

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2024
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NAME OF PROVIDER OR SUPPLIER MADISON AT THE RANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 10801 COUNTY LINE ROAD MADISON, AL 35758
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A 000	<p>Initial Comments</p> <p>On February 15, 2024, an unannounced licensure survey and complaint investigations were conducted for this 82 bed Assisted Living Facility (ALF) with a census of 42.</p> <p>There were seven (7) complaints investigated during this survey. LC#20210421002, LC#20210601002, LC#20210608006, LC#20211004003, LC#20211102010, and LC#20231114014 were unsubstantiated. LC#20230214014 was substantiated and 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 420-5-4, Alabama Administrative Code, for Assisted Living Facilities (ALF). The deficient practices resulted in the potential for harm to all residents and require a plan of correction.</p>	A 000		
A 703	<p>420-5-4-.07 (3) Food Service.</p> <p>(3) Dietary Service.</p> <p>(a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and</p>	A 703		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 703	<p>Continued From page 1</p> <p>physical abilities of the residents.</p> <p>(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall 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</p>	A 703		

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A 703	<p>Continued From page 2</p> <p>all residents for 3 days.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the time schedule for meals was posted.</p> <p>Findings:</p> <p>On February 12, 2024 at approximately 3:15 pm, it was noted that the scheduled meal times were not posted.</p> <p>On February 12, 2024 at approximately 3:30 PM, Employee Identifier (EI) #1, the Administrator, said the meal times were not posted but were supposed to be.</p>	A 703		
A 804	<p>420-5-4-.08 (4) Physical Facilities.</p> <p>(4) Food Service Facilities.</p> <p>(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.</p> <p>(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</p>	A 804		

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A 804	<p>Continued From page 3</p> <p>openings to the exterior shall be provided with doors or windows which prevent the entrance of rain or dust during inclement weather.</p> <p>(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.</p> <p>(d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light.</p> <p>(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 exhaust hood system.</p> <p>(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.</p> <p>(g) Hand Washing Facilities. Each Group and Congregate assisted living facility shall provide a hand washing lavatory in the</p>	A 804		

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A 804	<p>Continued From page 4</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(l) Clean Equipment. Equipment in the food service area shall be clean and free of dust,</p>	A 804		

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A 804	<p>Continued From page 5</p> <p>grease, dirt, etc.</p> <p>(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.</p> <p>(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.</p> <p>(o) Equipment. Minimum equipment in the kitchen shall include the following:</p> <ol style="list-style-type: none"> 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 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 	A 804		

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A 804	<p>Continued From page 6</p> <p>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 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. 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 automatic type.</p> <p>This Rule is not met as evidenced by:</p>	A 804		

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A 804	<p>Continued From page 7</p> <p>Based on observations and interviews, the facility failed to ensure kitchen equipments was maintained to be free of dust, grease, and dirt.</p> <p>Findings:</p> <p>On February 14, 2024 at approximately 9:30 am, the surveyor observed a moderate amount of debris/crumbs on the left side of the top of the pizza oven. This had the potential to contaminate food cooked in the deep fryer next to the pizza oven. The shelf above the grill top was found with crumbs and oil. There was oil noted on top on the shelf and three (3) drops were hanging from the front of the shelf over the grill top, with the potential for cross contamination.</p> <p>On February 14, 2024 at approximately 9:45 am, EI#3, the Dietary Manager said the evening cook puts utensils on the shelf and does not clean the shelf.</p>	A 804		
A1101	<p>420-5-4-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place.</p> <p>(b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system.</p>	A1101		

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A1101	<p>Continued From page 8</p> <p>The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. <p>(f) Fire Alarm and Sprinkler System.</p> <ol style="list-style-type: none"> 1. Fire Alarm System. Where fire alarm 	A1101		

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A1101	<p>Continued From page 9</p> <p>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> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the fire alarm monitoring system was operating as per NFPA (National Fire Protection Association) standard 72. This failure put all 42 residents at risk for harm.</p>	A1101		

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A1101	<p>Continued From page 10</p> <p>Findings:</p> <p>On February 14, 2024 at approximately 2:45 PM, an observation was made during a fire drill of the fire alarms sounding. Upon activation of the fire alarm, no signal was transmitted to the facility's monitoring company. A fire watch was initiated until repair of system could be effected later the same day.</p> <p>On February 14, 2024 at approximately 2:45 PM, EI#2, the Maintenance Director, said the fire alarm monitoring company should receive a signal so they can notify the Fire Department. He acknowledged they did not.</p> <p>On February 15, 2024, at approximately 10:45 am, EI#1, the Administrator, said the alarm not being monitored could cause the Fire Department not to show up.</p>	A1101		
A1201	<p>420-5-4-.12 (1) Physical Environment.</p> <p>(1) Buildings and Grounds.</p> <p>(a) The assisted living facility including site and grounds must be constructed, arranged, and maintained to ensure the safety of the residents and building occupants.</p> <p>(b) Building Classification.</p> <p>1. Family assisted living facilities shall be planned to serve the types of residents to be admitted and shall comply with the Life Safety Code Chapter for One- and Two-Family Dwellings, and shall comply with Sections (1), (2), (3), and (4) of AAC Rule 420-5-4-.12.</p>	A1201		

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A1201	<p>Continued From page 11</p> <p>2. Group assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), and (5) of AAC Rule 420-5-4-.12.</p> <p>3. Congregate assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (6) of AAC Rule 420-5-4-.12.</p> <p>4. Renovation within the exterior walls of an assisted living facility shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the classification of license held by the assisted living facility.</p> <p>5. Dually Licensed Facility.</p> <p>(i) For the purposes of meeting physical facility and building code requirements, a building housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed capacities of both facilities. For the purposes of meeting resident care and administrative requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed capacity of each, and the determination shall not be based on their combined bed capacity. See Rule 420-5-20 for Specialty Care Assisted Living Facilities and requirements.</p> <p>(ii) When a facility has a portion of a building licensed for specialty care residents,</p>	A1201		

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A1201	<p>Continued From page 12</p> <p>instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions.</p> <p>(c) Location. All assisted living facilities established or constructed shall be located so that they are free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance can be reduced to 500 feet when facility is separated by a boarded fence at least six feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities.</p> <p>(d) Local Restrictions. The location and construction of all assisted living facilities shall comply with local zoning, building, and fire ordinances. Evidence to this effect, signed by local fire, building, or zoning officials, may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the local county commission through official board action or from the office of the probate judge.</p> <p>(e) Assisted living facilities shall be located on publicly maintained streets or roads, and connected with driveways which shall be kept passable at all times.</p> <p>(f) Occupancy. No part of an assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility or the</p>	A1201		

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A1201	<p>Continued From page 13</p> <p>residents of other licensed facilities on the same campus. A campus consists of the premises occupied by the licensed facility together with all parcels or property that the governing authority owns or has the legal right to occupy, and which are separated from the remainder of the campus only by a public right of way. Services provided within the facility shall be limited to serving the residents of facilities on the campus that are licensed by the Department. The Department shall approve all plans for occupancy.</p> <p>(g) Basements. The basement shall be considered as a story if it meets criteria established by the codes for a story.</p> <p>(h) The assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services.</p> <p>(i) Facilities, supplies, and equipment must be maintained in safe operating condition.</p> <p>(j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to maintain the facility in a manner to ensure the safety of the residents.</p> <p>Findings:</p> <p>On February 12, 2024, at approximately 4:00 pm, an observation was made of a black substance that appeared to be mold. It was observed on the sheetrock under the baseboard that had been</p>	A1201		

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NAME OF PROVIDER OR SUPPLIER MADISON AT THE RANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 10801 COUNTY LINE ROAD MADISON, AL 35758
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A1201	Continued From page 14 removed after a previous water leak. On February 15, 2024, at approximately 10:15 am, EI#2, the Maintenance Director, said he had not seen the mold-looking substance. EI#2 said he should be the person looking for those types of things. On February 15, 2024, at approximately 10:45 am, EI#1, the Administrator, said mold on sheetrock could cause harm to the residents.	A1201		
A1203	420-5-4-.12 (5) Physical Environment. (5) General Building Requirements - Family, Group, and Congregate. (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly. (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms.	A1203		

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A1203	<p>Continued From page 15</p> <p>(d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length insect screens. Screen doors shall be equipped with self-closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All assisted living facilities shall provide emergency artificial lighting to adequately illuminate halls, corridors, kitchens, dining areas, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p> <p>(f) Floors.</p> <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</p>	A1203		

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A1203	<p>Continued From page 16</p> <p>snugly, and are capable of being opened and closed easily.</p> <p>(i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes.</p> <p>(j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30-36 inches above the floor and returned to the wall at each end.</p> <p>(k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purpose. All walls and doors under stairs shall meet the same fire rating as the stairwell.</p> <p>(l) Doors.</p> <p>1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms 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 each assisted living facility shall be at least three feet wide. Bedroom doors in Family assisted living facilities shall not be less than 32 inches wide.</p> <p>4. Exterior egress doors except the</p>	A1203		

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A1203	<p>Continued From page 17</p> <p>main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other special locking arrangements are permitted only in specialty care assisted living facilities.</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 same level as the floor level, except existing doors shall not have more than a four inch step down. Exit doors of Family facilities may swing inward.</p> <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 designated staff of the facility and documented on</p>	A1203		

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A1203	<p>Continued From page 18</p> <p>the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. Except in Family facilities, a central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard.</p> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(q) Fireplaces and inserts, shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens, or doors.</p> <p>(r) Exit marking. In Group and Congregate facilities, a sign bearing the word "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</p>	A1203		

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A1203	<p>Continued From page 19</p> <p>shall be maintained in accordance with manufacturer's recommendation.</p> <p>2. Open flame and portable heaters are prohibited in assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</p> <p>3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code.</p> <p>This Rule is not met as evidenced by: The facility failed to ensure the structural soundness of patio and French doors to prevent flooding. The facility further failed to ensure the repair of buckling floors.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF THE COMPLAINT INVESTIGATION LC#20230214014</p> <p>Findings:</p> <p>WATER/RAIN COMING IN THE BUILDING UNDER DOORS:</p> <p>On February 12, 2024 at approximately 3:15 pm, an observation was made of RI#1's carpet adjacent to patio doors. Carpet was observed wet from water/rain coming under the patio doors and wetting the carpet in this resident living area.</p> <p>On February 12, 2024 at approximately 3:30 pm, an observation was made of RI#6's carpet adjacent to patio doors. The carpet was observed</p>	A1203		

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A1203	<p>Continued From page 20</p> <p>to be wet from water/rain coming under the patio doors and wetting the carpet in this resident's living area. The carpet was noted to have discoloration that appeared to have been from previous flooding events.</p> <p>On February 12, 2024 at approximately 3:30 pm, an observation was made of water/rain coming in the building under 2 sets of French doors that lead to the courtyard. One set of doors was in the dining area and the other was adjacent to the resident mailboxes.</p> <p>On February 12, 2024 at approximately 4:00 pm, during an interview with EI#2, the Maintenance Director, EI#2 said he had identified two (2) sets of French doors and another door that connects to a hallway that had rain coming in under them. When asked where he had checked for rain coming under doors, EI#2 said all exterior doors but not resident rooms. EI#2 said the care givers usually let him know if anything was going on in resident rooms. EI#2 added no residents had complained of rain coming under doors. EI#2 had not planned to check any resident rooms for rain coming under the doors.</p> <p>On February 13, 2024 at approximately 3:15 pm, Resident Identifier (RI)#1, said the observation made of rain coming in at the patio doors is common when it rains. RI#1 said he/she has reported the water coming under the door and on to the carpet numerous times.</p> <p>On February 13, 2024 at approximately 4:15 pm, RI#6 reported rain comes under the (patio) door and stains were on the carpet where the rains comes in.</p> <p>On February 15, 2024 at approximately 10:15</p>	A1203		

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A1203	<p>Continued From page 21</p> <p>am, EI#2 said he had done nothing to RI#1's or RI#6's patio doors since February 12, 2024, to prevent further flooding. EI#2 said he could not recall when either of those doors had repair work done.</p> <p>On February 15, 2024, at approximately 10:45 am, EI#1, the Administrator said the concern of rain water coming in a resident room from under the door was that it could cause damage or mold in a resident room.</p> <p>BUCKLING FLOORS:</p> <p>On February 12, 2024 at approximately 3:30 pm, observations were made of buckling floor boards at the dining area, at the fire doors leading to the 300 hall, the short hall off of the 100 hall and the Activity area.</p> <p>On February 15, 2024 at approximately 10:15 am, EI#2 said buckling floors could cause someone to trip.</p> <p>On February 15, 2024, at approximately 10:45 am, EI#1 said the buckling floors was a fall risk.</p>	A1203		
A1205	<p>420-5-4-.12 (7) Physical Environment.</p> <p>(7) Building Requirements - Group Assisted Living Facilities.</p> <p>(a) General. Group assisted living facilities licensed, constructed, or renovated after December 25, 1991, shall be limited to one story buildings and shall comply with the currently adopted building code and National Fire Protection Association, Life Safety Code. Facilities, or portions of facilities, built under the</p>	A1205		

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A1205	<p>Continued From page 22</p> <p>currently adopted codes shall comply with the Life Safety Code Chapter for New Residential Board and Care Occupancies (excluding NFPA 101A Alternative Approaches to Life Safety). Facilities, or portions of facilities, built under previous adopted editions of the codes shall comply with the currently adopted Life Safety Code Chapter for Existing Residential Board and Care Occupancies, Impractical Evacuation Capability (excluding NFPA 101A Alternative Approaches to Life Safety).</p> <p>(b) Required Fire Exits.</p> <p>1. At least two exits, remote from each other and so located that there will be no dead-end corridors in excess of 20 feet, shall be provided.</p> <p>2. Exits shall be so located that the distance of travel from the corridor door of any occupied room to an exit shall not exceed 100 feet.</p> <p>3. Each bedroom or suite shall have at least one doorway opening directly to the outside, or to an exit corridor leading directly to the outside.</p> <p>4. Exit doors shall swing to the exterior.</p> <p>5. Panic hardware shall be installed on all exit doors of facilities submitted for plan review. As a minimum, single action hardware is required on all exit doors of existing facilities.</p> <p>(c) Corridors and Passageways. Corridors and passageways used as a means of exit, or part of a means of exit, shall be at least</p>	A1205		

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A1205	<p>Continued From page 23</p> <p>36 inches wide, shall be unobstructed, and shall not lead through any room or space used for a purpose that may obstruct free passage.</p> <p>(d) Smoke Barrier Separations.</p> <p>1. Buildings exceeding 3,000 square feet in area shall be divided into separate areas by smoke barriers so located as to provide ample space on each side for approximately one-half the beds. Smoke barriers shall have a fire-resistive rating of not less than one hour or minimum one-half hour for existing sprinkled facilities.</p> <p>2. Doors provided in smoke barriers shall be smoke-resistive, so installed that they may normally be kept in the open position, but will close automatically upon fire alarm activation.</p> <p>3. Duct penetrations in smoke barriers shall be properly protected with smoke dampers.</p> <p>4. Penetrations of smoke barriers with wiring, conduits, pipes, etc., shall be sealed to maintain the fire and smoke rating.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure that 4 sets of fire doors functioned in accordance with the NFPA 101 Life Safety Code. This deficient practice placed all 42 residents at risk for significant harm.</p> <p>Findings include:</p>	A1205		

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A1205	<p>Continued From page 24</p> <p>On February 14, 2024, at approximately 2:30 pm, an observation was made of magnetic lock fire doors that did not engage when the fire alarm was activated for a fire drill. Each set of fire doors at two ends of the dining room did not engage. Each set of the fire doors at two ends of the therapy room did not engage. EI#1, the Administrator, and EI#2, the Maintenance Director, were present during the fire drill. EI#s 1 and 2 agreed the fire doors did not close. Because the doors did not close with the activation of the fire alarm, an action plan was put in place for fire safety of the residents.</p> <p>On February 15, 2024, at approximately 10:45 am, EI#1 said the concern of the fire doors not closing with activation of the fire alarm was resident may go to a part of the building they should not be in.</p> <p>THERESA HARRISON, REGISTERED NURSE</p>	A1205		