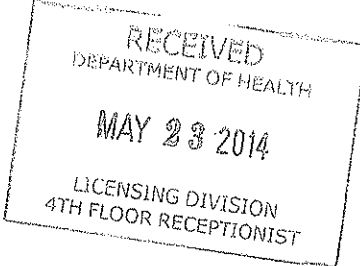
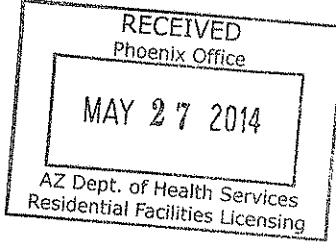


ADHS LICENSING SERVICES

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A 000	<p>INITIAL COMMENTS</p> <p>On March 4, 2014, an on-site investigation was conducted at the Assisted Living Facility to make observations, review records, and conduct interviews related to complaint AZ00121479, AZ00122292, and AZ00122320.</p> <p>Four employees were interviewed during this investigation. Five residents were interviewed during this investigation One other person was interviewed during this investigation</p> <p>Documentation reviewed was: Resident records, Personnel records, and Policies and Procedures.</p> <p>Upon completion of the complaint investigation, it was determined that the allegations were substantiated and the following deficiencies were found:</p> <p><i>Laura Redpath</i> 4/30/14 _____ Laura Redpath Date State Licensing Surveyor</p> <p><i>Lisa Perez</i> 4/30/14 _____ Lisa Perez Date State Licensing Surveyor</p>	A 000	 	
A 622	<p>R9-10-806.A.9. PERSONNEL</p> <p>R9-10-806.A. A manager shall ensure that:</p> <p>R9-10-806.A.9. Before providing personal care services or directed care services to a resident, a manager or caregiver provides current</p>	A 622	<p>1. Steve Martin, Manager, verified that cpr and first aid training certificates were documented and filed in the appropriate way needed to be in compliance on 5/21/2014. (CPR Card Attached) (Continued)</p>	5/21/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Steve Martin* TITLE **MANAGER** (X6) DATE **5/23/14**

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A 622	<p>Continued From page 1</p> <p>documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.</p> <p>This RULE is not met as evidenced by: Based on record review and interview, the manager did not ensure one of six employee's maintain current documentation of first aid and cardiopulmonary resuscitation training.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of D1's record (date of hire 6/11/07) showed a CPR card that expired 6/2013. When D1 was informed a current CPR card could not be found in his record, a CPR and first aid card was presented from American Emergency Response Training. This card showed an issue date of 6/28/13 and an expiration date of 6/2015. D1's CPR and first aid card appeared to have the original name removed and D1's name written in. D6's record was requested for review and showed her CPR and first aid card. D6's CPR and first aid card was the original card. Interview with IP1 revealed D6 was on record as attending the training 6/28/13, however D1 was not. 	A 622	<ol style="list-style-type: none"> The deficiency was corrected on 5/21/2014. Steve Martin, Manager, or designee, will be responsible for ensuring that all cpr and first aid training certificates are documented in accordance with A622 The Manager conducted an investigation and the person responsible was suspended for ten days and given a zero tolerance policy going forward with any similar incident resulting in termination. 	
A 638	<p>R9-10-806.C.1.c.viii. PERSONNEL</p> <p>R9-10-806.C. A manager shall ensure that a personnel record for each employee or volunteer:</p>	A 638	<ol style="list-style-type: none"> Steve Martin, Manager, verified that all fingerprint clearance cards were documented and filed in the appropriate way needed to be in compliance on 5/21/2014 (Continued) 	5/12/2014

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A 638	<p>Continued From page 2</p> <p>R9-10-806.C.1. Includes:</p> <p>R9-10-806.C.1.c. Documentation of:</p> <p>R9-10-806.C.1.c.viii. Documentation of compliance with the requirements in A.R.S. § 36-411(A) and (C); and</p> <p>This RULE is not met as evidenced by: Based on record review and interview, the manager did not ensure that one of six employee records had documentation of a valid fingerprint clearance card in compliance with A.R.S. § 36-411.</p> <p>Findings include:</p> <p>1. Review of D2's record (hire date 12/13/12) showed a Fingerprint Card Application, dated 01/18/13, however there was no documentation of a fingerprint clearance card.</p> <p>3. Interview with the Department of Public Safety (DPS) revealed that D2 requested a fingerprint card on 01/18/13, however, the application was unreadable and a request from DPS for a reprint was submitted to D2 on 02/01/13.</p> <p>4. M1 and D1 acknowledged there was no documentation of a fingerprint card for D2.</p>	A 638	<p>(DPS Application Attached)</p> <p>2. The deficiency was corrected on 5/12/2014.</p> <p>3. Steve Martin, Manager, or designee, will be responsible for ensuring fingerprint clearance cards are documented and verified in accordance with A638.</p> <p>4. The Administrator conducted an in-service on 5/14/14 detailing the proper requirements for fingerprint cards.</p>	
A 823	<p>R9-10-808.A.5.b. SERVICE PLANS</p> <p>R9-10-808.A. Except as required in subsection (B), a manager shall ensure that a resident has a written service plan that:</p> <p>R9-10-808.A.5. When initially developed and</p>	A 823	<p>1. A signature was added by Steve Martin, Manager, to the appropriate space provided on the service plan on 3/4/14.</p>	3/04/2014

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STREET ADDRESS, CITY, STATE, ZIP CODE
**2933 - 35 - 41 NORTH 14TH STREET
PHOENIX, AZ 85014**

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A 823	<p>Continued From page 3</p> <p>when updated, is signed and dated by:</p> <p>R9-10-808.A.5.b. The manager;</p> <p>This RULE is not met as evidenced by: Based on record review and interview, the manager did not ensure a resident had a written service plan that when initially developed was signed and dated by the manager.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. R3, date of acceptance 02/25/14 and receiving personal level of care. 2. R3's service plan dated 02/25/14 showed no signature or date from the manager. 3. M1 and D1 acknowledged R3's service plan was not signed and dated by the manager. 	A 823	<ol style="list-style-type: none"> 2. The deficiency was corrected on 3/4/2014. 3. Steve Martin, or designee, will be responsible for ensuring that all residents' service plans contain documentation and signatures needed to be in compliance with A823. 4. The Administrator conducted an in-service on 4/2/14 detailing proper documentation and signature practices of service plans needed to be in compliance. (Attached) 	
A1901	<p>R9-10-819.A.1.a. ENVIRONMENTAL STANDARDS</p> <p>R9-10-819.A. A manager shall ensure that:</p> <p>R9-10-819.A.1. The premises and equipment are:</p> <p>R9-10-819.A.1.a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and</p> <p>This RULE is not met as evidenced by: Based on observation and interview, the manager did not ensure the premises was cleaned.</p>	A1901	<ol style="list-style-type: none"> 1. Steve Martin, Manager, verified that all rooms were cleaned and disinfected in accordance with policy and procedures designed to minimize and prevent illness or infection on 3/4/14. The manager also oversaw the demolition and rebuild of the cabinet under the sink in R10's bedroom on 3/4/14. 2. The deficiency was corrected on 3/4/14. 3. Steve Martin, Manager, or designee, will be responsible for (Continued) 	3/04/2014

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A1901	Continued From page 4 Findings include: 1. During the facility tour with D1 and O1, the surveyors smelled a strong odor of urine in R7, R8, and R9's shared bedroom and in R10's bedroom. 2. M1 and D1 acknowledged the resident bedrooms had a urine odor. 3. During the facility tour with D1 and O1, the surveyors observed mold and rotten wood under the sink, in R10's bedroom. 4. M1 and D1 acknowledged there was mold and rotten wood under the sink in R10's bedroom.	A1901	will be cleaned and disinfected as stated in the policy and procedures designed to minimize and prevent illness or infection in accordance with A1901. 4. The Administrator conducted an in-service on 4/2/14 detailing a new checklist for room cleanings designed to maintain daily compliance. (Attached)	
A1902	R9-10-819.A.1.b. ENVIRONMENTAL STANDARDS R9-10-819.A. A manager shall ensure that: R9-10-819.A.1. The premises and equipment are: R9-10-819.A.1.b. Free from a condition or situation that may cause a resident or other individual to suffer physical injury; This RULE is not met as evidenced by: Based on observation and interview, the manager did not ensure the premises was free from a condition or situation that may cause a resident or other individual to suffer physical injury. Findings include:	A1902	1. Steve Martin, Manager, verified that all smoke detectors were clean and free of tampering on 3/4/14. The Administrator removed the tape in question immediately and conducted a 1:1 educational session on the dangers of smoking indoors with R11 on 3/4/14 2. The deficiency was corrected on 3/4/14. 3. Steve Martin, Manager, or designee, will be responsible for ensuring that all smoke detectors remain free from tampering and remain in accordance with A1902.	3/04/2014

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A1902	Continued From page 5 1. During the facility tour with D1 and O1, the surveyors observed a smoke detector in R11's room that was covered with duct tape. 2. D1 acknowledged the smoke detector was covered with duct tape and stated R11 might have done that so he could smoke in his room. D1 denied R11 had ever smoked in his room.	A1902	4. The Administrator conducted an in-service on 4/2/14 detailing smoke detector status during room cleanings and checks. (Attached)	
A1903	R9-10-819.A.2. ENVIRONMENTAL STANDARDS R9-10-819.A. A manager shall ensure that: R9-10-819.A.2. A pest control program is implemented and documented; This RULE is not met as evidenced by: Based on record review and interview, the manager did not ensure a pest control program was implemented to eradicate pests on the premises. Findings include: 1. During the facility tour with D1 and O1, the surveyors observed bed bugs in R4's bedroom and in R10's bedroom. 2. Review of the facility's pest control records showed facility treatment for bed bugs from Conservative Pest Solutions dated 10/26/13, regular pest control treatment from Schendel Pest Services dated 1/30/14, and regular pest control treatment from Schendel Pest Services dated 2/25/14. Documentation was available completed by O1 that showed spot bed bug treatment and when mattress removal was done by the facility, however this documentation was	A1903	1. Steve Martin, Manager, oversaw bed bug eradication efforts provided by Schendel Pest Services following an approved proposal approved by Charles Jackson, State Licensing Team Leader, following a provider meeting agreement held on 3/7/14. Heat treatments were conducted 3/12/14 thru 3/14/14 throughout the entire facility and weekly updates on progress were emailed to Charles Jackson for approval. Contracted pest control efforts continue in accordance with the approved proposal. (Attached) 2. The deficiency was corrected on 3/12/14. 3. Steve Martin, Manager, or designee, will be responsible for continuing pest control efforts in conjunction with contracted pest control services needed to be in compliance with A1903.	3/12/2014

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A1903	Continued From page 6 not dated. 3. M1 and D1 acknowledged bed bugs were observed in the facility. 4. IP2 from the Departments Office of Infectious Disease confirmed the sample obtained during the facility inspection was a bed bug.	A1903	4. The Administrator created, verified with Charles Jackson, and in-serviced a new bed bug policy and procedure on 3/20/14 designed to be in compliance. (Attached)	
A2013	R9-10-820.B.4.c.v. PHYSICAL PLANT STANDARDS R9-10-820.B. A manager shall ensure that: R9-10-820.B.4. At least one bathroom is accessible from a common area and: R9-10-820.B.4.c. Contains the following: R9-10-820.B.4.c.v. Paper towels in a dispenser or a mechanical air hand dryer, This RULE is not met as evidenced by: Based on observation and interview, the manager did not ensure a shared bathroom contained paper towels in a dispenser or a mechanical air hand dryer. Findings include: 1. During the facility tour with D1 and O1, the surveyors did not observed paper towels or a mechanical air hand dryer in the shared bathrooms in North One, North Three, and South Three. 2. M1 and D1 acknowledged the shared bathrooms in North One, North Three, and South	A2013	1. Steve Martin, Manager, oversaw bed bug eradication efforts provided by Schendel Pest Services following an approved proposal approved by Charles Jackson, State Licensing Team Leader, following a provider meeting agreement held on 3/7/14. Heat treatments were conducted 3/12/14 thru 3/14/14 throughout the entire facility and weekly updates on progress were emailed to Charles Jackson for approval. Contracted pest control efforts continue in accordance with the approved proposal. (Attached) 2. The deficiency was corrected on 3/12/14. 3. Steve Martin, Manager, or designee, will be responsible for continuing pest control efforts in conjunction with contracted pest control services needed to be in compliance with A1903.	3/12/2014

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A2013	Continued From page 7 Three did not contain paper towels in a dispenser or a mechanical air hand dryer.	A2013		
A2064	R9-10-820.D.7.a. PHYSICAL PLANT STANDARDS R9-10-820.D. A manager shall ensure that: R9-10-820.D.7. If not furnished by a resident, each sleeping area has: R9-10-820.D.7.a. A bed, at least 36 inches in width and 72 inches in length , consisting of at least a frame and mattress that is clean and in good repair; This RULE is not met as evidenced by: Based on observation and interview, the manager did not ensure a mattress was clean. Findings include: 1. During the facility tour with D1 and O1, the surveyors observed R11's mattress with blood stains, from bed bugs, and urine stains. 2. M1 and D1 acknowledged R11's mattress was not clean.	A2064	SEE ATTACHED	
A2065	R9-10-820.D.7.b. PHYSICAL PLANT STANDARDS R9-10-820.D. A manager shall ensure that: R9-10-820.D.7. If not furnished by a resident, each sleeping area has: R9-10-820.D.7.b. Clean linen including a	A2065	SEE ATTACHED	

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A2065	<p>Continued From page 8</p> <p>mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;</p> <p>This RULE is not met as evidenced by: Based on observation and interview, the manager did not ensure a sleeping area included a mattress pad.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During the facility tour with D1 and O1, the surveyors observed no mattress pads on R5, R7, and R9's beds. 2. M1 and D1 acknowledged R5, R7, and R9's beds did not have a mattress pad. 	A2065		

PLAN OF CORRECTION ATTACHMENT

R9-10-806.A.9.

A622

1. Steve Martin, Manager, verified that all cpr and first aid training certificates were documented and filed in the appropriate way needed to be in compliance on 5/21/2014. (CPR Card Attached)
2. The deficiency was corrected on 5/21/2014.
3. Steve Martin, Manager, or designee, will be responsible for ensuring that all cpr and first aid training certificates are documented in accordance with A622.
4. The Manager conducted an investigation and the person responsible was suspended for ten days and given a zero tolerance policy going forward with any similar incident resulting in termination.

R9-10-806.C.1.c.vii

A638

5. Steve Martin, Manager, verified that all fingerprint clearance cards were documented and filed in the appropriate way needed to be in compliance on 5/12/2014. (DPS Application Attached)
6. The deficiency was corrected on 5/12/14.
7. Steve Martin, Manager, or designee, will be responsible for ensuring fingerprint clearance cards are documented and verified in accordance with A638.
8. The Administrator conducted an in-service on 5/14/14 detailing the proper requirements for fingerprint cards.

R9-10-808.A.5.b.

A823

1. A signature was added by Steve Martin, Manager, to the appropriate space provided on the service plan on 3/4/14.
2. The deficiency was corrected on 3/4/14.
3. Steve Martin, or designee, will be responsible for ensuring that all residents' service plans contain documentation and signatures needed to be in compliance with A823.
4. The Administrator conducted an in-service on 4/2/14 detailing proper documentation and signature practices of service plans needed to be in compliance.(Attached)

R9-10-819.A.1.a

A1901

1. Steve Martin, Manager, verified that the all rooms were cleaned and disinfected in accordance with policy and procedures designed to minimize and prevent illness or infection on 3/4/14. The manager also oversaw the demolition and rebuild of the cabinet under the sink in R10's bedroom on 3/4/14.
2. The deficiency was corrected on 3/4/14.
3. Steve Martin, Manager, or designee, will be responsible for ensuring that the premises and equipment will be cleaned and disinfected in as stated in the policy and procedures designed to minimize and prevent illness or infection in accordance with A1901.
4. The Administrator conducted an in-service on 4/2/14 detailing a new checklist for room cleanings designed to maintain daily compliance. (Attached)

R9-10-819.A.1.b

A1902

1. Steve Martin, Manager, verified that all smoke detectors were clean and free of tampering on 3/4/14. The Administrator removed the tape in question immediately and conducted a 1:1 educational session on the dangers of smoking indoors with R11 on 3/4/14
2. The deficiency was corrected on 3/4/14.
3. Steve Martin, Manager, or designee, will be responsible for ensuring that all smoke detectors remain free from tampering and remain in accordance with A1902.
4. The Administrator conducted an in-service on 4/2/14 detailing smoke detector status during room cleanings and checks. (Attached)

R9-10-819.A.2

A1903

1. Steve Martin, Manager, oversaw bed bug eradication efforts provided by Schendel Pest Services following an approved proposal approved by Charles Jackson, State Licensing Team Leader, following a provider meeting agreement held on 3/7/14. Heat treatments were conducted 3/12/14 thru 3/14/14 throughout the entire facility and weekly updates on progress were emailed to Charles Jackson for approval. Contracted pest control efforts continue in accordance with the approved proposal. (Attached)
2. The deficiency was corrected on 3/12/14.
3. Steve Martin, Manager, or designee, will be responsible for continuing pest control efforts in conjunction with contracted pest control services needed to be in compliance with A1903.
4. The Administrator created, verified with Charles Jackson, and in serviced a new bed bug policy and procedure on 3/20/14 designed to be in compliance. (Attached)

R9-10-820.B.4.c.v.

A2013

1. Steve Martin, Manager, verified that the all the paper towel dispensers were filled and working properly on 3/4/14.
2. The deficiency was corrected on 3/4/14.
3. Steve Martin, Manager, or designee, will be responsible for ensuring that all paper towel dispensers are working in accordance with A2013.
4. The Administrator conducted an in-service on 4/2/14 detailing the protocol for checking paper towel dispensers needed to be in compliance. (Attached)

R9-10-820.D.7.a

A2064

1. Steve Martin, Manager, had all dirty mattresses removed and replaced immediately on 3/4/14.
2. The deficiency was corrected on 3/4/14.
3. Steve Martin, Manager, or designee, will be responsible for ensuring that the premises and beds are clean and in compliance with A2064.
4. The Administrator conducted an in-service on 4/2/14 detailing a new checklist for room cleanings and mattress care designed to be in compliance. (Attached)

1. Steve Martin, Manager, verified that the all beds had clean linens including a mattress pad, sheets large enough, pillows, pillow cases, a bedspread, and waterproof mattress covers on 3/4/14.
2. The deficiency was corrected on 3/4/14.
3. Steve Martin, Manager, or designee, will be responsible for ensuring that all beds have clean linens including a mattress pad, sheets large enough, pillows, pillow cases, a bedspread, and a waterproof mattress cover in accordance with A2065.
4. The Administrator conducted an in-service on 4/2/14 detailing a new checklist for room cleanings and linen care designed to be in compliance. (Attached)