

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P-5903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/05/2026
NAME OF PROVIDER OR SUPPLIER LAKEVIEW ESTATES ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2634 VALLEYDALE ROAD BIRMINGHAM, AL 35244		
(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 5, 2026, an unannounced licensure survey was conducted for this 76-bed Specialty Care Assisted Living Facility (SCALF) with a census of 46.</p> <p>There were six (6) complaints investigated during this survey. LC#20251231002, LC#20251001004, LC#20250827004, LC#20250121011, LC#20230301008 and LC#20220720010 were investigated and unsubstantiated. No deficiencies were cited as a result of the complaint investigations.</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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.</p>	A 000		
A 302	<p>420-5-20-.03 (e) Administration.</p> <p>(e) Policies. 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 resident. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies</p>	A 302		

Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 302	Continued From page 1 shall cover the following: (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.	A 302		

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A 302	<p>Continued From page 2</p> <p>(xiv) Dietary Policies. The dietitian, 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,</p>	A 302		

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A 302	<p>Continued From page 3</p> <p>ice, and eggs.</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 record review, the facility failed to implement its written policies and procedures.</p> <p>Findings:</p> <p>The facility's policy titled, "Admission to the ALF" revealed, "...Procedure: ...2. All prospective residents must be screened...3. Th (The) community will not admit any prospective resident who: ...c. Lacks the ability to make decisions related to personal safety. ...e. Has behaviors that may be dangerous to themselves or others. ...g. Is receiving or in need of hospice services. ..."</p> <p>Refer to deficiencies 604 and 620 for additional information.</p> <p>The facility policy titled, "CLEANING & MAINTENANCE" revealed, "...Policy: All work areas and equipment must be clean and in good repair at all times. ...If work areas and equipment are not properly cleaned and maintained, bacteria, viruses, and molds can come in contact with food and cause illness...Procedure: Keeping the Work Area and Equipment Clean: ...2. Get rid of dirt and trash or any conditions that will attract pests. ..."</p> <p>Refer to deficiency 804 for additional</p>	A 302		

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A 302	Continued From page 4 information. NOTE: This policy is specific to the kitchen. The facility policy titled, "Incident Report Policy" revealed, "...Policy: All incidents should be documented immediately in an Incident Report. Contributing factors are identified and corrective steps taken to manage recurrence. Any incident involving a resident, associate, and/or visitor must be documented on an incident report. Procedure: ...2. ...Step 7. Administrator/ED (Executive Director)/Designee completes final review of incident, signs, dates and approves per state regulation. Step 8. Incidents that resulted in injury are reported to the state regulatory agency per state regulation. ...Step 11. Keep Incident Reports available for State regulatory Agency/Risk Management team to review for no less than five years or per state regulatory requirements. ..." Refer to deficiency 508 for additional information.	A 302		
A 401	420-5-20-.04 (1) (2) Personnel. (1) A specialty care assisted living facility shall ensure adequate personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. No specialty care assisted living facility shall have fewer staff on duty than specified in Table A below. Even if this minimum staffing ratio is met, the governing authority of a specialty care assisted living facility shall have additional staff on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. Facilities with resident bedroom wings separated from the remainder of the facility by a lockable door shall maintain dedicated staff to these areas adequate to meet all care and safety needs of the residents in these areas at all times.	A 401		

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A 401	Continued From page 5 Table A Staff Number 7 AM - 3 PM 3 PM - 11 PM 11 PM - 7 AM 2 1 -16 Residents 1 - 16 Residents 1 - 16 Residents 3 17 - 24 Residents 17 - 36 Residents 17 - 48 Residents 4 25 - 32 Resident 37 - 48 Residents 49 - 64 Residents 5 33 - 40 Residents 49 - 60 Residents 65 - 80 Residents 6 41 - 48 Residents 61 - 72 Residents 81 - 96 Residents 7 49 - 56 Residents 73 - 84 Residents 97 - 112 Residents 8 57 - 64 Residents 85 - 96 Residents 113 - 128 Residents 9 65 - 72 Residents 97 - 108 Residents 129 - 144 Residents 10 73 - 80 Residents 109 - 120 Residents 145 - 160 Residents 11 81 - 88 Residents 120 - 132 Residents 161 - 176 Residents 1 Additional For each 8 residents, For each 12 residents, For each 16 residents, Staff or any fraction thereof, or any fraction thereof, or any fraction thereof, by which the census by which the census by which the census exceeds 88 exceeds 132 exceeds 176 (a) A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current certification in	A 401		

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A 401	<p>Continued From page 6</p> <p>cardiopulmonary resuscitation (CPR).</p> <p>(b) A specialty care assisted living facility must be sufficiently staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.</p> <p>(2) Employee Schedule. A specialty care assisted living facility shall post a schedule of employees indicating names and days and hours scheduled to work. This schedule shall be retained in the facility for 6 months after use.</p> <p>In the event of an unplanned staff shortage which would make it otherwise impossible to meet the staffing requirements imposed by these rules, a facility may employ a certified nurse aide who has not received the training specified in these rules. For the purposes of this subsection, a certified nurse aide is defined as an individual who has been deemed or determined to be competent by the Alabama Nurse Aide Registry maintained by the Alabama Department of Public Health. This individual may not work unless accompanied at all times by an individual who is appropriately trained in accordance with these rules. Such employment shall last only until the facility has employed staff trained in accordance with the above. In no event may the period during which such staff is employed in a facility exceed 120 consecutive hours.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain adequate housekeeping staff.</p>	A 401			

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A 401	Continued From page 7 Findings: Multiple housekeeping issues were identified during the onsite survey. The dining room floor was extremely sticky as observed on all three days of the onsite survey. Family members reported that the hallways were not kept clean. A resident's toilet was in need of cleaning. A resident's bathroom floor was badly soiled and in need of cleaning. A Mechanical Room was in need of cleaning. Odors were noted in the facility which were resolved after staff was notified by the surveyors and the carpet in these areas was cleaned. Refer to deficiencies 804 and 1002 for additional information on housekeeping concerns identified. On the morning of March 3, 2026, the surveyors interviewed Employee Identifier (EI)#13, Director of Housekeeping, who stated she (EI#13) had worked at the facility for many years. EI#13 reported that she (EI#13) had been the only housekeeper at the facility for several months in this 76 bed facility, but was told that a new housekeeper had been hired. EI#13 added that it was difficult to keep someone in the position for long. EI#13 was asked if she (EI#13) was able to perform all housekeeping duties at the facility and she (EI#13) stated not all of them. EI#13 added that the night shift staff were assigned some of the floors to clean in the common areas. Later that same day, EI#1 agreed that there was a shortage of housekeeping staff but added that they were hiring new staff.	A 401		
A 501	420-5-20-.05 (1) Records and Reports. (1) General.	A 501		

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A 501	<p>Continued From page 8</p> <p>(a) Responsibility for Records. The administrator shall prepare and file all records, or shall oversee the preparation and filing of records. This duty shall be assigned to other employees in the administrator's absence.</p> <p>(b) All records and reports required by these rules shall be completed in a timely manner, and shall be maintained and filed in an orderly manner within the specialty care assisted living facility premises.</p> <p>(c) Storage and Safety. Provision shall be made for the safe storage of records within the facility. Records shall be stored in a manner to reasonably protect them from water or fire damage. Records shall be safeguarded from unauthorized access.</p> <p>(d) All facility records, including resident medical records, shall be made readily available for review and copying by representatives of the Alabama Department of Public Health upon request.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the security of residents' medical information.</p> <p>Findings:</p> <p>On the morning of March 3, 2026, an observation was made of five resident charts containing personal medical information in an unlocked cabinet in a resident hallway. The privacy protected information was not safeguarded from unauthorized access. EI#12, a Licensed Practical</p>	A 501		

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A 501	Continued From page 9 Nurse (LPN), observed the unsecured medical records. Later that morning, EI#1 agreed resident records should be kept secured.	A 501		
A 507	420-5-20-.05 (3) (g) Records and Reports. (g) Admission Record. A permanent 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: 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.	A 507		

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A 507	Continued From page 10 11. Date of admission. 12. Date of discharge. 13. Facility, setting, or location to which discharged. 14. Date of death. 15. Cause of death, if known. 16. Religious preferences. 17. Information from insurance policies regarding funeral arrangements and burial provisions. 18. Written documentation that the facility has devised a plan to transfer the resident to a hospital, nursing home, 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 or nursing home 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. 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	A 507			

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STREET ADDRESS, CITY, STATE, ZIP CODE

LAKEVIEW ESTATES ASSISTED LIVING

2634 VALLEYDALE ROAD
BIRMINGHAM, AL 35244

Health Care Facilities
STATE FORM

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A 508	Continued From page 12 1. Incidents which require investigation are: (i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as extensive bruising, pain, or injury that is not consistent with actions necessary in providing day-to-day care to a resident or for which medical treatment was sought. (ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid including but not limited to a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office. (iii) The onset of wandering behavior by any resident who is not fully cognitively intact. (iv) Elopement by a resident. (v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. (vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules. (vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules. (viii) An outbreak (for purposes of	A 508		

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A 508	<p>Continued From page 13</p> <p>these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).</p> <p>(ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(xi) An unplanned occurrence that results in media attention.</p> <p>(xii) A medication error, overdose, or over sedation.</p> <p>(xiii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p>	A 508		

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A 508	<p>Continued From page 14</p> <p>(iii) When the administrator was notified (date and time).</p> <p>(iv) Circumstances under which the incident occurred.</p> <p>(v) When the incident occurred (date and time).</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p> <p>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.</p>	A 508		

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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 508	<p>Continued From page 15</p> <p>(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation.</p> <p>(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.</p> <p>(xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies.</p> <p>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.</p> <p>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:</p> <p>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, witnessed, or actual abuse, neglect, or exploitation of a resident or residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported</p>	A 508		

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A 508	<p>Continued From page 16</p> <p>immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file.</p> <p>(iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(vi) An unplanned occurrence that results in media attention.</p> <p>(vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.</p> <p>(viii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(ix) Notifiable diseases and health conditions listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04. shall also be reported by the facility to the State Health Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than three years.</p> <p>(x) Any indication of a malfunction of the sprinkler system, fire alarm system, or a door</p>	A 508		

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A 508	Continued From page 17 locking device. 4. The report to the Department's Online Incident Reporting System shall include the following: (i) Facility name and direct phone number. (ii) Time and date of the report. (iii) Reporter's name. (iv) Name of resident(s), staff, or visitor(s) involved in the incident. (v) Names of staff on duty at the time of the incident. (vi) Date and time of the incident. (vii) A brief description of the incident. (viii) Any injury or injuries to resident(s). (ix) Action taken by the facility in response to the incident. (i) Vital Statistics Reports. A record shall be kept of all births, deaths, and stillbirths that occur within the specialty care assisted living facility. By the fifth day of each month, the administrator shall make a report of such births, deaths, and stillbirths for the preceding month on such forms as the State Board of Health shall provide to the county health officer, or in counties without a county health officer, to the State Registrar. This report shall be in addition to the	A 508		

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A 508	<p>Continued From page 18</p> <p>official birth, death, and stillbirth certificates. If there are no births, deaths, or stillbirths in any month, a report shall be made stating that fact to the county health officer.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report incidents in a timely manner to the ADPH Online Reporting System (OIRS), failed to investigate incidents as required and failed to submit requested information to ADPH regarding reported incidents.</p> <p>Findings:</p> <p>Reporting Incidents Timely</p> <p>On February 16, 2026, an incident report was submitted later than the 24 hours allowed to report.</p> <p>On July 4, 2025, an incident report was submitted later than the 24 hours allowed to report.</p> <p>On February 24, 2025, an incident report was submitted later than the 24 hours allowed to report.</p> <p>On January 30, 2025, an incident report was submitted later than the 24 hours allowed to report.</p> <p>On January 18, 2025, an incident report was submitted later than the 24 hours allowed to report.</p> <p>Investigation of Incidents</p> <p>The incident from July 4, 2025, was not investigated. Witness statements were submitted</p>	A 508		

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A 508	Continued From page 19 but nothing was done to try to determine the cause of the injury of unknown origin to try to prevent recurrence. Requested Information Not Submitted On October 1, 2025, a request was made for the facility to submit a Physical Self-Maintenance Scale (PSMS), a care plan and the number of falls a resident had experienced. This information was not submitted to the ADPH OIRS as requested. On September 1, 2023, a request was made for the facility to submit the completed investigation and a plan of care. This information was not submitted to the ADPH OIRS as requested. Requests for investigations of reported incidents were not received by ADPH. The dates of reported incidents were February 19, 2024, November 2, 2023, May 22, 2023, May 12, 2023, April 16, 2023 and October 6, 2022.	A 508		
A 604	420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.	A 604		

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A 604	<p>Continued From page 20</p> <p>Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status.</p> <p>The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments.</p> <p>(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.</p> <p>(c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems:</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p>	A 604		

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A 604	<p>Continued From page 21</p> <p>(ii) A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 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>2. Falls (two or more falls within a 30 day period).</p> <p>3. Elopement.</p> <p>4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p>	A 604		

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A 604	<p>Continued From page 22</p> <p>This Rule is not met as evidenced by: Based on interview and record review, health supervision screenings of residents were not completed as required to ensure residents were appropriate for the SCALF.</p> <p>Findings:</p> <p>RI#7 was admitted to the facility on July 23, 2025, with diagnoses to include anemia, hypertension, congestive heart failure, osteoarthritis, vascular dementia and coronary artery disease. RI#7 had not been adequately assessed prior to admission to the SCALF to determine eligibility for admission. RI#7 was unable to participate in the following screenings related to RI#7's aphasia: Mental Status Exam, Aphasia screening and the Geriatric Depression screening. RI#7 was unable to provide the information for the Pre-Admission Clinical History and Behavior Screening. Information for those screenings had to be provided by a family member. RI#7 was not properly screened for admission to the SCALF.</p> <p>RI#8 was admitted to the facility on September 16, 2024, with diagnoses to include hypertension, hypothyroidism, major depressive disorder and mild cognitive impairment. RI#8 did not have a documented PSMS screening score prior to or upon admission to the facility.</p> <p>RI#11 was admitted to the facility on September 5, 2025, with diagnoses to include dementia, chronic atrial fibrillation, diabetes mellitus with peripheral neuropathy, hypertension and chronic dyastolic heart failure. RI#11 did not have a documented PSMS score prior to or upon admission to the facility.</p>	A 604		

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A 604	Continued From page 23 On the morning of March 5, 2026, EI#4 agreed the required screenings should be completed.	A 604			
A 611	420-5-20-.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. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary. 1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. 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	A 611			

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A 611	<p>Continued From page 24</p> <p>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 a specialty care assisted living facility 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. Residents' 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 shaving or shaved as necessary to keep them clean and well groomed.</p>	A 611		

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A 611	<p>Continued From page 25</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 observation, interview and record review, the facility failed to provide care consistent with community standards. Also, the facility failed to develop care plans to meet the individual needs of residents.</p> <p>Findings:</p> <p>Care Not Provided</p> <p>RI#1 had resided at the facility since February 5, 2025, with diagnoses to include hypertension and dementia. RI#1's admission physical examination (exam) indicated RI#1 was to receive grooming assistance. The physician who completed RI#1's physical exam also included specifically, "...Recommendations for care: Assist with ADLs (Activities of Daily Living)...". On the morning of March 5, 2026, an observation was made of RI#1 with a heavy, thick, unkept beard. RI#1 was asked if he/she usually wore a beard and RI#1 answered staff did not help with shaving and he/she would like it to be kept shaved. Moments later EI#12 was asked why RI#1 had not been assisted with shaving. EI#12 said RI#1 would have to go to the salon and pay for that to be done.</p>	A 611		

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A 611	<p>Continued From page 26</p> <p>RI#11 had resided at the facility since September 5, 2025 and had a diagnosis of dementia. RI# 11 was observed each day of the survey to have long unkept facial hair. When asked about his shaving preferences, RI#11's answer was nonsensical. A picture of RI#11 in RI#11's facility record showed RI#11 without a beard. During the exit, on March 5, 2026, EI#5 stated RI#11's sponsor had taken RI#11's razor from the room and was bringing it back to the facility so that RI#11 could be shaved. RI#11 was also observed, on March 3, 2025, to have brown crusty material on the fingers/fingernails of his/her left hand. Staff were notified of this and later reported to the surveyor that RI#11's fingers were dirty due to RI#11 having a bowel movement and RI#11's fingers had been cleaned. RI#11 had not received adequate grooming assistance.</p> <p>Care Plans Not Developed</p> <p>Review of RI#1's facility care plan revealed, "...Grooming: Resident will have assistance with reminders concerning grooming and hygiene. ..." This plan did not comply with the admission physical exams' directive to, "...Assist with ADLs..."</p> <p>RI#4 was admitted to the facility on February 28, 2026, with diagnoses to include Diabetes Mellitus II, Alzheimer's disease, insomnia and depression. RI#4's admission physical exam indicated, "...REQUIRED SERVICES ... Personal Safety Assistance: Wandering support, redirection..." RI#4 was observed to frequently wander during the on-site survey. Review of RI#4's facility care plan did not include any goals, interventions or expected outcomes for RI#4's identified wandering.</p>	A 611		

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A 611	<p>Continued From page 27</p> <p>RI#7 was admitted to the facility on July 23, 2025, with diagnoses which included anemia, hypertension, congestive heart failure, osteoarthritis, vascular dementia and coronary artery disease. RI#7's behavior screen indicated RI#7 was verbally aggressive and delusional. RI#7's Aphasia screen indicated RI#7 was aphasic, but neither the behaviors or the aphasia were care planned for RI#7. There were no goals, interventions or expected outcomes for any of these individual needs in the facility care plan for RI#7.</p> <p>RI#11's facility care plan, dated September 17, 2025, was reviewed on March 4, 2026. The care plan indicated that RI#11 required some direction and reminding from others to complete tasks. The need for assistance with grooming/shaving was not addressed on RI#11's facility care plan.</p> <p>RI#15 was admitted to the facility on February 3, 2026, with diagnoses which included dementia, urinary incontinence, overactive bladder, mood disorder and chronic obstructive pulmonary disease. On March 4, 2026, the surveyor reviewed RI#15's facility care record. On March 2, 2026, a note documented that RI#15 was urinating in the resident room next door and that toileting assistance would be provided more frequently. This intervention was not added to RI#15's facility care plan.</p> <p>On February 5, 2026, EI#4, a care coordinator, agreed staff should assist residents with ADLs.</p>	A 611		
A 617	<p>420-5-20-.06 (6) Care of Residents.</p> <p>(6) Disposal of Medications.</p>	A 617		

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A 617	<p>Continued From page 28</p> <p>(a) 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, et. seq. Under no circumstances shall expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days.</p> <p>(b) 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.</p> <p>(c) When medications are destroyed on the premises of the specialty care assisted living facility, a record shall be made and retained for at least three years. This record shall include: the name of the specialty care 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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to document disposition of a resident's</p>	A 617		

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A 617	Continued From page 29 medications upon discharge of the resident from the facility. Findings: RI#17 was admitted to the facility on March 15, 2017 and had diagnoses which included iron deficiency anemia, insomnia, chronic obstructive pulmonary disease, end stage chronic kidney disease, dementia and hypertension. RI#17 was discharged from the facility to another SCALF on February 25, 2026. Disposition of RI#17's medications was not documented upon discharge of RI#17 from the facility. EI#3 stated that this discharge occurred around the time she (EI#3) began working at the facility and she (EI#3) remembered documenting the medication disposition but she (EI#3) was unable to locate the form.	A 617		
A 618	420-5-20-.06 (7) Care of Residents. (7) Oxygen Therapy. (a) A resident of a specialty care assisted living facility that requires oxygen therapy shall have oxygen administered only by a physician, RN, or LPN. (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. 1. If a resident receives oxygen therapy in a facility: 2. All oxygen equipment, such as	A 618		

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A 618	Continued From page 30 tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 3. All oxygen tanks shall be safely maintained and stored. 4. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted. 5. 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 observation and interview, an oxygen tank was not safely and securely stored. Findings: On the morning of March 3, 2026, the surveyor observed a tank of oxygen standing next to a dresser in a resident living area. The tank could easily have been knocked over. EI#4 agreed that the oxygen tank should be properly secured.	A 618		
A 620	420-5-20-.06 (9) (a) Care of Residents (9) Admission and Retention of Residents. Residents admitted to and retained in specialty care assisted living facilities must meet all eligibility and continued stay requirements specified in these rules. (a) Admission.	A 620		

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A 620	<p>Continued From page 31</p> <p>1. A specialty care assisted living facility shall not admit any individual who:</p> <p>(i) Is receiving or requires skilled nursing care.</p> <p>(ii) Has a wound that requires care beyond basic first aid.</p> <p>(iii) Has unmanageable behaviors or behaviors that may be dangerous to themselves or others.</p> <p>(iv) Has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing, or a score of four or five in physical ambulation.</p> <p>(v) Is receiving or in need of hospice services.</p> <p>(vi) Is diagnosed with an active 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> <p>This Rule is not met as evidenced by: Based on record review and interview, a resident was admitted that did not meet the eligibility requirements for admission to a SCALF.</p> <p>Findings:</p> <p>RI#7 was admitted to the facility on July 23, 2025.</p>	A 620			

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A 620	Continued From page 32 Refer to deficiency 604 for additional information regarding RI#7. By August 10, 2025, RI#7 was refusing medications and less than 30 days after admission on August 12, 2025, RI#7 was referred to hospice. It was noted by the surveyor (documented in deficiency 604) RI#7 had not been adequately assessed prior to admission to the SCALF to determine eligibility for admission.	A 620		
A 703	420-5-20-.07 (3) Food Service. (3) Dietary Service. (a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents. (b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and	A 703		

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A 703	<p>Continued From page 33</p> <p>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 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, record review, and interview, the facility failed to ensure they had a three day emergency supply of non-perishable food.</p> <p>Findings:</p>	A 703		

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A 703	Continued From page 34 On the morning of March 4, 2026, an observation was made of the facility's emergency food supply. The powdered milk had expired October 30, 2024. EI#10, the dietary manager, said she thought she had read on the internet that the powdered milk would be good for two to ten years beyond the expiration date. Later EI#10 said it would be replaced promptly.	A 703		
A 804	420-5-20-.08 (4) Physical Facilities. (4) Food Service Facilities. (a) Floors. Floors in food service areas 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	A 804		

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A 804	Continued From page 35 light. (e) Ventilation. Vent/exhaust hoods, vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Group homes 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 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 with a soap dispenser and disposable towels, and shall be well lighted and ventilated. (g) Hand washing Facilities. Each Group and Congregate specialty care 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. (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.	A 804		

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A 804	Continued From page 36 (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 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:	A 804		

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A 804	<p>Continued From page 37</p> <p>1. Range. In a Group specialty care assisted living facility, a residential use range is permitted. A Congregate specialty care assisted living facility shall have a heavy duty range suitable for institutional use with double oven, or equivalent.</p> <p>2. Refrigerator. A Group specialty care assisted living facility may use a residential refrigerator. A Congregate specialty care assisted living facility shall have a heavy-duty refrigerator suitable for institutional use.</p> <p>3. Fire extinguisher. Five-pound type BC for residential hoods and K type for commercial hoods.</p> <p>4. Dishwashing. The dishwashing equipment for 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.</p> <p>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.</p> <p>6. Garbage cans with cover.</p> <p>(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</p>	A 804		

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A 804	<p>Continued From page 38</p> <p>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.</p> <p>(q) Dining Room.</p> <p>1. A resident dining room, or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed capacity.</p> <p>(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 of the automatic type.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure kitchen equipment was maintained to be free of dust, grease, and dirt.</p> <p>Findings:</p> <p>On the morning of March 4, 2026, the surveyor observed a large amount of debris/crumbs on the toaster that was cover by a brown, greasy appearing substance. The mechanical dumb waiter used to transfer food to the second floor food service area was found with a heavy buildup of food like debris. The strap used to close the</p>	A 804		

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A 804	Continued From page 39 door, that food passes under, had dark thick grease-like liquid with drops hanging from it. The deep fryer had a heavy buildup of food debris around the edges. EI#10 agreed with the findings.	A 804		
A1002	420-5-20-.10 (2) Sanitation and Housekeeping. (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, decent, sanitary, and comfortable environment for residents, staff, and the public. (a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies. (b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering. (c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. (d) General Storage. 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. 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	A1002		

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A1002	<p>Continued From page 40</p> <p>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 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 maintain a sanitary, decent and comfortable environment for residents, staff, and the public.</p> <p>Findings:</p> <p>On the morning of March 3, 2026, an observation was made of the first floor dining room floor. The floor was so sticky that each time a resident, visitor or staff member walked across the floor, their shoes were left sticking to wherever they</p>	A1002		

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A1002	Continued From page 41 stepped as they continued to walk. This same observation was made on March 4, 2026 and March 5, 2026. Also on the morning of March 3, 2026, an observation was made of the transition strip from the dining room to the kitchen where a very large buildup of black dirt and grime that covered the strip between the two rooms so much so that the strip could not be seen except at the edges. Also, on the morning of March 3, 2026, during a tour of the facility with EI#1, the surveyor observed the following. The toilet in the bathroom which was shared by Resident Room 124 and Resident Room 125 was dirty and soiled with a brown substance on the seat and the lid. The Mechanical Room accross from the Salon had dirt and trash on the floors and was in need of cleaning. The bathroom floor in Resident Room 115 was covered with a sticky film and smelled of urine. The substance on the floor had been tracked into the bedroom area. Urine odors were present in Resident Room 101 and Resident Room 102. A brown substance was present in a chair in Resident Room 101. EI#1 agreed with the surveyors' findings regarding lack of cleanliness in the facility.	A1002		
A1101	420-5-20-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All specialty care assisted living facilities shall maintain a current written fire safety, relocation,	A1101		

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A1101	<p>Continued From page 42</p> <p>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. 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 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> <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 	A1101		

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A1101	<p>Continued From page 43</p> <p>inappropriate access.</p> <p>3. Complies with the requirements of the currently adopted Life Safety Code.</p> <p>(f) Fire Alarm and Sprinkler System.</p> <p>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).</p> <p>2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.</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>	A1101		

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A1101	Continued From page 44 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to conduct fire drills as required. In addition, a resident failed to properly evacuate during a fire drill. Findings: Fire Drills Not Conducted Review of fire drill records, on March 4, 2026, revealed the following information. No fire drill was documented in May 2025. No fire drill was documented for the third shift during the fourth quarter of 2025 (October 2025-December 2025). EI#11, Maintenance Director, agreed with the surveyor's findings. Resident Not Properly Evacuated On the morning of March 4, 2026, EI#11 conducted a fire drill at the request of the surveyor. The fire alarm was activated on the left end of the front hallway of the facility. The entire front hallway was included in a smoke barrier compartment which was in the area of the simulated fire. RI#3 was assisted to evacuate to a compartment beyond the smoke barrier door. However, RI#3 wandered from the area of evacuation to the area of the simulated fire and was found sitting in a chair in the front lobby of the facility. EI#11 agreed RI#3 had been allowed to return to the area of the simulated fire.	A1101		
A1203	420-5-20-.12 (5) Physical Environment.	A1203		

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A1203	<p>Continued From page 45</p> <p>(5) General Building Requirements - 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 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 16 mesh screens. Screen doors shall be equipped with self-closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All specialty care assisted living facilities shall provide an emergency artificial lighting system to adequately illuminate halls, corridors, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.</p>	A1203		

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A1203	<p>Continued From page 46</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> <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. Windows in specialty care facilities may have devices which prevent full opening of the window.</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</p>	A1203		

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A1203	<p>Continued From page 47</p> <p>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 purposes. All walls and doors under stairs shall meet the same fire rating as the stairwell.</p> <p>(l) Doors.</p> <p>1. In each new specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom shall swing into the bedroom.</p> <p>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.</p> <p>3. Resident bedroom and other exit access doors in specialty care assisted living facility shall be at least three feet wide.</p> <p>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 exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special Requirements portion of this section.</p> <p>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</p>	A1203		

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A1203	<p>Continued From page 48</p> <p>same level as the floor level, except existing doors shall not have more than a four inch step down.</p> <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 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 a designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. 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>	A1203		

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A1203	<p>Continued From page 49</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 all facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power.</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 specialty care 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</p>	A1203		

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A1203	Continued From page 50 electricity. Electric wiring, motors, and other electrical equipment in all specialty care assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code. This Rule is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to visually inspect each fire extinguisher monthly. Findings: During a tour of the facility, on March 3, 2026, the following fire extinguishers had not been visually inspected each month. Hallway by entrance to dining room from front door Mechanical Room across from Salon Laundry Room on first floor El#11 agreed the fire extinguishers had not been checked as required.	A1203			
A1206	420-5-20-.12 (8) Physical Environment (8) Additional Requirements for Specialty Care Assisted Living Facilities. (a) Facilities shall be certified and licensed for housing residents with dementia, and must comply with these special requirements for the physical plant. Facilities should confirm local code requirements, which may vary from those indicated below. (b) Additional Smoke Detection. Smoke	A1206			

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A1206	<p>Continued From page 51</p> <p>detectors (electrical or system type) shall be provided in the sleeping rooms and any bedroom suite sitting areas, which house dementia residents. These detectors shall initiate at least a local alarm or supervisory signal, through the fire alarm system or call system.</p> <p>(c) Windows in specialty care facilities may have devices which prevent opening of the window.</p> <p>(d) Areas to Wander and Secure Perimeter.</p> <p>1. Each facility shall have a secure boundary or perimeter to safely accommodate residents in all aspects of its physical plant. Exterior building walls and doors, and walled or fenced outdoor areas may form this boundary. Such walls or fences shall be at least six feet high.</p> <p>2. Each walled or fenced area shall have at least one gate, located along the discharge path of travel from the building egress doors to the public way. Gates shall be readily unlockable from either side by the staff or by automatic means. "Automatic means" shall be in the same manner as locked or delayed-egress exit doors.</p> <p>3. If the facility's emergency plan utilizes fenced or walled outdoor spaces as refuge areas for containment of residents, each refuge area shall be of sufficient size to accommodate all occupants at a distance of not less than 50 feet from the building while providing a net area of 15 square feet per person. A gate shall be located within this refuge area.</p>	A1206		

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A1206	<p>Continued From page 52</p> <p>4. If the facility's emergency plan uses the fenced or walled outdoor spaces merely as areas that are immediately passed through and exited, not as refuge areas for containment of residents, there is no size or area requirement for the fenced or walled spaces.</p> <p>5. An outdoor courtyard, which is completely surrounded by the building, must have at least two separate doorways, located remotely from each other, leading into separate smoke compartments of the building.</p> <p>(e) Locking of Exit Doors. Locks on exit doors of each specialty care assisted living facility, if installed, shall be electrical locked or electrical delayed-egress locking devices. Buildings shall be protected throughout by an approved supervised automatic sprinkler system connected to the fire alarm system.</p> <p>1. Delayed-egress locks must comply with the requirements for "Special Locking Arrangements" found in NFPA 101 Life Safety Code.</p> <p>2. Electrically locked doors shall comply with the following:</p> <p>(i) A control panel shall be provided at one or more stations with the capability to remotely unlock all exit doors, simultaneously. Locks may be arranged to unlock in Specialty Care compartments based on a zoning concept, where each zone is a rated fire or smoke compartment and the locks on all egress doors unlock within the alarmed zone or compartment. This zoning concept is permitted to apply to</p>	A1206		

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A1206	<p>Continued From page 53</p> <p>automatic functions required by the Life Safety Code.</p> <p>(ii) A key, code, or card release switch shall be provided inside the facility at each locked door, which shall override the locking system to allow exiting from the compartment or building.</p> <p>(iii) All locks shall release automatically upon activation of the facility fire detection, or fire sprinkler system, or upon disablement of the fire alarm system.</p> <p>(iv) Locks shall release automatically upon loss of electric power controlling the lock.</p> <p>(v) The facility shall provide the residents sponsors with adequate information about the facility's door locking arrangements.</p> <p>(vi) The facility shall assure, at least monthly, that locked or delayed-egress exit doors function properly, in accordance with required fire safety provisions.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, a door lock did not release automatically upon activation of the fire alarm system.</p> <p>Findings:</p> <p>On the morning of March 4, 2026, a fire drill was performed by EI#11 at the request of the surveyor. Upon activation of the fire alarm system, the door lock on the exit door at the end of the hallway to the right of the front door did not</p>	A1206		

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A1206	Continued From page 54 release. EI#11 stated the fire marshall had checked the fire alarm system a few weeks prior and was aware the lock did not release but was unsure why it did not release. The repair company was contacted by EI#1 and repairs to the door were completed on the morning of March 6, 2026 to ensure the door lock released when the fire alarm was activated. THERESA HARRISON, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE	A1206			