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| COUNTRY PLACE SENIOR LIVING OF BREWTON | 905 BELLEVIEW AVENUE BREWTON, AL 36426 |

| (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 |
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| A 000 | Initial Comments<br><br>On March 25, 2026, an unannounced licensure survey was conducted for this 28 bed Assisted Living Facility (ALF) with a census of 23.<br><br>There were three complaints investigated during this survey. LC#20260316002 and LC#20250924004 were substantiated and deficiencies were cited as a result of these complaint investigations. LC#20230123015 was unsubstantiated but one deficiency was cited as a result of the investigation of the complaint.<br><br>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 of harm to the residents and require a plan of correction. | A 000 | | |
| A 301 | 420-5-4-.03 (1) (a) (b) (c) (d) Administration.<br><br>The Assisted Living Facility Governing Authority.<br><br>(a) An assisted living facility shall have an identified sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, or it shall have a designated individual or group of designated individuals who serve as its governing authority. A facility must give complete information to the Department identifying:<br><br>1. Each person who has an ownership interest of 10 percent or more of the governing authority.<br><br>2. Each person or entity who has an | A 301 | | |

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| A 301 | Continued From page 1<br>ownership interest of 10 percent or more in the real property or building used by the assisted living facility to offer its services.<br><br>3. Each officer and each director of the corporation if the governing authority is a corporation.<br><br>4. Each partner, including any limited partners, if the governing authority is a partnership.<br><br>(b) The governing authority shall submit any changes to the information listed above to the Department within 15 days of the change.<br><br>(c) Responsibility of Staff to Governing Authority. The administrator, medical staff, facility personnel, and all auxiliary organizations shall be directly or indirectly responsible to the governing authority. For the purposes of these rules, auxiliary organizations include but are not limited to licensed or certified outside providers, consultants, management companies that are not the facility license holder.<br><br>(d) The governing authority is responsible for appointing and supervising the administrator who is responsible for overall management and the day-to-day operation of the facility. Under no circumstances shall the facility operate without a licensed administrator for greater than 45 days.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews and record reviews, the governing authority failed to ensure the facility operated in compliance with the SBOH | A 301 | | |

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| A 301 | Continued From page 2<br>rules for ALFs. The governing authority's lack of adequate oversight resulted in repeat deficient practices which placed all 23 residents of the facility at risk for harm due to this failure to apply the SBOH rules for the day to day operations of the facility.<br><br>Findings:<br><br>Employee Identifier (EI)#11, the Director of Operations, was interviewed regarding the repeat citations. EI#11 was asked what oversight was provided after the the July 17, 2024, survey. EI#11 answered onsite visits every three months. EI#11 said her visits, weekly phone meetings, task reminders of what needed to be done and email reminders were put in place to deter repeat deficiencies. EI#11 said she as the Director of Operations, was to provide oversight. EI#11 was asked what she did with the documentation that, according to the plan of correction, was sent to her monthly. EI#11 said she reviewed it. EI#11 was asked what documentation she had to support she made the three monthly visits to the facility and quarterly visits afterward. EI#11 said she had her travel documentation. EI#11 said she did not know why there were repeat deficiencies from the July 17, 2024, survey.<br>NOTE: Six deficiencies were cited that were repeated from the July 17, 2024, survey. Therefore, the plan of correction submitted by the facility was not implemented and maintained.<br><br>The following deficient practices were cited during the onsite survey due to a lack of management and oversight of the facility by the governing authority.<br>302 - The facility failed to follow it's own policies. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024. | A 301 | | |

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| A 301 | Continued From page 3<br>303 - The former facility administrator failed to ensure the Plan of Correction was implemented and maintained. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br>405 - Training was not provided prior to resident contact. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br>504 - The plan of correction from the previous suvey conducted July 17, 2024, was not posted.<br>602 - Residents' medical examination was incomplete or incorrect.<br>611 - Residents' care plans were not current and did not contain appropriate interventions to address the care needs of the resident. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br>612 - The facility failed to have an activity program designed to meet the needs of each resident.<br>614 - Residents were not given the opportunity to utilize the unit dose packaging system. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br>702 - The facility failed to: 1) ensure food items were stored in a manner to protect them from potential contamination. 2) to ensure the only sink in the kitchen had soap and paper towels for hand hygiene 3) to have documentation logs demonstrating that the facility was monitoring for proper food storage temperatures and 4) the food temperature logs had not been completed since March 1, 2026. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br>703 - The facility failed to post the current weekly menu in the food service area.<br>1203 - The facility failed to provide a functional call system for each resident. | A 301 | | |

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| A 302 | Continued From page 4 | A 302 | | |
| A 302 | 420-5-4-.03 (1) (e) Administration.<br><br>Policies.<br><br>The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:<br><br>(i) Facility responsibility to protect all residents from abuse, neglect, and exploitation.<br><br>(ii) How allegations of abuse, neglect, and exploitation will be handled by the facility.<br><br>(iii) Resident confidentiality.<br><br>(iv) Admission and continued stay criteria.<br><br>(v) Discharge criteria and notification procedures for residents and sponsors.<br><br>(vi) Facility responsibility when a resident's personal belongings are lost.<br><br>(vii) What services the facility is capable and not capable of providing. | A 302 | | |

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| A 302 | Continued From page 5<br>(viii) Medication management.<br>(ix) Infection control.<br>(x) Meal service, timing, menus and food preparation, storage, and handling.<br>(xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness.<br>(xii) Staffing and conduct of staff while on duty.<br>(xiii) Oxygen administration and storage if used in the facility.<br>(xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address:<br>(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.<br>(II) The attire and cleanliness of staff members who prepare, handle, or serve food.<br>(III) A schedule of meals, which shall include between-meal nourishment or snacks, | A 302 | | |

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| A 302 | Continued From page 6<br>and fluids.<br><br>(IV) Food substitutions or alternatives.<br><br>(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.<br><br>(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.<br><br>(VII) Provision of necessary services to any resident requiring adaptive devices to eat.<br><br>(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.<br><br>(IX) Storage of food.<br><br>(X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to follow it's own policies.<br><br>Findings:<br><br>According to the facility's Medical Exam (Examination) & Service Plan policy, "... 2. The Medical Exam & Service Plan shall include the following documentation: a. All of the physician's diagnoses. ..." Refer to deficiency 602 for | A 302 | | |

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| A 302 | Continued From page 7<br>additional information.<br><br>According to the facility's Food Service Sanitation policy, "... POLICY: To ensure that this facility appropriately ... follows appropriate sanitary food preparation and handling techniques. 5. ... A record for each test shall be maintained ... 10. Keep cabinet shelves neat and clean. 14. ... Kitchen trash and garbage shall be placed in suitable containers ..." Refer to deficiency 702 for additional information. | A 302 | | |
| A 303 | 420-5-4-.03 (2) (a) Administration.<br><br>The Administrator.<br><br>(a) Responsibility.<br><br>1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties.<br><br>2. Any individual employed as an administrator shall be properly licensed.<br><br>3. Any individual employed as an administrator shall meet all applicable statutory requirements.<br><br>4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the administrator during absences.<br><br>5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age. | A 303 | | |

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| A 303 | Continued From page 8<br><br>6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.<br><br>7. The administrator shall ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week.<br><br>8. The administrator shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe environment and adequate care being provided at all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided, then the facility does not meet this administration and management requirement.<br><br>9. The facility administrator is responsible for ensuring that required training is provided to all staff.<br><br>10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting.<br><br>11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed.<br><br>12. The administrator shall ensure that plans of care for all residents are current and | A 303 | | |

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| A 303 | Continued From page 9<br>appropriate. This shall include the prearranged discharge plan.<br><br>13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews and interviews, the former administrator failed to ensure the plan of correction from the July 17, 2024, survey was implemented.<br><br>Findings:<br><br>The following deficiencies were repeated from the July 17, 2024, survey:<br><br>303 - The former facility administrator failed to ensure the Plan of Correction was implemented and maintained. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br>405 - Training was not provided prior to resident contact. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br>611 - Residents' care plans were not current and did not contain appropriate interventions to address the care needs of the resident. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br>614 - Residents were not given the opportunity to utilize the unit dose packaging system. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br>702 - The facility failed to: 1) ensure food items were stored in a manner to protect them from | A 303 | | |

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| A 303 | Continued From page 10<br>potential contamination. 2) to ensure the only sink in the kitchen had soap and paper towels for hand hygiene 3) to have documentation logs demonstrating that the facility was monitoring for proper food storage temperatures and 4) the food temperature logs had not been completed since March 1, 2026. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 17, 2024.<br><br>On the morning of March 25, 2026, EI#1, the Administrator, agreed these were repeat deficiencies and they would be corrected. | A 303 | | |
| A 405 | 420-5-4-.04 (6) Personnel.<br><br>(6) Training.<br><br>(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:<br><br>1. State law and rules on assisted living facilities.<br><br>2. Facility policies and procedures.<br><br>3. Resident rights.<br><br>4. Current certification from the | A 405 | | |

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| A 405 | Continued From page 11<br>American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.<br><br>5. Identifying and reporting abuse, neglect, and exploitation.<br><br>6. Basic first aid.<br><br>7. Advance directives.<br><br>8. Protecting resident confidentiality.<br><br>9. Resident fire and environment safety.<br><br>10. Special needs of the elderly, mentally ill, and mentally retarded.<br><br>11. Safety and nutritional needs of the elderly.<br><br>12. Identifying signs and symptoms of dementia.<br><br>(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 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 | A 405 | | |

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| A 405 | Continued From page 12<br>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.<br><br>(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.<br><br>(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to train a caregiver prior to resident contact.<br><br>Findings:<br><br>Review of employee files on March 24, 2026 revealed EI#8, a former caregiver, did not receive training prior to resident contact. On the afternoon of March 24, 2026, EI#8 reported she was not trained prior to resident contact. Later that afternoon, EI#1 agreed staff should be trained prior to resident contact. | A 405 | | |
| A 504 | 420-5-4-.05 (3) (d) Records and Reports.<br><br>(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 | A 504 | | |

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| A 504 | Continued From page 13<br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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. | A 504 | | |

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| A 504 | Continued From page 14<br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>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 | A 504 | | |

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| A 504 | Continued From page 15<br>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.<br><br>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.<br><br>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.<br><br>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:<br><br>(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. | A 504 | | |

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| A 504 | Continued From page 16<br>(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<br><br>(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.<br><br>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.<br><br>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.<br><br>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.<br><br>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 | A 504 | | |

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| A 504 | Continued From page 17<br>inspection and any resulting corrective action plan shall be posted.<br><br>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.<br><br>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.<br><br>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.<br><br>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.<br><br>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.<br><br>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. | A 504 | | |

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| A 504 | Continued From page 18<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the previous survey results were not posted.<br><br>Findings:<br><br>On the evening of March 23, 2026, an observation was made for required postings with EI#2, the Licensed Practical Nurse (LPN). The previous state inspection Plan of Correction report was not posted. During this observation EI#2 acknowledged the Plan of Correction should have been posted. | A 504 | | |
| A 602 | 420-5-4-.06 (2) (a) (b) (c) Care of Residents.<br><br>(2) Medical Examination Record.<br><br>(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:<br><br>1. All of the physician's diagnoses, and the resident's baseline weight and vital signs. | A 602 | | |

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| A 602 | Continued From page 19<br>2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).<br><br>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.<br><br>4. Documentation of evaluation for tuberculosis within the previous 12 months.<br><br>(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:<br><br>1. The resident's weight and vital signs.<br><br>2. Changes in diagnoses.<br><br>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).<br><br>4. Changes in treatment.<br><br>(c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination | A 602 | | |

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| A 602 | Continued From page 20<br>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:<br><br>1. New diagnoses.<br><br>2. Changes in condition.<br><br>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).<br><br>4. Changes in treatment.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure the physician's medical examinations were completed accurately and included all required information.<br><br>Findings:<br><br>Review of resident medical records on the morning of March 24, 2026, revealed:<br>Resident Identifier (RI)#3 was admitted to the facility on February 24, 2021. The annual medical examination dated August 22, 2025, listed, "All Diagnosis: No new diagnoses" and the respiration rate as "95". This rendered the medical examination both incomplete and inaccurate. | A 602 | | |

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| A 602 | Continued From page 21<br><br>RI#4 was admitted to the facility on October 1, 2021, with diagnoses to include iron deficiency anemia, anxiety disorder, insomnia, hypertension and osteoporosis. RI#4's annual medical examination dated August 14, 2025, revealed a respiration rate of 94.<br><br>On the afternoon of March 24, 2026, EI#1 and EI#2 agreed the medical examination records were not accurate and RI#3's diagnoses should have been listed. | A 602 | | |
| A 611 | 420-5-4-.06 (4) (a) (b) Care of Residents.<br><br>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.<br><br>(a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times.<br><br>(b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately | A 611 | | |

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| A 611 | Continued From page 22<br>dated.<br><br>1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:<br><br>2. A listing of the resident's individual needs or problems that require intervention by the facility.<br><br>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.<br><br>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.<br><br>5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.<br><br>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.<br><br>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to | A 611 | | |

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| A 611 | Continued From page 23<br>prevent dry, cracked lips.<br><br>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.<br><br>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.<br><br>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.<br><br>(vi) Personal Safety. Residents shall be provided assistance with personal safety.<br><br>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, residents' facility care plans were not current and did not contain appropriate interventions to meet the care and safety needs of the residents.<br><br>Findings:<br><br>Review of residents' facility care plans, on March 24 - 25, 2026, revealed the following information.<br><br>RI#2<br>RI#2 had resided at the facility since February 12, 2026. RI#2 was admitted with a visual deficit and required large magnifying glasses to read. RI#2's facility care plan did not address the visual deficit | A 611 | | |

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| A 611 | Continued From page 24<br>or use of magnifying glasses.<br><br>RI#3<br>Refer to citation 602 for additional information regarding RI#3. RI#3's medical examination completed by the physician, indicated RI#3 "Requires physical assist with ADLs (Activities of Daily Living) ADLs are ... Bathing ..." RI#3's facility care plan indicated, "... bathes independantly ..."<br><br>On the morning of March 25, 2026, EI#1 agreed the facility care plans should be developed to address resident specific needs. | A 611 | | |
| A 612 | 420-5-4-.06 (4) (c) (d) (e) (f) Care of Residents<br><br>(c) The facility shall offer appropriate activity programs to each resident, maintaining supplies and equipment as necessary to implement the activity programs. Every day the facility shall provide activities appropriate to each resident.<br><br>(d) Pets residing at the facility or used in activity programs shall be in good health and shall have current vaccinations as required by law. Vaccination certificates, or copies of vaccination certificates, shall be kept on file at the facility to demonstrate compliance with this requirement.<br><br>(e) Mail, Telegrams, and Other Communications.<br><br>1. Incoming mail, telegrams, and other written communications addressed to the resident shall be delivered to the resident unopened. Outgoing mail shall be promptly delivered to | A 612 | | |

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| A 612 | Continued From page 25<br>regular postal channels upon receipt from the resident. Residents shall be permitted to place and receive telephone calls at the facility in complete privacy.<br><br>2. Personnel of the facility shall assist residents with communications, such as writing letters or assisting with writing letters, or reading mail out loud if requested to do so.<br><br>(f) Appointments. Residents shall be assisted in making and keeping appointments.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to have an activity program designed to meet the needs of each resident.<br><br>Findings:<br><br>During a tour of the facility, on March 24, 2026, the surveyor observed a monthly calendar of activities for the facility residents. The activity calendar which showed two scheduled activities daily to include coffee sip and chat. EI#3, the activities director, acknowledged coffee sip and chat was not an activity. EI#3 also said three to four activities were not offered on Saturday and Sunday. Review of the folder provided to new residents indicated three to four activities would be offered daily.<br><br>On the morning of March 25, 2026, EI#1 acknowledged the activity calendar did not offer three to four activities on Saturday and Sunday. EI#1 also said residents can drink coffee any time of day. | A 612 | | |

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| A 614 | 420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.<br><br>(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 self-administers his or her medications without creating an unreasonable risk to health and safety.<br>(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:<br><br>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.<br><br>(6) Assistance with self-administration of medication includes the following practices:<br><br>(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 | A 614 | | |

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| A 614 | Continued From page 27<br>relation to mealtimes or other activities such as arising from bed or retiring to bed.<br><br>(b) Physically assisting a resident by opening or helping to open a container holding medications.<br><br>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.<br><br>(d) Physically bringing a container of medication to a resident.<br><br>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:<br><br>(a) Medication administration as defined in<br>these rules.<br><br>(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.<br><br>(c) Giving a resident injections of any kind.<br><br>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.<br><br>(e) Placing medications in a feeding tube. | A 614 | | |

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| A 614 | Continued From page 28<br>(f) Giving enemas or suppositories.<br><br>(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 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.<br><br>(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.<br><br>(i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, | A 614 | | |

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| A 614 | Continued From page 29<br>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, 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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, residents were not given the opportunity to utilize the unit dose package system and protect themselves from a medication error.<br><br>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.<br><br>Findings:<br><br>On March 16, 2026, the ADPH received an anonymous complaint alleging medications were not given correctly.<br><br>Residents were not given the opportunity to utilize the unit dose package system:<br>Residents were interviewed and asked if they were given the opportunity to identify their medications when staff assisted them.<br>RI#1 said not always. | A 614 | | |

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| A 614 | Continued From page 30<br>RI#4 said, "They bring them in a cup."<br>EI#4, a caregiver, was interviewed on the morning of March 25, 2026. EI#4 acknowledged she had taken pills to the residents in a cup after supper. EI#4 claimed this was how EI#9, the former administrator, trained her to assist with medications. EI#4 said an interim administrator had told them they were doing it incorrectly, but noone had ever trained them the correct way.<br><br>On the morning of March 25, 2026, EI#1 agreed staff should not take a cup of pills to resident without giving those residents the opportunity to protect themselves from a medication error. | A 614 | | |
| A 702 | 420-5-4-.07 (2) Food Service<br><br>(2) Food Handling Procedures.<br><br>(a) Dish and Utensils Washing, Disinfection, and Storage.<br><br>1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.<br><br>2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:<br><br>(i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or<br><br>(ii) A cold water sanitizer. A sanitizing | A 702 | | |

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| A 702 | Continued From page 31 | A 702 | | |

solution shall be used in accordance with manufacturer's instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.

3. Dishes and utensils shall be allowed to air dry.

4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.

5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility.

(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand 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

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| A 702 | Continued From page 32<br>container outside the ice bin.<br><br>(c) Protection of Food from Contamination.<br><br>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.<br><br>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.<br><br>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.<br><br>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.<br><br>5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared.<br><br>6. All food products shall be used by the manufacturer's indicated date or discarded. | A 702 | | |

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| A 702 | Continued From page 33<br>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.<br><br>8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.<br><br>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).<br><br>10. Laundry shall not be brought through the food preparation or service area.<br><br>(d) Storage and Service of Milk and Ice Cream.<br><br>1. Milk and fluid milk products shall be 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. | A 702 | | |

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| A 702 | Continued From page 34<br><br>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.<br><br>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.<br><br>(e) Kitchen Garbage and Trash Handling.<br><br>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.<br><br>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.<br><br>(f) Employees' Cleanliness.<br><br>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 | A 702 | | |

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contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.

2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.

3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.

(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.

(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.

(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities.

(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.

(k) Laundering of clothing shall not be permitted in food preparation or service areas.

This Rule is not met as evidenced by:
Based on observation, record review and

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interview, the facility failed to: 1) ensure food items were stored in a manner to protect them from potential contamination. 2) to ensure the only sink in the kitchen had soap and paper towels for hand hygiene 3) to have documentation logs demonstrating that the facility was monitoring for proper food storage temperatures and 4) the food temperature logs had not been completed since March 1, 2026.

THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.

Findings:

On September 24, 2025, the ADPH received an anonymous complaint alleging no temperature monitoring for the refrigerator or freezer.

On the afternoon of March 23, 2026, an observation was made of the kitchen. There were no paper towels to dry hands by the only handwashing sink in the kitchen. Also, there was no hands-free trash can so staff could dispose of paper towels without the potential for cross contamination. Record review revealed the temperature logs for the refrigerator and freezer had not been completed since March 18, 2026. Also, the food temperature logs had not been completed since March 1, 2026. In the dry storage area there was a case of food on the floor with another case of food on top of it. One of the shelves in dry storage had a tray on it with what appeared to be spilled food.

On the afternoon of March 24, 2026, EI#10, the dietary manager, was asked why temperature logs were not up to date. EI#10 said she had worked sixteen days straight and had three more days to go. When asked why there was a food

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| A 702 | Continued From page 37<br>spill on a tray in dry storage, EI#10 said it had spilled from a shelf above the tray. When asked why there were cases of food stacked on the floor, EI#10 said when the truck came, the cases were not put up as they should have been. | A 702 | | |
| A 703 | 420-5-4-.07 (3) Food Service.<br><br>(3) Dietary Service.<br><br>(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.<br><br>(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.<br><br>(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 | A 703 | | |

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| A 703 | Continued From page 38<br>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.<br><br>(d) Alternate food selections or substitutes shall be made available to all residents.<br><br>(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.<br><br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to post the current weekly menu in the food service area.<br><br>Findings:<br><br>On the morning of March 24, 2026, the surveyor observed the weekly menu was not posted. Later that morning EI#1 agreed the weekly menu should be posted. | A 703 | | |

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| A1203 | Continued From page 39 | A1203 | | |
| A1203 | 420-5-4-.12 (5) Physical Environment.<br><br>(5) General Building Requirements - Family, Group, and Congregate.<br><br>(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.<br><br>(b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit.<br><br>(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.<br><br>(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-closing devices.<br><br>(e) Emergency Lighting.<br><br>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. | A1203 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | D2705 | A. BUILDING: _____ B. WING _____ | C 03/25/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COUNTRY PLACE SENIOR LIVING OF BREWTON | 905 BELLEVIEW AVENUE BREWTON, AL 36426 |

| (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 |
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| A1203 | Continued From page 40<br>As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.<br><br>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.<br><br>(f) Floors.<br><br>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.<br><br>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.<br><br>(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.<br><br>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily.<br><br>(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.<br><br>(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 | A1203 | | |

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| A1203 | Continued From page 41<br>the wall at each end.<br><br>(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.<br><br>(l) Doors.<br><br>1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms shall swing into the bedroom.<br><br>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.<br><br>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.<br><br>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 assisted living facilities.<br><br>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 | A1203 | | |

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| A1203 | Continued From page 42<br>inward.<br><br>(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.<br><br>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.<br><br>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.<br><br>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.<br><br>(o) Call System. Except in Family 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.<br><br>(p) Manufactured homes/mobile homes are not permitted. | A1203 | | |

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| A1203 | Continued From page 43<br><br>(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.<br><br>(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.<br><br>(s) Heating, Lighting, and other Service Equipment.<br><br>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.<br><br>2. Open flame and portable heaters are prohibited in assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.<br><br>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 | A1203 | | |

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| A1203 | Continued From page 44<br>and the NFPA National Electrical Code.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews and record review, the facility failed to provide a functional call system for each resident.<br><br>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.<br><br>Findings:<br><br>On March 16, 2026, the ADPH received an anonymous complaint alleging the call system was broken.<br><br>On the evening of March 23, 2026, an observation was made of no call light present in a resident's room. This led to a house-wide search of each resident room. The following suites had no call light system. Suites two, three, four, five, six, eight, nine, ten, thirteen, fourteen, seventeen, eighteen, nineteen, twenty and twenty-three. Suites seven, sixteen and twenty-one had a call system device that did not work. The surveyor asked for an action plan to ensure all residents would be able to summon staff if they needed help.<br><br>EI#1, EI#2 and the surveyor identified six residents who did not voice that they would use their cell phone to summon help/assistance or did not know what to do if they did need assistance. EI#1 and EI#2 educated these six residents on how to use "clappers" to summon for help or assistance. They return demonstration was observed by the surveyor. | A1203 | | |

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| A1203 | Continued From page 45<br><br>On the afternoon of March 24, 2026, EI#11 was asked why residents were not provided a central electric or electronic call system. EI#11 said she felt like they did provide one. EI#11 said that the residents decided not to participate. She added it was a resident right not to participate.<br><br>NOTE: Residents had to pay for a land line so that the system offered by the facility would work. Thus, residents were having to pay for the call system when the facility is required by regulation to conveniently provide a central electric or electronic call system.<br><br>THERESA HARRISON, REGISTERED NURSE | A1203 | | |