Reviewed and approved 11/24/2025

Theresa Hawsa

PRINTED: 11/05/2025
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
	D4947	A. BUILDING: _____ B. WING _____	C 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAUHALE HERITAGE WOODS ALF	3440 HILLCREST ROAD MOBILE, AL 36695

(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 23, 2025, an unannounced licensure survey and complaint investigation was conducted at this 89 bed facility with a census of twenty-nine. Complaints 20231213010, 20210929004 and 20200128005 were investigated. 20200128005 was substantiated. Deficiencies were cited as a result of the complaint investigation. Deficiencies were 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 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited placed all twenty-nine residents of the facility at risk of harm and require a plan of correction.	A 000		
A 302	420-5-4-.03 (1) (e) Administration. Policies. The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:	A 302		

Crystal Bodin 11/14/25

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A 302	Continued From page 1 (i) Facility responsibility to protect all residents from abuse, neglect, and exploitation. (ii) How allegations of abuse, neglect, and exploitation will be handled by the facility. (iii) Resident confidentiality. (iv) Admission and continued stay criteria. (v) Discharge criteria and notification procedures for residents and sponsors. (vi) Facility responsibility when a resident's personal belongings are lost. (vii) What services the facility is capable and not capable of providing. (viii) Medication management. (ix) Infection control. (x) Meal service, timing, menus and food preparation, storage, and handling. (xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness. (xii) Staffing and conduct of staff while on duty. (xiii) Oxygen administration and storage if used in the facility. (xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall	A 302		

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A 302	Continued From page 2 develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address: (I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling. (II) The attire and cleanliness of staff members who prepare, handle, or serve food. (III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids. (IV) Food substitutions or alternatives. (V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs. (VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food. (VII) Provision of necessary services to any resident requiring adaptive devices to eat. (VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.	A 302		

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A 302	Continued From page 3 (IX) Storage of food. (X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow its own policy. Findings: Review of the facility policy titled, "Food: Quality and Palatability" revealed, "... Policy Statement Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, ..." REFER TO CITATION 703 FOR ADDITIONAL INFORMATION On the afternoon of October 23, 2025, Employee Identifier (EI)#1, the Administrator, agreed the policy had not been followed.	A 302	Dining Services Director reeducated on food preferences on 10/30/25. Dining Services Director / designee will interview each resident and complete food preferences on each resident by 11/14/25. Administrator / designee will complete audit for food preferences on all residents by 11/18/25. Dining Services Director / designee will interview all new residents and complete food preferences on day of physical move in. Administrator / designee will review food preference sheets & audits daily X1 week; weekly X4 weeks; then monthly X6 months. Dining Services Director / designee will interview residents regarding their meals. Interview will include temperature preference, quality of meal, appearance of meal, and palatability. Dining Services Director / designee will interview 5 residents regarding one meal per day x 7 days; weekly x8 weeks; then monthly x6 months. Dining Services Director / designee will continue weekly food council meetings X8; Then monthly. Ombudsman to be invited to monthly food council meetings. Audit & training will be kept in Administrator office.	10/30/25 11/14/25 11/18/25 6/26/26 7/28/26 1/9/26
A 504	420-5-4-.05 (3) (d) Records and Reports. (d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by	A 504		

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A 504	Continued From page 4 the administrator or the administrator's designee and by the resident or sponsor, when appropriate. 1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility. 2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints. 3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy. 4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time. 5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. 6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each	A 504		

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A 504	Continued From page 5 resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions. 7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so. 8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals. 9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident. 10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases. 11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that	A 504		

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A 504	Continued From page 6 is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record. 12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal. 13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file. 14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that: (i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care. (ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation; and	A 504		

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A 504	Continued From page 7 (iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse. 15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges. 16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities. 17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area. 18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted. 19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges.	A 504		

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A 504	Continued From page 8 20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. 21. Every resident shall have the right to wear his or her own clothes, to keep and use his or her own personal possessions including toilet articles except for personal possessions too large to be stored in the resident's room. 22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings. 23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours and to freely come and go from the home. 24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to treat residents with consideration and due recognition of individual preferences.	A 504	Dining Services Director reeducated on food preferences on 10/30/25. Dining Services Director / designee will interview each resident and complete food preferences on each resident by 11/14/25. Administrator / designee will complete Audit for food preferences on all residents by 11/18/25.	10/30/25 11/14/25 11/18/25

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A 504	Continued From page 9 Findings: Review of minutes from Food Council meeting minutes revealed residents had voiced they did not like egg salad and the baked chicken was dry. On the afternoon of October 20, 2025, an observation was made of residents being served egg salad. On the afternoon of October 22, 2025, an observation was made of baked chicken that had been served. Most plates had only one half or less of the chicken eaten. On the afternoon of October 22, 2025, EI#8, the dietary manager, acknowledged that he had served egg salad even though residents had voiced they did not like the egg salad. EI#8 said he was responsible for ensuring resident preferences were honored. When asked why that was not done. EI#8 said he changed the type of bread he used and thought that was enough. On October 23, 2025, EI#1 agreed with the findings that resident preferences, presented to EI#8, had not been honored.	A 504	Dining Services Director / designee will interview all new residents and complete food preferences on day of physical move in. Administrator / designee will review food preference sheets & audits daily X1 week; weekly X4 weeks; then monthly X6 months. Dining Services Director / designee will interview residents regarding their meals. Interview will include temperature preference, quality of meal, appearance of meal, and palatability. Dining Services Director / designee will interview 5 residents regarding one meal per day x 7 days; weekly x8 weeks; then monthly x6 months. Dining Services Director / designee will continue weekly food council meetings X8; Then monthly. Ombudsman to be invited to monthly food council meetings. Audit & training will be kept in Administrator office.	1/9/26
A 620	420-5-4-.06 (11) (a) Care of Residents. (11) Admission and Retention of Residents. Residents admitted to and retained in assisted living facilities must meet all eligibility and continued stay requirements specified in these rules. (a) Admission 1. An assisted living facility shall not admit any individual who: (i) Is receiving or requires skilled nursing care.	A 620		

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A 620		A 620		

Continued From page 10

(ii) Has a wound that requires care beyond basic first aid.

(iii) Lacks the ability to make decisions related to personal safety.

(iv) Cannot direct his or her care.

(v) Has behaviors that may be dangerous to themselves or others.

(vi) Cannot safely self-manage medications or self-administer medications with assistance.

(vii) Is receiving or in need of hospice services.

(viii) Cannot safely reside in the facility unless his or her egress from the facility is restricted.

(ix) Is diagnosed with acute infectious pulmonary disease, such as influenza, or active tuberculosis, or with other diseases capable of transmission to other individuals through normal person-to-person contact.

This Rule is not met as evidenced by: Based on observation, interview and record review, the facility admitted a resident who required care beyond the level of care allowed in an assisted living facility.

Findings:

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A 620	Continued From page 11 Resident Identifier (RI)#3 was admitted to the facility on September 26, 2025, with diagnoses which included hypertension, retinal detachment, rheumatoid arthritis, age related muscle weakness and obstructive uropathy. RI#3 had an indwelling Foley catheter which had been cared for by licensed staff at a rehabilitation facility. RI#3 was currently receiving Foley catheter care by home health. On the morning of October 20, 2025, EI#1 acknowledged RI#3 was receiving skilled care for Foley catheter care at the time of admission to the facility and should not have been admitted.	A 620	30-day notice of discharge issued on 10/29/25. Resident moved out of community on 11/7/25 Administrator and Health & Wellness Director reeducated on 10/31/25 regarding admission & retention of residents. Review of all current residents to be completed by 11/14/25. Audit & training will be kept in Administrator office. Preadmission assessments to be reviewed by Administrator and Health & Wellness Director prior to resident being accepted to community.	10/29/25 11/7/25 10/31/25 11/14/25
A 621	420-5-4-.06 (11) (b) Care of Residents. (b) Retention 1. An assisted living facility shall not allow any resident to return to the assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the facility is licensed to provide or the facility is capable of providing. 2. An assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility. 3. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in an assisted living facility. 4. An assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days	A 621		

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A 621	Continued From page 12 unless: (i) The individual is capable of performing and does perform all tasks related to his or her own care; OR (ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity BUT the individual has sufficient cognitive ability to direct his or her own care AND the individual is able to direct others and does direct others to provide the physical assistance needed to complete such tasks, AND the facility staff is capable of providing such assistance and does provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff. 5. If a resident of an assisted living facility is diagnosed with a terminal illness other than dementia and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for assisted living facilities. The facility would in all cases remain	A 621		

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A 621	Continued From page 13 responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident. 6. All skilled services provided in the facility, such as but not limited to wound care or insertion of a urinary catheter, shall be provided by the staff of properly licensed or certified agencies. Skilled services shall not be delegated to facility staff. 7. Residents that develop acute infectious pulmonary disease, such as active tuberculosis, or other diseases capable of transmission to other individuals through normal person-to-person contact shall be immediately transferred to an appropriate level of care until certified by a physician to be free of a contagious condition. 8. No assisted living facility shall be operated in whole or in part in a manner that prevents free and unhindered egress from the facility by any of its residents. 9. An assisted living facility shall not retain any resident who cannot safely reside in the facility unless his or her egress from the facility is restricted. This Rule is not met as evidenced by: Based on observation and record review, the facility retained a resident whose level of care exceeded the license of the facility. Findings: RI#5 was admitted to the facility on January 31,	A 621		

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	D4947	A. BUILDING: _____ B. WING _____	C 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAUHALE HERITAGE WOODS ALF	3440 HILLCREST ROAD MOBILE, AL 36695

(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 621	Continued From page 14 2024, with diagnoses which included diabetes mellitus type two, diabetic retinopathy, congestive heart failure, cerebral vascular accident, hypertension and dementia with behaviors. RI#5's home health record revealed a start of care date of February 7, 2025, for a wound that had required greater than ninety days of skilled nursing care. On the afternoon of October 21, 2025, EI#1 acknowledged she had issued RI#5 a 30-day discharge notice on September 15, 2025. EI#1 said RI#5's non healing wounds was the cause of the discharge notice. EI#1 said the wounds exceeded 90 days and she had retained the resident to try to accommodate RI#5 and his/her family.	A 621	30-day notice of discharge issued on 9/17/25. Resident moved out of community on 9/20/25. Administrator and Health & Wellness Director reeducated on 10/31/25 regarding admission & retention of residents. A review of all residents receiving skilled nursing services was completed on 11/11/25 by Health & Wellness Director and Administrator Any residents receiving skilled nursing services will be added to risk meeting and discussed in community QA. Any resident receiving skilled nursing services will be issued 30-day discharge notice no later than day 60 of services. Monthly Assessments to be utilized to identify any resident that is no longer appropriate. Audit & training will be kept in Administrator office.	9/17/25 10/31/25 11/11/25
A 702	420-5-4-.07 (2) Food Service (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or	A 702		

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A 702	Continued From page 15 (ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with manufacturer's instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months. 3. Dishes and utensils shall be allowed to air dry. 4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing. 5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility. (b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop may be stored in the ice bin in a manner to prevent ice from coming into contact	A 702		

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A 702	Continued From page 16 with the handle, or it may be stored in an airtight container outside the ice bin. (c) Protection of Food from Contamination. 1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage back flow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use. 2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food. 3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor. 4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times. 5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared. 6. All food products shall be used by the manufacturer's indicated date or discarded.	A 702		

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A 702	Continued From page 17 7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times. 8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit. 9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods). 10. Laundry shall not be brought through the food preparation or service area. (d) Storage and Service of Milk and Ice Cream. 1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such	A 702		

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A 702	Continued From page 18 use. 2. Milk and fluid milk products shall be stored in such a manner that bottles or containers, from which the milk or milk product is to be poured or drunk, will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident. 3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses. (e) Kitchen Garbage and Trash Handling. 1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals. 2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse. (f) Employees' Cleanliness. 1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands,	A 702		

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A 702	Continued From page 19 caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food. 2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room. 3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use. (g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area. (h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors. (i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities. (j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods. (k) Laundering of clothing shall not be permitted in food preparation or service areas. This Rule is not met as evidenced by:	A 702		

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A 702	Continued From page 20 Based on observation and interview, the facility failed to ensure food items were stored in a manner to protect them from potential contamination. Findings: On the morning of October 21, 2025, an observation was made of bowls of fruit in the cooler that were partially uncovered. On the afternoon of October 23, 2025, EI#1 agreed the food should be protected from potential contamination.	A 702	Fruit was discarded immediately on 10/21/25. Dining Services Director inspected walk in cooler for any partially uncovered food on 10/21/25. Dining Services staff to be reeducated on proper food storage by 11/12/25. Dining Services Director / designee to inspect walk in cooler daily X4 weeks; weekly X4; monthly X3 and record findings on audit sheet. Audit sheet will be kept in Administrator office.	10/21/25 10/21/25 11/12/25
A 703	420-5-4-.07 (3) Food Service. (3) Dietary Service. (a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents. (b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks	A 703		

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A 703	Continued From page 21 available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available. (c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs. (d) Alternate food selections or substitutes shall be made available to all residents. (e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals. (f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to honor food preferences of residents. The facility also failed to ensure meals served to residents were palatable.	A 703	Dining Services Director reeducated on food preferences on 10/30/25. Dining Services Director / designee will interview each resident and complete food preferences on each resident by 11/14/25. Administrator / designee will complete Audit for food preferences on all residents by 11/18/25. Dining Services Director / designee will interview all new residents and complete food preferences on day of physical move in. Administrator or designee will review food preference sheets & audits daily X1 week; weekly X4 weeks; then monthly X6 months.	10/30/25 11/14/25 11/18/25

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A 703	Continued From page 22 Findings: Food preferences voiced in Food Council meeting minutes revealed residents did not like egg salad and the baked chicken was dry. Residents also voiced that food was either undercooked or overcooked. On the afternoon of October 20, 2025, an observation was made of residents being served egg salad. On the morning of October 21, 2025, the scrambled eggs that were provided to residents and a test tray for the surveyor, were dry, hard and crumbled in small pieces. On the afternoon of October 22, 2025, an observation was made of baked chicken that had been served. Most plates had only one half or less of the chicken eaten. On the morning of October 21, 2025, EI#8 said he had cooked the scrambled eggs that morning and acknowledged they had continued to cook hot while on the trayline. On October 23, 2025, EI#1 agreed with the findings that resident preferences had not been honored and the eggs were likely not palatable.	A 703	Dining Services Director / designee will interview residents regarding their meals. Interview will include temperature preference, quality of meal, appearance of meal, and palatability. Dining Services Director / designee will interview 5 residents regarding one meal per day x 7 days; weekly x8 weeks; then monthly x6 months. Dining Services Director / designee will continue weekly food council meetings X8; Then monthly. Ombudsman to be invited to monthly food council meetings. Audit & training will be kept in Administrator office.	
A 804	420-5-4-.08 (4) Physical Facilities. (4) Food Service Facilities. (a) Floors. Floors in food service areas shall be of such construction as to be easily cleaned, sound, smooth, non-absorbent, without cracks or crevices, and shall be provided with approved and conveniently located facilities for the disposal of floor wash water. (b) Walls and Ceilings. Walls and ceilings of food service areas shall be of tight and	A 804		

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A 804	Continued From page 23 substantial construction, and smoothly finished. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows which prevent the entrance of rain or dust during inclement weather. (c) Screens or Outside Openings. Openings to the outside shall be effectively screened, or suitable provisions made equal to screening (such as fly fans). Screen doors shall be equipped with self-closing devices. (d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light. (e) Ventilation. Vent/exhaust hoods, vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Existing recirculating vent hoods in Family facilities may remain in use when filters are cleaned or replaced regularly to prevent excess grease accumulation. Group assisted living facilities with residential stoves may use a residential hood sized for the stove. Commercial exhaust hoods shall be installed when commercial cooking equipment is used. Congregate facilities shall use a commercial exhaust hood system. (f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall include a lavatory and shall be well lighted and	A 804		

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A 804	Continued From page 24 ventilated. (g) Hand Washing Facilities. Each Group and Congregate assisted living facility shall provide a hand washing lavatory in the kitchens which shall be equipped with a soap dispenser and a supply of soap, disposable towels, and hot and cold running water through a mixing valve or combination faucet. The use of a common towel and common bar soap is prohibited. Hands shall not be washed in sinks where food is prepared. Existing Group and Congregate facilities that enlarge or renovate kitchens shall install a hand wash sink. (h) Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation for the storage of perishable foods shall be provided. Refrigeration shall be maintained at 41 degrees Fahrenheit or less. All refrigerators shall be provided with thermometers. All refrigerators shall be kept clean. (i) Equipment and Utensil Construction. Equipment and utensils, except single service utensils, shall be so constructed as to be easily cleaned and shall be kept in good repair. No cadmium plated, lead, or readily corrodible utensils or equipment shall be used. (j) Separation of Kitchen from Resident Rooms and Sleeping Quarters. Any room used for sleeping quarters shall be separated from the food service area by a solid wall with no direct openings. Sleeping accommodations shall not be permitted within the food service area. (k) Clean Rooms. Floors, walls, and ceilings of rooms in the food service area shall be	A 804		

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A 804	Continued From page 25 clean and free of an accumulation of rubbish, dust, grease, dirt, etc. (l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc. (m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use. (n) Location and Space Requirements. Food service facilities shall be located in a specifically designated area and shall include the following rooms and space: kitchen, dishwashing, food storage, and dining room. (o) Equipment. Minimum equipment in the kitchen shall include the following: 1. Range. In a Family or Group assisted living facility, a residential use range is permitted. A Congregate assisted living facility shall have a heavy-duty range suitable for institutional use with double oven, or equivalent. 2. Refrigerator. A Family or Group assisted living facility may use a residential refrigerator. A Congregate assisted living facility shall have a heavy duty refrigerator suitable for institutional use. 3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods.	A 804		

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A 804	Continued From page 26 4. Dishwashing. The dishwashing equipment for Family and Group assisted living facilities shall be either residential type using cold water sanitizers or commercial type with a booster water heater. Dishwashing equipment for all Congregate assisted living facilities shall be commercial type using a booster water heater or an automatic dispensing sanitizing chemical system. 5. A three-compartment sink with a booster heater or chemical sanitizing system for the third compartment shall be provided in Congregate assisted living facilities. 6. Garbage cans with cover. (p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans, and raised platforms shall be provided and kept clean. Perishable food shall be stored at least six inches above the floor. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water, leakage, or any other source of contamination. (q) Dining Room. A resident dining room, or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed capacity. (r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be provided. Hot water shall be piped to all hand-washing facilities, and to each compartment of all dishwashing and laundry sinks. Water	A 804		

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	D4947	A. BUILDING: _____ B. WING _____	C 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAUHALE HERITAGE WOODS ALF	3440 HILLCREST ROAD MOBILE, AL 36695

(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 804	Continued From page 27 heaters shall be automatic type. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the ice machine was maintained to be free of a mold-like substance. Also a heavy accumulation of dust and dirt like particles and black mold-like debris were found on the ceiling above clean dishes. Findings: ICE MACHINE On the afternoon of October 20, 2025, the ice machine used when serving ice to residents was found with a heavy accumulation of pink and black mold-like substance on the inside of the ice storage. CEILING On the morning of October 21, 2025, an observation was made of dust and debris hanging from the ceiling near the air conditioner vents in the kitchen above clean dishes. Also, there was a buildup of black mold-like substance on the ceiling tiles around those vents above the clean dishes. EI#8 who was present for this observation said he would get the ceiling cleaned. On the morning of October 21, 2025, EI#1 said the ice machine had been cleaned and a cleaning schedule would be implemented.	A 804	Ice Machine cleaned on 10/20/25. Dining services staff to be trained on inspecting and cleaning of the ice machine by 11/14/25 Dining Services Director / designee will perform inspections daily x4 weeks; weekly x4; then monthly x3 and document on audit sheet. Any issues with cleanliness will be addressed immediately by Dining Services Director / designee. Audit sheet to be kept in Administrator office. Ice machine cleaning schedule implemented. Ice Machine to be cleaned monthly by Dining Services Director / designee. Ceiling and vents deep cleaned on 11/12/25 Dining Staff to be trained on inspecting all areas of kitchen for cleanliness each shift and reporting any concerns to supervisor by 11/14/25. Administrator/ designee will inspect the kitchen daily X4 weeks; weekly X4; then monthly X3 and document on audit sheet. Audit sheet to be kept in Administrator office. Any issues with cleanliness will be addressed immediately by maintenance / designee. Cleaning schedule implemented. Ceiling and vents to be cleaned monthly by maintenance / designee.	10/20/25 11/14/25 4/1/26 11/12/25 11/14/25 4/1/26
A1203	420-5-4-.12 (5) Physical Environment. (5) General Building Requirements -	A1203		

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A1203	Continued From page 28 Family, Group, and Congregate. (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient freqüency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly. (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms. (d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length insect screens. Screen doors shall be equipped with selfclosing devices. (e) Emergency Lighting. 1. All assisted living facilities shall provide emergency artificial lighting to adequately illuminate halls, corridors, kitchens, dining areas, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.	A1203		

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A1203	Continued From page 29 2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes. (f) Floors. 1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish. 2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility. (g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair. (h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. (i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes. (j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30-36 inches above the floor and returned to the wall at each end. (k) Stairways. Stairways shall be well	A1203		

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A1203	Continued From page 30 lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purpose. All walls and doors under stairs shall meet the same fire rating as the stairwell. (l) Doors. 1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms shall swing into the bedroom. 2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location. 3. Resident bedroom and other exit access doors in each assisted living facility shall be at least three feet wide. Bedroom doors in Family assisted living facilities shall not be less than 32 inches wide. 4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other special locking arrangements are permitted only in specialty care assisted living facilities. 5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down. Exit doors of Family facilities may swing inward. (m) Ventilation. The building shall be	A1203		

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A1203	Continued From page 31 well-ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility. (n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need. 1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance. 2. A visual inspection of each fire extinguisher shall be conducted monthly by designated staff of the facility and documented on the attached extinguisher tag by the designated staff person. (o) Call System. Except in Family facilities, a central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard. (p) Manufactured homes/mobile homes are not permitted. (q) Fireplaces and inserts, shall be inspected and cleaned annually, and shall comply	A1203		

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A1203	Continued From page 32 with the currently adopted building code. Openings shall be protected with screens, or doors. (r) Exit marking. In Group and Congregate facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power. (s) Heating, Lighting, and other Service Equipment. 1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation. 2. Open flame and portable heaters are prohibited in assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules. 3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code.	A1203		

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A1203	Continued From page 33 This Rule is not met as evidenced by: Based on observation, record review and interview, the facility was not maintained in good repair, to provide a safe, functional, sanitary, decent and comfortable environment for residents, staff and visitors. Findings: CARPET On the morning of October 21, 2025, the surveyor observed the facility's worn and dirty carpet. On the morning of October 23, 2025, EI#1 was asked to describe the facility carpet. EI#1 responded it was worn and old. EI#1 acknowledged the carpet was original from when the facility was built 25 years ago. MISSING PAINT AND HOLES IN THE CEILING On the afternoon of October 21, 2025, an observation was made of the ceiling where lights had been changed out. The area where the previous square fixtures had been was a different shade of paint than the rest of the ceiling. The small and larger holes in the ceiling where the previous fixtures had been attached were left open. On the afternoon of October 23, 2025, EI#1 agreed the area where the lights had been needed to be painted. THERESA HARRISON, REGISTERED NURSE	A1203	CARPET Administrator reeducated on reporting items in need of repair/replacement to the Governing Authority by 11/14/25. Audit of all carpets completed by Administrator on 10/27/25. Carpet throughout community re-cleaned and sanitized on 10/31/25. Cleaning schedule implemented. All carpets to be cleaned monthly by housekeeping. Administrator / designee to audit cleaning of carpets weekly x4; monthly x6. Audits to be kept in Administrator office. Quotes to be obtained on replacing carpet throughout the community and the dining room by 11/20/25. MISSING PAINT AND HOLES IN CEILING Administrator reeducated on reporting items in need of repair/replacement to the Governing Authority by 11/14/25. Audit of all ceilings completed on 10/31/25 Quote to be obtained for repair of holes in ceiling and painting by 11/14/25. Repair to be scheduled by 11/20/25.	11/14/25 10/27/25 10/31/25 5/28/26 11/20/25 11/14/25 10/31/25 11/14/25 11/20/25