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	P0203	A. BUILDING: _____ B. WING _____	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 August 28, 2024, an unannounced licensure and complaint survey was conducted for this 64 bed Specialty Care Assisted Living Facility (SCALF) with a census of 45. There were four (4) complaints investigated during this survey. LC#20240523004, LC#20240408010 and LC#20200129009 were unsubstantiated. LC#20200831007 was substantiated. Deficiencies were written as a result of the complaint investigation. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential harm to all residents and require a plan of correction.	A 000		
A 617	420-5-20-.06 (6) Care of Residents. (6) Disposal of Medications. (a) 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, et. seq. Under no circumstances shall expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days. (b) Medications of residents who are discharged or transferred to another facility shall	A 617		

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A 617	Continued From page 1	A 617		

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.

(c) When medications are destroyed on the premises of the specialty care assisted living facility, a record shall be made and retained for at least three years. This record shall include: the name of the specialty care 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.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to properly document disposal of medications upon discharge of two residents.

Findings:

Resident Identifier (RI)#11 was admitted to the facility on March 27, 2013, and was discharged from the facility on May 3, 2024. The method of destruction was omitted on the medication destruction log.

RI#12 was admitted to the facility on April 8, 2015, and was discharged from the facility on June 12, 2020. The name of the staff member who destroyed RI#12's remaining medications

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A 617	Continued From page 2 was omitted from the medication destruction log. On the afternoon of August 28, 2024, Employee Identifier (EI)#4, a Licensed Practical Nurse (LPN), reviewed the medication destruction logs and acknowledged the missing information for each resident. On the evening of August 28, 2024, EI#1, the Administrator, reviewed the records and acknowledged medication disposal forms on file were incomplete.	A 617		
A 901	420-5-20-.09 (1) (2) Laundry. (1) General. (a) Direction and Supervision. Responsibility for laundry services shall be assigned to an employee. (b) Linen. Linens shall be handled, stored, processed, and transported in a manner consistent with generally accepted infection control practices. (2) Location and Space Requirements. (a) Each specialty care assisted living facility shall have laundering facilities unless commercial laundries are used. An on-site laundry shall be located in a specifically designated area, and there shall be adequate rooms and spaces for sorting, processing, and storage of soiled material. Laundry rooms shall not open directly into resident rooms or food service areas. Domestic washers and dryers which are for the exclusive use of residents may be provided in resident areas, provided they are	A 901		

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A 901	Continued From page 3 installed in such a manner that they do not cause a sanitation problem or offensive odors. (b) Each specialty care assisted living facility shall have a system in place to keep clean linen and dirty linen separated and to prevent the re-use of dirty linen before it is cleaned. Dirty linens and clothing shall not be stored, even temporarily, in the area set aside for clean linen. (c) Ventilation of Laundry. Provisions shall be made for proper mechanical ventilation of the laundry, if located within the specialty care assisted living facility. Provisions shall also be made to prevent the re-circulation of air in commercial equipment laundries into heating and air conditioning systems outside the laundry area. (d) Lint Traps. Adequate, effective, and clean lint traps shall be used in all dryers. This Rule is not met as evidenced by: Based on observation and interview the facility failed to keep laundry lint traps clean. Findings: On the afternoon of August 26, 2024, during a tour of the facility it was revealed that the lint traps in the dryers of Saint Charles Hallway were not clean. Debris and dirt were located behind the dryers and washer machines. An interview with EI#10 revealed that the lint traps are to be cleaned by the "care associate after use of the dryer, but maintenance will clean them if asked". The lint traps were not cleaned on subsequent	A 901		

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A 901	Continued From page 4 multiple observations by the surveyor during the period of August 26, 2024 through August 28, 2024. An interview with EI#1 on the afternoon of August 27, 2024, revealed the caregiver is responsible to clean lint traps when drying clothes. EI#1 concurred with the surveyor observations.	A 901		
A1203	420-5-20-.12 (5) Physical Environment. (5) General Building Requirements - 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 16 mesh screens. Screen doors shall be equipped with self-closing devices.	A1203		

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A1203	Continued From page 5 (e) Emergency Lighting. 1. All specialty care assisted living facilities shall provide an emergency artificial lighting system to adequately illuminate halls, corridors, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces. 2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes. (f) Floors. 1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish. 2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility. (g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair. (h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. Windows in specialty care facilities may have devices which prevent full opening of the window.	A1203		

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A1203	Continued From page 6 (i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes. (j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30 - 36 inches above the floor and returned to the wall at each end. (k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purposes. All walls and doors under stairs shall meet the same fire rating as the stairwell. (l) Doors. 1. In each new specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom shall swing into the bedroom. 2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location. 3. Resident bedroom and other exit access doors in specialty care assisted living facility shall be at least three feet wide. 4. Exterior egress doors except the main entry/exit door, may be equipped with a	A1203		

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delayed egress locking system installed in accordance with NFPA 101. Other exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special Requirements portion of this section.

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.

(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.

(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.

1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance.

2. A visual inspection of each fire extinguisher shall be conducted monthly by a designated staff of the facility and documented on

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A1203	Continued From page 8 the attached extinguisher tag by the designated staff person. (o) Call System. A central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard. (p) Manufactured homes/mobile homes are not permitted. (q) Fireplaces and inserts shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens or doors. (r) Exit marking. In all facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power. (s) Heating, Lighting, and other Service Equipment. 1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and	A1203		

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A1203	Continued From page 9 shall be maintained in accordance with manufacturer's recommendation. 2. Open flame and portable heaters are prohibited in specialty care assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules. 3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all specialty care assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the building in a safe operating condition. Findings: Call System On the evening of August 26, 2024 the surveyor attempted to activate the call light in room 100 to assess for functionality. The call light was not working. The call lights in all rooms, facility wide, were evaluated. The following rooms had call lights that were not functioning: 100, 101, 103, 104, 106, 108, 112, 114, 204, 207, 211, 300, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 404, and 405. Of the 27 rooms found with call lights not functioning ten (10) were unoccupied. An immediate plan of action was requested by the surveyor and implemented by EI#1 and EI#2	A1203		

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A1203	Continued From page 10 on August 26, 2024, at approximately 6:29PM. The plan of action included replacing batteries. The process for obtaining parts for the call lights that were still not operational after batteries were replaced began. Rooms 103, 211, 302, 303, and 305 were occupied rooms in which the call lights would not work with new batteries. Residents of these rooms were given alternative methods to call for assistance to ensure safety. Rooms 101, 112, 204, 306, and 308 will remain unoccupied until the call light system in those rooms is operational. On the morning of August 27, 2024, the residents with temporary call devices were assessed for ability to utilize those devices. Each resident demonstrated ability to use their alternative device. On the evening of August 28, 2024, an interview was conducted with EI#1. EI#1 was asked why the call lights were not working. EI#1 said some needed batteries and others need parts or replacing. EI#1 was asked why call lights should be in working order. EI#1 said if a resident needed assistance they can call for help. Building: On a tour of the facility on the afternoon of August 26, 2024, it was revealed that the air conditioning intake vent grills were not properly secured and were missing some of the fasteners to safely hold the grill in place. In an interview that same afternoon with EI#10, EI#10 concurred the fasteners were missing and would notify his supervisor. A tour of the facility grounds on the evening of August 26, 2024 revealed the arbor overhead	A1203		

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A1203	Continued From page 11 support beam, over the area of the air conditioning units, was rotten and the beam was degraded. During an interview with EI#1 and EI#11 on afternoon of 27 August 2024, both EI#1 and EI#11 concurred with the surveyor's observation. THERESA HARRISON, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE	A1203		