

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4805	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2025
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NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING OF ARAB	STREET ADDRESS, CITY, STATE, ZIP CODE 8895 ALABAMA HIGHWAY 69 ARAB, AL 35016
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A 000	<p>Initial Comments</p> <p>On June 11, 2025, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 11.</p> <p>There were five complaints investigated during this survey. LC#20250527005, LC#20230503003 and LC#20230503004 were substantiated and deficiencies were cited as a result of the complaint investigations. LC#20250609004 and LC#20230727008 were unsubstantiated with no deficiencies cited as a result of the complaint investigations.</p> <p>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 potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 306	<p>420-5-4-.03 (2) (d) Administration.</p> <p>(d) Protection.</p> <p>1. An assisted living facility must meet the applicable provisions of federal law and regulations pertaining to nondiscrimination on the basis of race, color, gender, religion, or national origin; nondiscrimination on the basis of handicap; nondiscrimination on the basis of age; protection of human subjects of research; and protection from fraud and abuse. Although federal law and regulations are not normally surveyed and enforced by the State Board of Health in assisted living facilities, serious violations of these provisions of law may nevertheless constitute grounds for adverse licensure action.</p>	A 306		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 306	<p>Continued From page 1</p> <p>2. An assisted living facility shall obey all applicable federal, state, and local laws, ordinances, and regulations.</p> <p>3. Licensing of Staff. Staff of the facility shall be currently licensed, certified, or registered in accordance with applicable laws.</p> <p>4. Compliance with Other Laws. An assisted living facility shall comply with laws relating to fire and life safety, sanitation, and communicable and reportable diseases.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obey all state and local regulations for screening of employees.</p> <p>Findings:</p> <p>Six employee files {Employee Identifier (EI)#1, EI#2, EI#3, EI#4, EI#5 and EI#6} were reviewed by the surveyors on June 11, 2025. None of the six employee files contained verification that the employees had been screened through the Alabama Elder and Adult in Need of Protective Services Abuse Registry (Shirley's Law). EI#1 admitted she (EI#1) had not screened employees as required.</p>	A 306		
A 504	<p>420-5-4-.05 (3) (d) Records and Reports.</p> <p>(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</p>	A 504		

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A 504	<p>Continued From page 2</p> <p>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 the administrator or the administrator's designee and by the resident or sponsor, when appropriate.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	A 504		

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A 504	<p>Continued From page 3</p> <p>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 resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	A 504		

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A 504	<p>Continued From page 4</p> <p>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 is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.</p> <p>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.</p> <p>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.</p> <p>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:</p> <p>(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.</p>	A 504		

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A 504	<p>Continued From page 5</p> <p>(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</p> <p>(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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>inspection and any resulting corrective action plan shall be posted.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>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.</p> <p>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.</p>	A 504		

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A 504	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to follow recognized community standards of care for assistance with medications and for documentation of medication assistance.</p> <p>Findings:</p> <p>Assistance With Medications</p> <p>On the morning of June 11, 2025, the surveyors observed EI#3 assisting residents with medications. EI#3 presented the packet containing medications to each resident for identification. EI#3 then punched the medication (pill) out of each packet into her (EI#3's) hand and placed it into the resident's hand, increasing the resident's risk of contamination of medications. The surveyor asked EI#3 if medication cups were available for use in the facility and EI#3 replied "no". EI#2 stated they had medication cups in the past but were instructed that medication cups could not be used in the facility so they had been removed.</p> <p>Documentation of Medication Assistance</p> <p>Review of residents' Medication Assistance Records (MARs), on June 10 and 11, 2025, revealed the following information. Medications were documented at "AM", "Noon" and "PM". The morning and evening doses did not identify a time range for the medications to be given, placing residents at risk of taking doses of medications at varying times and possibly very close together. Acceptable ranges for medication times would be spaced at equal intervals during the day to prevent administering too much of a medication</p>	A 504		

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A 504	Continued From page 8 within a short period of time or allowing too much time between doses and failing to maintain an adequate level of the medication in the person's body at all times. Varying times of medications could interfere with the effectiveness of the medications. On June 11, 2025, EI#1 agreed that medication times should be more specific.	A 504		
A 613	420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents. (5) Medications. (a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination. (b) A physician order is required for a resident to manage and have custody of his or her own medications. (c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession. (d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by	A 613		

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A 613	<p>Continued From page 9</p> <p>the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.</p> <p>(e) A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.</p> <p>This Rule is not met as evidenced by: Based on observations and record reviews, residents maintained custody of and self-administered medications without a physician's approval/order to do so. In addition, residents who were unable to protect themselves from a medication error had their medications administered by unlicensed staff.</p> <p>Findings:</p> <p>No Physician's Order to Maintain Custody of and Self-Administer Medications</p> <p>During a tour of the facility, on the morning of June 10, 2025, with EI#2, the following observations were made by the surveyors.</p> <p>Resident Identifier (RI)#1 had Benadryl 25 milligrams tablets in his/her room.</p>	A 613		

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A 613	<p>Continued From page 10</p> <p>RI#2 had Nystatin powder and cold and flu medicine in his/her room. RI#4 had Nystatin powder and Debrox ear drops in his/her room. RI#5 had Nystatin powder and Centrum vitamins in his/her room. RI#11 had Fiber Well tablets, vitamin C tablets and Omega-3 Fish Oil tablets in his/her room.</p> <p>Upon review of residents' facility records on June 11, 2025, no physicians' approvals/orders were present for these residents to maintain possession of and self-administer these medications.</p> <p>Medications Administered by Unlicensed Staff</p> <p>Both RI#9 and RI#10 were identified as being unable to protect themselves from a medication error. Refer to deficiency 614 for additional information. EI#2 informed the surveyors that no Registered Nurses (RNs) or Licensed Practical Nurses (LPNs) were employed at the facility. Review of RI#9's and RI#10's MARs, on June 10 and 11, 2025, revealed that unlicensed staff had been administering medications to RI#9 and RI#10. Both EI#1 and EI#2 agreed medications had not been administered by properly licensed staff.</p>	A 613		
A 614	<p>420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.</p> <p>(f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and</p>	A 614		

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A 614	<p>Continued From page 11</p> <p>self-administers his or her medications without creating an unreasonable risk to health and safety.</p> <p>(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:</p> <p>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.</p> <p>(6) Assistance with self-administration of medication includes the following practices:</p> <p>(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.</p> <p>(b) Physically assisting a resident by opening or helping to open a container holding medications.</p> <p>(c) Offering liquids to a resident to assist</p>	A 614		

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A 614	<p>Continued From page 12</p> <p>that resident in ingesting oral medications.</p> <p>(d) Physically bringing a container of medication to a resident.</p> <p>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:</p> <p>(a) Medication administration as defined in these rules.</p> <p>(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.</p> <p>(c) Giving a resident injections of any kind.</p> <p>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.</p> <p>(e) Placing medications in a feeding tube.</p> <p>(f) Giving enemas or suppositories.</p> <p>(g) Crushing or splitting medications, provided that a physician has ordered a specific 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</p>	A 614		

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A 614	<p>Continued From page 13</p> <p>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.</p> <p>(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.</p> <p>(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 of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers,</p>	A 614		

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A 614	<p>Continued From page 14</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, residents were unable to utilize the unit dose packaging system and protect themselves from a medication error.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received complaints which alleged residents were unable to direct their care and recognize their medications. The surveyors were able to substantiate this complaint during the onsite survey.</p> <p>Review of resident records and observations by the surveyors, on June 11, 2025, revealed the following information.</p> <p>RI#9</p> <p>RI#9 was admitted to the facility on December 16, 2022 and had diagnoses which included dementia, hypertension, polyneuropathy and altered mental status. RI#9 was able to ambulate independently but EI#2 informed the surveyors</p>	A 614		

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A 614	<p>Continued From page 15</p> <p>that RI#9 was unable to find his/her way around the facility unless guided by staff or family and would get lost if left alone.</p> <p>On the morning of June 11, 2025, the surveyor requested medication awareness testing be completed for RI#9 by staff. EI#2 presented RI#9 with packets of medication containing two different resident names. RI#9 was able to read and identify which packet was his/hers. However, when asked if he/she would take the night time medication at that time (9:30 AM), RI#9 was unsure and had to be guided and coached by EI#2 to correctly answer the question. RI#9 was unable to protect himself/herself from a medication error.</p> <p>RI#10</p> <p>RI#10 was admitted to the facility on December 16, 2022 and had diagnoses which included vascular dementia, hypertension, left sided hemiplegia, cerebral vascular disease and hyperlipidemia. RI#10 could ambulate independently and was verbally responsive but uncooperative with personal care according to EI#2.</p> <p>On the morning of June 11, 2025, medication awareness testing was completed for RI#10 by EI#2 at the request of the surveyor. EI#2 presented RI#10 with medication packets containing two different resident names. RI#10 was unable to correctly identify which medication packet was his/hers. RI#10 was unable to protect himself/herself from a medication error. EI#2 informed the surveyor that she (EI#2) believed RI#10 was able to identify his/her medications but refused to do so because he/she (RI#10) did not wish to remain in the facility.</p>	A 614		

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A 617	<p>420-5-4-.06 (8) Care of Residents.</p> <p>(8) Disposal of Medications.</p> <p>1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days.</p> <p>2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication, and the amount. This statement shall be maintained in a file for at least three years.</p> <p>3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness.</p>	A 617		

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A 617	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to properly dispose of expired medications.</p> <p>Findings:</p> <p>On the morning of June 11, 2025, during a tour of the medication room with EI#2, it was revealed that the following expired medications were present:</p> <p>Miralax, RX823425, Expired 4/16/25 Colace, Expired 6/2024 Acetaminophen 325 milligrams, Expired 4/16/2025 Senokot-S, Expired 12/2024 Mineral Oil, Expired 6/2024 PEAK Boost, Expired 12/2022 Docusate Sodium 50/8.6 milligrams, Expired 3/2024 Acetaminophen 325 milligrams, RX31152154, Expired 5/18/2024 Meclizine 25 milligrams, RX25880728, Expired 12/30/2024</p> <p>EI#2 concurred with the surveyor's observation that the medications were expired and should have been disposed of.</p>	A 617		
A 618	<p>420-5-4-.06 (9) Care of Residents.</p> <p>(9) Oxygen Therapy.</p> <p>(a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely</p>	A 618		

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A 618	<p>Continued From page 18</p> <p>self-manage or self-administer his or her own oxygen therapy with assistance shall have oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged.</p> <p>(b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift unless oxygen therapy is self-managed by the resident.</p> <p>(c) If a resident receives oxygen therapy in a facility:</p> <ol style="list-style-type: none"> 1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 2. All oxygen tanks shall be safely maintained and stored. 3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted. 4. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen. <p>Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to safely maintain and store oxygen tanks</p>	A 618		

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A 618	<p>Continued From page 19</p> <p>and did not document on the residents' MARs the oxygen use. In addition, precautionary signs were not posted for oxygen usage.</p> <p>Findings:</p> <p>Oxygen Storage</p> <p>On the morning of June 10, 2025, during a tour of the facility, it was revealed that three (3) oxygen tanks (E-Cylinders) were not properly stored in a storage rack to prevent accidental knocking over of cylinders. EI#2 concurred with the surveyor's observation that it was a deficient practice and potentially hazardous for oxygen tanks not to be properly stored without a storage rack to prevent knocking over cylinders.</p> <p>Documentation of Oxygen Usage on MAR</p> <p>RI#9 was admitted to the facility on December 16, 2022 and had diagnoses which included dementia, hypertension, polyneuropathy and unsteadiness of gait. On June 11, 2025, during record review of RI#9, it was revealed that oxygen use including date, time, rate, and proper function of the equipment was not documented on RI#9's MAR at least once per shift. EI#2, administrator designee, concurred with the surveyor's observation that oxygen administration was not documented on the MAR as required.</p> <p>Precautionary Signs for Oxygen Usage</p> <p>During a tour of the facility with EI#2, on the morning of June 10, 2025, the surveyors observed oxygen present in RI#3's room and in RI#9's room. No precautionary signs were present on the doors to these rooms for oxygen usage. EI#2 stated the signs had been placed on</p>	A 618		

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A 618	Continued From page 20 residents' doors but were now missing.	A 618		
A 619	420-5-4-.06 (10) Care of Residents. (10) Storage of Medical Supplies. (a) First Aid Supplies. First aid supplies shall be maintained in a place readily accessible to persons providing personal care and services in the assisted living facility. These supplies shall be inspected at least annually to ensure their usability. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have first aid supplies inspected at least annually. Findings: On the afternoon of June 10, 2025 during a tour of the facility, it was revealed that first aid supplies had not been inspected to ensure their usability. EI#2 accompanied the surveyor on the tour of facility. When asked where the first aid supplies were, EI#2 stated that the supplies were kept in the kitchen drawer. Upon examination of the supplies it was determined that the supplies were a box of small band-aids and a bottle of alcohol. The surveyor asked what do you do for a skin tear? EI#2 stated that they have other supplies kept in the medication room. The surveyor asked when were the supplies inspected for usability. EI#2 stated "I do not know".	A 619		
A 621	420-5-4-.06 (11) (b) Care of Residents.	A 621		

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A 621	<p>Continued From page 21</p> <p>(b) Retention</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>4. An assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:</p> <p>(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR</p> <p>(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</p>	A 621		

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A 621	<p>Continued From page 22</p> <p>implement a policy and procedure to ensure safe practices by facility staff.</p> <p>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.</p> <p>The facility would in all cases remain 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.</p> <p>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.</p> <p>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</p>	A 621		

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A 621	<p>Continued From page 23</p> <p>transferred to an appropriate level of care until certified by a physician to be free of a contagious condition.</p> <p>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.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility retained residents who demonstrated unmanageable behaviors.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received complaints which alleged residents of the facility were not eligible for retention in an assisted living facility. The surveyors were able to substantiate this complaint during the onsite survey.</p> <p>Review of resident records, on June 11, 2025, revealed the following information.</p> <p>RI#9 had resided at the facility since December 16, 2022 and had diagnoses which included dementia and altered mental status. RI#9 was able to ambulate independently but EI#2 informed the surveyor that RI#9 was unable to find his/her</p>	A 621		

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A 621	<p>Continued From page 24</p> <p>way around the facility unless guided by staff or family and would get lost if left alone.</p> <p>RI#10 was admitted to the facility on December 16, 2022 and had diagnoses which included vascular dementia, hypertension, left sided hemiplegia, cerebral vascular disease and hyperlipidemia. RI#10 could ambulate independently and was verbally responsive but uncooperative with personal care according to EI#2.</p> <p>On the morning of June 10, 2025, the surveyors toured the facility with EI#2 and made the following observations.</p> <p>In RI#9's room was a very strong odor of feces. EI#2 and EI#3 had previously informed the surveyors that RI#9 was incontinent of bowel and noncompliant with personal care, and would refuse baths resulting in strong odors in the room. RI#9 was sitting in the chair eating a bowl of cereal. When asked questions, RI#9 looked at his/her spouse (in the room) and only spoke a few words.</p> <p>In RI#10's room was a very strong odor of feces. EI#2 and EI#3 had previously informed the surveyors that RI#10 was noncompliant with personal care and would refuse baths resulting in strong odors in the room. RI#10 was sitting on the side of the bed eating a bowl of cereal. When asked questions about his/her care, RI#10 stated he/she wanted to leave and was not happy at the facility.</p> <p>During a facility fire drill, on the afternoon of June 10, 2025, surveyors observed RI#9 and RI#10 ambulating out of the building. A strong odor of feces was noted around RI#9 and RI#10 which</p>	A 621		

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A 621	<p>Continued From page 25</p> <p>was offensive to other residents and visitors of the facility.</p> <p>On the morning of June 11, 2025, the surveyor requested medication awareness testing be completed for RI#9 by staff. Upon entering RI#9's room, RI#9 was observed seated on the floor in front of the bathroom door holding feces in his/her hands and asking "what is it?". EI#2 explained to the surveyor that RI#9 was having increased episodes of bowel incontinence and was unable to notify staff of the incontinence and unable to adequately clean self or direct care.</p> <p>Both RI#9 and RI#10 demonstrated behaviors (refusing care and inability to direct care) which prohibited the facility from providing adequate personal care to RI#9 and RI#10. In addition, RI#9's and RI#10's behaviors were offensive to other residents and visitors to the facility.</p>	A 621		
A 702	<p>420-5-4-.07 (2) Food Service</p> <p>(2) Food Handling Procedures.</p> <p>(a) Dish and Utensils Washing, Disinfection, and Storage.</p> <p>1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.</p> <p>2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:</p> <p>(i) Utensils and dishes shall be</p>	A 702		

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A 702	<p>Continued From page 26</p> <p>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</p> <p>(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.</p> <p>3. Dishes and utensils shall be allowed to air dry.</p> <p>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.</p> <p>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.</p>	A 702		

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A 702	<p>Continued From page 27</p> <p>(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 with the handle, or it may be stored in an airtight container outside the ice bin.</p> <p>(c) Protection of Food from Contamination.</p> <p>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.</p> <p>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.</p> <p>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.</p> <p>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.</p> <p>5. All leftover foods shall be labeled and dated with a "use by date", so that it may be</p>	A 702		

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A 702	<p>Continued From page 28</p> <p>consumed or discarded by that date, which is no more than 3 days from the date it was prepared.</p> <p>6. All food products shall be used by the manufacturer's indicated date or discarded.</p> <p>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.</p> <p>8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.</p> <p>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).</p> <p>10. Laundry shall not be brought through the food preparation or service area.</p> <p>(d) Storage and Service of Milk and Ice Cream.</p> <p>1. Milk and fluid milk products shall be</p>	A 702		

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A 702	<p>Continued From page 29</p> <p>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 use.</p> <p>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.</p> <p>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.</p> <p>(e) Kitchen Garbage and Trash Handling.</p> <p>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.</p> <p>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.</p> <p>(f) Employees' Cleanliness.</p>	A 702		

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A 702	<p>Continued From page 30</p> <ol style="list-style-type: none"> 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, 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. <p>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.</p> <p>(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.</p> <p>(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities.</p> <p>(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.</p>	A 702		

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A 702	<p>Continued From page 31</p> <p>(k) Laundering of clothing shall not be permitted in food preparation or service areas.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility's kitchen and food service was not properly maintained.</p> <p>Findings:</p> <p>The following observations were made on the morning of June 10, 2025, during a facility tour with EI#2.</p> <p>Protection of Food From Contamination</p> <p>Staff members who provided personal care to residents failed to don aprons and hairnets while preparing to serve morning meal.</p> <p>Dish and Utensil Sanitization</p> <p>Utensil and dish sanitization was not documented. The dishwasher per manufacturer information did not immerse in water at least 171 degrees Fahrenheit. Cold water sanitization did not record clean solution concentration of available chlorine bleach of not less than 50 ppm and not more than 200 ppm. Writing on the cold water sanitization test strips was faded and unreadable making it impossible to determine if the test strips were expired.</p> <p>Garbage Can Lid</p> <p>The kitchen garbage can did not have a tight fitting lid as required.</p>	A 702		

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A 702	<p>Continued From page 32</p> <p>Thermometer in Chest Freezer</p> <p>The chest freezer did not have a thermometer as required. EI#2 stated to the surveyor, "I do not see one in the freezer, but I will get one right away".</p> <p>Ice Scoop</p> <p>The ice scoop was stored in an air tight container but adjacent to the ice bin in the freezer section of the vertical refrigerator/freezer in the kitchen. EI#3 was asked by the surveyor if this was the normal storage place for the ice scoop, EI#3 stated to the surveyor that it was the usual storage place.</p> <p>Fluids in Refrigerator Not Dated</p> <p>Fluids stored in the refrigerator were not dated, EI#3 was asked what is the normal procedure for preparing fluids and labeling them? EI#3 stated that fluids are marked with the date prepared and contents of the container.</p> <p>EI#2 agreed with the surveyors' findings that these were deficient practices in the kitchen and food service.</p>	A 702		
A 804	<p>420-5-4-.08 (4) Physical Facilities.</p> <p>(4) Food Service Facilities.</p> <p>(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.</p>	A 804		

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A 804	<p>Continued From page 33</p> <p>(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.</p> <p>(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.</p> <p>(d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light.</p> <p>(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.</p> <p>(f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored,</p>	A 804		

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A 804	<p>Continued From page 34</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>	A 804		

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A 804	<p>Continued From page 35</p> <p>(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.</p> <p>(l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc.</p> <p>(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.</p> <p>(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.</p> <p>(o) Equipment. Minimum equipment in the kitchen shall include the following:</p> <ol style="list-style-type: none"> 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 	A 804		

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A 804	<p>Continued From page 36</p> <p>BC for residential hoods, and K type for commercial hoods.</p> <p>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.</p> <p>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.</p> <p>6. Garbage cans with cover.</p> <p>(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.</p> <p>(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.</p> <p>(r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be</p>	A 804		

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A 804	<p>Continued From page 37</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the range exhaust grease filter was not properly maintained.</p> <p>Findings:</p> <p>During a tour of the facility with EI#2, on the morning of June 10, 2025, the following observation was made in the facility kitchen. The range exhaust grease filter was clogged with grease material and was a fire hazard. EI#2 concurred with the surveyor's observation and removed the filter to be cleaned immediately by a staff member.</p>	A 804		
A1001	<p>420-5-4-.10 (1) Sanitation and Housekeeping.</p> <p>(1) Sanitation.</p> <p>(a) Water Supply.</p> <p>1. If at all possible, all water shall be obtained from a public water supply. If it is impossible to connect to a public water system, the private water supply shall meet the approval of the local County Health Department.</p> <p>2. Water under pressure of not less than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water.</p>	A1001		

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A1001	<p>Continued From page 38</p> <p>Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall in no case exceed 110 degrees Fahrenheit.</p> <p>(b) Disposal of Liquid and Human Wastes.</p> <p>1. There shall be installed within the building a properly designed waste disposal system, connecting to all fixtures to which water under pressure is piped.</p> <p>2. All liquid and human waste, including floor wash water and liquid waste from refrigerators, shall be disposed through trapped drains into a public sewer in localities where such system is available.</p> <p>3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed through trapped drains into a sewage disposal system approved by the local County Health Department. The sewage disposal system shall be of a size and capacity based on the number of residents and personnel housed and employed in the institution. Where the sewage disposal system is installed at an existing facility prior to granting of a license, it shall be inspected and approved by the local County Health Department.</p> <p>(c) Premises. The premises shall be kept neat and clean. The property shall be free of rubbish, weeds, ponded water, or other conditions that may create a health, safety, or sanitation hazard.</p>	A1001		

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A1001	<p>Continued From page 39</p> <p>(d) Control of Insects, Rodents and Other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or control shall be used. Droppings shall be evidence of infestation by pests.</p> <p>(e) Toilet Room Cleanliness. Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, and toiletry articles. The use of a common towel and common bar soap is prohibited.</p> <p>(f) Garbage Disposal.</p> <p>1. Garbage must be kept in water-tight suitable containers with tight-fitting covers. Garbage containers must be emptied at frequent intervals and shall be thoroughly cleaned and aired before using again.</p> <p>2. Garbage and waste shall be disposed of in accordance with local and state regulations.</p> <p>(g) Control of odors. The facility shall be free of objectionable odors.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not free of objectionable odors and water temperatures were greater than 110 degrees Fahrenheit.</p> <p>Findings:</p>	A1001		

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A1001	<p>Continued From page 40</p> <p>Odors</p> <p>Multiple times during the two days of onsite survey, the surveyors noted odors of feces in RI#9's and RI#10's room which carried into the hallway around the room. Also, odors were noted in the area of RI#9 and RI#10 when RI#9 and RI#10 ambulated out of their room. Refer to deficiency 621 for additional information on odors. These odors were not controlled and were offensive to other residents and visitors to the facility.</p> <p>Water Temperatures</p> <p>On the afternoon of June 10, 2025 during a tour of the facility it was revealed that the water temperature of the kitchen sink was 111.6 degrees Fahrenheit, the water temperature in room 16 was 112.7 degrees Fahrenheit and the water temperature in room 15 was 113.0 degrees Fahrenheit. EI#2 accompanied the surveyor and concurred that the water temperatures were a deficient practice and stated the temperatures would be adjusted immediately.</p>	A1001		
A1002	<p>420-5-4-.10 (2) Sanitation and Housekeeping.</p> <p>(2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable environment for residents, staff, and the public.</p> <p>(a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies.</p> <p>(b) Bathtubs and Lavatories. Bathtubs</p>	A1002		

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A1002	<p>Continued From page 41</p> <p>and lavatories shall be kept clean and in proper working order, and shall not be used for laundering.</p> <p>(c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance.</p> <p>(d) General Storage.</p> <p>1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms.</p> <p>2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition.</p> <p>3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p>	A1002		

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A1002	<p>Continued From page 42</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, cleaning supplies and poisons were not kept in a secure area or attended at all times. In addition, flammable materials were stored in the facility.</p> <p>Findings:</p> <p>During a tour of the facility with EI#2, on the morning of June 10, 2025, the following observations were made by the surveyors.</p> <p>Cleaning Supplies and Poisons</p> <p>In Resident Room 5 were Clorox wipes and Lysol cleaner. In Resident Room 12 were Lysol wipes and Lysol cleaner. EI#2 agreed these chemicals were not properly stored.</p> <p>Flammable Material Stored in Building</p> <p>It was also revealed that flammable material (match light charcoal) was stored in the dry food goods storage area. EI#2 was asked how long the flammable material was stored there and EI#2 stated "as long as I can remember". EI#2 concurred with the surveyor's observation that flammable material should not be stored in the dry food goods storage area and EI#2 removed the material.</p>	A1002		

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A1201	Continued From page 43	A1201		
A1201	<p>420-5-4-.12 (1) Physical Environment.</p> <p>(1) Buildings and Grounds.</p> <p>(a) The assisted living facility including site and grounds must be constructed, arranged, and maintained to ensure the safety of the residents and building occupants.</p> <p>(b) Building Classification.</p> <p>1. Family assisted living facilities shall be planned to serve the types of residents to be admitted and shall comply with the Life Safety Code Chapter for One- and Two-Family Dwellings, and shall comply with Sections (1), (2), (3), and (4) of AAC Rule 420-5-4-.12.</p> <p>2. Group assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), and (5) of AAC Rule 420-5-4-.12.</p> <p>3. Congregate assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (6) of AAC Rule 420-5-4-.12.</p> <p>4. Renovation within the exterior walls of an assisted living facility shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the classification of license held by the assisted living facility.</p> <p>5. Dually Licensed Facility.</p> <p>(i) For the purposes of meeting physical facility and building code requirements, a building</p>	A1201		

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A1201	<p>Continued From page 44</p> <p>housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed capacities of both facilities. For the purposes of meeting resident care and administrative requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed capacity of each, and the determination shall not be based on their combined bed capacity. See Rule 420-5-20 for Specialty Care Assisted Living Facilities and requirements.</p> <p>(ii) When a facility has a portion of a building licensed for specialty care residents, instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions.</p> <p>(c) Location. All assisted living facilities established or constructed shall be located so that they are free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance can be reduced to 500 feet when facility is separated by a boarded fence at least six feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities.</p> <p>(d) Local Restrictions. The location and construction of all assisted living facilities shall comply with local zoning, building, and fire</p>	A1201		

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A1201	<p>Continued From page 45</p> <p>ordinances. Evidence to this effect, signed by local fire, building, or zoning officials, may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the local county commission through official board action or from the office of the probate judge.</p> <p>(e) Assisted living facilities shall be located on publicly maintained streets or roads, and connected with driveways which shall be kept passable at all times.</p> <p>(f) Occupancy. No part of an assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility or the residents of other licensed facilities on the same campus. A campus consists of the premises occupied by the licensed facility together with all parcels or property that the governing authority owns or has the legal right to occupy, and which are separated from the remainder of the campus only by a public right of way. Services provided within the facility shall be limited to serving the residents of facilities on the campus that are licensed by the Department. The Department shall approve all plans for occupancy.</p> <p>(g) Basements. The basement shall be considered as a story if it meets criteria established by the codes for a story.</p> <p>(h) The assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services.</p> <p>(i) Facilities, supplies, and equipment</p>	A1201		

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A1201	<p>Continued From page 46</p> <p>must be maintained in safe operating condition.</p> <p>(j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in safe operating condition.</p> <p>Findings:</p> <p>Exterior Light Fixtures</p> <p>On the morning of June 10, 2025, entering the community, it was revealed that the entrance light fixtures on either side of the sidewalk were not in safe condition as they were broken and were missing fixture parts. EI#2 concurred with the surveyors' observation that fixtures were broken and in need of repair.</p> <p>Exterior Vinyl Siding</p> <p>On the afternoon of June 10, 2025, during a tour of the facility grounds, it was revealed that the facility building outside siding was covered in algae material on the back side of the structure. EI#2 accompanied the surveyor and concurred with the surveyor's observation that the siding located on the back side of building was covered in algae growth.</p> <p>Laundry Room Light Fixture</p> <p>On the afternoon of June 10, 2025 during a tour of the facility it was revealed that the laundry</p>	A1201		

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A1201	Continued From page 47 room overhead light was not properly mounted posing a safety hazard. The light fixture was suspended from the two wires attached for electricity. El#2 was asked if she (El#2) was aware of this safety hazard and stated she (El#2) was not aware but would have it repaired immediately.	A1201		
A1203	420-5-4-.12 (5) Physical Environment. (5) General Building Requirements - 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 frequency 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 self-	A1203		

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A1203	<p>Continued From page 48</p> <p>closing devices.</p> <p>(e) Emergency Lighting.</p> <p>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.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p> <p>(f) Floors.</p> <p>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.</p> <p>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.</p> <p>(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.</p> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily.</p> <p>(i) Ceiling Height. Each room occupied</p>	A1203		

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A1203	<p>Continued From page 49</p> <p>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.</p> <p>(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.</p> <p>(k) Stairways. Stairways shall be well 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.</p> <p>(l) Doors.</p> <p>1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms shall swing into the bedroom.</p> <p>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.</p> <p>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.</p> <p>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</p>	A1203		

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A1203	<p>Continued From page 50</p> <p>assisted living facilities.</p> <p>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.</p> <p>(m) Ventilation. The building shall be 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.</p> <p>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.</p> <p>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.</p> <p>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.</p> <p>(o) Call System. Except in Family</p>	A1203		

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A1203	<p>Continued From page 51</p> <p>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> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(q) Fireplaces and inserts, shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens, or doors.</p> <p>(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.</p> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>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.</p> <p>2. Open flame and portable heaters are</p>	A1203		

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A1203	<p>Continued From page 52</p> <p>prohibited in assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a functional call system and failed to maintain walls and ceilings in good repair. In addition, rooms were in need of paint and a portable heater was present in the facility.</p> <p>Findings:</p> <p>Call System</p> <p>On June 10, 2025, the surveyor tested the facility's call system from multiple resident rooms. When the call system was activated from the bedroom of Resident Room 5, no signal was heard and no signal light came on at the panel in the front common area. When multiple call lights were activated in other Resident Rooms, the panel light came on for each room but no sound was audible. Staff on duty were required to visually check the panel to see if a call light was activated. From 3:00 PM until 7:00 AM daily, only one staff member was on duty at the facility, making it impossible at times to visually check the panel. Residents were observed coming to the hallways and calling out to staff to verbalize needs at times. At other times, residents were observed notifying staff that a light had come on</p>	A1203		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4805	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2025
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NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING OF ARAB	STREET ADDRESS, CITY, STATE, ZIP CODE 8895 ALABAMA HIGHWAY 69 ARAB, AL 35016
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A1203	<p>Continued From page 53</p> <p>at the panel. There was no system in place to adequately notify staff that a resident was in need of assistance.</p> <p>Walls and Ceilings Not Maintained in Good Repair</p> <p>On the morning of June 10, 2025, the surveyors and EI#2 toured the facility. In the bathroom of Resident Room 5, the ceiling had a stained area with black spots. Also, in the hallway outside Resident Room 5, the ceiling was stained and had black areas. EI#2 reported to the surveyor that there had been a leak in these areas of the facility and the ceiling had not been repainted. Also, Resident Room 8 and a room of the facility that presently contained a chest freezer and storage of various items were in need of paint. EI#2 explained that rooms were repainted before new residents moved in.</p> <p>Portable Heater</p> <p>During the tour of the facility with EI#2, on June 10, 2025, the surveyor observed a portable heater in Resident Room 6. The heater was not in use at the time of the survey. On June 11, 2025, EI#1 stated she (EI#1) was unaware the heater was in the facility.</p> <p>CONNIE CHERRY, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p>	A1203		