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	410156	A. BUILDING: _____ B. WING _____	03/12/2024

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N 000	Initial Comments Surveyor conducted an abbreviated survey at Oaks Family Care Center Oakland House on 03/11/2024 with additional information gathered through 03/12/2024. As a result of this survey, 8 deficiencies were identified. One of the 8 deficiencies was a repeat violation. Census: 7	N 000		
N 201	83.14(2)(f) Ensure copy of this chapter is in CBRF. The licensee shall ensure a copy of this chapter is in the CBRF. This Rule is not met as evidenced by: Based on observation and staff interview the licensee did not ensure a copy of Chapter DHS 83 codes for CBRF (Community Based Residential Facilities) was available in the CBRF. Findings include: This facility is licensed as a Class AA (Ambulatory) CBRF serving residents with Developmental Disabilities. On 03/11/2024, Surveyor conducted a survey at the CBRF and found 8 deficiencies. Observation showed there was no Chapter DHS 83 codes available in this facility. At approximately 12:30 PM, PM (Program Manager) - A confirmed to Surveyor there was no Chapter DHS 83 code book available that s/he was aware of since beginning employment at this facility in November 2022. On 03/12/2024 at approximately 1:00 PM, LIC (Licensee) - E confirmed that the Chapter DHS	N 201		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 201	Continued From page 1 83 codes were not in the facility on 03/11/2024 but should have been. LIC - E was not sure what happened to a previous copy of these codes.	N 201		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and staff interviews the provider did not ensure 2 out of 2 employees obtained all department approved training as required.	N 239		

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N 239	Continued From page 2 CG (Caregivers) - B and C did not have training in Resident Rights, Challenging Behaviors, and Client Groups within 90 days after starting employment. Findings include: On 03/11/2024, Surveyor conducted a review of 2 employees to verify compliance with department approved training requirements. Surveyor requested training records from PM (Program Manager) - A for CG's B and C. The record for CG - B, hired on 07/28/2020, did not contain evidence of training or meeting an exemption for resident rights, challenging behaviors, or the client group of developmentally disabled within 90 days of hire. The record for CG - C, hired on 09/06/2022, did not contain evidence of training or meeting an exemption for resident rights, challenging behaviors, or the client group of developmentally disabled within 90 days of hire. This facility is licensed to provide care for developmentally disabled residents. On 03/11/2024 at approximately 12:30 PM, PM - A verified to Surveyor s/he had looked through training records for CG - B and C but there was no evidence of these trainings being completed as required. On 03/12/2024 at approximately 1:00 PM, LIC (Licensee) - E confirmed to Surveyor these trainings had not been completed as required.	N 239		

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N 277	Continued From page 3	N 277		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure 2 out of 2 employees had completed yearly continuing education including Medications, First Aide, and Standard Precautions. CG - B, who passes medications had no continuing education for medications in 2023, and no continuing education in first aide or standard precautions for 2022 and 2023. CG - C, who passes medications had no continuing education for medications, first aide, or standard precautions in 2023. Findings include: On 03/11/2024 Surveyor requested training records from PM (Program Manager) - A for CG - B and CG - C for review.	N 277		

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N 277	Continued From page 4 CG - B's record indicated a hire date of 07/28/2020. CG - B was noted to have 19 hours of continuing education for 2022 but no evidence of on-going training in standard precautions or first aide. CG - B was noted to have 17 hours of continuing education for 2023 but no evidence of on-going training in standard precautions, first aide, or medications. CG - C's record indicated a hire date of 09/06/2022. CG - C was noted to have 17 hours of continuing education for 2023 but no evidence of on-going training in standard precautions, first aide, or medications. In an interview with Surveyor on 03/11/2024 at approximately 12:30 PM, PM - A verified both CG - B and C pass medications to residents and would be responsible for cares that could expose them to blood or other bodily fluids requiring knowledge of first aide and standard precautions. PM - A verified neither CG - B or CG - C had exemptions for these trainings. PM - A indicated these trainings were in the manual but had not been provided in 2023. On 03/12/2024 at approximately 1:00 PM, LIC (Licensee) - E confirmed to Surveyor these trainings had not been completed as required.	N 277		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and staff interviews the provider did not ensure 4 out of 7 residents'	N 489		

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N 489	Continued From page 5	N 489		

rooms were kept clean. Residents 1, 2, 3, and 4 had dusty, cluttered, uncleaned rooms. Resident 1's ceiling was stained and dirty throughout. Resident 2's room had a bag of garbage on the floor with tipped over soda cups and other garbage on the floor.

Findings include:

On 03/11/2024, Surveyor toured the facility along with PM (Program Manager) - A at approximately 10:00 AM. Resident 1's bedroom was noted to have a stained ceiling throughout and appeared as if someone had scraped some of the finish off of it in areas. Resident 1's room was noted to be dusty and in need of cleaning.

Resident 2's room was noted to have an open bag of garbage on the floor, used soda cups and other garbage on the floor, clothes strewn throughout the room, dusty windows, and an unclean floor.

Resident 3 an 4's rooms were noted to be very dusty, clothes strewn about the floors, dust covered window coverings, and uncleaned floors.

PM - A stated staff try to work with residents to clean their rooms better and said some refuse. PM - A did not have a cleaning schedule to help residents clean their rooms and discard garbage.

In an interview with Surveyor on 03/11/2024 FMBR (Family Member) - D indicated family members help Resident 5 keep his/her room and floor clean as this is not done by staff.

On 03/12/2024 at approximately 1:15 PM, LIC (Licensee) - E confirmed to Surveyor that staff need to work more with residents to keep rooms

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N 489	Continued From page 6 clean and confirmed Resident 1's ceiling will be cleaned.	N 489		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and staff and family interviews the provider did not ensure 1 out of 2 furnaces were kept free of combustible materials. The upstairs furnace, located in Resident 5's bedroom closet had a thin wooden barrier surrounding the front and one side of the furnace within inches of it. In addition, there were shelves with DVDs on them lining the front of this wooden barrier. Findings include: On 03/11/2024, Surveyor toured the facility with PM (Program Manager) - A at approximately 10:00 AM. The gas furnace for the home was located in the closet of Resident 5's room. Observation showed a thin wooden barrier approximately 4 feet tall surrounding the front and one side of the furnace within inches of the heat source. In addition, there were shelves full of DVDs up against this wooden barrier. PM - A indicated this has always been there and was never a problem. PM - A verified the barrier was made of a type of thin wood. The provider did not ensure combustible materials were not placed within 3 feet of a furnace.	N 507		

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N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure emergency or disaster drills were conducted semi-annually for 2022 or 2023. This facility is licensed to provide care to ambulatory residents with developmental disabilities. Findings include: On 03/11/2024, Surveyor reviewed the provider's records of fire and emergency disaster drills provided by PM (Program Manager) - A at approximately 10:30 AM. There was no evidence provided to Surveyor of any emergency or disaster drills for 2022 and 2023. PM - A verified that fire drills were completed but never any other type of emergency drills. PM - A stated s/he was not aware these needed to be done.	N 526		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years.	N 530		

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N 530	Continued From page 8 This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure a fire inspection had been completed by the local fire department in 2022 and 2023. This is a re-cite from SOD (Statement of Deficiency) P9B711 on 11/15/2019 and corrected in SOD P9B712 on 12/03/2020. Findings include: On 03/11/2024, Surveyor conducted a review of fire safety records at this facility. There was no evidence of any fire inspection by local authorities for 2022 or 2023 and none to date in 2024. In an interview with Surveyor on 03/11/2024 at approximately 12:30 PM, PM (Program Manager) - A verified no records could be found but s/he was sure the local fire inspector had been at the facility recently. PM - A indicated s/he would review further and provide the inspections by 03/12/2024 if found. Surveyor spoke with LIC (Licensee) - E on 03/12/2024 at approximately 1:15 PM, about the fire inspections having been completed. LIC - E confirmed these inspections had not been done for 2022 or 2023 but one is scheduled for 2024 and will be done yearly going forward.	N 530		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used	N 617		

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N 617	Continued From page 9	N 617		

by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.

This Rule is not met as evidenced by:
Based on observation and staff interview the provider did not ensure water temperatures in resident bath sinks, tubs, and shower rooms were 115 degrees or less in 2 out of 2 resident bathrooms. Water temperatures as high as 125.5 degrees F (Fahrenheit) were observed having the potential to affect all 7 residents.

This facility is licensed to serve ambulatory residents with developmental disabilities.

Findings include:

On 03/11/2024 at approximately 10:00 AM, Surveyor conducted a tour of this facility with PM (Program Manager) - A. Water temperatures were tested in the first floor bathroom with PM - A. The temperature tested at 125.4 degrees F and was verified by PM - A. Surveyor then tested the second floor resident bathroom with PM - A. The water temperature was 125.5 degrees F and was verified by PM - A with Surveyor.

PM - A verified that Residents 1, 2, 3, 4, 5, 6, and 7 use both the first and second floor bathrooms for showering and that the residents in this home were able to shower independently. There were no concerns noted by residents of the water being too hot.

Exposure to hot water is a potential environmental danger for residents. Elderly

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N 617	Continued From page 10 residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.) On 03/12/2024 at approximately 1:20 PM, LIC (Licensee) - E verified to Surveyor a plumber had been called to address the problem of too hot of water in shower areas and that staff will monitor temperatures until fixed.	N 617		