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SOUTHERN ESTATES ASSIS LIVI CO	212 E STEWART ROAD SCOTTSBORO, AL 35768

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A 000	Initial Comments On August 9, 2022, an unannounced licensure survey and complaint investigation was conducted for this 32 bed Assisted Living Facility (ALF) with a census of 12. There was one complaint investigated during this survey. LC#20210428005 was unsubstantiated with no deficiencies cited as a result of the complaint investigation. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.	A 000		
A 403	420-5-4-.04 (4) Personnel. (4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain: (a) An application for employment which contains information regarding the employee's education, training, and experience. (b) Verification of current certification or licensure, if applicable. (c) Record of required physical examinations and vaccinations. (d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.	A 403	1. 420-5-.04 (4) 2.An employee file has been formed for (EI)#1 with the proper training documents, TB skin test, application, nurse abuse registry, physical, Hire date and date of contact. 3. (EI)#1 will maintain a continuous monitoring of all proper staff documents for each employee file and new employee files. 3. (EI)#3 will oversee all employee files on a continuous quarterly basis.	08/15/22

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

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A 403	Continued From page 1 (e) Date of hire. (f) Date of initial resident contact. (g) Date employment ceased. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain a personnel record for each employee. Findings: On August 9, 2022, the surveyor requested employee files for review. No employee file was available for Employee Identifier (EI)#1, Administrator. EI#1 stated the previous owner/administrator had an employee file for EI#1 but it could not be located.	A 403	4. A check list form has been created and will be filed along with the POC documents. (EI)#1 will oversee this POC 1. 420-5-4-.06 (7) (i)	08-15-22
A 615	420-5-4-.06 (7) (j) Care of Residents. (j) All medications administered to residents and all medications self-administered with assistance of facility staff in an assisted living facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the following: 1. The name of the resident to whom the medication was administered or assisted.	A 615	2. (EI)#3 has properly trained all staff members and will properly train all new staff members on the proper procedure for the distribution and charting the MARs for each resident. Each employee will chart in the MARs at the same time the medication is given for each resident. 3. (EI)#1 will monitor and oversee that the proper training has been given and the medications are distributed and documented on the MARs properly 3 times per week for 3 weeks.	

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A 615	Continued From page 2 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 observations, interviews and record reviews, facility staff failed to contemporaneously record medication assistance. Findings: On the morning of August 9, 2022 around 8:00 AM, the surveyor observed EI#3 and EI#4 assisting residents with medications in the dining room. Medication packets were transported on a rolling cart to each resident. No Medication Assistance Records (MARs) were available in the dining room to document the medication	A 615	4. A check list form has been created and will be filed along with the POC documents. (EI)#1 will oversee this POC	

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A 615	Continued From page 3 assistance for each resident. When questioned about the medication documentation, EI#3 stated the medications were documented on residents' MARs after medication assistance had been completed for all residents. EI#3 further stated the medications were checked with the MARs, then placed on the cart for transport to residents. EI#3 added that facility staff had previously taken MARs to each resident who was assisted with medications but they had changed to the current process because residents were complaining about having to wait for medications and this method was faster. On August 9, 2022 around 2:00 PM, the surveyor again observed medication assistance to residents performed by EI#3. Residents' MARs were taken to each resident's room with the medications and documentation was completed immediately after the medications were given. EI#3 stated she (EI#3) was developing this new process for medication assistance and all staff would be trained.	A 615		
A 617	420-5-4-.06 (8) Care of Residents. (8) Disposal of Medications. 1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days.	A 617	1. 420-5-4-.06 (8) 2. (EI)#1 has updated the medication disposal form to include the method of disposal. 3. (EI)#3 has properly trained all staff members on the proper disposal procedure and the documentation of the method of disposal. 4. (EI)#1 will oversee that all staff members are disposing all medications properly and documenting disposal of the medications properly. (EI)#1 will oversee 3 times per week for 3 weeks.	08-19-22

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A 617	Continued From page 4 2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication, and the amount. This statement shall be maintained in a file for at least three years. 3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness. This Rule is not met as evidenced by: Based on record review and interview, documentation of medication disposal was incomplete following the discharge of a resident. Findings: Review of Resident Identifier (RI)#5's facility record, on August 9, 2022, revealed the following information. RI#5 was admitted to the facility on October 7, 2021 with diagnoses which included end stage renal disease with hemodialysis, hyperlipidemia, chronic hypotension, atrial fibrillation, hypothyroidism, gout and peripheral	A 617	5. A check list form has been created and will be filed along with the POC documents. (EI)#1 will oversee this POC	

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A 617	Continued From page 5 artery disease. RI#5 expired at the facility on May 24, 2022. A Disposal of Medications Form was documented for RI#5, on June 25, 2022, by EI#3. The form did not contain the method of disposal of the the medications. EI#3 stated the medications had been destroyed but agreed the method of disposal had not been documented. EI#1 stated he (EI#1) would revise the form to include a method of disposal.	A 617		
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	A 702	1. 420-5-4-.07 (2) 2. (EI)#8 has been properly trained on the proper procedure for the sanitation of the dishes using the chlorine bleach test strips. 3.(EI)#8 has properly trained all kitchen staff and will train new kitchen staff on the proper procedure for sanitation and the use of the test strips, as well as, maintaining a water temperature of 75 degrees and the chlorine bleach solutions ppm of 50-200. 4. (EI)#1 has created a log sheet to record the water temperature and the chlorine bleach ppm 5. (EI)#2 will oversee that the proper procedures are followed 3 times per week for 3 weeks. 6. A check list form has been created and will be filed along with the POC documents. (EI)#1 will oversee this POC	08-19-22

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A 702	Continued From page 6 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 container outside the ice bin. (c) Protection of Food from Contamination.	A 702		

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A 702	Continued From page 7 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, 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	A 702		

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A 702	Continued From page 8	A 702		

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.

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

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A 702	Continued From page 9	A 702		

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 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.

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A 702	Continued From page 10 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 observations and interviews, dish sanitization was not monitored and recorded by facility staff. Findings:	A 702		

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A 702	Continued From page 11 On the afternoon of August 9, 2022, the surveyor toured the kitchen with EI#8. A dish sanitizer machine was located in the kitchen but EI#8 stated the machine was not currently in use. EI#1 explained the machine leaked and created a fall hazard for staff. EI#1 added he (EI#1) was in the process of having the dish machine repaired. EI#8 demonstrated to the surveyor the current method of dish sanitization. Water was placed in three sink compartments and water temperature checked and found to be at least 75 degrees. One compartment was used for washing, one for rinsing and the third compartment was used for sanitizing. EI#8 stated and demonstrated chlorine bleach was placed in the third compartment for sanitization. However, the chlorine bleach was not measured and EI#8 stated there were no test strips available to measure the chemical concentration. EI#1 stated he (EI#1) was unaware no strips were available to test the sanitizer solution. EI#1 immediately purchased strips for testing chemical concentration. Both EI#1 and EI#8 were able to verbalize and demonstrate the proper dish sanitization method utilizing the three compartments and monitoring water temperatures and chemical concentrations. EI#1 stated this method would be used until the dish machine could be repaired.	A 702		
A1101	420-5-4-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan	A1101	1. 420-5-4-.11 (1) 2.(EI)#1 has contacted the Fire and Sprinkler Inspection provider (Accel) and we have set a schedule for the semi-annual inspections. This should eliminate any misunderstandings or missed inspections.	08-19-22

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A1101	Continued From page 12 shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years. (c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs. (d) Roller latches are prohibited on doors separating corridors from adjacent spaces. (e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that: 1. Minimizes leaks and spills. 2. Adequately protects against	A1101	3. A check list form has been created and will be filed along with the POC documents. (EI)#1 will oversee this POC	

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A1101	Continued From page 13 inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. (f) Fire Alarm and Sprinkler System. 1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and testing reports shall be maintained in the facility for a period of at least 3 years.	A1101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D3603	A. BUILDING: _____ B. WING _____	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN ESTATES ASSIS LIVI CO	212 E STEWART ROAD SCOTTSBORO, AL 35768

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A1101	Continued From page 14 This Rule is not met as evidenced by: Based on record review and interview, the fire alarm system and sprinkler system were not inspected semiannually by licensed, trained and qualified personnel. Findings: On August 9, 2022, the surveyor requested fire alarm and sprinkler inspections for the years 2019, 2020, 2021 and 2022. For 2021, only one fire alarm and sprinkler inspection was provided (April 19, 2021). EI#1 was unable to locate semiannual inspection reports for 2021. CONNIE CHERRY, REGISTERED NURSE	A1101	 Bishop Dawson Date 08-22-2022	