STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D6107	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS OF TALLADEGA #2, THE	130 SEASONS WAY TALLADEGA, AL 35160

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On August 24, 2022, an unannounced licensure survey and complaint investigation was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 10. There was one (1) complaint investigated during this survey. Intake ID: 20220727012 was unsubstantiated. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a risk or potential risk of harm to the residents and requires a plan of correction.	A 000		
A 504	420-5-4-.05 (3) (d) Records and Reports. (d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate. 1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility.	A 504	1. A504 2. A copy of the state inspection report and corrective action plan was posted in the main hallway on August 24, 2022. 3. A copy of the numbers for DHR, ADPH, the hotline number for DHR Elder Abuse, the hotline for ADPH was posted in the main hallway on August 29, 2022. 4. All staff were trained on Sept. 7, 2022, about the regulatory requirement for these postings and to insure they are not removed. A copy of this training will be kept in the POC (Plan of Correction) notebook in the administrator's office. 5. The Administrator will include, on weekly rounds, visual inspection to ensure the postings are present. These rounds will be documented and kept in the POC book in the administrator's office and will be ongoing for 90 days.	10-8-22

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

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A 504	Continued From page 1 2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints. 3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy. 4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time. 5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. 6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions. 7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so. 8. Every resident shall have the right to	A 504		

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A 504	Continued From page 2 a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals. 9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident. 10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases. 11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record. 12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person	A 504		

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A 504	Continued From page 3 without restraint, interference, coercion, discrimination, or reprisal. 13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file. 14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that: (i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care. (ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation; and (iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse. 15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges.	A 504		

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A 504	Continued From page 4 16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities. 17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area. 18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted. 19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges. 20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents.	A 504		

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A 504	Continued From page 5 21. Every resident shall have the right to wear his or her own clothes, to keep and use his or her own personal possessions including toilet articles except for personal possessions too large to be stored in the resident's room. 22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings. 23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours and to freely come and go from the home. 24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file. This Rule is not met as evidenced by: Based on observations and interview the facility failed to post the required phone numbers. In addition, the state inspection report and resulting corrective action plan was not posted in a prominent location. Findings: On August 22, 2022, during the initial tour the surveyor was unable to find the state inspection report and corrective action plan. Employee Identifier (EI)# told the surveyor she (EI#1) had only been the administrator since December 2021 and did not have copies of the documents. At the	A 504		

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A 504	Continued From page 6 request of the surveyor a copy of the state inspection report and corrective action plan were emailed to EI#1 from the assisted living department. On August 24, 2022, the surveyor observed the documents posted in the main hallway which was easily accessible to residents and sponsors. EI#1 told the surveyor the required phone numbers would be devised and placed in a frame to be displayed next to the Residents' Rights.	A 504	1. A601 2. A physician's order for oxygen for RI#3 was obtained on August 24, 2022. It was entered on the MAR. 3. All residents were visually inspected by the Administrator on August 24, 2022, and no other residents were using oxygen or had an order for oxygen use. 4. All staff were trained in guidelines for the use of oxygen by residents on Sept. 7, 2022. This training will be documented and kept in the POC notebook in the administrator's office. 5. The Administrator will modify the admission screening tool to include a question that specifically asks about oxygen use. This tool will be used to screen all admissions, readmissions and returns from physician visits. These will be filed in the POC book in the administrator's office for 90 days.	10-8-2022
A 601	420-5-4-.06 (1) Care of Residents. (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician. (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 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). (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	A 601		

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A 601	Continued From page 7 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. (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 time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to obtain a physicians' order for administration of a resident's oxygen. Findings: Resident Identifier (RI)#3 was recently admitted to the facility on July 20, 2022, with a medical history of chronic obstruction pulmonary disease (COPD), anxiety, and a current smoker. On	A 601		

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A 601	Continued From page 8 August 22, 2022, RI#3 told the surveyor she/he had been self administering oxygen since her/his admission to the facility. However, there was not a physicians order on file for oxygen administration. On August 24, 2022, EI#1, Administrator, presented the surveyor with an order from the nurse practitioner (CRNP) to administer oxygen at 2 liters as needed related to COPD. The order was received by fax on August 23, 2022 at 11:30 AM.	A 601		
A 602	420-5-4-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following: 1. All of the physician's diagnoses, and the resident's baseline weight and vital signs. 2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).	A 602	1. A602 2. RI#4 received a chest x-ray on August 31, 2022,and was documented free from communicable disease by the physician. 3. The Administrator audited all resident files on August 29, 2022, and determined that all other chest x-rays were completed within 12 months prior to admission. 4. All staff were retrained on Sept. 7, 2022 on the requirements for medical examination to include determination that the resident is free from communicable disease. 5. The Administrator will modify the admission screening tool to include the addition of the last chest x-ray or TB test date. These will be kept in the POC book for 90 days.	10-8-2022

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A 602	Continued From page 9 3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact. 4. Documentation of evaluation for tuberculosis within the previous 12 months. (b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following: 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. (c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items	A 602		

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A 602	Continued From page 10 specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following: 1. New diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain evaluation for tuberculosis within the previous 12 months of admission for all residents . Findings: RI#4 was admitted to the facility on January 15, 2021. The Medical Exam was completed by the physician on December 31, 2020. The chest X-ray report attached was dated October 9, 2019. EI#1 was informed the chest X-ray was greater than 12 months prior to RI#4's admission. EI#1 stated this would be monitored more closely in the future.	A 602		
A 617	420-5-4-.06 (8) Care of Residents.	A 617		

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A 617	Continued From page 11 (8) Disposal of Medications. 1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days. 2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the 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:	A 617	1. A617 2. RI#4's medication was destroyed on July 4, 2022. 3. The administrator audited the medication room on August 29, 2022, for medication requiring destruction and observed none. 4. All staff were retrained on Sept. 7, 2022, on the guidelines for medication destruction including timelines and documentation requirements. This training was be conducted by the Administrator and documentation will be kept in the POC book in the administrator's office. 5. The Administrator will visually inspect the medication room weekly to ensure that medication has been destroyed timely and documented completely. Copies of this inspection and copies of the medication destruction sheets will be kept in the POC book in the administrator's office for 90 days.	10-8-2022

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A 617	Continued From page 12 Based on record reviews and interviews, the facility failed to properly destroy and document destruction of medications upon discharge of a resident. Findings: RI#6 was discharged from the facility on May 19, 2022. The unused medications for RI#6 were not destroyed until July 4, 2022. On August 24, 2022, The Medication Destruction Sheets were provided to the surveyor by EI#7, Resident Assistant (RA). The sheets did not include the required documentation, name of facility, method of destruction, and reason for disposal. The sheets had not been signed by at least one witness. EI#1 agreed the medications were not destroyed within 30 days as required and the documentation was incomplete.	A 617	1. A701 2. A ServeSafe course was scheduled for August 25, 2022, at 7:00 am and the Administrator and one staff person were certified at the Manager Level. 3. All staff received training on Sept. 7, 2022 on the regulatory requirement for the Dietary Manager to have completed a course that includes basic sanitation. Documentation of this training will be kept in the POC book in the administrator's office. 4. The Corporate Dietician will provide education to all staff on basic sanitation. 5. The Administrator will visually inspect the ServeSafe Certificates weekly on rounds to ensure that they are up to date. Documentation of these rounds will be kept in the POC book in the administrator's office and will be ongoing for 90 days.	10-8-2022
A 701	420-5-4-.07 (1) Food Service. (1) General. (a) Direction and Supervision. The services of a Dietitian shall be provided to any resident of an assisted living facility who requires a therapeutic diet. Congregate assisted living facilities shall be under the direction and supervision of a full or part-time professionally qualified dietitian or a consulting dietitian that is licensed in the State of Alabama. Responsibility for the supervision of dietary services shall be delegated to a responsible employee who is a graduate of a Dietary Managers course or has completed an approved course that includes basic sanitation. The facility shall provide meals, fluids, and snacks to the residents that meet the Dietary References Intakes from the basic food	A 701		

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(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 701	Continued From page 13 groups. The meals shall be of the quality and quantity necessary to meet the residents' needs, and must be in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. This Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to ensure there was an employee with an approved dietary course that includes basic sanitization. Findings: On August 23, 2022, the surveyor inspected the kitchen with EI#6, Dietary and EI#10, Corporate Dietician. The surveyor asked who had certification in food safety. EI#10 replied no one at this time. On August 24, 2022, EI#10 told the surveyor a ServSafe course had been scheduled for August 25, 2022 at 7:00 AM for those employees working in the kitchen.	A 701		
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.	A 702		

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A 702	Continued From page 14 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. 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.	A 702	1. A702 2. The Corporate Dietician obtained test strips to ensure the correct amount of chlorine was being used for proper sanitizing. 3. All staff were trained in cleaning and sanitation in the kitchen and the 3-sink-method by the Corporate Dietician on August 31. 2022 and September 7, 2022. 4. The cooks will receive ServeSafe Foodhandler's certification training on September 7, 2022.Documentation of this training will be kept in the POC book in the administrator's office. 5. The Administrator or designee will observe cooks proper use of the three-compartment sink and measurement of chlorine parts per million (PPM) at least 3 days a week for at least 60 days.	10-8-2022

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A 702	Continued From page 15 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, 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	A 702		

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A 702	Continued From page 16	A 702		

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.

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

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A 702	Continued From page 17 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 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.	A 702		

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A 702	Continued From page 18 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. (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	A 702		

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A 702	Continued From page 19 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 by the facility kitchen staff. Findings: On the afternoon of August 23, 2022, the surveyor toured the kitchen with EI#6, Dietary and EI#10, Corporate Dietician. EI#6 demonstrated to the surveyor the current method of dish sanitization in the three (3) compartment sink. The first compartment was used for washing, the second compartment was used for sanitizing, and the third compartment was used for rinsing. The surveyor informed EI#6 the last step should be sanitizing and not rinsing. EI#6 told the survyor she (EI#6) placed a chlorine tablet into the second compartment sink, as well as, the dishwasher. However, the chlorine parts per million (PPM) was not measured in the sink or dishwasher. EI#6 stated there were no test strips available to measure the chemical concentration. EI#10 tested the water temperature in the third compartment sink and it was 104 degrees Fahrenheit. EI#10 told the surveyor she (EI#10) would immediately obtain test strips to ensure the correct amount of chlorine was being used for proper sanitizing.	A 702		

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A 703	420-5-4-.07 (3) Food Service. (3) Dietary Service. (a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents. (b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available. (c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.	A 703	1. A703 2. On August 23, 2022, a copy of the mealtimes and weekly menus was posted in the main hallway on the dry erase board, which is easily observable for residents and families. 3. A copy of the alternate menus and “anytime” menus was posted in the main hallway on the dry erase board on August 2, 2022 and is easily observable for residents and families. 4. All staff were trained on Sept.7, 2022, about the regulatory requirement for these postings and to insure they are not removed. A copy of this training will be kept in the POC (Plan of Correction) notebook in the administrator’s office. 5. The Administrator will include, on weekly rounds, visual inspection to ensure the postings are present. These rounds will be documented and kept in the POC book in the administrator’s office and will be ongoing for 90 days.	10-8-2022

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A 703	Continued From page 21 (d) Alternate food selections or substitutes shall be made available to all residents. (e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals. (f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to post the time schedule for breakfast, lunch, and dinner. In addition, the facility did not post the alternate food selections and the current week's menu (Week 4) in the food service area. Findings: On August 22, 2022 at 2:45 PM, the surveyor noted the meals times and weekly menu were not posted in the facility. Only the menu for the day had been written on a dry erase board. This deficiency was brought to EI#1's attention. On August 23, 2022, the surveyor noted the meal times had been added to the dry erase board. Also, a copy of the weekly menu and alternate food selections had been posted outside the resident's dining room.	A 703		

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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 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.	A1101	1. A1101 2. Fire drills were conducted by maintenance personnel for first shift and by the administrator for second and third shifts on 8-26-2022. 3. Maintenance staff and the administrator were trained on the regulatory requirement for fire drills on Sept. 7, 2022. This training was conducted by the Corporate Maintenance Director, or designee. A copy of this training will be kept in the POC book in the administrator's office. 4. Maintenance has been designated as responsible for the coordinating of fire drills. He will develop a schedule and submit it to the Administrator. 5. Copies of the fire drill schedule and fire drill documentation will be kept in the POC book in the administrator's office for 90 days.	10-8-2022

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A1101	Continued From page 23 (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 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	A1101		

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A1101	Continued From page 24 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the fire drills were not performed monthly and quarterly on each shift. Findings: The facility's fire and safety documentation was reviewed on August 23, 2022, with EI#1, Administrator. The record review revealed there were no fire drills documented for Second Quarter, Third Quarter, and Forth Quarter of 2021. There were no fire drills conducted from January - July 2022. EI#1 explained there had been some misunderstanding if she (EI#1) or the maintenance department (EI#8) were responsible for conducting the monthly fire drills. EI#1 stated she (EI#1) identified this concern on August 22, 2022, and put an immediate plan of correction in place. On August 24, 2022 at 10 AM, a fire drill was conducted by EI#8, Maintenance Department.	A1101		
A1201	420-5-4-.12 (1) Physical Environment. (1) Buildings and Grounds. (a) The assisted living facility including site and grounds must be constructed, arranged,	A1201		

			1. 1120 2. The porch banister was repaired during survey. The missing finial was replaced on August 31st. Spindles to repair the porch are not available. Spindles that can be modified to fit were ordered and were expected to arrive Sept. 2, 2022. The store sent the wrong size and they had to be reordered. The reordered spindles are expected to arrive by Sept. 10, 2022. The part needed to fix the spigot in the hole continues to be unavailable. The maintenance tech has installed a traditional spigot, stabilized it with concrete and filled in the hole with soil on August 30, 2022. HD Lawn and Landscaping trimmed the shrubbery overhanging the front sidewalk on 8-31-2022.Tree People of Alabama will cut the tree overhanging the front sidewalk on Sept. 20-24, 2022, weather permitting. HD Lawn and Landscaping trimmed the overgrowth at the back of the building on August 31, 2022. 3. Maintenance staff received training on Sept. 7, 2022, on the regulatory guidance for maintaining the physical environment. 4. Physical environment rounds will be added to the weekly rounds conducted by the administrator or designee. 5. Copies of the rounds and follow up will be kept in the POC book for 90 days.	10-8-2022

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A1201	Continued From page 25 and maintained to ensure the safety of the residents and building occupants. (b) Building Classification. 1. Family assisted living facilities shall be planned to serve the types of residents to be admitted and shall comply with the Life Safety Code Chapter for One- and Two-Family Dwellings, and shall comply with Sections (1), (2), (3), and (4) of AAC Rule 420-5-4-.12. 2. Group assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), and (5) of AAC Rule 420-5-4-.12. 3. Congregate assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (6) of AAC Rule 420-5-4-.12. 4. Renovation within the exterior walls of an assisted living facility shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the classification of license held by the assisted living facility. 5. Dually Licensed Facility. (i) For the purposes of meeting physical facility and building code requirements, a building housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed capacities of both facilities. For the purposes of meeting resident care and administrative	A1201		

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A1201	Continued From page 26	A1201		

requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed capacity of each, and the determination shall not be based on their combined bed capacity. See Rule 420-5-20 for Specialty Care Assisted Living Facilities and requirements.

(ii) When a facility has a portion of a building licensed for specialty care residents, instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions.

(c) Location. All assisted living facilities established or constructed shall be located so that they are free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance can be reduced to 500 feet when facility is separated by a boarded fence at least six feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities.

(d) Local Restrictions. The location and construction of all assisted living facilities shall comply with local zoning, building, and fire ordinances. Evidence to this effect, signed by local fire, building, or zoning officials, may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the local

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	D6107	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS OF TALLADEGA #2, THE	130 SEASONS WAY TALLADEGA, AL 35160

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A1201	Continued From page 27 county commission through official board action or from the office of the probate judge. (e) Assisted living facilities shall be located on publicly maintained streets or roads, and connected with driveways which shall be kept passable at all times. (f) Occupancy. No part of an assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility or the residents of other licensed facilities on the same campus. A campus consists of the premises occupied by the licensed facility together with all parcels or property that the governing authority owns or has the legal right to occupy, and which are separated from the remainder of the campus only by a public right of way. Services provided within the facility shall be limited to serving the residents of facilities on the campus that are licensed by the Department. The Department shall approve all plans for occupancy. (g) Basements. The basement shall be considered as a story if it meets criteria established by the codes for a story. (h) The assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services. (i) Facilities, supplies, and equipment must be maintained in safe operating condition. (j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.	A1201		

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A1201	Continued From page 28 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the building and grounds to ensure the safety of the residents. Findings: During interviews with residents the surveyor was told the owner/management had not been keeping up the facility as they should. On August 23, 2022, the surveyor walked the grounds and found the following deficiencies. - porch banister was loose and unsteady in several places - porch banister was missing a spindle and finial - a large area (approx. 2 ft. x 2 ft.) next to the front sidewalk had a deep hole dug in the ground (approx. 2 ft. deep) - shrubbery and tree branches were overhanging on the front sidewalk - the back of the building had thick overgrowth of weeds and vines - trash, disposable plates/cups, and food was on the ground outside the side door On August 24, 2022 at approximately 12:00 noon, the surveyor showed the above concerns to EI#1,Administrator, EI#9, LNHA/Corporate, and EI#10, Corporate. All three (3) were in agreement with the surveyor the safety concerns needed to be addressed as soon as possible.	A1201		
A1203	420-5-4-.12 (5) Physical Environment. (5) General Building Requirements - Family, Group, and Congregate.	A1203		

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A1203	Continued From page 29 (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. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces. 2. Emergency lighting must provide		1. A1203 2. New gutter was ordered and was installed on September 5, 2022, by Eddie Cornelius. Painting on the wrap around porch banisters began on August 30, 2022, and will be completed by 10-8- 2022 weather permitting. The front door was sanded, stained and varnished on September 2, 2022. 3. The maintenance staff conducted a physical inspection of the building to determine if other like repairs were needed. 4. Maintenance staff and administrator were trained on the regulatory requirement for maintaining the physical environment on Sept. 7, 2022. 5. The Administrator or designee will conduct weekly physical plant rounds to find and address repair issues as they arise. Repair documentation and Rounds Conducted will be kept in the POC book in the Administrator's office and will be ongoing for 90 days.	10-8-2022

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A1203	Continued From page 30 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 the wall at each end. (k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails.	A1203		

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A1203	Continued From page 31 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 inward. (m) Ventilation. The building shall be well-ventilated at all times to prevent	A1203		

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A1203	Continued From page 32	A1203		

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.

(q) Fireplaces and inserts, shall be inspected and cleaned annually, and shall comply with the currently adopted building code.

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A1203	Continued From page 33 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 and the NFPA National Electrical Code. This Rule is not met as evidenced by:	A1203		

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A1203	Continued From page 34 Based on observations and interviews, the facility failed to maintain the building in good repair and painted to be reasonable attractive. Findings: During interviews with residents the surveyor was told the owner/management had not been keeping up the facility as they should. On August 23, 2022, the surveyor inspected the exterior of the facility found the following deficiencies: - gutter was missing above the french porch - wrap around porch banister had peeling and chipped paint - front door was weathered and needed staining On August 24, 2022 at approximately 12:00 noon, the surveyor showed the above concerns to EI#1,Administrator, EI#9, LNHA/Corporate, and EI#10, Corporate. All three (3) were in agreement with the surveyor these concerns needed to be addressed as soon as possible. DEBRA FREEMAN, REGISTERED NURSE	A1203		