Accepted May 5, 2026 10:39 AM

Gregory C. Griffin, RN, MSHAI

Cherokee Village Specialty Care Assisted Living

Facility Identification Number: P1001

Administrator: Jennifer Cambron

Survey Exit Date: 4/16/26

Deficiency Tag: A1001

Deficient Practice Identified

The facility failed to ensure compliance with regulatory requirements under Tag A1001 related to water temperature control and monitoring.

Plan of Correction

1. How the deficiency will be corrected for residents affected:
The facility's Life Safety Director immediately made the necessary system adjustments to correct the water temperature. On the morning of April 14, 2026, the surveyor confirmed the water temperature to be 104.8°F, which is within acceptable regulatory limits. Any residents potentially affected were assessed, and no adverse outcomes were identified.

2. How the facility will identify other residents who may be affected:
The facility maintenance conducted a comprehensive audit of all resident-accessible water outlets to verify temperatures are within acceptable ranges. Any identified variances were corrected immediately.

3. Measures or systemic changes put in place to ensure the deficiency does not recur:

- The facility has reinforced procedures for routine monitoring of water temperatures throughout the building.
- The Life Safety Director and maintenance staff have been re-educated on required temperature ranges and documentation expectations.
- On April 20, 2026, the Maintenance Director installed Lascar Wireless Alert thermometers on Cherokee Village Water Heater #1 and Water Heater #2. These Wi-Fi connected devices continuously monitor water temperature.
- The system is configured to send automatic email alerts any time water temperature exceeds the established threshold (high temperature limit set at 110°F), allowing for immediate corrective action.
- A weekly water temperature report is automatically generated and emailed to the Maintenance Director for review and retention.

4. How the facility will monitor its corrective actions to ensure ongoing compliance:
The facility will continue to maintain daily water temperature checks, and all temperatures will continue to be logged. The Life Safety Director will maintain all documentation, and records will be readily available upon request. In addition, automated alerts from the monitoring system will provide real-time notification of any out-of-range temperatures. Weekly temperature reports will be reviewed by the Maintenance Director and maintained on file. Ongoing compliance will be monitored through the facility's Quality Assurance and Performance Improvement (QAPI) program.

Date of Completion: April 20th 2026
Administrator: Jennifer Cambron, ALA

Jennifer Cambron 5/5/26

Cherokee Village Specialty Care Facility
Policy Title: Daily Water Temperature Monitoring
Effective Date: 4/21/2026
Review Date: 4/21/2026

Policy

Cherokee Village Specialty Care Facility shall ensure that hot water temperatures are maintained within safe and compliant ranges to protect residents from scalding and to meet regulatory requirements.

Procedure

1. **Daily Monitoring**
   - Water temperatures shall be checked **daily** using a digital thermometer.
   - Temperature readings will be taken at designated locations to ensure system-wide compliance.
2. **Temperature Range**
   - Hot water temperatures shall be maintained at or below **110°F**.
   - This range is established to prevent scalding while maintaining safe water conditions.
3. **Documentation**
   - All temperature readings shall be recorded on a **Daily Water Temperature Log Sheet**.
   - Completed log sheets shall be submitted to the **Facility Manager** and **Life Safety Director**.
4. **Record Retention**
   - All temperature logs will be maintained on file for a minimum of **three (3) years**.
   - Documentation shall be readily available for review by regulatory agencies upon request.
5. **Corrective Action**
   - Any temperature reading exceeding **110°F** must be **addressed immediately**.
   - Immediate actions may include adjustment of the water heater, mixing valves, or removal of the affected source from use until corrected.
   - The corrective action taken must be documented on the log sheet, including date, time, and responsible personnel.
6. **Oversight Responsibility**
   - The **Maintenance Department/or Designee appointed by facility manager-** is responsible for conducting daily checks.
   - The **Facility Manager** and **Life Safety Director** are responsible for oversight, review, and ensuring compliance with this policy.

Compliance

Failure to adhere to this policy may result in disciplinary action and will be addressed in accordance with facility procedures and applicable regulatory requirements.

Ronnie Henderson

Jennifer Cambron 5/5/26

CHEROKEE VILLAGE SCALF

GENERAL POLICIES AND PROCEDURES

SUBJECT: WATER SUPPLY

EFFECTIVE DATE: 4.21.26 **REVISED:**

Procedures:

1. **Water Supply and Pressure**
    - **Source:** All water must be obtained from a public water supply. If connection to a public system is impossible, the private water source must be inspected and approved by the County Health Department.
    - **Distribution:** Water under pressure (minimum 15 psi) must be piped to all sinks, toilets, tubs, showers, and utility fixtures.
    - **Hot Water Safety:**
        - Hot water must be supplied to all fixtures used by residents.
        - **Temperature Control:** Hot water accessible to residents must **never exceed 110°F.** Maintenance will perform [Weekly/Monthly] temperature checks at the tap to ensure compliance.
2. **Liquid and Human Waste Disposal**
    - **System Integrity:** A professionally designed waste disposal system must be installed and connected to all water fixtures.
    - **Drainage:** All waste – including human waste, floor wash water, and refrigerator liquid – must be disposed of through trapped drains.
    - **Disposal Method:**
        - **Public Sewer:** Use public sewer systems wherever available.
        - **Private Septic:** In areas without public sewers, waste must be processed via a system approved by the system capacity must be verified based on the total number of residents and staff.
        - **Inspections:** Any existing sewage systems must be inspected and cleared by the Health Department prior to licensing or renewal.
3. **Premises and Grounds Maintenance**
    - **General Cleanliness:** Staff must keep the premises neat, clean, and free of rubbish or weeds.
    - **Standing Water:** Maintenance must ensure the property is free of ponded water to prevent safety hazards and insect breeding.
    - **Hazard Mitigation:** Any condition that creates a health or sanitation risk must be reported and remediated immediately.

4. Pest Control

- **Eradication:** The facility must remain free of ants, flies, roaches, rodents, and other pests.
- **Professional Services:** Only lawful and approved methods/contractors shall be used for pest control.
- **Infestation Monitoring:** Staff shall monitor for evidence of pests (e.g., droppings). Any sign of infestation requires immediate professional intervention.

Facility Name: Cherokee Village Assisted Living
Facility Identification Number: P1001
Administrator: Jennifer Cambron, ALA
Survey Date: 4/16/2026
Tag/Deficiency Number: A617

1. Statement of Deficiency:
RI#8 was admitted to the facility on January 27, 2024 and discharged home with family on December 13, 2024. A list of medications was written and included the resident's name, medication names and dosages, amount of medications and signatures of the nurse and sponsor. The form did not contain the pharmacy name. A Discharge Medication Form was completed on December 13, 2024 and signed by RI#8's sponsor as well as the nurse. Page two of the form contained two medications listed but did not include sponsor signature, nurse signature, pharmacy name, time of discharge. Employee Identifier (EI)#1 and EI#2 agreed the forms were incomplete.

2. Corrective Action Taken for Residents Affected:
On 04/21/2026, licensed staff were re-educated on proper discharge medication release procedures, including all required documentation elements. It was reinforced that the licensed nurse responsible for resident care at the time of resident departure is responsible for completing the medication release form with all required elements.

3. Measures to Identify and Protect Other Residents:
On 04/21/2026, Medication release records for previous 60 days were reviewed by DON and/or RN Consultant to ensure accuracy and compliance. Education, corrective action, and reinforcement of policy were provided as indicated based on findings of the review.

4. Systemic Changes to Prevent Recurrence:
Medication release form revised and staff educated on form revisions, compliance, and accuracy of records. DON, or RN Consultant will complete monthly audits on discharge medication forms x 3 months. Any concerns identified will result in immediate correction, education, and continued monitoring.

5. Monitoring and Quality Assurance:
The Administrator or designee will review audit findings quarterly for 2 quarters. Any identified issues will be addressed with prompt correction, staff re-education, and ongoing monitoring to ensure sustained compliance. Audit records will be maintained in the Administrator/Manager office.

Completion Date: 04-21-2026

Responsible Person: Jennifer Cambron, ALA

Jennifer Cambron 5/5/26

CHEROKEE VILLAGE
SPECIALTY CARE ASSISTED LIVING
& INDEPENDENT LIVING APARTMENTS
PHONE: 256-927-4307 FAX: 256-927-8976

DATE: 04/21/2026

PRESENTED BY: SARAH BONE, RN

INSERVICE: Medications of residents who are discharged or transferred to another facility shall be returned to the resident. The responsible party will sign a statement that these medications have been received. ALL ELEMENTS of the statement including: pharmacy, prescription number, name and strength of the medication, and amount of medication, MUST be filled in. The licensed nurse responsible for resident care is responsible for completing the medication release form prior to resident being discharged/transferred. Please review the changes from previous form.

After the statement is completed and has been signed, make a copy for the resident and we keep the original.

SIGNATURE	SIGNATURE	SIGNATURE

Jennifer Cameron 5/15/26

CHEROKEE VILLAGE
Specialty Care Assisted Living
Independent Living Apartments

Phone: 256-927-4307
Business Office Fax: 256-927-8976
Nurse Office Fax: 256-927-4498
201 Dean Buttram Sr. Ave.
Centre, AL 35960

MEDICATION RELEASE FORM FOR DISCHARGED RESIDENTS

I am responsible for Medications of (Resident Name): _____

Pharmacy: _____

Pharmacy RX #	Medication & Strength	Number of Meds (on departure)

I understand the correct procedure and time that medication is to be given. It is understood that these medications will be kept in a safe place to prevent children or unauthorized people from accidentally using them.

Resident/Responsible Party Signature: _____ ☐ **CHECK IF REFUSED TO SIGN**

Nurse: _____

Time and Date of Departure from Facility: _____

Checked By: _____

Comments and Recommendations:

_____

_____

CHEROKEE VILLAGE SCALF

NURSING POLICIES AND PROCEDURES

SUBJECT: Medication – Narcotics Storage and Destruction

EFFECTIVE DATE: 11.2022 **REVISED: 4.21.26**

Purpose:

1. Handling of Expired or Discontinued Medications

- **30-Day Limit:** All controlled substances and legend drugs that are expired, discontinued, or left behind following a resident's death must be destroyed within **30 days.**
- **Donation Option:** Unexpired legend drugs (non-controlled) may be donated to a charitable clinic, provided the donation follows the requirements of Alabama Administrative Code Chapter 420-11-11.

2. Resident Discharge or Transfer

- **Return of Medication:** If a resident is discharged or transferred, their medications must be returned to them or their responsible party.
- **Required Documentation:** The recipient must sign a receipt statement containing:
  - Resident's name.
  - Pharmacy name and Prescription (RX) number.
  - Date of transfer.
  - Name, strength, and exact quantity of the medication.
- **Record Retention:** This signed statement must be kept in the facility's files for at least **three years.**

3. On-Site Destruction Protocol

When medications are destroyed on the facility premises, the following steps must be taken:

- **Authorized Witnesses:** Destruction must be performed by an authorized staff member and verified by at least **one witness**.
- **Destruction Record:** A formal record must be created including:
  - Facility name and method of disposal.
  - Pharmacy name and Prescription (RX) number.
  - Resident's name.
  - Medication name, strength, dosage, and quantity.
  - Reason for disposal (e.g., expired, discontinued).
- **Signatures:** Both the individual performing the destruction and the witness must sign and date the record.
- **Record Retention:** All destruction records must be retained for at least **three years**.

4. Prohibited Storage

- Management and Nursing staff are responsible for monitoring medication carts and storage areas to ensure no expired or unused medication is housed beyond the 30-day limit.

CHEROKEE VILLAGE SCALF

NURSING POLICIES AND PROCEDURES

SUBJECT: Medication – Narcotics Storage and Destruction

EFFECTIVE DATE: 11.2022 **REVISED: 11.2025**

Policy: Storage and / or Destroying of Discontinued Narcotics.

Purpose:

- **To allow discontinued narcotics to be stored securely until they are destroyed.**
- **To destroy controlled narcotics while provide accurate accountability.**

Procedure:

When a narcotic is discontinued for any reason, the medication can be kept in the Med-cart and placed in the back of the narcotic box. Narcotics are counted by licensed nursing staff every shift change.

Destroying of Controlled Drugs:

1. **Destruction of controlled drugs must be done monthly by Pharmacist (or designee) and one Licensed Nurse.**
3. **The log sheets are matched to sign-out sheets, which are with the narcotics in the locked box. Counts are verified and then destroyed. Tablets, capsules, liquids, and patches, and contents of vials and ampules are flushed down the toilet or hopper sink or placed In the Drug Buster containers unless specifically contraindicated.**
4. **Upon verification, individuals completing destruction will sign the destruction forms and Pharmacist will sign to verify accuracy. Forms and individual sign-out forms will be maintained in the Nursing office.**

CHEROKEE VILLAGE
Specialty Care Assisted Living
Independent Living Apartments

Phone: 256-927-4307
Business Office Fax: 256-927-8976
Nurse Office Fax: 256-927-4498
201 Dean Buttram Sr. Ave.
Centre, AL 35960

MEDICATION RELEASE FORM FOR DISCHARGED RESIDENTS

I am responsible for Medications of (Resident Name): _____

Pharmacy: _____

Pharmacy RX #	Medication & Strength	Number of Meds (on departure)

I understand the correct procedure and time that medication is to be given. It is understood that these medications will be kept in a safe place to prevent children or unauthorized people from accidentally using them.

Resident/Responsible Party Signature: _____ ☐ CHECK IF REFUSED TO SIGN

Nurse: _____

Time and Date of Departure from Facility: _____

Checked By: _____

Comments and Recommendations:

_____

_____

Medication Release Form for Residents Discharged from Cherokee Village Specialty Care Assisted Living

I am responsible for Medication of Resident: _____

Pharmacy: _____

Pharmacy RX#	Medication	Number of Meds (On Departure)

I understand the correct procedure and time that medication is to be given. It is understood that these medications will be kept in a safe place to prevent children or unauthorized people from accidentally using them.

Responsible Party: _____

Nurse: _____ **Station:** _____

Time and Date of Departure from Facility: _____

Checked By: _____

Comments and Recommendations:

_____

_____

_____

Facility Name: Cherokee Village Assisted Living
Facility Identification Number: P1001
Survey Date: 4/16/2026
Tag/Deficiency Number: A901
Administrator: Jennifer Cambron, ALA

1. Statement of Deficiency:

During a tour of the commercial dryer laundry room on the afternoon of April 14, 2026 the surveyor, accompanied by EI#5, Manager/Administrator in Training (AIT), observed the lint trap of the commercial laundry dryer was not properly maintained and was full of lint. EI#5 concurred with the surveyor observation and had an employee clean the lint trap immediately. EI#5 stated that the lint trap should have been cleaned.

2. Corrective Action Taken for Residents Affected:

The lint trap for the commercial dryer was cleaned immediately on April 14, 2026, by facility staff once the issue was identified by surveyor. The Manager/Administrator in Training (EI#5) verified the cleaning was completed prior to the conclusion of the laundry room.

3. Measures to Identify and Protect Other Residents:

An audit of all facility laundry dryers, was conducted to ensure no other fire or sanitation hazards existed. No other residents were found to be at risk, as the issue was isolated to the specific dryer during time of inspection.

4. Systemic Changes to Prevent Recurrence:

The facility has implemented **Laundry Services and Infection Control** policy and procedure which now includes specific protocols for the frequent removal of lint to prevent the aerosolization of contaminants and fire hazards. To support this, **Dryer Lint Removal Logs** were introduced; staff have been retrained on the requirement to clean the lint trap and sign the log after use to ensure compliance with **Alabama Administrative Code Rule 420-5-20-.09.**

5. Monitoring and Quality Assurance:

To ensure ongoing compliance with the Laundry Services and Infection Control policy and procedure the manager or designee will conduct **logged daily checks** of the lint trap for one week, followed by **logged weekly checks** for one month. Audit results will be reviewed by the manager. Logs will be monitored at the Quality Assurance Performance Improvement (QAPI) meeting for the next three months to ensure sustained systemic. Logs will be kept in the manager's office.

6. Completion Date: 4-27-26
Responsible Person: Jennifer Cambron, ALA

Jennifer Cambron 5/5/26

CHEROKEE VILLAGE SCALF

GENERAL POLICIES AND PROCEDURES

SUBJECT: LAUNDRY SERVICES AND INFECTION CONTROL

EFFECTIVE DATE: 4.21.26 **REVISED:**

Procedures:

1. Administration and Oversight

- Supervision: A designated employee is assigned the responsibility of overseeing all laundry services, ensuring staff follow infection control and safety protocols.
- On-site Facilities: Laundering will be conducted in specifically designated areas. These rooms must not open directly into resident rooms or food service areas.

2. Handling and Infection Control

- Separation of Linens: Clean and soiled linens must be kept strictly separate at all times.
- Storage: Soiled linens and clothing shall never be stored, even temporarily, in areas designated for clean linen storage.
- Processing: All linens will be handled and transported according to generally accepted infection control practices to prevent the spread of pathogens.

3. Resident Use of Domestic Machines

- If domestic washers and dryers are provided for exclusive resident use, they must be maintained to prevent sanitation issues or offensive odors.

4. Equipment and Maintenance

- Ventilation: The laundry area must have proper mechanical ventilation. Air from commercial laundry equipment must not be re-circulated into the facility's general heating or air conditioning systems.

- **Lint Traps:**
  - All dryers must have clean and effective lint traps.
  - Pre-Use Requirement: Every staff member must clean the lint trap before starting a cycle.
  - Documentation: Staff must initial the Laundry Safety Log Sheet posted by the commercial dryer to verify the lint trap was cleaned and safety precautions were met.

5. Space Requirements

- The laundry area must provide adequate space for the distinct tasks of sorting, processing, and storing soiled materials to ensure a logical flow that prevents re-contaminating clean items.

CHEROKEE VILLAGE
Specialty Care Assisted Living

MANAGEMENT DRYER VENT CLEANING LOG CHECK OFF

Daily Check Logs x 1 Week:

Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

CHEROKEE VILLAGE
Specialty Care Assisted Living

MANAGEMENT DRYER VENT CLEANING LOG CHECK OFF

Weekly Check Logs x 1 Month:

Week 1- Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

Week 2 – Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

Week 3 – Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

Week 4 – Date: _____

Dryer Log Checked:	Management Initials:
Inside Left	
Inside Right	
Outside	

CHEROKEE VILLAGE
Specialty Care Assisted Living

DRYER VENT CLEANING LOG

DRYER: Outside **Month/Year:** _____

DATE OF USE	TIME	EMPLOYEE INITIALS

At end of Month turn into Management.

Management sign off: _____

Updated: 4.21.26

CVSCALF

CHEROKEE VILLAGE
Specialty Care Assisted Living

DRYER VENT CLEANING LOG

DRYER: Inside Left **Month/Year: _____**

DATE OF USE	TIME	EMPLOYEE INITIALS

At end of Month turn into Management.

Management sign off: _____

Updated: 4.21.26

CVSCALF

CHEROKEE VILLAGE
Specialty Care Assisted Living

DRYER VENT CLEANING LOG

DRYER: Inside Right **Month/Year** _____

DATE OF USE	TIME	EMPLOYEE INITIALS

At end of Month turn into Management.

Management sign off: _____

Updated: 4.21.26

CVSCALF

CHEROKEE VILLAGE
SPECIALTY CARE ASSISTED LIVING
& INDEPENDENT LIVING APARTMENTS
PHONE: 256-927-4307 FAX: 256-927-8976

DATE: 04/21/2026

PRESENTED BY: Glen Davis, ALA, AIT

INSERVICE: Each dryer in laundry has a lint screen to collect lint from the clothes while drying. These screens shall be cleaned after each use by the person using it at the time, there is a log posted at each dryer that shall be filled out with the employee's initials, the date, and the time of each use. Every employee who is responsible for washing and drying clothes is responsible for filling out the log.

When the log is full the employee shall turn it in to either the manages office or the administrative assistant's office.

SIGNATURE	SIGNATURE	SIGNATURE

JC
Jennifer Cannon 5/5/26