

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/20/2025
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NAME OF PROVIDER OR SUPPLIER BRENNITY AT FAIRHOPE	STREET ADDRESS, CITY, STATE, ZIP CODE FIFTY SPRING RUN ROAD FAIRHOPE, AL 36532
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A 000	<p>Initial Comments</p> <p>On August 20, 2025, an unannounced licensure survey and complaint investigation were conducted for this 143 bed Assisted Living Facility with a census of 55.</p> <p>There were two complaints investigated during this survey. LC#20230110009 and LC#20230809013 were unsubstantiated.</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 risk or potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 602	<p>420-5-4-.06 (2) (a) (b) (c) Care of Residents.</p> <p>(2) Medical Examination Record.</p> <p>(a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following:</p>	A 602		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 602	<p>Continued From page 1</p> <ol style="list-style-type: none"> 1. All of the physician's diagnoses, and the resident's baseline weight and vital signs. 2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration). 3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact. 4. Documentation of evaluation for tuberculosis within the previous 12 months. <p>(b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following:</p> <ol style="list-style-type: none"> 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. 	A 602		

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A 602	<p>Continued From page 2</p> <p>(c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following:</p> <ol style="list-style-type: none"> 1. New diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. <p>This Rule is not met as evidenced by: Based on record review and interview, required information was not documented on residents' initial admission medical examination records.</p> <p>Findings:</p> <p>On the afternoon of August 19, 2025 during record review it was revealed that Resident Identifier (RI)#2 and RI#3 records did not have initial baseline vital signs of temperature and respirations. RI#5 did not have an initial baseline weight recorded as required. RI#2 was admitted</p>	A 602		

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A 602	Continued From page 3 on April 30, 2025 with diagnoses that included idiopathic peripheral neuropathy, coronary artery disease, acquired hypothyroidism, major depression, and osteoarthritis. RI#3 was admitted May 2, 2025 with diagnoses that included chronic kidney disease, stage 3 A, asthma, bilateral lower leg edema, rash, and hypertension. RI#5 was admitted on August 4, 2022 with diagnoses that included emphysema, chronic kidney disease, stage 3, general weakness, chronic heart failure, hypertension, gout and hyperlipidemia. During an interview with Resident Service Director, Employee Identifier (EI) #2, EI#2 stated we had missed that on admission, we will correct that in future.	A 602		
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	A 613		

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A 613	<p>Continued From page 4</p> <p>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.</p> <p>(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by 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 observation, interview and record review, the facility failed to obtain a physician's order for a resident to manage and have custody of their own medication. The facility also failed to follow physician orders.</p> <p>Findings:</p> <p>On the morning of August 19, 2025 the surveyor observed RI#12, with Nystatin powder at RI#12's bedside. EI#2 stated that RI#2 had orders from</p>	A 613		

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A 613	<p>Continued From page 5</p> <p>the physician to keep medications at bedside. Record review revealed there was no current order to keep medications at the bedside. EI#2 contacted the prescriber and clarified the order.</p> <p>On the afternoon of August 19, 2025 during record review it was revealed that RI#3 had been administered Ofloxacin ophthalmic solution past the ordered end date. RI#3 was admitted to the facility on May 2, 2025 with diagnoses that included chronic kidney disease, asthma, rheumatoid arthritis, bilateral leg edema, rash and hypertension. The physician ordered Ofloxacin ophthalmic solution 0.3% to be administered three times daily as needed for 7 days. The order was started on August 2, 2025 and should have ended on August 9, 2025. RI#3's medication administration record revealed that 28 doses were administered between the stop date of August 9th and August 19th, 2025. EI#2 notified the prescriber and no further orders were received.</p>	A 613		
A 615	<p>420-5-4-.06 (7) (j) Care of Residents.</p> <p>(j) All medications administered to residents and all medications self-administered with assistance of facility staff in an assisted living facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the following:</p> <p>1. The name of the resident to whom the medication was administered or assisted.</p>	A 615		

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A 615	<p>Continued From page 6</p> <p>2. The name of the medication administered or assisted.</p> <p>3. The dosage of the medication administered or assisted.</p> <p>4. The method of administration or assistance.</p> <p>5. The site of injection or application, if the medication was injected or applied.</p> <p>6. The date and time of the medication administration or assistance.</p> <p>7. Any adverse reaction to the medication.</p> <p>8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, medications were not documented contemporaneously.</p> <p>Findings:</p> <p>RI#10 was admitted to the facility on August 12, 2025, with a diagnosis of GERD (Gastro Esophageal Reflux Disease) and an order for Carafate 1 GM (gram) by mouth four times a day.</p> <p>On the afternoon of August 19, 2025, EI#6, a caregiver, was asked to let the surveyor observe</p>	A 615		

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A 615	<p>Continued From page 7</p> <p>a medication pass. At that time EI#6 was approximately ten to fifteen feet from the medication cart, pulling a bag of garbage out of a trash can. EI#6 said she had already passed a medication to RI#10. The surveyor asked to see what medication had been given. EI#6 pulled up the Medication Administration Record (MAR) and said, "I will sign it out now." EI#6 was asked why she did not sign the medication out when she gave it to RI#10. EI#6 said, "I just didn't." When asked when she was supposed to sign out medications she had given, EI#6 said after she gives them.</p> <p>On the afternoon of August 20, 2025, EI#2 was asked about the Carafate not being signed out when it was administered by EI#6. EI#2, with EI#1 present, said EI#6 had been written up, it should not have happened and they would be having in-services with all caregivers. EI#1 said that was the plan.</p>	A 615		
A 703	<p>420-5-4-.07 (3) Food Service.</p> <p>(3) Dietary Service.</p> <p>(a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents.</p>	A 703		

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A 703	<p>Continued From page 8</p> <p>(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals.</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days.</p>	A 703		

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A 703	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure they had a three day emergency supply of non-perishable food.</p> <p>Findings:</p> <p>On the morning of August 20, 2025, an observation was made with EI#10, the dietary manager, of the emergency, non-perishable food supply. EI#10 calculated the potable water supply on hand and said, "That's barely two days worth." EI#10 presented a disaster menu but did not have items listed on that menu. EI#10 said there was not 3 days worth of non-perishable food. EI#10 said the emergency supply was not budgeted so he had not established it.</p> <p>On the afternoon of August 20, 2025, EI#1 said she had never heard that the emergency food supply was not budgeted. EI#1 also said she did not know they did not have what they were supposed to have.</p>	A 703		
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 10</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 11</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 12</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 13</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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NAME OF PROVIDER OR SUPPLIER BRENNITY AT FAIRHOPE	STREET ADDRESS, CITY, STATE, ZIP CODE FIFTY SPRING RUN ROAD FAIRHOPE, AL 36532
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A 804	<p>Continued From page 14</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 facility failed to ensure kitchen equipment was maintained and free of dust, grease and dirt.</p> <p>Findings:</p> <p>On the morning of August 20, 2025, an observation was made of the kitchen with EI#10. Two ovens that were not operational were found with a buildup of grease and baked on food debris. One of two convection ovens was found with a heavy buildup of baked on food debris. The Venta-hood over the cooking areas was found with a grease build-up on pipes that were over food while it was cooking. The grease had a heavy accumulation of dust-like debris stuck to the grease. One of the greasy pipes had a dead bug stuck to it. EI#10 said the Venta-hood should be cleaned. A food preparation table had a shelf under it where cutting boards were standing in a rack. That shelf had a brownish buildup of dust and debris. EI#10 said he checked for adequate cleaning of kitchen equipment once a week, but is not detailed enough when he does.</p> <p>On the afternoon of August 20, 2025, EI#1 said she was surprised to hear the kitchen equipment was not clean.</p>	A 804		

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A 901	Continued From page 15	A 901		
A 901	<p>420-5-4-.09 (1) (2) Laundry.</p> <p>(1) General.</p> <p>(a) Direction and Supervision. Responsibility for laundry services shall be assigned to an employee.</p> <p>(b) Linen. Linens shall be handled, stored, processed, and transported in a manner consistent with generally accepted infection control practices.</p> <p>(2) Location and Space Requirements.</p> <p>(a) Each 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 in Group and Congregate facilities 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 installed in such a manner that they do not cause a sanitation problem or offensive odors.</p> <p>(b) Each assisted living facility shall have a system in place to keep clean linen and dirty linen separated and to prevent the reuse 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.</p> <p>(c) Ventilation of Laundry. Provisions shall be made for proper mechanical ventilation</p>	A 901		

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A 901	<p>Continued From page 16</p> <p>of the laundry, if located within the assisted living facility. Provisions shall also be made to prevent the re-circulation of air in commercial equipment laundries into the heating and air conditioning systems outside the laundry area.</p> <p>(d) Lint Traps. Adequate, effective, and clean lint traps shall be used in all dryers.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure lint traps were clean in all dryers.</p> <p>Findings:</p> <p>During a tour of the facility, on the morning of August 19, 2025, the surveyor observed that the 300 Hallway, laundry room dryer, lint trap was not cleaned. The lint trap was occluded with lint presenting a potential fire hazard. During an interview, on the morning of August 19, 2025 with EI#1, EI#1 concurred with the surveyor's observation. EI#1 had the maintenance department clean the lint trap.</p>	A 901		
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</p>	A1001		

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A1001	<p>Continued From page 17</p> <p>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. 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>	A1001		

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A1001	<p>Continued From page 18</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> <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</p>	A1001		

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A1001	<p>Continued From page 19</p> <p>failed to maintain proper hot water temperatures.</p> <p>Findings:</p> <p>On the morning of August 19, 2025, during a tour of the facility it was revealed that bathroom hot water temperatures in room 306 exceeded 110 degrees F. During an interview with EI#2, EI#2 concurred with the surveyor's observation that temperatures exceeded 110 F (Room 306 115.4 F). The facility maintenance department immediately adjusted and corrected the hot water temperature to be within regulation.</p> <p>THERESA HARRISON, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p>	A1001		