Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D3912	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR VIEW ASSISTED LIVING	2001 COUNTY ROAD 394 KILLEN, AL 35645

(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 February 4, 2026, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 14. There was one complaint investigated during this survey. LC#20220607001 was unsubstantiated with no deficiencies cited 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 420-5-4, 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.	A 000		
A 405	420-5-4-.04 (6) Personnel. (6) Training. (a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below: 1. State law and rules on assisted living facilities. 2. Facility policies and procedures.	A 405		

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A 405	Continued From page 1 3. Resident rights. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 10. Special needs of the elderly, mentally ill, and mentally retarded. 11. Safety and nutritional needs of the elderly. 12. Identifying signs and symptoms of dementia. (b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an	A 405		

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A 405	Continued From page 2	A 405		

automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization.

(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.

(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure all employees were trained in cardiopulmonary resuscitation (CPR) within 90 days of hire. In addition, staff were not trained in the special needs of one resident.

Findings:

CPR Certification

Review of employee files, on February 4, 2026, revealed that Employee Identifier (EI)#8 had been employed at the facility since October 3, 2025 and had not completed CPR certification training. On February 4, 2026, EI#2 agreed that EI#8 had not completed the required CPR training but

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A 405	Continued From page 3 added that EI#8 was scheduled for training in March 2026. EI#2 also added that EI#8 always worked with another employee at the facility who was certified in CPR. Special Needs Training Resident Identifier (RI)#4 had resided at the facility since February 8, 2025. RI#4 had a diagnosis of prostate cancer and had an indwelling Foley catheter to manage urinary retention which RI#4 self-managed. Review of employee files and training records, on February 4, 2026, revealed staff had not been trained in Foley catheters. On February 4, 2026, EI#2 acknowledged that this special needs training had not been completed for staff.	A 405		
A 617	420-5-4-.06 (8) Care of Residents. (8) Disposal of Medications. 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. 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	A 617		

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A 617	Continued From page 4	A 617		

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.

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.

This Rule is not met as evidenced by:
Based on record review and interview, disposition of a resident's medications upon discharge was not documented as required.

Findings:

Review of residents' records, on February 4, 2026, revealed the following information.

RI#6 was admitted to the facility on May 15, 2025 and had diagnoses which included dementia, hypertension, polymyalgia and hypothyroidism. RI#6 was discharged from the facility to a specialty care assisted living facility on January 15, 2026. RI#6's medications were released to RI#6's sponsor upon discharge from the facility. The Medication Release Form which documented RI#6's medications upon discharge did not include the prescription numbers for each

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A 617	Continued From page 5 medication. On February 4, 2026, EI#2 agreed this required information was missing from the Medication Release Form. CONNIE CHERRY, REGISTERED NURSE	A 617		