked documented evidence that the ALR staff updated them with the significant change of self-administration of insulin. During an interview on 08/10/18 at 3:45 PM, the ALA stated that Resident #6's ISP would be updated to reflect the significant change of self-administration of insulin. At the time of the survey, the ALR failed to update Resident #6's ISP with the significant change of insulin self-administration.	R 483 R483	RECURRING ALA WILL DEVELOP A CHANGE OF CONDITION ISP UTILIZING AN INTERDISCIPLINARY TEAM APPROACH IN DEVELOPING THE ISP. ALA/RN SHALL OBTAIN A PHYSICIAN'S ORDER FOR ANY CHANGE IN RESIDENT'S CONDITION. ALA/RN SHALL REVIEW ALL RESIDENTS ISPS MONTHLY TO ENSURE ISPS ARE UP TO DATE WITH THE RESIDENTS CONDITION TO MODIFY THE CORRECTIVE ACTION AND TO PREVENT REOCCURENCE OF THE DEFICIENT PRACTICE	8/20/18 AND ONGOING
R 513	Sec. 606 3 Resident Records (3) A physician's statement, including medical orders and rehabilitation plans; Based on record review, observation, and interview, it was determined that the facility failed to ensure residents' records included an order to self-administer insulin for two of two residents in the sample who were receiving insulin (Residents #6 and #7). Findings included: 1. Review of Resident #6's current medical record on 08/10/18 at 3:00 PM revealed a MAR dated 08/01/18 through 08/31/18 that showed the resident was self-administering Levemir (insulin) Flex Touch 60 units subcutaneously every morning. Continued review of the record revealed a H&P dated 08/30/15 that showed the staff was	R 513 R 513 # 1	A PHYSICIAN ORDER WAS OBTAINED POST SURVEY ALSO OBTAINED WAS AN UPDATED RESIDENT ASSESSMENT (PHYSICAL) INDICATING THAT RESIDENT #6 IS ABLE TO ADMINISTER OWN INSULIN WITH SUPERVISION FROM RN TO PREVENT THIS PRACTICE FROM RECURRING FACILITY RN SHALL OBTAIN A PHYSICIAN ORDER WHEN THERE IS A CHANGE IN ANY RESIDENTS CONDITION SEE PG 3 OF 9	8/20/18 AND ONGOING

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R 513	<p>Continued From page 2</p> <p>to administer the resident's medications.</p> <p>Observation on 08/10/18 at 3:30 PM showed that all of Resident #6's prescribed medications, including the Levemir (insulin) Flex Touch pen, were available in the facility.</p> <p>During an interview on 08/10/18 at 3:45 PM, the ALA/RN stated that Resident #6 started insulin on 05/05/18. The ALA/RN stated that she provided instructions for the resident on insulin administration, and he could safely administer the insulin with some assistance. The ALA indicated that she assisted the resident with insulin administration by adjusting the insulin pen's dial to the correct dose. Additionally, the ALA/RN stated that she would administer Resident #6's insulin until she could obtain an order from the physician for the resident to self-administer insulin.</p> <p>2. Review of Resident #7's current medical record on 08/10/18 at 4:00 PM revealed a MAR dated 08/01/18 through 08/31/18 that showed the resident was self-administering Novolin Insulin 70/30 16 units subcutaneously every morning and every night at bedtime. Continued review of the record revealed a H&P dated 11/20/13 that showed the staff was to administer the resident's medications.</p> <p>Observation on 08/10/18 at 3:30 PM showed that all of Resident #7's prescribed medications, including Novolin Insulin 70/30, were available in the facility.</p> <p>During an interview on 08/10/18 at 3:45 PM, the ALA/RN stated that Resident #7 started insulin on 05/16/18. The ALA/RN stated that she provided instructions for the resident on insulin</p>	R 513	<p>FACILITY RN SHALL REVIEW 8/20/18 ALL RESIDENTS RECORDS AND MONTHLY TO ENSURE THAT ONGOING THE RECORDS ARE UPDATED WITH THE CURRENT PHYSICIAN'S ORDER TO PREVENT THIS DEFICIENT PRACTICE FROM RECURRING.</p> <p>SEE RESPONSE ON PAGE 2 OF 9 AND 3 OF 9.</p>	8/20/18 AND ONGOING

R513 #2

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R 513	Continued From page 3 administration, and he could safely administer insulin without assistance. Additionally, the ALA/RN stated that she would administer Resident #7's insulin until she could obtain an order from the physician for the resident to self-administer insulin. At the time of the survey, the ALR failed to ensure that the current medical records for Residents #6 and #7 included an order for the residents to self-administer insulin.	R 513 R513 #2	SEE RESPONSE ON PAGES 2 AND 3 OF 9	
R 598	Sec. 701d11 Staffing Standards. (11) Maintain personnel records for each employee that include documentation of criminal background checks, statements of health status, and documentation of the employee's communicable disease status; Based on observation, record review and interview, the ALR failed to evidence: (1) documentation of criminal background checks; (2) a statement of health status; and (3) documentation of employee's communicable disease status for one of six employees (Housekeeper). Findings included: Observations on 08/09/18 and 08/10/18 showed that the ALR's Housekeeper was on-duty. It should be noted that seven residents were also observed to be in the facility at that time. Review of personnel records on 08/10/18 at 9:24 AM showed no evidence of a personnel record for the Housekeeper. During an interview on 08/10/18 at 10:50 AM, the	R 598 R598	ALA STOPPED THE ALR'S HOUSEKEEPER FROM WORKING PENDING CRIMINAL BACKGROUND CHECK, PHYSICAL/PPD DURING THE SURVEY. TO PREVENT THIS DEFICIENT PRACTICE FROM RECURRING ALA SHALL ENSURE THAT ALL STAFF WORKING AT THE ALR OBTAINS A CRIMINAL BACKGROUND CHECK, PHYSICAL/PPD PRIOR TO THE FIRST DAY OF WORK AT THE FACILITY ALA DESIGNATED HR STAFF SHALL REVIEW ALL ALR CURRENT AND PROSPECTIVE EMPLOYEE FOLDER TO ENSURE ALL EMPLOYMENT DOCUMENTS	8/12/18

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R 598 Continued From page 4
ALA stated that the Housekeeper was only hired in March 2018 to clean the facility. Surveyors redirected the ALA to the personnel requirements listed in the Assisted Living Law.

At the time of the survey, the ALR failed to maintain a personnel record for the Housekeeper that included documentation of a criminal background check, a statement of health status, and evidence of the employee's communicable disease status.

R 598
R598 ARE UPDATED AND COMPLETE TO PREVENT THIS DEFICIENT PRACTICE FROM RECURRING ON A MONTHLY BASIS
8/12/18 AND ONGOING

R 683 Sec. 702d Staff Training.

(d) On an annual basis, the ALA shall complete 12 additional hours of training on cognitive impairments approved by a nationally recognized organization with expertise in dementia such as the Alzheimer's Disease and Related Disorders Association.
Based on record review and interview, the ALA failed to complete 12 hours of annual training on cognitive impairment from a nationally recognized organization.

Findings included:

Review of the ALA's personnel record on 08/10/18 at 9:24 AM failed to evidence the completion of 12 hours of cognitive impairment training in 2017.

During an interview on 08/10/18 at 10:30 AM when asked about completion of the required training, the ALA stated, "I have it, I will print it and have it for you tomorrow."

At the time of the survey, the ALA failed to provide evidence of the completion of 12 hours of annual

R 683
R683 THE ALA'S FOLDER HAS 8/21/18 BEEN UPDATED TO SHOW AND THE ANNUAL COMPLETION OF 12 HOURS OF CEWS OF ALZHEIMERS DISEASE AND COGNITIVE IMPAIRMENT TO PREVENT THIS DEFICIENT PRACTICE FROM RECURRING DESIGNATED HR PERSONNEL WILL ENSURE THAT ALL STAFF DOCUMENTS ARE FILED IN A TIMELY MANNER AND WILL NOTIFY ALR STAFF OF ANY DOCUMENT THAT NEEDS TO BE UPDATED.
ALR DESIGNATED HR PERSONNEL WILL REVIEW ALL ALR STAFF FOLDER MONTHLY AND WILL ENSURE THAT ALL STAFFS FOLDERS ARE UPDATED

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R 683 Continued From page 5
training on cognitive impairment for 2017.

R 981 Sec. 1004a General Building Interior

(a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, the ALR failed to ensure the facility interior was maintained in sanitary condition and all equipment was in good repair.

Findings included:

1. Observations on 08/09/18 at 9:49 AM during an environmental walk-through of the ALR showed an abundance of flying bugs (later identified as fruit flies) throughout Resident #4's bedroom. Continued observations showed fruit flies on the resident's bedroom ceiling and bedroom walls. Additionally, the fruit flies were observed in the ALR's first and second floor bathrooms.

During an interview on 08/09/18 at 11:16 AM, the facility's House Manager stated that some of the residents take food to their individual bedrooms. Continued interview with the House Manager revealed that the exterminator comes to the facility at least once per month.

During the survey on 08/10/18, the exterminator was called to the facility by the ALA to address the fruit fly sanitation issue. The exterminator was observed providing pre-treatment cleaning instructions to the ALA and ALR staff. The ALA arranged for the exterminator to return to the ALR on 08/11/18 to perform a fumigation subsequent

R981 #1

THE ENTIRE FACILITY WAS EXTERMINATED FOR FRUIT FLIES BY THE CONTRACTED EXTERMINATION PEST CONTROL COMPANY WHILE ALL RESIDENTS WERE EVACUATED FROM THE FACILITY. ALL STAFF AND RESIDENTS RECEIVED AN IN-SERVICE ON THE HOUSE RULES REGARDING KEEPING FOOD ITEMS IN THE ROOM WHICH COULD LEAD TO PEST INFESTATION. ALL STAFF WERE INSTRUCTED TO EMPTY RESIDENTS TRASH CANS ON EVERY SHIFT AND TO ENSURE THAT ANY FOOD ITEM

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R 981	Continued From page 6 to the temporary relocation of all residents. At the time of the survey, the ALR failed to ensure that the facility was maintained in a sanitary condition free of fruit flies. 2. Observation on 08/09/18 at 10:05 AM showed that the ALR's refrigerator temperature was 58 degrees Fahrenheit. Continued observation of the facility's refrigerator showed a notice posted to, "Always Remember, Keep Cold Foods Cold!, Maintain cold foods at a temperature of 41 degrees Fahrenheit (5 degrees C) or less." During an interview on 08/09/18 at 10:09 AM, the facility's House Manager stated that the food stored in the refrigerator was just purchased. The ALA chose to discard all of the food inside the refrigerator and cease using the unit. During an interview on 08/09/18 at 11:40 AM, the ALA stated that the refrigerator would be repaired or replaced. In the interim, arrangements would be made to purchase lunch and dinner for the residents. Follow-up observations on 08/10/18 at 9:26 AM revealed that the refrigerator was replaced and the reading was at 40 degrees Fahrenheit. At the time of the survey, the ALR failed to ensure equipment was maintained in good repair.	R 981 #1	CONTINUED FROM PG 6 OF 9 8/12/18 FOOD IN THE RESIDENTS AND ROOM SHOULD BE REMOVED ON GOING AND PLACED IN THE APPROPRIATE STORAGE AREA IN THE FACILITY TO PREVENT THIS DEFICIENT PRACTICE FROM RECURRING. FACILITY STAFF FOR ALL SHIFT SHALL CONDUCT ROOM CHECKS PER SHIFT TO PREVENT STORAGE OF FOOD ITEMS IN THE ROOMS OF RESIDENTS ALL TRASH CANS IN THE FACILITY SHALL BE TAKEN OUT AT THE END OF EACH SHIFT DAILY. STAFF TO NOTIFY ALA AND PEST CONTROL COMPANY OF ANY SIGN OF OBSERVABLE PEST. PEST CONTROL COMPANY WILL MAKE VISITS ON A MONTHLY BASIS AND PRO. 8/10/18 AND 8/13/18	
R1017	Sec. 1007c4 Health, Light, and Ventilation. (4) When inside temperature exceeds 85 degrees Fahrenheit, mechanically cooled air shall be used in areas of the building used by residents with no inside area used by the residents allowed	R1017	RAGS #2 STAFF RECEIVED TRAINING ON CHECKING THE TEMPERATURE OF THE FRIDGE PER SHIFT AND THE APPROPRIATE TEMPERATURE SETTING FOR THE FRIDGE AND FREEZER. EACH SHIFT WILL DOCUMENT THE TEMPERATURE READING ON THE FORM PROVIDED. STAFF TO NOTIFY ALA OF ANY MALFUNCTION FOR IMMEDIATE REPAIRS AND TO DISCARD OF ANY FOOD THAT IS STORED ABOVE RECOMMENDED TEMPERATURES. ALA WILL CHECK REFRIGERATOR TEMPERATURE DAILY	

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R1017	<p>Continued From page 7</p> <p>to exceed 90 degrees Fahrenheit. Based on observation and interview, the ALR failed to ensure inside temperatures did not exceed 85 degrees Fahrenheit for eight of eight residents residing in the facility (Residents #1, #2, #3, #4, #5, #6, #7 and #8).</p> <p>Findings included:</p> <p>Upon entrance to the dining area of the ALR on 08/09/18 at 9:15 AM, surveyors observed the facility's ambient temperature to feel warm. Immediate subsequent observation of the thermostat showed that the air conditioner temperature was set for 83 degrees Fahrenheit.</p> <p>During an interview on 08/09/18 at 11:16 AM, the ALA stated that an air conditioner/heating contractor was called to address the issue and was expected to arrive at the facility that afternoon.</p> <p>On 08/09/18 at 2:23 PM, the contractor was observed on-site at the ALR to assess the facility's air conditioner. According to the contractor, the ambient temperature in the common areas (living room, dining room, kitchen) showed a reading of 85 degrees Fahrenheit, and a temperature reading of 87 degrees Fahrenheit was recorded in the bedrooms of Residents #3 and #8. The back of the ALR was not affected, with ambient temperature readings between 62 and 65 degrees Fahrenheit.</p> <p>During an interview on 08/09/18 at 3:30 PM, the contractor indicated that the air conditioner's condensing unit outside of the facility was not working and a new motor for the unit was needed.</p>	R1017	<p>AIR CONDITIONER UNIT WAS REPAIRED DURING SURVEY, ALL RESIDENTS WERE TRANSFERRED TO A HOTEL WHILE REPAIRS WERE DONE. RESIDENTS FAMILIES, GUARDIAN AND COMMUNITY CASE WORKERS WERE NOTIFIED OF RESIDENTS TRANSFER TO A NEW LOCATION TO PREVENT THIS DEFICIENT PRACTICE FROM RECURRING, FACILITY SIGNED A CONTRACT WITH AN HVAC COMPANY FOR FREQUENT MONTHLY CHECKS AND SERVICE OF AIR CONDITIONER UNITS OF THE FACILITY. ALL STAFF RECEIVED INSTRUCTION ON CHECKING THE THERMOSTAT PER SHIFT AND TO NOTIFY ALA FOR A WORK ORDER FOR REPAIRS. ALA WILL RELOCATE ALL RESIDENTS, FAMILIES</p>	8/10/18 AND ONGOING

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R1017	<p>Continued From page 8</p> <p>Arrangements were made by the ALA for the relocation of residents while the unit was repaired.</p> <p>At the time of the survey, the ALR failed to ensure that ambient inside temperatures did not exceed 85 degrees Fahrenheit.</p>	R1017	<p>CONTINUED FROM PG 8 OF 9 8/10/18</p> <p>ALL STAFF SHALL CHECK THE HOUSE FACILITY THERMOSTAT PER SHIFT DAILY AND SHALL NOTIFY ALA OF TEMPERATURES GREATER THAN 75 DEGREES FAHRENHEIT FOR NECESSARY EMERGENCY PREPAREDNESS ACTION</p>	ADD ORIGINAL
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