

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2023
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NAME OF PROVIDER OR SUPPLIER CRIMSON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 18TH AVENUE EAST TUSCALOOSA, AL 35404
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A 000	<p>Initial Comments</p> <p>On June 6, 2023, an unannounced licensure survey was conducted for this 78 bed Assisted Living Facility (ALF) with a census of 41.</p> <p>There were eight (8) complaints investigated during this survey. LC#20230123024, LC#20210921022, LC#20210908012, LC#20210816018, LC#20210803015, LC#20200922014, LC#20200604008 and LC#20191209018 were unsubstantiated. No deficiencies were cited as a result of the complaint investigations.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.</p>	A 000		
A 508	<p>420.5.4-.05 (3) (h) Records and Reports.</p> <p>(h) Incident Investigation. When an incident, as defined below, occurs in an assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review.</p> <p>1. Incidents which require investigation are:</p>	A 508		

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

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A 508	<p>Continued From page 1</p> <p>(i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as bruising, pain, or injury that is not consistent with actions necessary in providing day to day care to a resident or for which medical treatment was sought.</p> <p>(ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid, including but not limited to: a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office.</p> <p>(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.</p> <p>(iv) Elopement by a resident.</p> <p>(v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.</p> <p>(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.</p> <p>(viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including</p>	A 508		

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A 508	<p>Continued From page 2</p> <p>those listed in Appendix I of Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).</p> <p>(ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(xi) An unplanned occurrence that results in media attention.</p> <p>(xii) A medication error, overdose, or over sedation.</p> <p>(xiii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p> <p>(iii) When the administrator was notified (date and time).</p>	A 508		

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A 508	<p>Continued From page 3</p> <p>(iv) Circumstances under which the incident occurred.</p> <p>(v) When the incident occurred (date and time).</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p> <p>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.</p> <p>(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images,</p>	A 508		

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A 508	<p>Continued From page 4</p> <p>and information created or reviewed in connection with the investigation.</p> <p>(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.</p> <p>(xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies.</p> <p>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.</p> <p>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:</p> <p>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention as defined in these rules.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported immediately to the Department of Human Resources or to appropriate law enforcement authorities as</p>	A 508		

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A 508	<p>Continued From page 5</p> <p>required by law. These documents shall be retained with the facility investigative file.</p> <p>(iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(vi) An unplanned occurrence that results in media attention.</p> <p>(vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.</p> <p>(viii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(ix) Notifiable diseases and health conditions listed in Appendix I of the Alabama Administrative Code Sec. 420-4-1-.04. shall be reported by the facility to the State Health Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than 3 years.</p> <p>(x) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>4. The report to the Department's</p>	A 508		

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A 508	<p>Continued From page 6</p> <p>Online Incident Reporting System shall include the following:</p> <ul style="list-style-type: none"> (i) Facility name and direct phone number. (ii) Time and date of the report. (iii) Reporter's name. (iv) Name of resident(s), staff, or visitor(s) involved in the incident. (v) Names of staff on duty at the time of the incident. (vi) Date and time of the incident. (vii) A brief description of the incident. (viii) Any injury or injuries to resident(s). (ix) Action taken by the facility in response to the incident. <p>This Rule is not met as evidenced by: Based on record reviews and interview, incidents were not reported to the Department's Online Incident Reporting System (OIRS) within 24 hours of the incident.</p> <p>Findings: Review of incidents reported to the OIRS</p>	A 508		

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A 508	<p>Continued From page 7</p> <p>revealed the following incidents were not reported within 24 hours of the occurrence.</p> <p>Intake ID#20230526012 incident occurred on May 2, 2023 and was reported on May 26, 2023.</p> <p>Intake ID#20221104002 incident occurred on November 3, 2022 at 6:00 AM and was reported on November 4, 2022 at 9:36 AM.</p> <p>Intake ID#20221120001 incident occurred on November 19, 2022 at 8:15 AM and was reported on November 20, 2022 at 9:48 AM.</p> <p>Intake ID#20220324006 incident occurred on March 22, 2022 at 9:15 AM and was reported on March 24, 2022 at 9:57 AM. This incident occurred while EI#1, Administrator, was not available at the facility.</p> <p>Intake ID#20220204022 incident occurred on February 3, 2022 at 2:19 PM and was reported on February 4, 2022 at 7:34 PM.</p> <p>These late reports were discussed with Employee Identifier (EI)#1 on June 6, 2023. EI#1 agreed the reports were late and stated additional staff had been trained to report incidents.</p>	A 508		
A 601	<p>420-5-4-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an</p>	A 601		

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A 601	<p>Continued From page 8</p> <p>attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or another emergency call).</p> <p>(b) Back-up Physician Support. Each assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in an assisted living facility.</p> <p>(c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who is responsible for the care of the resident and authorized to write orders by facility policy. All verbal orders must be authenticated within such</p>	A 601		

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A 601	<p>Continued From page 9</p> <p>time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, physician's orders were not followed for care of residents.</p> <p>Findings:</p> <p>Review of resident records on June 6, 2023 revealed the following information.</p> <p>Resident Identifier (RI)#3 was admitted to the facility on September 16, 2021 and had diagnoses which included dementia, hypothyroidism and hypertension. RI#3's Medical Exam and Plan of Care records dated September 3, 2021 and September 6, 2022 documented a physician's order, under "Ability to manage medications", which read "Licensed staff to administer". RI#3's Medication Assistance Records documented numerous times when RI#3's medication assistance had been provided by unlicensed staff.</p> <p>RI#4 was admitted to the facility on February 6, 2023 and had diagnoses which included osteoarthritis, dementia, atrial fibrillation, atherosclerotic cardiovascular disease and elevated cholesterol. RI#4's Medical Exam and Plan of Care dated February 6, 2023 documented a physician's order, under "Ability to manage medications", which read "Licensed staff to administer". RI#4's Medication Assistance Records documented numerous times when RI#4's medication assistance had been provided</p>	A 601		

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A 601	<p>Continued From page 10</p> <p>by unlicensed staff.</p> <p>RI#5 was admitted to the facility on February 25, 2022 and had diagnoses which included hypothyroidism, chronic kidney disease stage 3, arthritis, hyperlipidemia and diabetes mellitus II. RI#5's Medical Exam and Plan of Care dated February 23, 2022 documented a physician's order, under "Ability to manage medications", which read "Licensed staff to administer". RI#5's Medication Assistance Records documented numerous times when RI#5's medication assistance had been provided by unlicensed staff.</p> <p>These incidents which involved failure to follow physician's orders for residents medications were discussed with EI#1 on June 6, 2023. EI#1 stated she (EI#1) planned to revise the Medical Exam and Plan of Care form and remove the order for licensed staff to administer medications since medication assistance was provided in the assisted living facility and did not require licensed staff.</p>	A 601		
A 613	<p>420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(5) Medications.</p> <p>(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</p>	A 613		

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A 613	<p>Continued From page 11</p> <p>living facility only during the initial physical examination.</p> <p>(b) A physician order is required for a resident to manage and have custody of his or her own medications.</p> <p>(c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.</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 record reviews and interviews, a resident's medications were administered by</p>	A 613		

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A 613	Continued From page 12 unlicensed staff. Findings: RI#11 was admitted to the facility on February 16, 2019 and had diagnoses which included diabetes mellitus II, hypothyroidism, hyperlipidemia, hypertension, atherosclerotic heart disease, chronic kidney disease and malignant neoplasm of the breast. RI#11 was discharged from the facility on November 4, 2022. An incident report was received by the Alabama Department of Public Health on March 24, 2022, documenting a medication error which occurred on March 22, 2022. The report documented that the wrong medications were administered to RI#11 when EI#12 took a "cup of pills" to RI#11 and administered them to RI#11. EI#12 was training to be a Medication Technician when the incident occurred, was not a licensed nurse and was not qualified to administer medications to residents. When interviewed on June 6, 2023, EI#1 agreed the medications should not have been administered by EI#12 and the proper method of medication assistance was not followed.	A 613		
A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents. (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. (g) A resident that cannot self-manage	A 614		

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A 614	<p>Continued From page 13</p> <p>his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:</p> <p>1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use.</p> <p>(6) Assistance with self-administration of medication includes the following practices:</p> <p>(a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed.</p> <p>(b) Physically assisting a resident by opening or helping to open a container holding medications.</p> <p>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.</p> <p>(d) Physically bringing a container of medication to a resident.</p>	A 614		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2023
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NAME OF PROVIDER OR SUPPLIER CRIMSON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 18TH AVENUE EAST TUSCALOOSA, AL 35404
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A 614	<p>Continued From page 14</p> <p>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:</p> <p>(a) Medication administration as defined in these rules.</p> <p>(b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given.</p> <p>(c) Giving a resident injections of any kind.</p> <p>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.</p> <p>(e) Placing medications in a feeding tube.</p> <p>(f) Giving enemas or suppositories.</p> <p>(g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of 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</p>	A 614		

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A 614	<p>Continued From page 15</p> <p>crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, 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</p>	A 614		

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A 614	<p>Continued From page 16</p> <p>assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, a resident was unable to identify his/her medications and protect himself/herself from a medication error.</p> <p>Findings:</p> <p>RI#3 had resided at the facility since September 16, 2021. Refer to deficiency 601 for additional information on RI#3. On the morning of June 1, 2023, the surveyor observed EI#11, Medication Technician, attempt medication assistance for RI#3. EI#11 took the labeled packets containing medications to RI#3 and asked RI#3 repeatedly to identify if that was his/her medications. Each time RI#3 was asked to identify the medications, RI#3 would shake his/her head no and failed to identify the name on the packets. EI#11 then called EI#9, Licensed Practical Nurse, who came immediately to the unit and administered RI#3's medications. RI#3's failure to identify medications was discussed with EI#1 on the morning of June 1, 2023. RI#3 was assessed that same morning by the facility Registered Nurse and arrangements were made to discharge RI#3 from the Assisted Living Facility to the Specialty Care Assisted Living Facility as well as plans for a licensed nurse to administer RI#3's medications until discharge.</p>	A 614		

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A1002	Continued From page 17	A1002		
A1002	<p>420-5-4-.10 (2) Sanitation and Housekeeping.</p> <p>(2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable environment for residents, staff, and the public.</p> <p>(a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies.</p> <p>(b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering.</p> <p>(c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance.</p> <p>(d) General Storage.</p> <p>1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms.</p> <p>2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition.</p> <p>3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that</p>	A1002		

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A1002	<p>Continued From page 18</p> <p>protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, poisonous substances were not secured at all times.</p> <p>Findings:</p> <p>On the morning of May 31, 2023, the surveyor observed the Beauty Shop on the first floor of the facility. The door to the Beauty Shop was open. The surveyor observed a glass container on the counter which contained liquid and was labeled "Barbicide". The surveyor discussed the unlocked Beauty Shop and unsecured poisonous substance with EI#1 who agreed the Beauty Shop should have been locked or attended.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A1002		