

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4983	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2025
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NAME OF PROVIDER OR SUPPLIER DAUPHIN WAY ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3085 DAUPHIN SQUARE CONNECTOR MOBILE, AL 36607
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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 000	<p>Initial Comments</p> <p>On March 13, 2025, an unannounced licensure survey and complaint investigation was conducted for this 44 bed Assisted Living Facility (ALF) with a census of 28.</p> <p>Two complaints, LC#20230418005 and LC#20230306017 were investigated during this survey. LC#20230418005 was substantiated with deficiencies cited as a result of the complaint investigation. LC#20230306017 was unsubstantiated.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited placed all 28 residents of the facility at significant risk of harm.</p>	A 000		
A 302	<p>420-5-4-.03 (1) (e) Administration. Policies.</p> <p>The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:</p>	A 302		

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

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A 302	<p>Continued From page 1</p> <ul style="list-style-type: none"> (i) Facility responsibility to protect all residents from abuse, neglect, and exploitation. (ii) How allegations of abuse, neglect, and exploitation will be handled by the facility. (iii) Resident confidentiality. (iv) Admission and continued stay criteria. (v) Discharge criteria and notification procedures for residents and sponsors. (vi) Facility responsibility when a resident's personal belongings are lost. (vii) What services the facility is capable and not capable of providing. (viii) Medication management. (ix) Infection control. (x) Meal service, timing, menus and food preparation, storage, and handling. (xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness. (xii) Staffing and conduct of staff while on duty. (xiii) Oxygen administration and storage if used in the facility. (xiv) Dietary Policies. The dietitian, 	A 302		

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A 302	<p>Continued From page 2</p> <p>with the approval of the administrator, shall develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address:</p> <p>(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.</p> <p>(II) The attire and cleanliness of staff members who prepare, handle, or serve food.</p> <p>(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.</p> <p>(IV) Food substitutions or alternatives.</p> <p>(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.</p> <p>(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.</p> <p>(VII) Provision of necessary services to any resident requiring adaptive devices to eat.</p> <p>(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.</p>	A 302		

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A 302	<p>Continued From page 3</p> <p>(IX) Storage of food.</p> <p>(X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and document review, the facility failed to follow its own policies and procedures for management and operation of the facility.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEY COMPLETED June 26, 2018.</p> <p>Findings:</p> <p>A facility policy titled, "ADMISSION, CONTINUED STAY & DISCHARGE CRITERIA POLICY & PROCEDURE" revealed, "... POLICY: To ensure that all residents are qualified to reside in an assisted living facility. PROCEDURE: Admission Criteria 1. All prospective residents shall be screened and approved by the Administrator for admission within thirty (30) days prior to planned move-in date. The screening shall include a clinical history, current diagnoses and prescribed medications. 2. All prospective residents shall be assessed by a physician within thirty (30) days prior to admission, and at least annually after admission. The facility must receive the physician's Medical Exam & Plan of Care prior to move-in. 3. Prospective resident ... the individual must meet EITHER of the following: - The</p>	A 302		

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A 302	<p>Continued From page 4</p> <p>individual is capable of performing and does perform all tasks related to his or her own care; OR - The individual is capable 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. ... Discharge Criteria 1. Any resident that ... requiring medical or skilled nursing care for more than ninety (90) days shall have arrangements made by the facility to discharge or transfer him/her to a safe and appropriate placement. Refer to deficiencies 620 and 621 for additional information.</p> <p>A facility policy titled, "MEDICAL EXAM & PHYSICIAN'S PLAN OF CARE POLICY & PROCEDURE" revealed, "... POLICY: All residents are required to have a medical examination and plan or care prior to move-in to Dauphin Way and at least annually thereafter. PROCEDURE: ... 2. The Medical Exam & Plan of Care shall include the following documentation: a. All of the physician's diagnoses and the resident's baseline weight and vital signs; b. 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 ... including evaluation for tuberculosis ... f. Assistance/Care needed with Activities of Daily Living and services required; g. Listing of the resident's needs or problems that require intervention by the facility, ... 3. A physician shall assess each resident at least annually, ... The physician shall submit written documentation that the resident's health and safety needs can be met</p>	A 302		

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A 302	<p>Continued From page 5</p> <p>in the facility. ..." Refer to deficiency 602 for additional information.</p> <p>A facility policy titled, "CARE ASSISTANT ABUSE REGISTRY ALABAMA ELDER & ADULT IN NEED OF PROTECTIVE SERVICES ABUSE REGISTRY" revealed, "... POLICY: Employment is not given to any individual whose name is on the ... Alabama Department of Public Health Nurse Aide Abuse Registry. ... PROCEDURE: ... 3. The administrator is responsible for contacting the Alabama Department of Public Health to check the applicant's name against the Nurse Aide Abuse Registry. ..." Refer to deficiency 402 for additional information.</p> <p>A facility policy titled, "MEDICATION & MEDICATION ASSISTANCE POLICY & PROCEDURE" revealed, "... POLICY: To facilitate self-administration of medications and provide staff assistance with the self-administration of medication. PROCEDURE: 1. A physician order is required for a resident to manage his/her own medication. ... b. Medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in a residents room if the room is a single occupancy and has a locking entrance. 2. Any resident requiring staff assistance with the self-administration of medication must have a reasonable lay person's understanding of the unit dose packaging system in use by the facility such that the resident could likely protect himself or herself from medication errors if unit dose packages are brought to the resident by facility staff. ... 5. Specific procedures for assisting with medications: ... d. Pull out the blister pack that is marked by the pharmacy, ... which ever one is appropriate for that time. e. Ask the resident to look at the blister pack and confirm the label i. Is</p>	A 302		

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A 302	<p>Continued From page 6</p> <p>this your name? ii. Is this your medication? iii. Is it the time you are supposed to take this medication? f. If they respond inappropriately, do not assist with that medication. Alert the Administrator. i. The caregiver signs the MAR (Medication Administration Record) with his/her initials indication the resident recognizes his/her name on the medication care and understands the pre-packaged medication system this facility uses. Should the resident experience a new onset, change in condition and not recognize his/her name, the medication shall NOT be administered and the administrator shall be notified immediately ... 19. Upon discharge, all medication shall be returned to the resident and/or sponsor. A statement listing the pharmacy, prescription number, date, resident's name and strength of the medication and amount being returned to the resident must be signed by the family member or responsible party at discharge. This document shall be maintained on file for a period of 3 (three) years. Staff shall use the "Medication Disposition Record of Discharged or Transferred Residents" to record the above. ..." Refer to deficiencies 604, 606 and 613 for additional information.</p> <p>A facility policy titled, "FIRE DRILLS, FIRE ALRM (ALARM) SYSTEM, SPRINKLER & FIRE EXTINGUISHER CHECKS POLICY & PROCEDURE" revealed, "... POLICY: To ensure the safety of the residents, employees and visitors is maintained at all times. PROCEDURE: Fire Drills 1. Fire drills shall be conducted at least once per month, quarterly on each shift. Refer to deficiency 1101 for additional information.</p>	A 302		
A 303	420-5-4-.03 (2) (a) Administration.	A 303		

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A 303	<p>Continued From page 7</p> <p>The Administrator.</p> <p>(a) Responsibility.</p> <p>1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties.</p> <p>2. Any individual employed as an administrator shall be properly licensed.</p> <p>3. Any individual employed as an administrator shall meet all applicable statutory requirements.</p> <p>4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the administrator during absences.</p> <p>5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age.</p> <p>6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.</p> <p>7. The administrator shall ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week.</p> <p>8. The administrator shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe environment and adequate care being provided at</p>	A 303		

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A 303	<p>Continued From page 8</p> <p>all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided, then the facility does not meet this administration and management requirement.</p> <p>9. The facility administrator is responsible for ensuring that required training is provided to all staff.</p> <p>10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting.</p> <p>11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed.</p> <p>12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan.</p> <p>13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, Employee Identifier (EI)#1, the administrator, failed to adequately perform her (EI#1's) duties to ensure the proper and safe</p>	A 303		

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A 303	<p>Continued From page 9</p> <p>management of the day to day operations of the facility. In addition, EI#1 failed to ensure compliance was maintained of previously cited deficient practices according to SBOH rules for ALFs.</p> <p>Findings:</p> <p>On March 11 - 13, 2025, a surveyor with the ADPH conducted an onsite survey and two complaint investigations at the facility. One of the complaints investigated was substantiated during the onsite survey identifying a resident who was admitted and did not meet the criteria for admission to an ALF. Numerous additional deficient practices were identified including the retention of a resident who did not meet the criteria for retention in an ALF.</p> <p>EI#1 became administrator of the facility in July 11, 2023.</p> <p>EI#1 did not ensure potential employees were screened through the Abuse Registry prior to hire and resident contact. Refer to tag 402</p> <p>EI#1 did not ensure personnel records contained all required information. Refer to tag 403</p> <p>EI#1 did not ensure all staff completed the required training. Refer to tag 405</p> <p>EI#1 did not manage and direct staff in a manner that resulted in a safe environment for residents. Also, EI#1 did not ensure required information was posted. Refer to tag 504</p> <p>EI#1 did not ensure residents had documented plans to transfer if a need for transfer occurred. Refer to tag 507</p>	A 303		

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A 303	<p>Continued From page 10</p> <p>El#1 did not to ensure a resident had an annual physical examination. Refer to tag 602</p> <p>El#1 did not ensure all monthly assessments included assessment of the resident's ability to self-administer medications with assistance. Refer to tag 604</p> <p>El#1 failed to ensure the facility did not retain a resident who required care and safety needs which exceeded the license of the facility. Refer to tag 606</p> <p>El#1 failed to ensure a care plan was developed for one resident that addressed required interventions to meet the care and safety needs of the resident. Refer to tag 611</p> <p>El#1 failed to identify a resident who did not demonstrate understanding of the facility's unit dose medication system. Also, unlicensed staff were allowed to administer medications to a resident who was unable to protect themselves from a medication error. Refer to tag 613</p> <p>El#1 failed to ensure medications maintained in the custody of two (2) residents were kept in a locked box or in a locked room. Refer to tag 616</p> <p>El#1 failed to ensure a resident was not admitted who did not meet admission criteria for an ALF. Refer to tag 620</p> <p>El#1 denied access to and exit from the facility without an access code preventing egress of residents who reported they did not know the code. Refer to tag 621</p> <p>El#1 failed to ensure meal times and the current</p>	A 303		

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A 303	<p>Continued From page 11</p> <p>weekly menu were posted in the food service area. Refer to tag 703</p> <p>El#1 failed to ensure the medication room remained locked when not in use. Refer to tag 802</p> <p>El#1 failed to ensure water temperatures did not exceed 110 degrees in resident rooms. Refer to tag 1001</p> <p>El#1 failed to ensure chemicals were secured or supervised at all times and that flammable chemicals were properly stored. Refer to tag 1002</p> <p>El#1 did not ensure fire drills were conducted monthly and quarterly on each shift. Refer to tag 1101</p> <p>El#1 did not ensure that EXIT lights functioned properly at all times. Refer to tag 1203</p> <p>El#1 did not ensure all previously cited deficient practices were in compliance at the time of this survey. See below</p> <p>Repeat Deficiencies</p> <p>The following deficiencies were cited during this survey which were repeat deficiencies from previous surveys. Staff training was not completed. Required information was not posted and a safe environment was not provided. A resident did not have an annual physical exam. Monthly assessments were not complete. A resident was retained who required care and safety needs which exceeded the license of the facility. A care plan was not developed to meet</p>	A 303		

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A 303	Continued From page 12 the care and safety needs of the resident. A resident was not identified as not being able to demonstrate understanding of the facility's unit dose medication system. Unlicensed staff were allowed to administer medications. Meal times and weekly menus were not posted. Water temperatures exceeded 110 degrees in resident rooms. Chemicals and combustible items were not secured or supervised at all times. Fire drills were not conducted monthly and quarterly on each shift. EXIT lights did not function properly at all times	A 303		
A 402	420-5-4-.04 (3) Personnel. (3) Employee Screening. (a) Prior to any resident contact, such as but not limited to assistance with activities of daily living, newly employed personnel shall have a physical examination certifying that the employee is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to residents through normal staff to resident contact. Employees who develop signs or symptoms of infectious skin lesions or diseases that would be capable of transmission to residents through normal staff to resident contact shall not be permitted to have resident contact until free from such signs and symptoms. (b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis. (c) Vaccines. Assisted living facilities shall immunize employees in accordance with current recommended Centers for Disease Control and Prevention (CDC) guidelines	A 402		

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A 402	<p>Continued From page 13</p> <p>(www.cdc.gov/vaccines). Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage.</p> <p>(d) An assisted living facility shall not hire an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to screen potential employees prior to hire and resident contact.</p> <p>Findings:</p> <p>Review of employee files on the morning of March 12, 2025, revealed the following employees were not screened through the Alabama Department of Public Health Nurse Aide Abuse Registry prior to hire; EI#1, EI#3, a Resident Assistant (RA), EI#4, a RA, EI#5, a RA.</p> <p>On the afternoon of March 12, 2025, EI#1 was asked if the Abuse Registry had been checked for staff as new hires. EI#1 said no and she did not know to do so.</p>	A 402		
A 403	<p>420-5-4-.04 (4) Personnel.</p> <p>(4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain:</p> <p>(a) An application for employment which contains information regarding the employee's</p>	A 403		

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NAME OF PROVIDER OR SUPPLIER DAUPHIN WAY ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3085 DAUPHIN SQUARE CONNECTOR MOBILE, AL 36607
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A 403	<p>Continued From page 14</p> <p>education, training, and experience.</p> <p>(b) Verification of current certification or licensure, if applicable.</p> <p>(c) Record of required physical examinations and vaccinations.</p> <p>(d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>(e) Date of hire.</p> <p>(f) Date of initial resident contact.</p> <p>(g) Date employment ceased.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete personnel records.</p> <p>Findings:</p> <p>Review of employee files on the morning of March 12, 2025, revealed the following missing information.</p> <p>EI#1 had no proof of training for Diabetes care.</p> <p>EI#2, the administrative assistant, had no proof of any of the required training.</p> <p>EI#4, a RA, had no hire date or proof of any of the required training.</p>	A 403		

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A 405	Continued From page 15	A 405		
A 405	<p>420-5-4-.04 (6) Personnel.</p> <p>(6) Training.</p> <p>(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below:</p> <ol style="list-style-type: none"> 1. State law and rules on assisted living facilities. 2. Facility policies and procedures. 3. Resident rights. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 	A 405		

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A 405	<p>Continued From page 16</p> <p>10. Special needs of the elderly, mentally ill, and mentally retarded.</p> <p>11. Safety and nutritional needs of the elderly.</p> <p>12. Identifying signs and symptoms of dementia.</p> <p>(b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization.</p> <p>(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(d) Continuing Education. All staff must receive annual continuing education sufficient to</p>	A 405		

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A 405	<p>Continued From page 17</p> <p>remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, facility staff did not complete required training. Also, one staff member had been employed greater than 90 days but was not Cardiopulmonary Resuscitation (CPR) certified.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEY COMPLETED JANUARY 15, 2020.</p> <p>Findings:</p> <p>Review of employee files on the morning of March 12, 2025, revealed the following information.</p> <p>Required training EI#1 had not completed Diabetes care training. EI#2 had not completed Basic First Aid, Diabetes care, State Laws and Rules for ALF, Identifying and Reporting Abuse, Neglect and Exploitation, Advanced Directive, Protecting Resident Confidentiality, Safety and Nutritional Needs of the Elderly, Specialty Needs of the Mentally Ill and Elderly and Signs and Symptoms of Dementia training. EI#4 had not completed Basic First Aid, Diabetes care, State Laws and Rules for ALF, Identifying and Reporting Abuse, Neglect and Exploitation, Advanced Directive, Protecting Resident Confidentiality, Safety and Nutritional Needs of the Elderly, Specialty Needs of the Mentally Ill and Elderly and Signs and Symptoms of Dementia training.</p>	A 405		

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A 405	Continued From page 18 CPR certification EI#4 reported she had worked at the facility since September 2024. EI#4 has no current CPR certification. On the afternoon of March 13, 2025, EI#1 agreed with the findings.	A 405		
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. 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.	A 504		

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A 504	<p>Continued From page 19</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.</p> <p>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</p>	A 504		

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A 504	<p>Continued From page 20</p> <p>imposed upon any resident.</p> <p>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.</p> <p>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.</p> <p>12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.</p> <p>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</p>	A 504		

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A 504	<p>Continued From page 21</p> <p>included in the resident's file.</p> <p>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:</p> <p>(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.</p> <p>(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</p> <p>(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.</p> <p>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.</p> <p>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.</p> <p>17. Every resident shall have the right to have the name, telephone number, and address</p>	A 504		

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A 504	<p>Continued From page 22</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p>	A 504		

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A 504	<p>Continued From page 23</p> <p>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.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to provide a safe environment for residents at all times. Also, the facility failed to ensure all required information was posted.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEY COMPLETED JUNE 26, 2018. (522)</p> <p>Findings:</p> <p>Safe environment The facility failed to ensure employees were screened through the Alabama Department of Public Health Nurse Aide Abuse Registry prior to hire. Refer to tag 402 Staff did not complete required training and one staff member had been employed greater than 90 days but was not CPR certified. Refer to tag 405 The facility failed to document a plan to transfer in case of emergency or need for a higher level of care. Refer to tag 507</p>	A 504		

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A 504	<p>Continued From page 24</p> <p>The facility retained a resident who required care and safety needs which exceeded the license of the facility. Refer to tag 606</p> <p>The facility failed to identify a resident who did not demonstrate understanding of the facility's unit dose medication system. In addition, the facility allowed unlicensed staff to administer medications to a resident who was unable to protect themselves from a medication error. Refer to tag 613</p> <p>The facility failed to ensure medications maintained in the custody of two (2) residents were kept in a locked box or in a locked room. Refer to tag 616</p> <p>The facility admitted a resident who did not meet admission criteria for an ALF. Refer to tag 620</p> <p>Facility access and exit were prohibited without an access code denying egress of residents. Refer to tag 621</p> <p>The facility failed to ensure that chemicals were secured or supervised at all times and that flammable chemicals were properly stored. Refer to tag 1002</p> <p>The facility failed to ensure that three (3) EXIT lights functioned properly at all times. Refer to tag 1203</p> <p>Required postings On the afternoon of March 11, 2025, the surveyor and EI#1 made an observation for the required postings. No survey results were accessible to residents or visitors and the Residents' Rights were not posted. EI#1 said the survey results were in her office and acknowledged her office is locked when she is not in the building.</p>	A 504		
A 507	<p>420-5-4-.05 (3) (g) Records and Reports.</p> <p>(g) Admission Record. A permanent</p>	A 507		

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A 507	<p>Continued From page 25</p> <p>record shall be developed for each resident upon his or her admission to the facility and updated as necessary to remain current. This record shall be typewritten or legibly written in ink. In addition to any information otherwise required by the facility's policies and procedures, it shall include the resident's:</p> <ol style="list-style-type: none"> 1. Name. 2. Date of birth. 3. Sex. 4. Marital status. 5. Social security number. 6. Veteran status. 7. Name, address, and contact information of the resident's sponsor, responsible party, or closest living relative. 8. Name, address, and contact information of any person or agency providing assistance to the resident. 9. Name, address, and contact information of the resident's attending physician. 10. Preferred pharmacy or pharmacist. 11. Date of admission. 12. Date of discharge. 13. Facility, setting, or location to which discharged. 	A 507		

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A 507	<p>Continued From page 26</p> <p>14. Date of death.</p> <p>15. Cause of death, if known.</p> <p>16. Religious preferences.</p> <p>17. Information from insurance policies regarding funeral arrangements and burial provisions.</p> <p>18. Written documentation that the facility has devised a plan to transfer the resident to a hospital, nursing home, specialty care assisted living facility, or other appropriate setting if and when the facility becomes unable to meet the resident's needs. The resident's preference, if any, with respect to any particular hospital, nursing home, or specialty care assisted living facility shall be recorded. The facility shall keep written documentation that demonstrates the transfer plan has been thoroughly explained to the resident or sponsor, as appropriate, and that the resident or sponsor understands the transfer plan.</p> <p>19. The written documentation of the procedure to follow in case of serious illness, accident, or death to the resident (including the name and telephone number of the physician to be called, the names and telephone numbers and addresses of family members or sponsor to be contacted, the resident's or, if appropriate, the sponsor's wishes with respect to disposition of personal effects, and the name and telephone number of the funeral home to be contacted).</p>	A 507		

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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 507	<p>Continued From page 27</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to document a plan to transfer for each resident to an appropriate setting in case of emergency or if/when the facility became unable to meet the resident's needs.</p> <p>Findings:</p> <p>Review of Resident Identifier (RI)#1's facility record on March 12, 2025, revealed no documentation of RI#1's preference of hospital, nursing home, specialty care assisted living facility or funeral home.</p> <p>Review of RI#2's facility record on March 12, 2025, revealed no documentation of RI#2's preference of hospital, nursing home or specialty care assisted living facility.</p> <p>Review of RI#3's facility record on March 12, 2025, revealed no documentation of RI#3's preference of hospital, nursing home, specialty care assisted living facility or funeral home.</p> <p>Review of RI#4's facility record on March 12, 2025, revealed no documentation of RI#4's preference of hospital, nursing home, specialty care assisted living facility or funeral home.</p> <p>Review of RI#5's facility record on March 12, 2025, revealed no documentation of RI#5's preference of hospital, nursing home or specialty care assisted living facility.</p> <p>Review of RI#6's facility record on March 12, 2025, revealed no documentation of RI#6's preference of hospital, nursing home or specialty care assisted living facility.</p>	A 507		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4983	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2025
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A 507	Continued From page 28 Review of RI#7's facility record on March 12, 2025, revealed no documentation of RI#7's preference of hospital, nursing home, specialty care assisted living facility or funeral home. On the afternoon of March 13, 2025, EI#1 agreed with the findings.	A 507		
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). 3. A statement by the physician that the resident is free of signs and symptoms of	A 602		

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A 602	<p>Continued From page 29</p> <p>infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact.</p> <p>4. Documentation of evaluation for tuberculosis within the previous 12 months.</p> <p>(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:</p> <ol style="list-style-type: none"> 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. <p>(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 specified in the facility's policies and procedures, and in addition to any information deemed</p>	A 602		

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A 602	<p>Continued From page 30</p> <p>necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following:</p> <ol style="list-style-type: none"> 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. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an annual physician's examination for a resident. Also, the facility failed to ensure the physician's medical examinations were completed to include all required information.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEY COMPLETED SEPTEMBER 9, 2015.</p> <p>Findings:</p> <p>Annual physician's examination RI#4 was admitted to the facility on February 24, 2023, with a diagnosis of Dementia - early onset. Record review on March 12, 2025, revealed RI#4 did not have an annual physical examination performed for the year of 2024. EI#2 and EI#3 agreed that RI#4 had no annual physical for 2024.</p>	A 602		

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A 602	<p>Continued From page 31</p> <p>Incomplete physician's examinations RI#1 was admitted to the facility on April 10, 2023, with diagnoses to include abnormal gait, chronic back pain and edema. RI#1's admission physical examination dated April 7, 2023, did not indicate if RI#1 was free from contagious signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident contact.</p> <p>RI#4's admission's physical examination dated January 25, 2023, did not indicate if RI#4 was free from contagious signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident contact. RI#4's baseline temperature or a tuberculosis screening result were not documented.</p> <p>RI#5 was admitted to the facility December 11, 2024, with diagnoses to include hypertension, degenerative disc disease, osteopenia and diabetes mellitus. RI#5's admission physical examination dated November 25, 2024, did not include a baseline temperature.</p> <p>RI#6 was admitted to the facility on March 13, 2023, with diagnoses of debilitating cardiovascular accident (1966) with secondary partial expressive aphasia, hemiplegia, dysarthria, and apraxia. RI#6's admission physical examination dated March 7, 2023, did not include temperature, pulse, respirations, blood pressure, weight, diagnoses, if RI#6 was free from contagious signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident contact, or a tuberculosis screening result. The examination also did not indicate what activities of daily living (ADLs)</p>	A 602		

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A 602	Continued From page 32 assistance RI#6 required or any needs or problems that required interventions. RI#7 was admitted to the facility on February 13, 2023, with diagnoses to include hypertension and gastroesophageal reflux disease (GERD). RI#7's annual physical examination dated June 3, 2024, did not indicate if RI#1 was free from contagious signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident contact. On the afternoon of March 13, 2025, EI#1 agreed with the findings.	A 602		
A 604	420-5-4-.06 (3) (a) (b) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments. (b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and procedures, the monthly assessment shall: 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. A significant weight loss is defined as a five percent or greater weight loss	A 604		

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A 604	<p>Continued From page 33</p> <p>in a period of one month or less, or a seven and a half or greater weight loss in a period of three months or less, or a ten percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician.</p> <p>3. Document identified changes in resident status.</p> <p>4. Assess the appropriateness of each resident's plan of care. Any decline in resident status requires immediate implementation and documentation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all monthly assessments included assessment of a residents' ability to self-administer medications with assistance.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEYS COMPLETED JUNE 26, 2018 AND SEPTEMBER 9, 2015.</p> <p>Findings:</p> <p>RI#4 was admitted to the facility on February 24, 2023, with a diagnosis of Dementia - early onset. Record review on March 12, 2025, revealed RI#4</p>	A 604		

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A 604	<p>Continued From page 34</p> <p>did not have monthly assessment completed for assistance with medications from July 2024, through February 2025. EI#2 had completed these assessments for RI#4 from November 2023 through June of 2024.</p> <p>On the morning of March 13, 2025, EI#2 was asked why the assessments for assistance with medications had not been completed from July 2024, through February 2025. EI#2 answered (he/she) cannot verify the medications, so I just did not answer questions on the assessment at all. EI#2 said she should have notified the doctor, a discharge notice should have been given and a nurse should have been administering RI#4's medications.</p> <p>On the afternoon of March 13, 2025, EI#1 agreed with the surveyor's findings.</p>	A 604		
A 606	<p>420-5-4-.06 (3) (d) Care of Residents.</p> <p>(d) Services Beyond Capability of Assisted Living Facility. Whenever a resident requires hospitalization, medical, nursing, or other care beyond the capabilities and facilities of the assisted living facility, arrangements shall be made to discharge the resident to an appropriate setting, or to transfer the resident promptly to a hospital or other health care facility able to provide the appropriate level of care.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility retained a resident who</p>	A 606		

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A 606	<p>Continued From page 35</p> <p>required care and safety needs which exceeded the license of the facility.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEY COMPLETED JUNE 9, 2021.</p> <p>Findings:</p> <p>RI#4 was admitted to the facility on February 24, 2023, with a diagnosis of Dementia - early onset. During the course of the survey, the following observations were made.</p> <p>On the afternoon of March 11, 2025, RI#4 appeared confused, looked at the surveyor and said you only get to ask me two questions.</p> <p>On the morning of March 12, 2025, RI#4 was confused during a medication pass observation. Later that afternoon, RI#4 appeared confused and repeated himself/herself often.</p> <p>Staff had informed the surveyor of RI#4's prior occupation that RI#4 was very proud of. On the morning of March 13, 2025, RI#4 could not answer a simple question of what his/her occupation was. RI#4 seemed confused when asked.</p> <p>A review of the facility record for RI#4 revealed RI#4 did not have monthly assessments for assistance with medications from July 2024, through February 2025. Although EI#1 had denied any residents had behaviors, RI#4's facility notes revealed July 2, 2024, "Resident was experiencing a behavior. Got very agitated because (he/she) didn't want other residents speaking to (him/her) at all ... situation was addressed by Administrator (EI#1)" signed by EI#2. August 16, 2024, "Resident became very agitated with another resident because (he/she) felt as if (he/she) was being talked about at the</p>	A 606		

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A 606	<p>Continued From page 36</p> <p>table during lunch time." signed by EI#2. January 7, 2025, "Resident is having some behaviors "Outburst" yelling and screaming up and down the halls stated (he/she) wanted to go home, resident was redirected by administration and redirected back to (his/her) room (name of physician) was called to assess resident for further eval (evaluation)" signed by EI#2. January 27, 2025, "Resident is having some confusion and cognitive issues today, pacing back and forth up the halls, resident also states (he/she is) not familiar about not being able to see family and wishes to leave the facility. (Name of physician) was notified (and) will be arriving to evaluate resident." signed by EI#2. No response to these events or physician evaluations were provided to the surveyor.</p> <p>NOTE: There was no annual physician's examination for 2024, for RI#4 with behaviors being noted as early as July 2024.</p> <p>On the morning of March 13, 2025, EI#2 admitted she had not done the monthly assessment for assistance with medication since June 2024, because RI#4 cannot verify his/her medications. EI#2 said she should have notified the doctor, a discharge notice should have been given and a nurse should have been administering RI#4's medications.</p> <p>On the morning of March 13, 2025, EI#1 was asked why RI#4 was retained in the facility when RI#4 could no longer verify his/her medications. EI#1 said they should not have retained RI#4. EI#1 said RI#4 should have been issued a 30-day discharge notice and notified the physician to have a nurse to administer RI#4's medications.</p> <p>On the morning of March 13, 2025, the surveyor</p>	A 606		

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A 606	Continued From page 37 was provided a copy of an order for a home health nurse to administer RI#4's medications until discharged to a higher level of care per EI#2.	A 606		
A 611	420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated. 1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:	A 611		

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A 611	<p>Continued From page 38</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with</p>	A 611		

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A 611	<p>Continued From page 39</p> <p>shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a current care plan for a resident which should contain interventions to meet the care and safety needs of the residents.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEY COMPLETED SEPTEMBER 9, 2015.</p> <p>Findings:</p> <p>RI#5 was admitted to the facility on December 11, 2024. Refer to citation 602 for additional information for RI#5. A review of the facility record revealed RI#5 had no care plan to address significant diagnoses of cardiac dysfunction and diabetes mellitus, Seroquel or self administration of medications.</p> <p>On the afternoon of March 13, 2025, EI#1 confirmed RI#5 did not have a care plan to address specific needs of RI#5.</p>	A 611		

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A 613	Continued From page 40	A 613		
A 613	<p>420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(5) Medications.</p> <p>(a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination.</p> <p>(b) A physician order is required for a resident to manage and have custody of his or her own medications.</p> <p>(c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.</p> <p>(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.</p> <p>(e) A resident who is incapable of recognizing his or her name, or understanding</p>	A 613		

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A 613	<p>Continued From page 41</p> <p>the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to identify a resident who did not demonstrate understanding of the facility's unit dose medication system. In addition, the facility allowed unlicensed staff to administer medications to a resident who was unable to protect themselves from a medication error.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEYS COMPLETED JUNE 9, 2021 AND SEPTEMBER 9, 2015,</p> <p>Findings:</p> <p>RI#4 was observed for medication pass on the morning of March 12, 2025. Refer to citation 606 for additional information for RI#4. EI#2 asked RI#4 to read the name and date on the medication dose pack. RI#4 could not read them so EI#2 went to get RI#4's reading glasses. RI#4 was able to read his/her name but misread the date three times. RI#4 looked puzzled as to why he/she was being asked if the medicine was RI#4's and the date and time were when he/she was supposed to get those medications. RI#4 looked at the surveyor and said, "I know it is right when they give it to me." RI#4 looked confused</p>	A 613		

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A 613	<p>Continued From page 42</p> <p>and did not seem to understand why he/she was being asked the questions. After four attempts, RI#4 read his/her name and the correct date.</p> <p>On the morning of March 13, 2025, EI#2 was asked about RI#4 identifying his/her medications. EI#2 said RI#4 could not verify his/her medications since July 2024. EI#2 said she should have notified the doctor, a discharge notice should have been given and a nurse should have been administering RI#4's medications. EI#2 presented an order for RI#4's medications to be administered by a home health nurse. EI#2 said unlicensed facility staff had been administering RI#4's medications.</p> <p>On the afternoon of March 13, 2025, EI#1 agreed with the findings in this citations.</p>	A 613		
A 616	<p>420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.</p> <p>(k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident.</p> <p>(l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents</p>	A 616		

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A 616	<p>Continued From page 43</p> <p>need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected.</p> <p>(m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is</p>	A 616		

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A 616	<p>Continued From page 44</p> <p>single occupancy and has a locking entrance.</p> <p>(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.</p> <p>(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure medications maintained in the custody of two (2) residents were kept in a locked box or in a locked room.</p> <p>Findings include:</p> <p>RI#2 RI#2 was admitted to the facility on October 15, 2019, with diagnoses to include hypertension and hypothyroidism. RI#2's medical examination indicated he/she could self-manage his/her medications.</p> <p>On the morning of March 11, 2025, an observation was made of RI#2's medications on top of a chest of drawer in RI#2's room.</p>	A 616		

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A 616	<p>Continued From page 45</p> <p>On the morning of March 13, 2025, while RI#2 was out of the building, EI#1 and the surveyor went to RI#2's room. The room door was unlocked and the medications were unsecured on top of a chest of drawers. EI#1 acknowledged the door was unlocked and the medications were unsecured.</p> <p>RI#5 RI#5 was admitted to the facility on December 11, 2024. Refer to deficiency 611 for additional information regarding RI#5.</p> <p>On the afternoon of March 11, 2025, an observation was made of RI#5's medications on top of an end table in RI#5's room.</p> <p>On the morning of March 13, 2025, while RI#5 was out of the room, EI#1 and the surveyor went to RI#5's room. The room door was unlocked and the medications were unsecured on top of the end table. EI#1 acknowledged the door was unlocked and the medications were unsecured.</p>	A 616		
A 620	<p>420-5-4-.06 (11) (a) Care of Residents.</p> <p>(11) Admission and Retention of Residents. Residents admitted to and retained in assisted living facilities must meet all eligibility and continued stay requirements specified in these rules.</p> <p>(a) Admission</p> <p>1. An assisted living facility shall not admit any individual who:</p> <p>(i) Is receiving or requires skilled nursing care.</p>	A 620		

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A 620	<p>Continued From page 46</p> <ul style="list-style-type: none"> (ii) Has a wound that requires care beyond basic first aid. (iii) Lacks the ability to make decisions related to personal safety. (iv) Cannot direct his or her care. (v) Has behaviors that may be dangerous to themselves or others. (vi) Cannot safely self-manage medications or self-administer medications with assistance. (vii) Is receiving or in need of hospice services. (viii) Cannot safely reside in the facility unless his or her egress from the facility is restricted. (ix) Is diagnosed with acute infectious pulmonary disease, such as influenza, or active tuberculosis, or with other diseases capable of transmission to other individuals through normal person-to-person contact. <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility admitted a resident who did not meet admission criteria for an assisted living facility.</p> <p>THIS DEFICIENCY WAS CITED AS IS A</p>	A 620		

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A 620	<p>Continued From page 47</p> <p>RESULT OF A COMPLAINT INVESTIGATION</p> <p>Findings:</p> <p>RI#6 was admitted to the facility on March 13, 2023, with diagnoses of debilitating cardiovascular accident (1966) with secondary partial expressive aphasia, hemiplegia, dysarthria, apraxia, history of vascular dementia (not a current condition per physician), degenerative disc disease, chronic pain, depression, history of seizure disorder (no current treatment) and was wheelchair bound with one-person assistance.</p> <p>Review of RI#6's facility record revealed the following: RI#6's admission physical examination dated March 7, 2023, did not include: temperature, pulse, respirations, blood pressure, weight, diagnoses, if RI#6 was free from contagious signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident contact, or a tuberculosis screening result. The examination also did not indicate what activities of daily living (ADLs) assistance RI#6 required or any needs or problems that required interventions.</p> <p>A progress note dated March 14, 2023, (the day after admission) revealed, "... After admission it became very apparent that (RI#6) is in need of more intensive care than assisted living can provide. The family has been notified of this change in status, and proper arrangements are currently being made by the family/facility to get the resident the best care in a facility that is suitable to meet all her current needs at this time. A letter sent to RI#6's family and signed by EI#6, a former administrator, was dated March 24,</p>	A 620		

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A 620	<p>Continued From page 48</p> <p>2023, and read, "... As discussed on March 14, upon admission, we observed that your (father/mother)'s cognitive and physical needs had progressed and that (he/she) needs a higher level of care than can be provided by an assisted living facility in the state of Alabama. We are hopeful that the 30-day notice of discharge is plenty of time to find longer-term living arrangement with more appropriate care for you (father/mother). ... In the meantime, thank you for agreeing to provide private sitters as required to assist your (father/mother) ..."</p> <p>A Plan of Care Outcome Note dated March 14, 2023, revealed, "...Resident also displays signs of cognitive decline, ..." This note was written by EI#1 the day after admission.</p> <p>A request was made to see the assessment of the resident used to identify the decline and EI#1 could not provide any documentation that would indicate there had been any change.</p> <p>On the morning of March 13, 2025, EI#1 was asked how a resident (with no baseline assessment) could have a significant change identified deeming them ineligible in less than 24 hours after admission. EI#1 said it could not.</p> <p>On the morning of March 13, 2025, EI#6 was asked what change occurred in less than 24 hours of RI#6's admission. EI#6 answered RI#6's compliance was the issue. EI#6 was asked again what changed and he had no answer. EI#6 was asked why RI#6 was admitted without baseline vital signs and said he was not aware. EI#6 was asked how a change can be identified without a baseline and he responded you cannot. When EI#6 was asked if RI#6 should have been admitted, his response was the doctor said yes.</p> <p>NOTE: The admission criteria policy indicates all</p>	A 620		

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A 620	Continued From page 49 prospective residents shall be screened and approved by the Administrator for admission within thirty (30) days prior to planned move-in date. EI#6 was the administrator when RI#6 was admitted to the facility. On the afternoon of March 13, 2025, EI#1 agreed that RI#6 was an inappropriate admission.	A 620		
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: (i) The individual is capable of performing and does perform all tasks related to his or her own care; OR	A 621		

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A 621	<p>Continued From page 50</p> <p>(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.</p> <p>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.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.</p> <p>6. All skilled services provided in the</p>	A 621		

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A 621	<p>Continued From page 51</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, access to and exit from the facility was prohibited without an access code, denying egress of residents.</p> <p>Findings:</p> <p>On the morning (10:31 AM) of March 11, 2025, the surveyor approached the facility and found the doors locked. Later is was noted that a code had to be entered for anyone to exit the building. On that afternoon, EI#1 was asked if the doors were locked continuously. She said yes but the residents know the code. RI#4 was standing</p>	A 621		

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A 621	<p>Continued From page 52</p> <p>nearby and was asked if he/she could unlock the door. His/Her response was, "No, I don't know the number."</p> <p>On the afternoon of March 11, 2025, RI#3 was asked how he/she gets out the front door. RI#3 said he/she has to ask to be let out because he/she does not know the code.</p> <p>On the afternoon of March 11, 2025, RI#2 was asked how he/she gets out the front door. EI#2 said he/she did not have the code, so he/she doesn't. RI#2 added they (staff) will let me out, I just have to ask.</p> <p>Two other residents were asked about the code during tour of the building. They both reported they did not know the code and staff have to let them out the front door.</p> <p>On the afternoon of March 11, 2025, EI#1 was asked if there were any wandering residents and she said no. When asked why residents' egress was being prohibited, EI#1 said it had been that way before on surveys. When asked what the facility policy was regarding hindering egress, EI#1 said we cannot keep residents here if there egress has to be hindered. EI#1 was asked why visitors were not allowed to come in the building without staff unlocking the door. EI#1 answered you are supposed to have free egress, but the system has been in place since she came to work at the facility. EI#1 was asked how that was free egress and she said it was not. EI#1 was asked what her plan of action was and she said the code would not be required during daylight hours. No code was required within an hour.</p> <p>On the afternoon of March 13, 2025, EI#1 said she did not agree with the citation being written,</p>	A 621		

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A 621	Continued From page 53 but that was the rule.	A 621		
A 703	<p>420-5-4-.07 (3) Food Service.</p> <p>(3) Dietary Service.</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	A 703		

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A 703	<p>Continued From page 54</p> <p>document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post meal times and the current weekly menu in the food service area.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEYS COMPLETED JUNE 26, 2018 AND SEPTEMBER 9, 2015.</p> <p>Findings:</p> <p>On the morning of March 11, 2025, the surveyor and EI#1 observed neither meal times or the weekly menu were posted. EI#1 agreed they should be posted.</p>	A 703		

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A 802 A 802	Continued From page 55 420-5-4-.08 (2) Physical Facilities. (2) Physical Facilities (Drugs and Medicines). (a) Medicine Storage. There shall be a medicine cabinet or storage area in the facility for safekeeping and to avoid contamination of individual medicine and drugs. The medicine storage area shall: 1. Be provided with lock and key and be kept locked when not being used. 2. Have adequate storage space with shelving. 3. Be adequately lighted with artificial illumination. 4. Have proper temperature and humidity levels. (b) Refrigerator. A refrigerator, capable of being secured, and dedicated to medicine and drug storage, shall be required for medicines and drugs which must be refrigerated. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the medication room remained locked when not in use. Findings include: On the morning of March 11, 2025, the medication room door was observed open while no staff were present. Later that morning the	A 802 A 802		

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A 802	Continued From page 56 bottom half of the medication room door was closed and EI#1 reached over and opened the bottom half. The room had been unattended. On the afternoon of March 11, 2025, the medication room door was observed closed. The surveyor asked to enter the room and EI#2 said just open it, it is never locked. The locking mechanism did not work. EI#2 acknowledged the door should be locked. Later that day the lock had been repaired. EI#1 agreed the door should be kept locked.	A 802		
A1001	420-5-4-.10 (1) Sanitation and Housekeeping. (1) Sanitation. (a) Water Supply. 1. If at all possible, all water shall be obtained from a public water supply. If it is impossible to connect to a public water system, the private water supply shall meet the approval of the local County Health Department. 2. Water under pressure of not less than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall in no case exceed 110 degrees Fahrenheit. (b) Disposal of Liquid and Human Wastes. 1. There shall be installed within the building a properly designed waste disposal system, connecting to all fixtures to which water under	A1001		

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A1001	<p>Continued From page 57</p> <p>pressure is piped.</p> <p>2. All liquid and human waste, including floor wash water and liquid waste from refrigerators, shall be disposed through trapped drains into a public sewer in localities where such system is available.</p> <p>3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed through trapped drains into a sewage disposal system approved by the local County Health Department. The sewage disposal system shall be of a size and capacity based on the number of residents and personnel housed and employed in the institution. Where the sewage disposal system is installed at an existing facility prior to granting of a license, it shall be inspected and approved by the local County Health Department.</p> <p>(c) Premises. The premises shall be kept neat and clean. The property shall be free of rubbish, weeds, ponded water, or other conditions that may create a health, safety, or sanitation hazard.</p> <p>(d) Control of Insects, Rodents and Other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or control shall be used. Droppings shall be evidence of infestation by pests.</p> <p>(e) Toilet Room Cleanliness. Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, and</p>	A1001		

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A1001	<p>Continued From page 58</p> <p>toiletry articles. The use of a common towel and common bar soap is prohibited.</p> <p>(f) Garbage Disposal.</p> <p>1. Garbage must be kept in water-tight suitable containers with tight-fitting covers. Garbage containers must be emptied at frequent intervals and shall be thoroughly cleaned and aired before using again.</p> <p>2. Garbage and waste shall be disposed of in accordance with local and state regulations.</p> <p>(g) Control of odors. The facility shall be free of objectionable odors.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure water temperatures did not exceed 110 degrees in resident rooms.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEY COMPLETED JANUARY 15, 2020.</p> <p>Findings include:</p> <p>An observation was made on March 11,2025, of three resident rooms with a water temperature of 113-114 degrees. These observations were made on three of three halls where residents reside.</p> <p>On the afternoon of March 13, 2025, EI#1 agreed this was above the maximum allowed temperature of 110 degrees.</p>	A1001		

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A1002	Continued From page 59	A1002		
A1002	<p>420-5-4-.10 (2) Sanitation and Housekeeping.</p> <p>(2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable environment for residents, staff, and the public.</p> <p>(a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies.</p> <p>(b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering.</p> <p>(c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance.</p> <p>(d) General Storage.</p> <p>1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms.</p> <p>2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition.</p> <p>3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that</p>	A1002		

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A1002	<p>Continued From page 60</p> <p>protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that chemicals were secured or supervised at all times and that flammable chemicals were properly stored.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEYS COMPLETED JUNE 9, 2021 AND JANUARY 15, 2020.</p> <p>Findings:</p> <p>On March 11, 2025, the surveyor accompanied by EI#1, observed several containers of flammable chemicals stored in an unsecured/unsupervised/unlocked hallway closet. EI#1 read the labels of some of the items and acknowledged chemicals and combustible liquids were in a room with the door unlocked. EI#1 had</p>	A1002		

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A1002	Continued From page 61 the items removed.	A1002		
A1101	<p>420-5-4-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>	A1101		

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A1101	<p>Continued From page 62</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. <p>(f) Fire Alarm and Sprinkler System.</p> <ol style="list-style-type: none"> 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 	A1101		

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A1101	<p>Continued From page 63</p> <p>expeditiously.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, fire drills were not conducted monthly and quarterly on each shift.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS CITED DURING THE SURVEY COMPLETED JANUARY 15, 2020.</p> <p>Findings:</p> <p>The last 12 months of fire drills were reviewed. Fire drills were conducted on first shift ten months, once on second shift and once on third shift. On the afternoon of March 13, 2025, EI#1 agreed with the findings.</p>	A1101		
A1203	<p>420-5-4-.12 (5) Physical Environment.</p> <p>(5) General Building Requirements - Family, Group, and Congregate.</p> <p>(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</p>	A1203		

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A1203	<p>Continued From page 64</p> <p>attractive inside and out. The interior and exterior of the building shall be kept clean and orderly.</p> <p>(b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit.</p> <p>(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.</p> <p>(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.</p> <p>(e) Emergency Lighting.</p> <p>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.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p> <p>(f) Floors.</p>	A1203		

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A1203	<p>Continued From page 65</p> <p>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.</p> <p>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.</p> <p>(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.</p> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(l) Doors.</p>	A1203		

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A1203	<p>Continued From page 66</p> <ol style="list-style-type: none"> 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. <p>(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</p>	A1203		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4983	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2025
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NAME OF PROVIDER OR SUPPLIER DAUPHIN WAY ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3085 DAUPHIN SQUARE CONNECTOR MOBILE, AL 36607
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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
A1203	<p>Continued From page 67</p> <p>facility.</p> <p>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.</p> <p>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.</p> <p>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.</p> <p>(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> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(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.</p> <p>(r) Exit marking. In Group and Congregate facilities, a sign bearing the word</p>	A1203		

Alabama Department of Public Health

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A1203	<p>Continued From page 68</p> <p>"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.</p> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that EXIT lights functioned properly at all times.</p> <p>THIS IS A REPEAT DEFICIENCY THAT WAS</p>	A1203		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4983	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2025
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A1203	<p>Continued From page 69</p> <p>CITED DURING THE SURVEYS COMPLETED JUNE 9, 2021 AND SEPTEMBER 9, 2015.</p> <p>Findings:</p> <p>On the morning of March 13, 2025, the surveyor and EI#1 observed three (3) exit lights that did not function properly when tested. EI#1 said the lights would be repaired or replaced.</p> <p>THERESA HARRISON, REGISTERED NURSE</p>	A1203		