STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P6308	A. BUILDING: _____ B. WING _____	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSINGS AT NORTH RIVER SCALF, THE	200 GEORGE HALL LANE TUSCALOOSA, AL 35406

(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 May 8, 2025, an unannounced licensure survey was conducted for this 32 bed Specialty Care Assisted Living Facility (SCALF) with a census of 26. 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices require a plan of correction. Amended on May 28, 2025	A 000		
A 611	420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation	A 611	1. A611 Care of Residents 420-5-4-.06 (4) (a) (b) 2. Corrective Actions for each resident: a. RI#l - Care plan was updated by Director of Memory Care on 5/19/25 to reflect a diagnosis of depression. b. RI#3 - Care plan was updated by Director of Memory Care on 5/19/25 to reflect resident' s medication of Eliquis and its side effects. c. RI#5 - Care plan was updated by Director of Memory Care 5/19/25 to address fluid retention, medication, and resident' s weight loss as a result. d. RI#7 - Care plan was updated by Director of Memory Care on 5/19/25 to address weight loss and reflect interventions. 3. Steps taken to identify other residents or concerns not identified by the surveyor team: a. The Director of Memory Care will audit all care plans that reflect fluid retention related to weight loss, weight loss, anticoagulant use, and symptoms of depression starting 6/2/25 and have completed by 6/30/25.	

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

Brooke O'Briant — Executive Director/Administrator — 6-9-25

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A 611	Continued From page 1 with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated. 1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider. 5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident. (i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested. (ii) Oral Hygiene. Residents shall be	A 611	4. Measures put in place to make sure this doesn't occur again: a. The Director of Memory Care will be retrained by the Regional Director of Clinical Operations on completing thorough plaris of care to include and not limited to weight loss, anticoagulant use and symptoms of depression and anything else that is individualized to the resident by 6/30/25. 5. Monitoring of Corrective Actions: a. The Administrator or Designee will audit three care plans per month to ensure care plans address the individualized needs of each resident and include fluid retention related to weight loss, weight loss, anticoagulant use, and symptoms of depression for three months starting in June 2025. All audits will be kept in the POC binder and stored in the administrator's office.	

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A 611	Continued From page 2 assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips. (iii) Hair. Resident's hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a current plan of care which contained interventions to meet the care and safety needs of residents. Findings: Resident Identifier (RI)#1 was admitted to the facility on February 13, 2024. A review of the facility record revealed RI#1's care plan did not address the diagnosis of depression. RI#3 was admitted to the facility on April 2, 2025.	A 611		

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A 611	Continued From page 3 A review of the facility record revealed RI#3's care plan did not address the anti-coagulant Eliquis. RI#5 was admitted to the facility on June 16, 2023. A review of the facility record revealed RI#5's care plan did not address fluid retention that was investigated for a potential significant weight loss. RI#7 was admitted to the facility on July 18, 2023. A review of the facility record revealed RI#7's care plan did not address the identified weight loss and interventions. On the evening of May 8, 2025, Employee Identifier (EI)#1 agreed the care plans should address the above issues.	A 611		
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	A 702	1. A702 Food Service (2) Food Handling Procedures (a) Dish and Utensils Washing, Disinfection, and Storage 420-5-4-.07 (2) 2. Corrective Actions for each resident: a. All residents have the potential to be affected. 3. Steps taken to identify other residents or concerns not identified by the surveyor team: Director of Dining to observe dishwasher for one week on each shift washing dishes to ensure no cross contamination with clean and soiled gloves. This will ensure all shifts and associates have been observed and coached. a. Director of Dining will post a laminated sign on the wall reminding utility workers to change gloves. b. Director of Dining to audit all food that is being stored for appropriate labeling and proper storage. This will be completed by 5/28/25 and documented.	

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A 702	Continued From page 4 Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or (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	A 702	4. Measures put in place to make sure this doesn't occur again: a. Head Chef E#I0 retrained all utility workers on 5/8/25 on proper glove usage in the dish room. b. Head Chef E#IO will retrain all utility workers on proper dish tub storage by 6/7/25. c. Director of Dining and Dining Room Manager to work together to retrain all food handlers on properly labeling used items. This will be completed by 6/15/25. 5. Monitoring of corrective actions: a. The Director of Dining or Designee to monitor proper food labeling 3 times a week, times four weeks, then once a week for another two months starting 6/2/2025. b. The Administrator or Designee will meet weekly with Director of Dining times four weeks to ensure that retraining has been effective and that audit logs are being completed thoroughly starting 6/1/2025. Administrator to keep all training records and logs in the POC binder that is to be stored in Administrator's office.	

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A 702	Continued From page 5	A 702		

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 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.

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A 702	Continued From page 6 6. All food products shall be used by the manufacturer's indicated date or discarded. 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	A 702		

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A 702	Continued From page 7 not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such 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,	A 702		

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A 702	Continued From page 8 preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, 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.	A 702		

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A 702	Continued From page 9 This Rule is not met as evidenced by: The facility failed to ensure dishwashing was performed in a manner to prevent the potential for cross contamination and food products were labeled properly. Findings: On the morning of May 8, 2025, an observation was made of EI#9, a dietary staff member, working on the dishwashing line. EI#9 was observed to have gloves on his hands, working on the soiled dish side of the dishwasher. EI#9 was observed to have on the same contaminated gloves when removing clean dishes. EI#9 moved back and forth from the soiled dishes to the clean dishes without changing gloves. EI#9 was observed to remove soiled dishes from a bus tub sitting on the floor. Two bus tubs were on the floor with soiled dishes in them to be cleaned. EI#10, a sous chef, approached and told EI#9 dishes cannot be on the floor even in bus tubs. EI#10 said there was no excuse and going forward there will be no cross contamination from dirty dishes to clean dishes. As the kitchen tour continued, the following items were observed opened, partially used and unlabeled: grits, pecan halves and fresh, individually wrapped beef patties. EI#10 was present and removed items saying they should be labeled. On the afternoon of May 8, 2025, EI#1 agreed partially used items should be labeled, gloves should be changed between soiled and clean dishes and tubs of dishes should not be on the floor.	A 702		

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A 703	Continued From page 10	A 703		
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 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.	A 703	1. A703 Food Service 420-5-4-.07 (3) 2. Corrective Actions for each resident affected: a. All residents have the potential to be affected. 3. Steps taken to identify other residents or concerns not identified by the surveyor team: a. Director of Dining to reeducate all cooks on temping process starting June 2 and complete by June 30. 4. Measures put in place to make sure this doesn't occur again: a. On 5/19/25, Director of Dining ordered a new digital temperature soup warmer, which should arrive by 5/27/25. This will ensure that soups stay at the required temperature. b. Director of Dining and Dining Director to work together to test soup temperatures two times a week at all meal services times four weeks and keep a temperature log starting 6/2/2025. 5. Monitoring of corrective actions: a. The Administrator or Designee will meet weekly with Director of Dining times four weeks then monthly for another 60 days to ensure that the soup warmer is working properly and that temperature audits are taking place accordingly and documented properly starting 6/2/2025. b. The Administrator to keep all training in-service sheets and temperature audits in the POC binder to be stored in the Administrator's office.	

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A 703	Continued From page 11 (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 and interview, the facility failed to serve food at a temperature to support palatability. Findings: On the afternoon of May 7, 2025, a test of temperatures was made after residents served from the kitchen had complained of the food. The food temperature was voiced as a concern. Chili temperature was at 125 degrees Fahrenheit. EI#11, the chef, witnessed the temperatures and acknowledged they were out of the acceptable range. On the morning of May 8, 2025, a resident	A 703		

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A 703	Continued From page 12 council meeting was being conducted and residents were heard complaining of cold food. On the afternoon of May 8, 2025, EI#1 agreed food should be served at the appropriate temperature.	A 703		
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 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.	A 804	1. A804 Physical Facilities Food Service Facilities 420-5-4-.08 (4) 2. Corrective Actions for each resident: a. All residents have the potential to be affected. b. The shelf above griddle and stove top were deep cleaned on 5/8/25, the day of the survey exit. c. Director of Dining to do an audit of kitchen for overall cleanliness by June 7th to ensure that there are no other areas of concern. 3. Steps taken to identify other residents or concerns not identified by the surveyor team: a. All residents have the potential to be affected. 4. Measures put in place to make sure this doesn't occur again: a. Director of Dining to reeducate all dining staff on sanitation process starting June 2 and to be completed by June 30. 5. Monitoring of Corrective Actions: a. The Director of Dining or Designee, to monitor daily cleanings two times a week, times four weeks, then once a week for another 60 days for consistency starting 6/2/2025.	

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	P6308	A. BUILDING: _____ B. WING _____	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSINGS AT NORTH RIVER SCALF, THE	200 GEORGE HALL LANE TUSCALOOSA, AL 35406

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A 804	Continued From page 13 (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 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	A 804	b. The Administrator or Designee is to meet weekly with the Director of Dining times four weeks to make sure audits are being completed consistently times four weeks then once a month times two months. Administrator will use the Sanitation Audit as a tool. This will start 6/2/25.All audits to be stored in POC binder that is to be kept in the administrator' s office.	

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A 804	Continued From page 14 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 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.	A 804		

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A 804	Continued From page 15 (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. 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	A 804		

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A 804	Continued From page 16 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 heaters shall be automatic type. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure kitchen equipment was maintained to be free of dust, grease, and dirt. Findings: On the morning of May 8, 2025, an observation was made of the shelf above the griddle and stove top with a heavy accumulation of grease and dust/dirt-like debris. EI#10 agreed there was the potential for cross contamination. On the afternoon of May 8, 2025, EI#1 agreed kitchen equipment should be kept clean.	A 804		

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A1101	420-5-4-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years. (c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs. (d) Roller latches are prohibited on doors separating corridors from adjacent spaces.	A1101	1. All0l Fire and Safety 420-5-4-.11 (1) 2. Corrective Actions for each resident: a. All residents have the potential to be affected. 3. Steps taken to identify other residents or concerns not identified by the surveyor team: a. Administrator to sign off on drills after completion each month to ensure they were done correctly starting June 2025. 4 Measures put in place to make sure this doesn't occur again: a. Individual drills are scheduled for each unit in TELS. 5. Monitoring of corrective actions: a. The Administrator or Designee is to review monthly fire drill documentation with Director of Engineering monthly, times three months starting June 2025 to ensure that drills are being completed as defined by the regulations. b. The Administrator is to keep copies of all documentation/sign-in sheets in POC binder that is to be kept in the Administrator' s office.	

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A1101	Continued From page 18 (e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that: 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. (f) Fire Alarm and Sprinkler System. 1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 3. The fire alarm system and the	A1101		

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A1101	Continued From page 19 sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and testing reports shall be maintained in the facility for a period of at least 3 years. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills monthly and quarterly on each shift on the SCALF unit. Findings: On the morning of May 7, 2025, a review of the documented fire drills revealed drills were conducted five times on first shift, twice on second shift and five times on third shift. During this review, EI#8, the maintenance director, acknowledged he only conducted one fire drill each month on either the Assisted Living unit or the Specialty Care Assisted Living unit. EI#8 did not know a fire drill had to be conducted for each unit each month. EI#8 acknowledged fire drills should be conducted once a month on each shift in each facility. THERESA HARRISON, REGISTERED NURSE	A1101		