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	ASL510260	A. BUILDING: _____ B. WING _____	01/21/2026

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A 000	Initial Comment Annual Licensure Violations 295.2040 Disaster Preparedness a) b)e)g)h) 295.4010 Service Plan g)2)3) 295.9000 a) Physical Plant 295.9040 K) Environmental Requirements	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: General Violation Section 295.2040 Disaster Preparedness 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. b) Each establishment shall: e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.	A2040		

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A2040	Continued From page 1 h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. These Requirements are not met as evidenced by: Based on interview and record review, facility fire drill documentation failed to: 1) Ensure all residents participate in fire drills. Based on 1/8/26 resident roster 22 residents in Assisted Living did not participate in fire drills during the 2025 calendar year. Average census in the facility based on 1/8/26 roster is 49. 2) Maintain and provide a complete evacuation status for residents on the 3rd floor to plan for staffing levels which address resident's evacuation status and allow for appropriate response in case of a fire; and 3) Identify any residents who received assistance for evacuation during the facility fire drills. These failures have the probability to affect all residents in the establishment. Findings include: Facility's last annual licensure survey was on 1/8/25. Based on entrance date of 1/8/26 facility roster includes 32 residents in assisted living and 17 residents in memory care for a total of 49 residents. Establishment notification sheet from entrance date of 1/8/26 includes request for "evacuation status for each resident in memory care and assisted living as well as all fires drills since last annual licensure survey. 3 different resident roster documents were	A2040		

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A2040	Continued From page 2	A2040		

presented for review. A facility "daily census" document dated 1/7/26 with a print date of 1/8/26, a resident list report dated 1/8/26 which included dates of admission, and an incomplete "evacuation plan for assistant living."

Evacuation status on each resident was forwarded incomplete by E3(Director of Memory Care and Assisted Living). Since the facility has a new Director of Nursing (E6), E1(Executive Director) was asked to complete this documentation. Both E1 and E3 did not complete documentation on evacuation status for the 3rd floor assisted living residents.

Based on E1's evacuation status documentation:
The 1st floor memory care unit has 11 residents requiring 1 person assist and 7 residents who are independent;
The 2nd floor assisted living unit has 6 residents requiring 1 person assist and 5 residents who are independent;
The 3rd floor assisted living unit has an incomplete resident evacuation/level of assistance needed designation. There are only 3 residents listed on the 3rd floor. All are documented as independent. The 1/8/26 resident roster has 11 assisted living residents residing on the 3rd floor. E1(Executive Director) was notified of the missing evacuation status for the 3rd floor.
The 4th floor assisted living unit has 9 residents with 2 residents requiring 1 person assist and 7 independent residents.

Facility has documentation of fire drills on 3/4/25 at 6:30 pm in the 1st floor Memory Support Kitchen, 4/30/25 at 1:30 pm in Assisted Living West Stairwell, 6/16/25 at 4:30 am in the 4th floor Assisted Living, 6/22/25 at 9:30 pm in Assisted Living 4th floor lounge, and 12/19/25 at 9:30 pm

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A2040	Continued From page 3 in the 4th floor lounge of Assisted Living, and 12/19/25 at 6:30 am on the 3rd floor of Assisted Living. Based on resident roster completed by facility for the forwarded fire drills not all the residents in assisted living have participated in fire drills and there is no documentation of any assistance provided to residents during the fire drills as required. Based on review of fire drill documentation and resident roster of 1/8/26 the following 22 residents have not participated in fire drills at any point for the calendar year 2025: R1, R3, R4, R6, R8, R10, R11, R13, R15-R25, R27 and R28. Facility has 3 people responsible for the running of fire drills. Both E3 (Memory Care Director and Assisted Living Director) and E14(Director of Maintenance) presented the fire drill documents. E5(Assistant Administrator) was also involved in fire drills but is no longer an employee of the facility. Based on the presented documentation, fire drills were held on 1/30/25 at 8:15 am, 3/4/25 at 6:30 pm, 4/30/25 at 1:30 pm, 6/16/25 at 4:30 am, 9/22/25 at 9:30 pm and 12/19/25 at 6:30 am. Tornado/high wind drills were held on 2/6/25, 2/7/25, 4/15/25, 6/25/25, 8/1/25 on a variety of shifts. Review of the fire and tornado drills does not include documentation all residents participated in the fire drills and how many residents received assistance for evacuation to designated safe areas as required. On 1/14/26 at 9:30 am fire drill documentation was reviewed with E3 in the presence of E14(maintenance director). E3 reported the	A2040		

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A2040	Continued From page 4 names of the residents who participated in the drills was on a sign in sheet. Because the signatures were for the most part illegible, E3 was asked to place her initials next to the names of the residents who participated in the fire drills. E1(Executive Director) and E3(Director of Assisted Living and Memory Care) were advised drills did not include all the residents as required and to confirm. E3 did not provide any additional information to support compliance with resident participation in fire drills.	A2040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan g) Service plans shall address: 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan. These Requirements are not met as evidenced by: Based on observation, interview and record review, the facility failed to document interventions for hand contractures for one resident (R2) out of 3 reviewed for service plans.	A4010		

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A4010	Continued From page 5 Facility administration reported the hand contractures documented by E15 as severe started at the facility and hand exercises with a splint should have been started earlier. This failure has the substantial probability to cause harm to a resident. Finding include: Based on clinical profile R2 was admitted to the facility on 11/28/22 with diagnosis of Dementia. Annual physician assessment of 11/4/25 describes R2 as "alert and oriented x1 ...confused/forgetful and requires re-direction from the staff," and "R2 requires 2 person partial physical assist with transfers and 2 people for showers." On 1/14/26 at 2:45 pm, R2 was observed sitting in the wheelchair, in the living room, watching movies with the other residents. All left and right fingers were observed bent towards the palm of (R2) hands. R2 was holding what looked like a rolled cloth on the right hand, none noted on the left hand. On 1/14/26 at 3:20 pm E3(Memory Care and Assisted Living Director) stated, "(R2) does not use any splint, sometimes (R2) holds onto a little rolled up washcloth for one hand. We give (R2) a rolled washcloth because (R2) contracts hands." Progress note dated 9/11/25 by E15(Restorative Nurse) assesses R2 as "observed with moderate to severe contractures of both hands that are contracted into a fist with trimmed fingernails causing pressure marks into the palms of (R2) hands. Hands are able to straighten to a 10 degree bend at the second metacarpal joint with gentle range of motion. (R2) would benefit from	A4010		

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A4010	Continued From page 6 the use of air cone hand grip orthosis to treat and prevent further bilateral extremity contractures of the hand and to prevent (R2) fingernails from becoming embedded in the palmer area of hand. Orthosis to be applied in the morning and removed prior to going to bed for the day. Splints to be removed during meal times." After explaining the physical observations of R2's left and right hand and restorative nurse recommendation, E1(Executive Director) explained the facility no longer has a restorative nurse. But normally, the restorative nurse would make the recommendations to the therapist and then follow through with the recommendation. On 1/15/26 at 2:03 pm E1(Executive Director) then reviewed the assessments for the last year on R2 and with E6(Director of Nursing) reported, "There is no documentation of when the contractures developed. (R2) has been here since 2022. I have no other information to indicate otherwise, the contractures developed here. Not able to locate any information on treatment. Range of motion exercise, splint should have been started sooner." Review of R2's service plan with revision date of 11/25/25 does not include any focus or interventions for treatment of R2's limited range of motion in both hands.	A4010		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: General Violation	A9000		

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A9000	Continued From page 7 Section 295.9000 Physical Plant a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments. These Requirements are not met as evidenced by: Based on interview and evacuation drill documentation the facility failed to complete a total evacuation of the establishment in 13 minutes or less. This deficient practice has the probability to affect all 49 residents in the establishment. Findings include: On entrance date of 1/8/26 requested copies of (total) facility (catastrophic) evacuation drill verbally and in writing in the establishment notification sheet. Based on entrance E3(Director of Assisted Living/Director of Memory Care) and E5(former assistant administrator) are in charge of evacuation. E5 is no longer employed by the facility. E3 was reminded during the survey the required documentation was for a total evacuation of the facility when a catastrophe occurs. In response E3 presented documentation which did not show the facility completed evacuation in 13 minutes or less. 5 "emergency evacuation drill(s)" were presented for review: 1/23/25, 3/11/25, 5/6/25, 9/10/25, and 11/19/25. None of the evacuation drills comply	A9000		

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A9000	Continued From page 8	A9000		

with the National Fire Protection Agency requirement of a total evacuation in 13 minutes or less. The evacuation drills also do not include participation of all the residents.

A summary of the January evacuation drill includes language "this portion was timed." The January 23, 2025 drill only has a start time of 11:30 pm and an end time is not documented. 12 pages attached to the drill and only 8 residents participated according to the sign in sheet. 8 residents participating does not comply with the requirement all residents are to participate.

The March 6th, 2025 evacuation drill has a time listed from 8:45 am to 9:15 am with 4 residents identified by E3 as participating in the evacuation. 30 minute is outside the required time parameter for a total evacuation.

The March 11th, 2025 evacuation drill includes a sign in sheet indicating the evacuation drill lasted from 4:00 pm to 4:30 pm. 30 minutes does not comply with evacuation timing requirement. E3 was asked to place her initials next to the roster to identify which residents participated. 5 residents are identified as participating in the document titled, "Midnight Census report" of 3/11/25.

The September 10th, 2025 evacuation drill includes a sign in sheet documenting a timeframe of 30 minutes from 10:15 am to 10:45 am with 9 residents identified as participating by E3.

The November 19,2025 evacuation drill is documented as held between 5:30 pm - 6:00 pm with 10 residents identified as participating. E1(Executive Director) and E3(Director of Assisted Living and Memory Care) were advised

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A9000	Continued From page 9 the forwarded documentation did not meet required timeframe for a total evacuation. On 1/14/26 at 9:30 am E3 was asked, "What system is in place to determine which residents participated in drill? Are there residents who don't participate? Where do you document this?" E3 responded, "during drill I visit all resident floors."	A9000		
A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: General Violation Section 295.9040 Environmental Requirements k) All cleaning compounds, insecticides, and other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms separate from food preparation and storage, dining areas, and medications. These Requirements are not met as evidenced by: Based on observation, interview and record review, facility failed to ensure hazards such as industrial strength liquid detergent in the laundry room, small wood blocks and small round Christmas ornaments in the common areas were not accessible to residents who have cognitive impairment and are diagnosed with Dementia. This deficient practice has probability of ingestion of harmful chemical or choking hazard in the memory care unit.	A9040		

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A9040	Continued From page 10 There are 14 (R30, R31, R32, R33, R35, R36, R37, R38, R39, R40, R43, R44, R45 and R46) residents out of 17 resident who live in memory care are either independent, can self propel a wheelchair or walker who would be at risk for hazard ingestion. This failure has the probability to affect all residents in the establishment. Findings include: On 1/14/26 E1(Executive Director) and E3(Director of Memory Care) forwarded a copy of memory care residents who require electronic bracelet monitoring to prevent elopement/wandering. The original date of the list was 1/3/26. Both E1 and E3 initialed the copy of the list of elopement risk that identifies R30, R31,R32, R33, R35, R36, R37, R38, R39, R40, R43, R44, R45 and R46 as having an electronic monitoring device to prevent elopement. On 1/14/26 between 12:30 pm and 1:00 pm rounds were completed in the memory care unit. Laundry room was unlocked with accessible approximately 3-gallon, white bucket with approximately 1 gallon of blue liquid industrial strength detergent with easily removable hose inserted at the top. Small bite size colorful blocks and small shiny bite size ornaments were also accessible to residents in the common area. E3(memory Care Director) was advised of the hazards and agreed these objects could present a choking hazard. On 1/21/26 at 1:30 pm because material safety data sheet was not forwarded as requested, E1 was contacted. E1 then forwarded the material safety data sheet for the detergent and identified	A9040		

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A9040	Continued From page 11 residents R30, R31, R32, R33, R35, R36, R37, R38, R39, R40, R43, R44, R45 and R46 as having as being either independent in ambulation, able to self-propel a wheelchair or walker. Material Safety Data Sheet identifies the detergent as toxic causing "serious eye damage ... and if "ingestion" occurs to "obtain medical attention." E3(memory care director) was immediately notified of the unlocked laundry room and stated, "Laundry room should not be unlocked" and "That's a choking hazard."	A9040		