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A 000	Initial Comments On January 15, 2025, an unannounced licensure survey was conducted for this 80 bed Assisted Living Facility (ALF) with a census of 57. There was one complaint investigated during this survey. LC#20240423019 was unsubstantiated with no deficiencies cited as a result of the complaint investigation. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.	A 000		
A 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	A 611		

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A 611	Continued From page 1	A 611		

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:

2. A listing of the resident's individual needs or problems that require intervention by the facility.

3. A listing of interventions provided by the facility to address the resident's identified needs or problems.

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.

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.

(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

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A 611	Continued From page 2 necessary or requested. (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. (iii) Hair. Resident's hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to update residents' care plans with appropriate interventions to meet the current care and safety needs of the residents. Findings: Review of resident records, on January 15, 2025, revealed the following information.	A 611		

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A 611	Continued From page 3 Resident Identifier (RI)#6 was admitted to the facility on June 21, 2023 and had diagnoses which included diabetes mellitus type 2, hypertension, depression and history of cerebrovascular accident. RI#6 had a physician's order for Lispro insulin to be administered three times daily as needed according to sliding scale doses based on the results of fingerstick blood sugars. However, RI#6 usually refused both the fingerstick blood sugars and insulin as documented on the Medication Assistance Record (MAR). RI#6's facility care plan listed "diabetes" as a Focus and also listed a Goal of "Resident will not experience signs of symptomatic hypoglycemia/hyperglycemia". RI#6's care plan did not give specific symptoms of hypoglycemia/hyperglycemia for staff to report. RI#9 was admitted to the facility on January 30, 2023 and had diagnoses which included myasthenia gravis, protein calorie malnutrition, hypertension and history of fractured femur due to fall. RI#9 was receiving hospice services at the facility and had been issued a 30-day discharge notice due to a decline in condition. On January 12, 2025, RI#9 sustained a 23 per cent weight loss in one month at the facility (107 pounds in December 2024 and 82 pounds in January 2025). RI#9's significant weight loss was not addressed on the facility care plan with appropriate interventions to prevent a recurrence. RI#12 was admitted to the facility on July 26, 2023 and had diagnoses which included vitamin B12 deficiency anemia, chronic atrial fibrillation, glaucoma and hypertension. RI#12 sustained a recent fall at the facility and was generally weak, placing RI#12 at increased risk for a recurrent fall. RI#12's facility care plan contained conflicting	A 611		

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A 611	Continued From page 4 interventions for assistance with mobility. The Focus item of "transferring" instructed staff that RI#12 would "maintain independence with transferring". The Focus item of "mobility" documented that RI#12 was "independent" with ambulation. The Focus item of "falls" contained an intervention for staff to "remind (RI#12) to call for assistance". On January 14, 2025, RI#12 was observed by the surveyor calling staff for assistance to get up from the bed. RI#12 informed the surveyor that he/she had been instructed by staff not to get up without assistance. RI#12's care plan interventions did not clearly direct staff in providing assistance to RI#12. RI#19 was admitted to the facility on December 30, 2017 and had diagnoses which included fracture of the right side rib, macular degeneration, dysuria, hypertensive heart disease, chronic obstructive pulmonary disease, fractured sacrum, hypothyroidism, diabetes mellitus type 2, hypercholesterolemia, major depressive disorder, Parkinson's disease and hypertension. RI#19 sustained a fractured rib on April 7, 2024, post fall. RI#19's care plan did not include any interventions directing the staff in providing assistance to RI#19 with the fractured rib. On January 15, 2025, Employee Identifier (EI)#2 agreed with surveyors that these care plans had not been appropriately updated to meet the residents' current care and safety needs.	A 611		
A 616	420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents. (k) Medications kept under the control or	A 616		

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A 616	Continued From page 5	A 616		

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.

(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 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.

(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

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A 616	Continued From page 6 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 single occupancy and has a locking entrance. (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. (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." This Rule is not met as evidenced by: Based on observations, interviews and record reviews, medications kept in the custody of	A 616		

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A 616	Continued From page 7 individual residents were not securely stored. Findings: Review of resident records, on January 15, 2025, revealed the following information. RI#11 was admitted to the facility on January 6, 2023 and had diagnoses which included hemiplegia and hemiparesis of left side due to cerebral infarction, history of fall and ulcerative colitis. RI#11 had a physician's order to self-administer and maintain custody of medications. RI#13 was admitted to the facility on August 3, 2019 and had diagnoses which included pulmonary embolism, ventricular fibrillation, hypertensive heart disease, pacemaker and atrial fibrillation. RI#13 had a physician's order to self-administer and maintain custody of medications. During a tour of the facility, on January 14, 2025, the surveyor interviewed both RI#11 and RI#13 in their rooms. Both RI#11 and RI#13 informed the surveyor that they (RI#11 and RI#13) self-administered their medications and had custody of the medications. RI#11 and RI#13 also informed the surveyor that they (RI#11 and RI#13) did not lock their medications when leaving their rooms. On January 14, 2025, while RI#11 and RI#13 were in the dining room, the surveyor observed that both RI#11's and RI#13's doors were unlocked and their medications were unsecured in their rooms. Both EI#1 and EI#2 agreed that RI#11's and RI#13's medications were not properly secured and implemented a new plan for residents who self-administered medications which included use of a locking box	A 616		

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A 616	Continued From page 8 to be kept in the residents' rooms.	A 616		
A 617	420-5-4-.06 (8) Care of Residents. (8) Disposal of Medications. 1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days. 2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication, and the amount. This statement shall be maintained in a file for at least three years. 3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness.	A 617		

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A 617	Continued From page 9 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to properly document disposition of residents' medications upon discharge of the residents from the facility. Findings: Review of resident records, on January 15, 2025, revealed the following information. RI#16 was admitted to the facility on October 26, 2023 and had diagnoses which included progressive supranuclear opthalmoplegia, diabetes mellitus type 2, hypertension and atherosclerotic heart disease. RI#16 was discharged from the facility on May 1, 2024 to the care of family. RI#16's medications were released to RI#16's family member and disposition of the medications was documented on a Medication Release form. The form did not contain the pharmacy and the prescription numbers of RI#16's medications. RI#17 was admitted to the facility on June 13, 2022 and had diagnoses which included adult failure to thrive, chronic kidney disease, fractured neck and hypertension. RI#17 was discharged from the assisted living facility to a skilled nursing facility on August 19, 2024. RI#17's medications were released to RI#17's family member on August 19, 2024 and disposition of the medications was documented on a Medication Release form. The form did not contain the pharmacy and the prescription numbers of RI#17's medications.	A 617		

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A 617	Continued From page 10 On January 15, 2025, EI#2 agreed required information was not documented on these residents' medication disposition forms.	A 617		
A 618	420-5-4-.06 (9) Care of Residents. (9) Oxygen Therapy. (a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged. (b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift unless oxygen therapy is self-managed by the resident. (c) If a resident receives oxygen therapy in a facility: 1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 2. All oxygen tanks shall be safely maintained and stored.	A 618		

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A 618	Continued From page 11 3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted. 4. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen. Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to properly document oxygen therapy on two residents' medication administration records. Findings: On the morning of January 14, 2025, during the medication assistance observation, it was observed by the surveyor that RI#1 and RI#19 did not have oxygen administration indicated on the resident's medication administration record. On the afternoon of January 14, 2025, during record review, it was revealed that RI#1 and RI#19 did not have the ordered oxygen on the residents' medication administration record. During an interview on the same afternoon with the Director of Wellness, EI#2 concurred with the surveyor's observations.	A 618		
A 804	420-5-4-.08 (4) Physical Facilities. (4) Food Service Facilities. (a) Floors. Floors in food service areas	A 804		

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shall be of such construction as to be easily cleaned, sound, smooth, non-absorbent, without cracks or crevices, and shall be provided with approved and conveniently located facilities for the disposal of floor wash water.

(b) Walls and Ceilings. Walls and ceilings of food service areas shall be of tight and substantial construction, and smoothly finished. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows which prevent the entrance of rain or dust during inclement weather.

(c) Screens or Outside Openings. Openings to the outside shall be effectively screened, or suitable provisions made equal to screening (such as fly fans). Screen doors shall be equipped with self-closing devices.

(d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light.

(e) Ventilation. Vent/exhaust hoods, vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Existing recirculating vent hoods in Family facilities may remain in use when filters are cleaned or replaced regularly to prevent excess grease accumulation. Group assisted living facilities with residential stoves may use a residential hood sized for the stove. Commercial exhaust hoods shall be installed when commercial cooking equipment is used. Congregate facilities shall use a commercial

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A 804	Continued From page 13 exhaust hood system. (f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall include a lavatory and shall be well lighted and ventilated. (g) Hand Washing Facilities. Each Group and Congregate assisted living facility shall provide a hand washing lavatory in the kitchens which shall be equipped with a soap dispenser and a supply of soap, disposable towels, and hot and cold running water through a mixing valve or combination faucet. The use of a common towel and common bar soap is prohibited. Hands shall not be washed in sinks where food is prepared. Existing Group and Congregate facilities that enlarge or renovate kitchens shall install a hand wash sink. (h) Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation for the storage of perishable foods shall be provided. Refrigeration shall be maintained at 41 degrees Fahrenheit or less. All refrigerators shall be provided with thermometers. All refrigerators shall be kept clean. (i) Equipment and Utensil Construction. Equipment and utensils, except single service utensils, shall be so constructed as to be easily cleaned and shall be kept in good repair. No cadmium plated, lead, or readily corrodible utensils or equipment shall be used. (j) Separation of Kitchen from Resident	A 804		

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A 804	Continued From page 14 Rooms and Sleeping Quarters. Any room used for sleeping quarters shall be separated from the food service area by a solid wall with no direct openings. Sleeping accommodations shall not be permitted within the food service area. (k) Clean Rooms. Floors, walls, and ceilings of rooms in the food service area shall be clean and free of an accumulation of rubbish, dust, grease, dirt, etc. (l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc. (m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use. (n) Location and Space Requirements. Food service facilities shall be located in a specifically designated area and shall include the following rooms and space: kitchen, dishwashing, food storage, and dining room. (o) Equipment. Minimum equipment in the kitchen shall include the following: 1. Range. In a Family or Group assisted living facility, a residential use range is permitted. A Congregate assisted living facility shall have a heavy-duty range suitable for institutional use with double oven, or equivalent. 2. Refrigerator. A Family or Group assisted living facility may use a residential	A 804		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D4210	A. BUILDING: _____ B. WING _____	R 01/15/2025

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A 804	Continued From page 15	A 804		

refrigerator. A Congregate assisted living facility shall have a heavy duty refrigerator suitable for institutional use.

3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods.

4. Dishwashing. The dishwashing equipment for Family and Group assisted living facilities shall be either residential type using cold water sanitizers or commercial type with a booster water heater. Dishwashing equipment for all Congregate assisted living facilities shall be commercial type using a booster water heater or an automatic dispensing sanitizing chemical system.

5. A three-compartment sink with a booster heater or chemical sanitizing system for the third compartment shall be provided in Congregate assisted living facilities.

6. Garbage cans with cover.

(p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans, and raised platforms shall be provided and kept clean. Perishable food shall be stored at least six inches above the floor. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water, leakage, or any other source of contamination.

(q) Dining Room. A resident dining room, or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed

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A 804	Continued From page 16 capacity. (r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be provided. Hot water shall be piped to all hand-washing facilities, and to each compartment of all dishwashing and laundry sinks. Water heaters shall be automatic type. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to keep equipment in the food service area clean and free of grease. In addition, a refrigerator was not kept clean. Findings: Equipment in Food Service Area On the afternoon of January 14, 2025, during a tour of the facility food service area with EI#3, Food Service Director, it was revealed that the areas adjacent to, inside of the Steamer/Oven and behind the deep fryer were dirty with grease build up. EI#3 concurred with surveyor's observation. Refrigerator in Resident's Room On January 14, 2025, the surveyor and EI#1 observed a small refrigerator in RI#7's room. The inside floor of the refrigerator contained a large puddle of brownish liquid with food particles in the liquid. Food particles and liquid splashes were noted on the inside walls of the refrigerator. EI#1 informed the surveyor that the facility provided the	A 804		

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A 804	Continued From page 17 refrigerator and were responsible for maintenance of the refrigerator. EI#1 agreed the refrigerator had not been kept clean and immediately sent staff to clean the refrigerator. CONNIE CHERRY, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE	A 804		