ACCEPTED - 02/15/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D0222	A. BUILDING: _____ B. WING _____	01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF FOLEY	615 E LAUREL AVENUE FOLEY, AL 36536

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 615	Continued From page 28 facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the following: 1. The name of the resident to whom the medication was administered or assisted. 2. The name of the medication administered or assisted. 3. The dosage of the medication administered or assisted. 4. The method of administration or assistance. 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assistance. 7. Any adverse reaction to the medication. 8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that all medications administered	A 615		

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A 615	Continued From page 29 to residents were contemporaneously documented at the time the medications were given. Findings: On January 13, 2022, at approximately 8:50 AM, the surveyor observed and told the surveyor that EI#2 was taking RI#3's medications into RI#3's apartment. On January 13. 2022, at approximately 9:22 AM, the surveyor with EI#2 reviewed RI#3's January 2022 Medication Administration Record (MAR). RI#3's MAR had not been completed to show that RI#3 had received his/her medications at 8:00 PM for January 10, 11, or 12, 2022. EI#2 told the surveyor that EI#2 had given RI#3 his/her medications, but had not finished filling out RI#3's MAR.	A 615	**Deficiency Number: 420.5.4-.06 (7) (j) Care of Residents** 1) The facility will ensure that Medication Administration Records (MARs) are completed contemporaneously. 2) 1/14/22 Additional training and In-Service was provided to EI#2 by a tenured CPSL Nurse/Administrator from a sister community with focus given about MARs and contemporaneous documentation. Documentation of this training will be maintained in the Administrator's office. 3) Between 1/17/22 - 1/18/22 and 1/24/22 - 1/26/22 Additional support and training was provided through a 3rd party RN Consultant to review with EI#2 assisted living rules and regulations, proper medication administration, and contemporaneous documentation. All MARs were audited for appropriate documentation and no other deficiencies were found. Training records are maintained in the Administrator's office. 2/4/22 EI#2 has given notice of resignation of employment. Resignation has been accepted. EI#2's replacement will be trained by the administrator on MARs, proper documentation, and medication administration as part of his/her new hire orientation. Documentation of this training will be maintained in the Administrator's office.	
A 618	420-5-4-.06 (9) Care of Residents. (9) Oxygen Therapy. (a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged. (b) Oxygen use including date, time,	A 618	4) 2/11/22 An In-service was completed by EI#1 with all staff regarding MARs, proper medication administration, and contemporaneous documentation. Documentation of in-service training is maintained in the Administrator's office. 5) The Administrator or Designee will conduct MAR audits to ensure compliance is maintained with contemporaneous documentation in the MAR daily x4 weeks, weekly x4 weeks, and then monthly x4 months. Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies, possible change in monitoring process, or appropriate discipline including possible discharge. An audit checklist will be completed and maintained in the Administrator's office. The audits shall begin on 2/14/22.	

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A 618	Continued From page 30 rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift unless oxygen therapy is self-managed by the resident. (c) If a resident receives oxygen therapy in a facility: 1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 2. All oxygen tanks shall be safely maintained and stored. 3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted. 4. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen. Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that oxygen was safely transported within the facility at all times. This deficient practice affected at least one resident, with the potential risk of harm to the remaining 20 residents. Findings: On January 05, 2022, at approximately 3:35 PM, the surveyor and EI#1, observed EI#5 in the	A 618	**Deficiency Number: 420-5-4-06(9) Care of Residents** 1) The facility will ensure that oxygen is transported safely at all times. 2) 1/6/22 EI #1 In-Serviced EI #5 on safe oxygen handling and transport. Documentation of this training will be maintained in the Administrator's office. 3) 1/6/22 Upon completion of audit by the Administrator, RI#6 is the only resident on continuous oxygen and requiring oxygen during an evacuation. Administrator verified all necessary equipment is available for safe transport and handling in resident's suite. 4) 1/7/22 In-service complete with all staff regarding oxygen safety and transport. Additional training took place on 2/10/22 with a 3rd party instructor to review oxygen safety protocols and procedures. Documentation of in-service will be maintained in the Administrator's office. 5) Starting 2/14/22 Fire drills will be conducted once weekly x 4weeks by the Administrator to evaluate the effectiveness of all staff with handling and transporting oxygen. Fire Drill records are maintained in the Administrator office. Administrator will forward the Fire drill report to the Director of Operations for review weekly x4 weeks. Provided these drills are conducted without deficiency, fire drills will resume per the rules and regulations. Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline including possible discharge. Approval from the Corporate Director of Operations will be received before ceasing the weekly fire drills. This shall begin 2/14/22.	

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A 618	Continued From page 31 hallway with an E size oxygen tank being carried by the cylinder valve post. EI#5 was also escorting RI#6 during the fire drill demonstration. Because the oxygen cylinder was not being transported in an approved tank carrier, EI#5 placed all the residents in the area at risk for significant harm if the oxygen cylinder slipped from EI#5's hand. RI#6 told the surveyor there was a pull behind oxygen tank carrier in RI#6's room for the oxygen cylinder. EI#1 agreed that EI#5 was transporting RI#6's oxygen cylinder inappropriately.	A 618		
A 621	420-5-4-.06 (11) (b) Care of Residents. (b) Retention 1. An assisted living facility shall not allow any resident to return to the assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the facility is licensed to provide or the facility is capable of providing. 2. An assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility. 3. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in an assisted living facility. 4. An assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:	A 621		

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A 621	Continued From page 32 (i) The individual is capable of performing and does perform all tasks related to his or her own care; OR (ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity BUT the individual has sufficient cognitive ability to direct his or her own care AND the individual is able to direct others and does direct others to provide the physical assistance needed to complete such tasks, AND the facility staff is capable of providing such assistance and does provide such assistance. 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. 5. If a resident of an assisted living facility is diagnosed with a terminal illness other than dementia and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for assisted living facilities. The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to	A 621		

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A 621	Continued From page 33 ensure that care needed by a resident is delivered to the resident. 6. All skilled services provided in the facility, such as but not limited to wound care or insertion of a urinary catheter, shall be provided by the staff of properly licensed or certified agencies. Skilled services shall not be delegated to facility staff. 7. Residents that develop acute infectious pulmonary disease, such as active tuberculosis, or other diseases capable of transmission to other individuals through normal person-to-person contact shall be immediately transferred to an appropriate level of care until certified by a physician to be free of a contagious condition. 8. No assisted living facility shall be operated in whole or in part in a manner that prevents free and unhindered egress from the facility by any of its residents. 9. An assisted living facility shall not retain any resident who cannot safely reside in the facility unless his or her egress from the facility is restricted. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility retained a resident's whose level of care exceeded the facility's license. This deficient practice resulted in harm to at least one resident, with the potential for significant harm to the remaining 20 residents. Findings:	A 621		

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A 621	Continued From page 34 RI#3 was admitted to the facility on September 14, 2014, with diagnoses which included dementia, anxiety, and bipolar disorder. The most current resident service plan dated December 02, 2020, documented RI#3 had no falls, was independent with dining/eating, used a rollater to ambulate and required stand by assistance for showers, dressing, and grooming. On May 10, 2021, at 6:40 AM, RI#3's record documented RI#3 slid from bed while trying to go to the bathroom. The facility documented no injuries were noted. RI#3's incident report documented RI#3 had slippers with slippery soles and staff should ensure RI#3's walker was in reach. RI#3's incident report did not indicate if the resident's call light was utilized or working at the time of the fall. On July 07, 2021, at 2:30 AM, RI#3's record documented that RI#3 was found on the floor with no apparent injuries while RI#3 was trying to get into RI#3's chair/recliner to watch television. RI#3's incident report did not document if the resident's call light was utilized or functioning. RI#3's incident report documented the resident called staff on the phone to get help. RI#3's incident report and care plan documented RI#3 was shown how to properly use RI#3's walker and staff were to ensure RI#3's walker was in reach. On September 26, 2021, at 2:10 AM, RI#3's record documented RI#3 was found on the floor with no apparent injuries and that RI#3 slid off of the bed trying to go to the bathroom. RI#3's incident report did not document if RI#3's call light was functioning or utilized. RI#3's incident report documented "resident called and co-worker answered." RI#3's incident report also	A 621	**420-5-4-.06 (11) (b) Care of Residents** 1) The facility will not retain a resident whose level of care exceeds the facility's license. 2) An immediate plan of action was created and submitted to ADPH for the care of RI#3 which included a discharge notice. Resident discharged from the facility on 1/25/22. 3) Completed on 1/26/22 a several day audit, observations, record review, and interviews conducted by the Administrator and a 3rd party RN Consultant, an additional resident was identified, and a new plan of care was implemented. Additionally, a 30 day notice was given to resident identified. 4) Between 1/17/22 - 1/18/22 and 1/24/22 - 1/26/22 additional support and training was provided by a 3rd party RN Consultant to EI#1 covering the ADPH rules and regulations on proper care levels allowed within an ALF. The Residence Nurse will be trained by the Administrator on appropriate care levels within the ALF as part of his/her new hire orientation. Documentation of this training will be maintained in the Administrator's office. On 2/11/22 all staff was trained and In-Serviced by the Administrator on resident care needs/level of care permissible within an ALF based on ADPH rules and regulations. This will include the processes for reporting resident declines and incidents. Documentation of this training will be maintained in the Administrator's office. 5) Based on observation, record review, and interview, the Administrator or designee will evaluate each resident's care needs weekly x 4 weeks and monthly x 6 months to ensure compliance with reporting resident declines/ incidents with appropriate action taken. A checklist of these reviews will be maintained in the Administrator's office. This review process will begin on 2/14/22 In-services will be provided on an ongoing basis as needed and/or as determined by the Administrator, Designee, or Governing Authority. Documentation of in-service training is maintained in the Administrator's office. Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies, possible change in monitoring process, or appropriate discipline including possible discharge.	

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A 621	Continued From page 35 documented "resident's (should) call for assistance to the bathroom in the night and staff to offer assistance to the bathroom on routine rounds." RI#3's last documented monthly assessment was dated October 01, 2021. On October 24, 2021, RI#3's record documented RI#3's physician was notified that RI#3 was found on the floor in front of RI#3's chair/recliner at 12:36 AM. RI#3 had no apparent injuries. There was no investigation or incident report completed for this fall. On January 03, 2022, at 11:17 PM, an incident report documented RI#3 was found face down on the floor in front of RI#3's recliners. The incident report completed by EI#8 documented RI#3 "refused assistance from the R.A.'s (resident assistants), called 911 (emergency services) sent (RI#3) to SBRMC (South Baldwin Regional Medical Center) - pain in (right) hip". RI#3's incident report did not document the facial abrasions and bruises observed by the surveyor. RI#3's care plan did not address the facial wounds or this fall. On January 05, 2022, at approximately 8:55 AM, EI#9 told the surveyor RI#3 had been confused "off and on since I been working here, [approximately nine (9) months]." On January 05, 2022, at approximately 10:30 AM, the surveyor and EI#1 observed RI#3 had severe pitting edema (swelling) of both lower legs and feet. The surveyor asked RI#3 how the wounds got on RI#3's face. First RI#3 told the surveyor he/she (RI#3) didn't know there were wounds on his/her face. Then later in the conversation RI#3	A 621		

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A 621	Continued From page 36 told the surveyor the facility staff had "dragged me on the rug the night I fell even though I told them not to." RI#3 was observed to be unsteady when transferring from the recliner to a wheelchair and to the chair scales. The surveyor and EI#1 observed that RI#3 had dark purple bruising on RI#3's right upper forehead, light purple bruising around both eyes, RI#3's nose and cheeks (under the eyes) were bruised and there was dark purple bruising on RI#3's left shoulder and right thumb. RI#3 also had abrasions of various shapes and sizes located on the bridge of RI#3's nose, right cheek, and left forehead. RI#3 had a skin tear with bruising on RI#3's right thumb. RI#3 told the surveyor and EI#1 the night shift staff "dragged me across the rug, even though I told them not too." RI#3 made sure the surveyor and EI#1 understood the wounds on RI#3's face were "not caused by the EMT's, it was the people who work here." On January 05, 2022, at approximately 11:00 AM, EI#2 told the surveyor RI#3 had been confused for approximately 10 days, however, the resident assistants were still administering RI#3's prescription medications. RI#3 also still had access to over-the-counter medications and ointments in RI#3's room. EI#1 told the surveyor RI#3's sponsor had not been given a written 30 day discharge notice, there had not been a nurse to administer medications and there had not been a sitter placed with the resident to ensure the resident's safety. The surveyor requested and received an immediate plan of action to address RI#3's immediate safety needs.	A 621		

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A 702	Continued From page 37	A 702		
A 702	420-5-4-.07 (2) Food Service (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (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 (ii) A cold water sanitizer. A sanitizing 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.	A 702		

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A 702	Continued From page 38 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 container outside the ice bin. (c) Protection of Food from Contamination. 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. 2. Medications, biologicals, poisons,	A 702		

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A 702	Continued From page 39 detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food. 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. 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. 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. 6. All food products shall be used by the manufacturer's indicated date or discarded. 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. 8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.	A 702		

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COUNTRY PLACE SENIOR LIVING OF FOLEY	615 E LAUREL AVENUE FOLEY, AL 36536

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 702	Continued From page 40 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). 10. Laundry shall not be brought through the food preparation or service area. (d) Storage and Service of Milk and Ice Cream. 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. 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. 3. Contaminating substances shall not be stored with or over open containers of ice	A 702		

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A 702	Continued From page 41 cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses. (e) Kitchen Garbage and Trash Handling. 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. 2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse. (f) Employees' Cleanliness. 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 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.	A 702		

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A 702	Continued From page 42 (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 and interview, the facility failed to ensure that the food was properly handled and the dishes were properly sanitized to prevent food bourne illnesses. This deficient practice affected all 21 residents living in the facility. Findings: On January 04, 2022, at approximately 8:50 AM, the surveyor made the following observations with EI#4. The sanitation log had not been completed since breakfast on January 03, 2022. The refrigerator contained multiple cracked raw eggs, cooked spaghetti noodles dated	A 702		
		A 702	**Deficiency Number: 420.5.4-.07 (2) Food Service** 1) The facility will ensure that the food is properly handled and the dishes are properly sanitized to prevent food borne illnesses.	

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A 702	Continued From page 43 (December 22, 2021), ham slices dated (December 25, 2021), and fried pork chops dated (December 26, 2021). EI#4 told the surveyor the facility had received the egg shipment on January 03, 2022, and there were a lot of cracked eggs included with the shipment. On January 04, 2022, at approximately 8:50 AM, the surveyor with EI#4 observed that the sanitation log had not been completed for January 03, 2022, for the noon or evening meals, or for breakfast on January 04, 2022. EI#4 told the surveyor the breakfast dishes had already been washed. EI#4 told the surveyor that EI#4 had been working as the dietary manager for approximately two months and that food items were stored in the refrigerator for three (3) to four (4) days. EI#4 also told the surveyor EI#4 had made copies of the refrigerator temperature logs, but had not put them up yet and did not have any refrigerator temperature logs for January 2022.	A 702	Continued from page 43 2) On 1/10/22 In-Service and training was provided to EI#4 by Administrator with a focus given to the requirement of timely completion of all logs and proper food service process. This In-Service and training also provided for appropriate storage of leftovers and the proper disposal of spoiled food product. 3) On 1/7/22 a kitchen inspection was conducted by the Administrator to assess for other potential concerns. No other concerns were identified. 4) An In-service was performed by the Administrator for all kitchen staff to review the proper food processes on 2/11/22 and will be provided on an ongoing basis as needed as determined by the Administrator. Documentation of in-service training is maintained in the Administrator's office. 5) The Administrator will conduct rounds to ensure compliance is maintained with food processes daily x4 weeks and monthly x4 months. Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies, possible change in monitoring process, or appropriate discipline including possible discharge. These rounds shall begin on 2/14/22.	
A 804	420-5-4-.08 (4) Physical Facilities. (4) Food Service Facilities. (a) Floors. Floors in food service areas shall be of such construction as to be easily cleaned, sound, smooth, non-absorbent, without cracks or crevices, and shall be provided with approved and conveniently located facilities for the disposal of floor wash water. (b) Walls and Ceilings. Walls and ceilings of food service areas shall be of tight and substantial construction, and smoothly finished. The walls and ceilings shall be without horizontal	A 804		

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A 804	Continued From page 44 ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows which prevent the entrance of rain or dust during inclement weather. (c) Screens or Outside Openings. Openings to the outside shall be effectively screened, or suitable provisions made equal to screening (such as fly fans). Screen doors shall be equipped with self-closing devices. (d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light. (e) Ventilation. Vent/exhaust hoods, vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Existing recirculating vent hoods in Family facilities may remain in use when filters are cleaned or replaced regularly to prevent excess grease accumulation. Group assisted living facilities with residential stoves may use a residential hood sized for the stove. Commercial exhaust hoods shall be installed when commercial cooking equipment is used. Congregate facilities shall use a commercial exhaust hood system. (f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall include a lavatory and shall be well lighted and ventilated.	A 804		

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A 804	Continued From page 45 (g) Hand Washing Facilities. Each Group and Congregate assisted living facility shall provide a hand washing lavatory in the kitchens which shall be equipped with a soap dispenser and a supply of soap, disposable towels, and hot and cold running water through a mixing valve or combination faucet. The use of a common towel and common bar soap is prohibited. Hands shall not be washed in sinks where food is prepared. Existing Group and Congregate facilities that enlarge or renovate kitchens shall install a hand wash sink. (h) Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation for the storage of perishable foods shall be provided. Refrigeration shall be maintained at 41 degrees Fahrenheit or less. All refrigerators shall be provided with thermometers. All refrigerators shall be kept clean. (i) Equipment and Utensil Construction. Equipment and utensils, except single service utensils, shall be so constructed as to be easily cleaned and shall be kept in good repair. No cadmium plated, lead, or readily corrodible utensils or equipment shall be used. (j) Separation of Kitchen from Resident Rooms and Sleeping Quarters. Any room used for sleeping quarters shall be separated from the food service area by a solid wall with no direct openings. Sleeping accommodations shall not be permitted within the food service area. (k) Clean Rooms. Floors, walls, and ceilings of rooms in the food service area shall be clean and free of an accumulation of rubbish, dust, grease, dirt, etc.	A 804		

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A 804	Continued From page 46 (l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc. (m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use. (n) Location and Space Requirements. Food service facilities shall be located in a specifically designated area and shall include the following rooms and space: kitchen, dishwashing, food storage, and dining room. (o) Equipment. Minimum equipment in the kitchen shall include the following: 1. Range. In a Family or Group assisted living facility, a residential use range is permitted. A Congregate assisted living facility shall have a heavy-duty range suitable for institutional use with double oven, or equivalent. 2. Refrigerator. A Family or Group assisted living facility may use a residential refrigerator. A Congregate assisted living facility shall have a heavy duty refrigerator suitable for institutional use. 3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods. 4. Dishwashing. The dishwashing equipment for Family and Group assisted living	A 804		

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A 804	Continued From page 47 facilities shall be either residential type using cold water sanitizers or commercial type with a booster water heater. Dishwashing equipment for all Congregate assisted living facilities shall be commercial type using a booster water heater or an automatic dispensing sanitizing chemical system. 5. A three-compartment sink with a booster heater or chemical sanitizing system for the third compartment shall be provided in Congregate assisted living facilities. 6. Garbage cans with cover. (p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans, and raised platforms shall be provided and kept clean. Perishable food shall be stored at least six inches above the floor. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water, leakage, or any other source of contamination. (q) Dining Room. A resident dining room, or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed capacity. (r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be provided. Hot water shall be piped to all hand-washing facilities, and to each compartment of all dishwashing and laundry sinks. Water heaters shall be automatic type.	A 804		

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A 804	Continued From page 48 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that kitchen equipment was clean and properly maintained. This deficiency affected all 21 residents living in the facility at the time of the survey. Findings: On January 04, 2022, at approximately 8:50 AM, the surveyor with EI#4 observed that the countertop next to the toaster was cracked and had an accumulation of food crumbs and grime in the crack. The crack was approximately 24 inches long, 1/4 inch wide, and the entire depth of the countertop (one inch). There were several cabinet doors, drawers, and shelves with an accumulation of dried spills and food debris. The dishwasher door was observed in the open position with a rack of clean dishes air drying on the open dishwasher door. The rim of the dishwasher door had an accumulation of a black substance around the entire rim of the dishwasher door. Several of the cabinet shelves had delaminated from moisture damage with exposed wood which could not be properly cleaned. EI#4 told the surveyor the kitchen sink leaked around the rim of the sink and the garbage disposal leaked and did not work.	A 804 A 804	**Deficiency Number: 420.5.4-.08 (4) Physical Facilities** 1) The facility will ensure that kitchen equipment is clean and properly maintained. 2) On 1/7/22 In-Service and training was provided to EI#4 by Administrator with a focus given to proper processes for cleaning the kitchen areas and equipment. Additionally EI#4 was In-service and trained about the proper process for reporting any physical plant findings that must be repaired or replaced. By 2/18/22 the water infiltration of the three compartment sink and the leak at the garbage disposal will be repaired by the maintenance staff, until the full replacement can be installed by a 3rd party contractor. 3) On 1/7/22 a kitchen inspection was conducted by the Administrator to assess for other potential concerns. Additionally the Director of Operations performed an additional inspection on 2/8/22, and no other concerns were identified. 4) On 2/4/22 inspection results were provided to the corporate office identifying physical plant deficiencies that should be modified through removal and replacement of cracked counter top and cabinet, the 3 compartment sink and lower cabinets, and upper cabinets above 3 compartment sink. The replacement of counters and cabinets will be coordinated by corporate Physical Plant Manager with 3rd party installers and should be installed and completed by 6/15/22. An In-service will be performed for all kitchen staff to review the cleaning processes. In-service will be complete by all kitchen staff by 2/15/22 and will be provided on an ongoing basis as needed or determined by the Administrator. Documentation of in-service training is maintained in the Administrator's office. 5) The Administrator will conduct rounds to ensure compliance is maintained with kitchen cleaning processes daily x4 weeks and monthly x4 months. Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies, possible change in monitoring process, or appropriate discipline including possible discharge. These rounds shall begin 2/14/22 and documented on the safety rounds form.	

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A1203	Continued From page 49	A1203		
A1203	420-5-4-.12 (5) Physical Environment. (5) General Building Requirements - Family, Group, and Congregate. (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly. (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms. (d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length insect screens. Screen doors shall be equipped with self-closing devices. (e) Emergency Lighting. 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		

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A1203	Continued From page 50 As a minimum, dry cell battery-operated lighting shall be provided to light such spaces. 2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes. (f) Floors. 1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish. 2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility. (g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair. (h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. (i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes. (j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30-36 inches above the floor and returned to	A1203		

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A1203	Continued From page 51 the wall at each end. (k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purpose. All walls and doors under stairs shall meet the same fire rating as the stairwell. (l) Doors. 1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms shall swing into the bedroom. 2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location. 3. Resident bedroom and other exit access doors in 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. 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. 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 52 inward. (m) Ventilation. The building shall be well-ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility. (n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need. 1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance. 2. A visual inspection of each fire extinguisher shall be conducted monthly by designated staff of the facility and documented on the attached extinguisher tag by the designated staff person. (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. (p) Manufactured homes/mobile homes are not permitted.	A1203		

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A1203	Continued From page 53 (q) Fireplaces and inserts, shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens, or doors. (r) Exit marking. In 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. (s) Heating, Lighting, and other Service Equipment. 1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation. 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. 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		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D0222	A. BUILDING: _____ B. WING _____	01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A1203	Continued From page 54 and the NFPA National Electrical Code. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure fire extinguishers were visually checked each month. This deficiency affected all 21 residents living in the facility at the time of the survey. Findings: On January 04, 2022 at approximately 8:50 Am the surveyor with EI#4 observed that the kitchen fire extinguisher had not been visually checked for the months of November and December 2021. On January 04, 2022, at approximately 11:00 AM, the surveyor with EI#1 observed the fire extinguisher in the laundry room had not been visually checked for the month of November 2021 and December 2021. EI#1 told the surveyor she (EI#1) had the fire extinguishers on a monthly check sheet, but had not gone behind EI#11 to ensure all of the fire extinguishers had been visually checked. TONYA AVENATTI, REGISTERED NURSE	A1203	**A 1203** **Deficiency Number: 420.5.4-.12 (5) Physical Environment** 1) The facility will ensure fire extinguishers are visually checked each month. 2) On 1/4/22 the Kitchen and Laundry fire extinguishers were visually checked and tag labeled by Administrator. 3) On 1/4/22 all fire extinguishers in the residence were visually checked and tags labeled by Administrator. No other deficiencies were found. 4) On 1/5/22, EI#11 was in-serviced and trained by the Administrator on the required monthly checks of all fire extinguishers in the facility. This training was documented on an in-service form maintained in the Administrator's office. 5) The Administrator or designee will continue to conduct routine inspections on a monthly basis and review all fire extinguisher tags in the facility for visual checks as required. These inspections will be done monthly and recorded on a Safety Rounds inspection form maintained in the Administrator's office. This process will be on-going. Evidence of non-compliance or continued deficient practice will result in additional in-serving of maintenance staff on policies, possible change in monitoring or appropriate discipline including possible discharge.	

Jennifer Williams 2-11-22