Approved 11/24/2025

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FORM APPROVED

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P6201	A. BUILDING: _____ B. WING _____	11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPMAN SPECIALTY CARE ASSISTED LIVING FACI	3701 DADEVILLE ROAD ALEXANDER CITY, AL 35010

(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
A 000	Initial Comments On October 4, 2025, an unannounced licensure survey was conducted for this 42 bed Specialty Care Assisted Living Facility (SCALF) with a census of 18. There were no complaints investigated during this survey. A deficiency was cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practice requires a plan of correction.	A 000	I. A 405 420-5-20-.04(6)(7)(8) Personnel II. (EI)#1 Administrator scheduled CPR Recertification on November 5th, 2025 and obtained a renewed card on November 13, 2025 with an expiration date of November 2027.. III. Administrator and or Designee audited all Specialty Care Assisted Living Facility staff files on November 4th, 2025 to ensure all CPR cards were in compliance. All files audited were in compliance. IV. Administrator and or Designee will manage employee CPR log. Employee's will be scheduled for recertification prior to expiration date by the Administrator and or Designee. V. CPR Log will be audited Monthly x six months and periodically thereafter to ensure compliance by the Administrator and or Designee. Findings of the audit will be reported in the QA committee meetings to ensure continued compliance. The plan of correction and audit will be maintained in the Administrators office. Ashleigh Taylor Murphy Administrator	
A 405	420-5-20-.04 (6) (7) (8) Personnel. (6) Medical Director. Each specialty care assisted living facility shall have a medical director who is a physician currently licensed to practice medicine in Alabama. The medical director is responsible for implementation of resident care policies, and the coordination of medical care in the facility. The medical director shall participate in quality assurance activities in the facility. A nurse practitioner or physician's assistant shall not serve as the medical director of a specialty care assisted living facility. (7) Registered Professional Nurse. Each facility shall have at least one RN. An RN may also serve as the administrator or as the care coordinator, but not as both. In all instances where the facility's RN is assigned other duties as an administrator or care coordinator the facility must assure that the RN devotes sufficient time and effort to all clinical duties.	A 405		

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

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A 405	Continued From page 1 (a) Responsibility. The RN shall be responsible for oversite and coordination of resident care. 1. The RN shall assess the residents in the specialty care assisted living facility. 2. The RN shall develop, document, and evaluate resident plans of care. 3. The RN shall consult with the administrator on all issues of resident safety, health, and wellbeing. 4. The RN shall communicate significant resident changes to the resident's physician and sponsor or responsible family member. 5. The RN shall identify staff training needs and ensure needed training is appropriately provided. 6. The RN shall direct the practice of any licensed practical nurse. (8) Care Coordinator. There shall be a care coordinator who will manage the daily routine delivery of resident care. This person shall be an LPN or RN. An LPN care coordinator shall work under the supervision of the RN in the management and delivery of resident care. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff had Cardiopulmonary Resuscitation (CPR) certification.	A 405		

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A 405	Continued From page 2 Findings: Review of the staff CPR certifications revealed Employee Identifier (EI)#1/administrator's CPR certification had expired. On the afternoon of November 4, 2025, EI#1 acknowledged she had been scheduled for renewal of CPR certification in September but had missed it and had not re-scheduled. THERESA HARRISON, REGISTERED NURSE	A 405		