Theresa Hawkins

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
	D3515	A. BUILDING: _____ B. WING _____	C 04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEIGHBORHOOD AT GROVE PARK, THE	101 TULIP LANE DOTHAN, AL 36302

(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 April 16, 2026, an unannounced licensure survey was conducted for this 52 bed Assisted Living Facility (ALF) with a census of 26. Complaint number 20210719010 was investigated and unsubstantiated. No deficiencies were cited regarding 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 pose a risk of harm to the residents and require a plan of correction.	A 000		
A 602	420-5-4-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following: 1. All of the physician's diagnoses, and	A 602	420-5-4-.06 (a) (b) (c) 1. Upon identification of missing, required information in RI #1, RI #2, RI #3, and RI #4's Annual Physical Examination Record, the Wellness Director obtained the residents' missing vital signs, temperature, and/or respirations and the Medical Director corrected the Medical Plan of Care. 2. A 100% audit of all Medical Plans of Care was conducted to determine whether other records were missing required information. Any identified deficiencies were immediately corrected and updated in the resident record.	06/12/26

Danielle Perkins

TITLE: Executive Director

(X6) DATE: 6/5/26

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A 602	Continued From page 1 the resident's baseline weight and vital signs. 2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration). 3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact. 4. Documentation of evaluation for tuberculosis within the previous 12 months. (b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following: 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. (c) Change of Condition Physician	A 602	3. The Executive Director re-educated the Wellness Director on the Alabama Assisted Living requirements as required by 420-5-4-.06 (a) (b) (c). The Report of Resident Physical Examination was updated to include all requirements. The Executive Director will review any Annual Physical Exams as a secondary review to the Wellness Director to ensure all areas of the form meet the requirements. 4. Wellness Director, or designee, will audit any applicable Annual Exams/Report of Resident Physical Examination weekly for 4 weeks, followed by monthly for 3 months. Any findings will be corrected immediately. Findings will be reviewed bi-weekly in the QAPI/Risk Meeting. Documentation of audits will be stored in a binder in the Wellness Director's office.	06/12/26

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A 602	Continued From page 2 Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following: 1. New diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. This Rule is not met as evidenced by: Based on record reviews and interviews, residents' Annual Physical Examination records did not contain required information. Findings: Review of Resident Identifier (RI)#1's facility record on April 14, 2026, revealed the following information: RI#1 was admitted to the facility October 5, 2023, with diagnoses to include insomnia, peripheral neuropathy, adjustment disorder depressive and osteoarthritis. RI#1's physician's medical exam dated August 26, 2025,	A 602		

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A 602	Continued From page 3 did not include a temperature or respiration rate. Review of RI#2's facility record on April 14, 2026, revealed the following information: RI#2 was admitted to the facility October 5, 2023, with diagnoses to include hypertension, cognitive impairment, chronic pain syndrome and generalized anxiety disorder. RI#2's most recent annual physician's medical exam dated September 5, 2025, did not include vital signs. Review of RI#3's facility record on April 14, 2026, revealed the following information: RI#3 was admitted to the facility March 19, 2025, with diagnoses to include dementia, depression, chronic kidney disease and neuralgia. RI#3's most recent annual physician's medical exam dated January 12, 2026, did not include a temperature or respiration rate. Review of RI#4's facility record on April 14, 2026, revealed the following information: RI#4 was admitted to the facility December 3, 2024, with diagnoses to include hypertension, chronic kidney disease, dementia and coronary artery disease. RI#4's most recent annual physician's medical exam dated November 25, 2025, did not include vital signs. On the morning of April 16, 2026, Employee Identifier (EI)#1 and EI#2 agreed the physician's medical exam should include vital signs.	A 602		
A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents. (f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable	A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) 1. The resident who EI #3 was administering medication to during medication pass was immediately assessed by the Wellness Director to ensure medications were received as prescribed and no adverse outcomes occurred.	06/12/26

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A 614	Continued From page 4 of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety. (g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided: 1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use. (6) Assistance with self-administration of medication includes the following practices: (a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed. (b) Physically assisting a resident by opening or helping to open a container holding	A 614	(A 614 continued) EI #3 received immediate counseling/re-education on the policy for Medication Assistance versus Administration. 2. Wellness Director and Executive Director will shadow all Licensed Nurses during Medication Assistance times to ensure the proper process is in place for 100% of residents who require assistance by 06/05/2026. 3. All Licensed Nurses were re-educated on 04/20/2026 on the Medication Procedures Policy for Medication Assistance versus Administration. Wellness Director and Executive Director were re-educated on 04/20/2026 on ALF Policy of Medication Assistance. 4. Wellness Director, or Designee, will observe Medication Pass weekly for 4 weeks, followed by monthly for 3 months. Any discrepancies will immediately be addressed prior to improper procedure commencing. This will be reviewed bi-weekly in the QAPI/Risk Meeting until compliance achieved. Documentation of audits will be stored in a binder in the Wellness Director's office.	

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A 614	Continued From page 5 medications. (c) Offering liquids to a resident to assist that resident in ingesting oral medications. (d) Physically bringing a container of medication to a resident. (7) Assistance with self-administration of medications shall under no circumstances include any of the following practices: (a) Medication administration as defined in these rules. (b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given. (c) Giving a resident injections of any kind. (d) Telling or reminding a resident that it is time to take a PRN, or as needed medication. (e) Placing medications in a feeding tube. (f) Giving enemas or suppositories. (g) Crushing or splitting medications, provided that a physician has ordered a specific	A 614		

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A 614	Continued From page 6 medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. 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. (h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. 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. (i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration	A 614		

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A 614	Continued From page 7 of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure every resident was offered the opportunity to demonstrate the correct utilization of the facility's unit dose system at each medication opportunity. Findings: An observation of medication pass was to begin in the afternoon of April 13, 2026. EI#3, a Licensed Practical Nurse (LPN), was at the medication cart with pills in a cup and was asked what process she used to assist residents with medications. EI#3 said she checks the Medication Administration Record (MAR) with the medication cards. EI#3 said she then pops the pills from the cards in a cup and takes the cards and cup of pills to the residents. EI#3 said she shows the residents a stack of cards and says, "This is your medicine." EI#3 realized she was administering medications rather than assisting residents. EI#3 did not let resident utilize the unit dose packaging system to protect themselves from a medication error.	A 614		

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A 614	Continued From page 8 Review of the facility policy titled, "MEDICATION PROCEDURES" revealed, "... Medication Assistance Pass Times ... 8. Each medication must be given to the resident directly from the medi-set, blister pack ..." On the morning of April 16, 2026, EI#1 and EI#2 said residents should be given the opportunity to protect themselves from a medication error. THERESA HARRISON, REGISTERED NURSE	A 614		