

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4516	(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 MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10803 COUNTY LINE ROAD MADISON, AL 35758
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A 000	<p>Initial Comments</p> <p>This is a 42 bed Specialty Care Assisted Living Facility (SCALF) with a census of 28 on February 15, 2024.</p> <p>There were eight (8) complaints investigated during this unannounced licensure and complaint investigation survey. LC#20240103005, LC#20210630011 and LC#20201029001 were substantiated and deficiencies were cited as a result of the complaint investigations. LC#20221201017, LC#20220503019, LC#20220203002, LC#20210915010 and LC#20200902021 were investigated and unsubstantiated.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, 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</p>	A 302		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 302	<p>Continued From page 1</p> <p>be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:</p> <ul style="list-style-type: none"> (i) Facility responsibility to protect all residents from abuse, neglect, and exploitation. (ii) How allegations of abuse, neglect, and exploitation will be handled by the facility. (iii) Resident confidentiality. (iv) Admission and continued stay criteria. (v) Discharge criteria and notification procedures for residents and sponsors. (vi) Facility responsibility when a resident's personal belongings are lost. (vii) What services the facility is capable and not capable of providing. (viii) Medication management. (ix) Infection control. (x) Meal service, timing, menus and food preparation, storage, and handling. (xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness. (xii) Staffing and conduct of staff while on duty. (xiii) Oxygen administration and 	A 302		

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A 302	<p>Continued From page 2</p> <p>storage if used in the facility.</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>	A 302		

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A 302	<p>Continued From page 3</p> <p>(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, 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 observations, record reviews and interviews, the facility failed to follow its own policies.</p> <p>Findings:</p> <p>According to the facility's Incident Reporting Policy, "...Timely reports to state agencies should occur as required by state regulations...". The facility failed to report an incident to the Alabama Department of Public Health. Refer to deficiency 508 for additional information.</p> <p>According to the facility's SCALF - Food Service Disaster Plan -AL Policy, "...Procedure 2. Non-perishable food and potable water shall be maintained in the facility in sufficient quality (quantity) to serve three meals per day to all residents for three days...". The facility failed to have a sufficient quantity of emergency non-perishable food and potable water. Refer to deficiency 703 for additional information.</p> <p>According to the facility SCALF - Fire Drills, Fire Alarm System, Sprinkler & Fire Extinguisher</p>	A 302		

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A 302	Continued From page 4 Checks - AL Policy, "...Fire Extinguisher Checks 3. A visual inspection of each fire extinguisher shall be conducted monthly by the administrator or designated staff and documented on the attached extinguisher tag by the administrator or designated staff...". The facility failed to perform monthly visual inspections of fire extinguishers. Refer to deficiency 1203 for additional information. On February 15, 2024, at approximately 8:30 AM, Employee Identifier (EI)#1 and EI#2 concurred with these findings.	A 302		
A 501	420-5-20-.05 (1) Records and Reports. (1) General. (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. (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. (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. (d) All facility records, including resident medical records, shall be made readily available	A 501		

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A 501	<p>Continued From page 5</p> <p>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 observations and interviews, the facility failed to maintain confidentiality of residents' records.</p> <p>Findings:</p> <p>On February 12, 2024, at approximately 12:10 PM, surveyors observed a room labeled Exam Room in the common area near Resident Room 111. The door to the Exam Room was unlocked. Upon entry, surveyors noted numerous resident files. When interviewed on February 12, 2024, at approximately 1:00 PM, EI#3 stated the Exam Room usually was locked. EI#3 stated she (EI#3) would lock the door. On February 14, 2024, at approximately 2:00 PM, surveyors again found the Exam Room door unlocked and residents' records inside the room unsecured. This finding was discussed with EI#2 who agreed the door should be locked. On February 15, 2024, at approximately 8:22 AM, surveyors noted the Exam Room door was locked.</p> <p>On February 13, 2024, at approximately 8:00 AM, surveyors observed medication administration by EI#7. EI#7 prepared medications in the dining room area and carried the medications to residents' rooms. The laptop which contained confidential resident information was left open on top of the medication cart each time that EI#7 went to a resident's room. Residents' confidential information was unprotected from anyone who walked by or was in the area of the medication</p>	A 501		

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A 501	Continued From page 6 cart. When interviewed on February 13, 2024, at approximately 8:30 AM, EI#7 agreed the laptop should have been secured to protect residents' information.	A 501		
A 508	420-5-20-.05 (3) (h) Records and Reports. (h) Incident Investigation. When an incident, as defined below, occurs in a specialty care assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review. 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.	A 508		

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A 508	<p>Continued From page 7</p> <p>(iv) Elopement by a resident.</p> <p>(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.</p> <p>(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.</p> <p>(viii) An outbreak (for purposes of 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>	A 508		

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A 508	<p>Continued From page 8</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> <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</p>	A 508		

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A 508	<p>Continued From page 9</p> <p>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> <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</p>	A 508		

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A 508	<p>Continued From page 10</p> <p>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 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</p>	A 508		

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A 508	<p>Continued From page 11</p> <p>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 locking device.</p> <p>4. The report to the Department's Online Incident Reporting System shall include the following:</p> <p>(i) Facility name and direct phone number.</p> <p>(ii) Time and date of the report.</p> <p>(iii) Reporter's name.</p> <p>(iv) Name of resident(s), staff, or visitor(s) involved in the incident.</p> <p>(v) Names of staff on duty at the time of the incident.</p> <p>(vi) Date and time of the incident.</p>	A 508		

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A 508	<p>Continued From page 12</p> <p>(vii) A brief description of the incident.</p> <p>(viii) Any injury or injuries to resident(s).</p> <p>(ix) Action taken by the facility in response to the incident.</p> <p>(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 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 reviews and interviews, an incident was not reported to the Alabama Department of Public Health as required.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged a resident did</p>	A 508		

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A 508	<p>Continued From page 13</p> <p>not receive a medication as ordered by the resident's physician. This complaint was substantiated during the onsite survey and the following deficient practice was cited as a result of the complaint investigation.</p> <p>Resident Identifier (RI)#8 was admitted to the facility on September 26, 2022 and had diagnoses to include dementia, atrial fibrillation, sick sinus syndrome, cardiomyopathy, and hypothyroidism. RI#8 also had a permanent pacemaker.</p> <p>Review of RI#8's facility record and hospital records, on February 13, 2024 at approximately 1:30 PM, revealed the following information. On November 28, 2023, RI#8 was sent to the emergency department following a fall at the facility. During the emergency department visit, RI#8 tested positive for COVID and returned to the facility that same day with a physician's order for Paxlovid 150/100 milligrams, two tablets every twelve hours for five days. RI#8's facility Medication Administration Records (MARs) indicated the Paxlovid was not administered to RI#8 from November 28, 2023 until December 1, 2023 when RI#8 was subsequently admitted to the hospital. Refer to deficiency 601 for additional information on the failure of the facility to administer RI#8's prescribed medication.</p> <p>No incident report was submitted to the Alabama Department Public Health after the omission of RI#8's medication (Paxlovid). When interviewed on February 12, 2024, at approximately 12:30 PM, EI#3, Care Coordinator, was unable to explain why the incident was not reported.</p>	A 508		

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NAME OF PROVIDER OR SUPPLIER MADISON AT THE RANGE MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10803 COUNTY LINE ROAD MADISON, AL 35758
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A 601	Continued From page 14	A 601		
A 601	<p>420-5-20-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or other emergency call).</p> <p>(b) Back-up Physician Support. Each specialty care assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in a specialty care assisted living facility.</p> <p>(c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and</p>	A 601		

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A 601	<p>Continued From page 15</p> <p>authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who is responsible for the care of the resident and authorized to write orders by facility policy. All verbal orders must be authenticated within such time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to follow physicians' orders for administration of residents' medications.</p> <p>THIS DEFICIENCY WAS CITED AS THE RESULT OF COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged a resident's medication was not administered as ordered. Surveyors were able to substantiate this compliant during the onsite survey.</p> <p>RI#8</p> <p>RI#8 had resided at the facility since September 26, 2022. Refer to deficiency 508 for additional information on RI#8.</p>	A 601		

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A 601	<p>Continued From page 16</p> <p>Review of RI#8's facility record and pharmacy records, on February 13, 2024 at approximately 1:30 PM, revealed the following information. RI#8 was sent to the hospital on November 28, 2023 due to a fall which occurred at the facility. RI#8 was diagnosed with a head injury and COVID positive at the hospital Emergency Department and subsequently returned to the facility the same day with a prescription for Paxlovid to be administered for five days. During an interview, on February 13, 2024 at approximately 2:35 PM, EI#6 stated that she (EI#6) was working at the facility when RI#8 returned from hospital on November 28, 2023. EI#6 added that she (EI#6) was extremely busy with an emergency at the facility when RI#8 returned and RI#8's family placed the paperwork from the hospital on the nurse's desk. EI#6 reported this occurred on a Friday night and she (EI#6) faxed the Paxlovid prescription to the facility pharmacy but failed to follow the facility protocol for weekend prescription handling by failing to notify the pharmacy by telephone to ensure the pharmacy was aware that the prescription was new and needed to be filled promptly. The facility pharmacy was not made aware of the new prescription for RI#8 until Sunday, November 30, 2023 at 11:59 AM. The pharmacy contacted the prescriber due to contraindications with Apixaban medication which RI#8 was currently receiving. RI#8's physician (prescriber) responded to the pharmacy on December 1, 2023 at 8:07 AM with clarification orders to decrease the Apixaban dosage for RI#8 for five days. RI#8 was admitted to the hospital at approximately 6:00 AM on December 1, 2023. The Paxlovid was not administered to RI#8 by the facility.</p> <p>RI#3</p>	A 601		

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A 601	<p>Continued From page 17</p> <p>Review of RI#3's facility record revealed the following information. RI#3 was admitted to the facility on June 12, 2023 with diagnoses which included ischemic stroke, hypertension, chronic kidney disease, atrial fibrillation and migraines. A physician's order, dated June 9, 2023, for continuous oxygen via nasal cannula at a rate of 2 liters per minute was noted. There was no documentation of oxygen usage by RI#3 on RI#3's facility MAR. Additionally, RI#3 was observed multiple times during the survey without active oxygen administration. On February 15, 2023, at approximately 7:30 AM, when RI#3 was observed with no active oxygen administration, EI#3 stated that RI#3 "only uses oxygen at night as needed". RI#3's oxygen was not administered continuously according to the physician's orders.</p> <p>On February 15, 2024 at approximately 8:30 AM, surveyors discussed these findings with EI#1 and EI#2 who concurred with the findings.</p>	A 601		
A 604	<p>420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(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.</p> <p>Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the</p>	A 604		

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A 604	<p>Continued From page 18</p> <p>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> <p>(ii) A significant weight loss is defined as</p>	A 604		

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A 604	<p>Continued From page 19</p> <p>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> <p>This Rule is not met as evidenced by:</p>	A 604		

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A 604	Continued From page 20 Based on record review and interviews, a resident assessment was not completed as required. Findings: Review of RI#5's facility record, on February 14, 2024, revealed the following information. RI#5 was admitted to the facility on January 25, 2023 with diagnoses which included Parkinson's disease, hypertension, hyperlipidema and osteoporosis. The following required information was omitted from RI#5's pre-admission assessments. An aphasia screen, dated December 20, 2023, did not contain a resident name. A depression screen contained no resident name and no date. During an interview, on February 15, 2024 at approximately 8:30 AM, both EI#1 and EI#2 agreed RI#5's assessments were incomplete.	A 604		
A 606	420-5-20-.06 (3) (g) Care of Residents. (g) Services Beyond Capability of Specialty Care Assisted Living Facility. Whenever a resident requires hospitalization, medical, nursing, or other care beyond the capabilities of the specialty care assisted living facility, arrangements shall be made to discharge the resident to an appropriate setting, or to transfer the resident promptly to a hospital or other health care facility able to provide the appropriate level of care. This Rule is not met as evidenced by: Based on observations, interviews and record	A 606		

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A 606	<p>Continued From page 21</p> <p>review, the facility failed to make arrangements for discharge of a resident to an appropriate setting when the resident required a higher level of care than the SCALF could provide.</p> <p>Findings:</p> <p>Review of RI#7's facility record, on February 15, 2024, revealed the following information. RI#7 was admitted to the facility on September 29, 2022 with diagnoses which included congestive heart failure, anemia, hypothyroidism, hyperlipidemia, dementia, insomnia, hypertension and permanent cardiac defibrillator. Refer to deficiencies 611 and 621 for additional information on RI#7.</p> <p>RI#7 currently had wounds to the buttocks and to the ankle. Although the current wounds had developed in January 2024, RI#7 had a documented history of previous skin breakdown, while residing at the facility, which required home health for dressing changes. RI#7 required a total lift by two to three persons to transfer from bed to chair. RI#7 was incontinent of bowel and bladder and was unable to ambulate. RI#7 was unable to turn and reposition self in the bed and would latch on to objects or persons when assisted by staff, making transfers and repositioning difficult.</p> <p>On January 26, 2024, a PSMS was completed for RI#7 by EI#3 with a total score of 24 and a score of 4 in physical ambulation (sits unsupported in chair or wheelchair but cannot propel self without help). Both the total score and the physical ambulation score were above the level allowed in the SCALF.</p> <p>On February 12, 2024, at approximately 2:00 PM, EI#4, Wellness Director, stated that no thirty day</p>	A 606		

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A 606	Continued From page 22 notice had been issued to RI#7 but added that RI#7 was being monitored due to decline. The facility failed to promptly transfer RI#7 to a health care facility which was able to provide the appropriate level of care that RI#7 required. During an interview on February 15, 2024, at approximately 8:30 AM, EI#1 and EI#2 concurred with the findings.	A 606		
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	A 611		

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A 611	<p>Continued From page 23</p> <p>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:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>5. Activities of Daily Living. Residents of 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>	A 611		

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A 611	<p>Continued From page 24</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> <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 observations, record reviews and interviews, the facility failed to update a resident's facility care plan with appropriate interventions to meet the current care needs of the resident. In addition, a resident's fingernails were not kept clean and trimmed.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received two complaints which alleged residents' fingernails were not kept clean and trimmed. Surveyors were able to substantiate these complaints during the onsite survey.</p> <p>Review of RI#7's facility record, on February 15, 2024, revealed the following information. RI#7 had resided at the facility since September 29,</p>	A 611		

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A 611	<p>Continued From page 25</p> <p>2022. Refer to deficiencies 606 and 621 for additional information on RI#7. On February 13, 2024, at approximately 10:55 AM, surveyors observed two care associates transfer RI#7 from the wheelchair to the bed. RI#7 required a total lift and did not assist with the transfer at all. RI#7 remained in fetal position and latched onto any physical object or person within reach, making transfers extremely difficult. Once RI#7 was positioned in the bed, RI#7 was unable to reposition self. RI#7's facility care plan, under "Transferring/Interventions" read, "able to get in and out of bed, chair, car, etc., without assistance". These interventions did not address RI#7's current functional mobility status.</p> <p>The "Bathing/Interventions" section of RI#7's facility care plan read, "toenail and fingernail care after each bath/shower". On February 13, 2024, at approximately 10:55 AM, RI#7's fingernails were noted to have dark residue and debris underneath and were not properly trimmed. Facility staff failed to provide proper nail care in accordance with the RI#7's facility care plan.</p> <p>These findings were discussed with EI#1 and EI#2 on February 15, 2024, at approximately 8:30 AM. Both EI#1 and EI#2 concurred with the findings.</p>	A 611		
A 618	<p>420-5-20-.06 (7) Care of Residents.</p> <p>(7) Oxygen Therapy.</p> <p>(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.</p>	A 618		

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A 618	<p>Continued From page 26</p> <p>(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.</p> <ol style="list-style-type: none"> 1. If a resident receives oxygen therapy in a facility: 2. All oxygen equipment, such as 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. <p>Refer to National Fire Protection Association (NFPA) 99 for Oxygen Storage Requirements.</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interview, the facility failed to document a resident's oxygen use on the resident's MAR. In addition, the facility failed to post oxygen signage.</p> <p>Findings:</p> <p>Review of RI#3's facility record on February 15, 2024, revealed the following information. RI#3 had resided at the facility since June 12, 2023. Refer to deficiency 601 for additional information</p>	A 618		

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A 618	<p>Continued From page 27</p> <p>on RI#3. A physician's order, dated June 9, 2023, for continuous oxygen via nasal cannula at a rate of two liters per minute was noted. RI#3's oxygen usage to include date, time, rate and proper function of the equipment was not documented on RI#3's MAR. During an interview on February 15, 2024, at approximately 7:30 AM, EI#3 stated that RI#3 "only uses oxygen at night as needed". EI#3 agreed RI#3's oxygen usage had not been documented as required.</p> <p>During a tour of the facility on February 12, 2024, at approximately 11:55 AM, surveyors observed the oxygen storage area near the piano in the common area. Multiple canisters of oxygen were present. However, no signage was noted on the door or in the area to ensure safe use and storage of the oxygen. EI#3 concurred with the observation.</p>	A 618		
A 621	<p>420-5-20-.06 (9) (b) Care of Residents.</p> <p>(b) Retention.</p> <p>1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing.</p> <p>2. A specialty care assisted living facility shall not retain a resident that 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>3. A specialty care assisted living facility</p>	A 621		

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A 621	<p>Continued From page 28</p> <p>shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.</p> <p>4. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility.</p> <p>5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:</p> <p>(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR</p> <p>(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity but the individual has sufficient cognitive ability to direct his or her own care and the individual is able to direct facility staff and does direct facility staff to provide the physical assistance needed to complete such tasks, and the facility staff is capable of providing such assistance and does provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>6. If a resident of a specialty care assisted living facility is diagnosed with a terminal illness and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable</p>	A 621		

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A 621	<p>Continued From page 29</p> <p>to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for specialty care assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility retained a resident whose Physical Self Maintenance Scale (PSMS) score was above the level allowed for retention in a SCALF.</p> <p>Findings:</p> <p>Review of RI#7's facility records, on February 15, 2024, revealed the following information. RI#7 had resided at the facility since September 29, 2022. Refer to deficiencies 606 and 611 for additional information on RI#7. RI#7 currently had wounds to the buttocks and outer aspect of the left ankle and required assistance of two to three persons to transfer from bed to chair. RI#7 was incontinent of bowel and bladder and was unable to ambulate.</p>	A 621		

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A 621	Continued From page 30 On January 26, 2024, a PSMS was completed for RI#7 by EI#3 with a total score of 24 and a score of 4 in physical ambulation (sits unsupported in chair or wheelchair but cannot propel self without help). Both the total score and the physical ambulation score were above the level allowed in the SCALF. At the time of the onsite survey no 30-day discharge notice had been issued to RI#7. On February 12, 2024, at approximately 2:00 PM, EI#4, Wellness Director, stated that no thirty day notices had been issued to residents but that RI#7 was being monitored due to decline. RI#7 was retained at the facility in need of a higher level of care due to physical decline. During an interview on February 15, 2024, at approximately 8:30 AM, EI#1 and EI#2 concurred with the findings.	A 621		
A 702	420-5-20-.07 (2) Food Service. (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils	A 702		

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A 702	<p>Continued From page 31</p> <p>and dishes does not meet this requirement); or</p> <p>(ii) A cold water sanitizer: A sanitizing solution shall be used in accordance with the manufacturers' instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach or its equivalent or 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.</p> <p>3. Dishes and utensils shall be allowed to air dry.</p> <p>4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.</p> <p>5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility.</p> <p>(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The</p>	A 702		

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A 702	<p>Continued From page 32</p> <p>ice scoop shall be stored in a holder inside the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.</p> <p>(c) Protection of Food from Contamination.</p> <p>1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage backflow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.</p> <p>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator nor in other areas used for storage of food.</p> <p>3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.</p> <p>4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall maintain at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.</p> <p>5. All leftover foods shall be labeled and dated with a "use by date," so that it may be consumed or discarded by that date, which is no more than three days from the date is was prepared.</p>	A 702		

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A 702	<p>Continued From page 33</p> <p>6. All food products shall be used by the manufacturer's indicated date or discarded.</p> <p>7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used so that food is not contaminated in transport and foods that are transported are held and served at the appropriate temperature at all times.</p> <p>8. Hot food shall be maintained at a minimum temperature of 135 degrees Fahrenheit and cold foods at a maximum temperature of 41 degrees Fahrenheit.</p> <p>9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods).</p> <p>10. Laundry shall not be brought through the food preparation or service area.</p> <p>(d) Storage and Service of Milk and Ice Cream.</p> <p>1. Milk and fluid milk products shall be served only from the original containers in which</p>	A 702		

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A 702	<p>Continued From page 34</p> <p>they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use.</p> <p>2. Milk and fluid milk products shall be stored in such a manner that bottles or containers from which the milk or milk product is to be poured or drunk will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.</p> <p>3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.</p> <p>(e) Kitchen Garbage and Trash Handling.</p> <p>1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.</p> <p>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.</p> <p>(f) Employees' Cleanliness.</p>	A 702		

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A 702	<p>Continued From page 35</p> <p>1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.</p> <p>2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.</p> <p>3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.</p> <p>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.</p> <p>(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.</p> <p>(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in Congregate assisted living facilities.</p> <p>(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.</p> <p>(k) Laundering of clothing shall not be</p>	A 702		

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A 702	Continued From page 36 permitted in food preparation or service areas. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to discard expired food items. Findings: During a tour of the facility kitchen on February 14, 2024 at approximately 7:00 AM, three large butter tubs in the refrigerator were found to be past the expiration date of the manufacturer. This finding was discussed with EI#14, Lead Cook. EI#14 agreed the butter was expired and stated it would be discarded.	A 702		
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	A 703		

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A 703	<p>Continued From page 37</p> <p>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 all residents for 3 days.</p> <p>This Rule is not met as evidenced by:</p>	A 703		

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A 703	<p>Continued From page 38</p> <p>Based on observations and interviews, no weekly menu was posted in the food service area. In addition, a three day supply of emergency food and water was not sufficient quantity to provide for the resident population at time of survey and was not stored in the facility.</p> <p>Findings:</p> <p>During a tour of the facility on February 12, 2024, at approximately 11:55 AM, no weekly menu was posted in the food service area. EI#14 stated that the menus were kept in the kitchen but were not posted in the food service area.</p> <p>During an interview on February 14, 2024, at approximately 7:00 AM, EI#14 stated that the Emergency Food and Water supply was not kept in the SCALF facility building but was kept in the assisted living facility (ALF) building on the same property. The surveyor for the assisted living facility reported, on February 14, 2024, that there was inadequate amount of non-perishable food and water available in the ALF to supply both the ALF and the SCALF.</p>	A 703		
A 804	<p>420-5-20-.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</p>	A 804		

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A 804	<p>Continued From page 39</p> <p>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.</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. 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.</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 with a soap dispenser and disposable towels, and shall be well lighted and ventilated.</p> <p>(g) Hand washing Facilities. Each</p>	A 804		

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A 804	<p>Continued From page 40</p> <p>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.</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 41</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 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. 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. 3. Fire extinguisher. Five-pound type BC for residential hoods and K type for commercial hoods. 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 	A 804		

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A 804	<p>Continued From page 42</p> <p>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.</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>	A 804		

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A 804	Continued From page 43 This Rule is not met as evidenced by: Based on observations and interviews, the facility's kitchen equipment was not maintained free of dust and grease. Findings: During a tour of the kitchen on February 14, 2024, at approximately 7:00 AM, surveyors observed that the deep fryer had spillage and was covered in grease and food particles. The refrigerator #1 had spillage inside the refrigerator and grease splatter on the outside of the refrigerator in the door hinge area. The top oven door was dirty with grease and baked on debris. EI#14 concurred with the observations.	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	A1002		

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A1002	<p>Continued From page 44</p> <p>bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance.</p> <p>(d) General Storage.</p> <p>1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms.</p> <p>2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition.</p> <p>3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that 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>	A1002		

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A1002	<p>Continued From page 45</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a safe, functional, decent, sanitary and comfortable environment for residents, staff and the public.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged residents' rooms were not kept clean. Surveyors were able to substantiate this complaint during the onsite survey.</p> <p>During a tour of facility on February 12, 2024, at approximately 11:55 AM, the following deficient practices were observed.</p> <ul style="list-style-type: none"> - Adjacent to room 207, the storage closet was found unsecured with hazardous materials, antimicrobial wipes, various personal hygiene products and items belonging to residents. The storage room lock device was missing a cover plate, exposing batteries and internals of the lock. -Across from room 111, on the wall, was a mounting plate or switch plate which was missing the cover plate, exposing internals. -In room 306-B, the carpet, wall to wall, contained various stains with odor present and visually to be dirty with debris and spillage. The mattress on the bed was heavily stained with dark brown stains and odor. -The common area contained a wall mount that 	A1002		

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A1002	<p>Continued From page 46</p> <p>had exposed metal edges. No cover was present to protect from injury.</p> <ul style="list-style-type: none"> -In room 411, the toilet seat was not fitted properly nor secured. -In room 401-A and B, the cabinet door was broken off and was leaning against the wall. -In room 209, the toilet seat was loose and not secured properly. -In the room across from 111, there was a strong odor emitted in the room, profuse damp, rank odor. -In the hallway, a brown leather high back chair contained tattered and torn upholstery. -In room 103, the toilet seat was distorted, not properly fitted and unsecured. <p>During a tour of the facility on February 14, 2024, at approximately 9:30 AM, floors were not kept clean and free of an accumulation of dust and rubbish in the dining area.</p> <p>On February 15, 2024, EI#1 and EI#2 concurred with the above observations.</p>	A1002		
A1101	<p>420-5-20-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All specialty care 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</p>	A1101		

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A1101	<p>Continued From page 47</p> <p>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 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 48</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 observations, record reviews and interviews, fire drill documentation was incomplete and the fire alarm signal did not transmit to the monitoring company upon activation of fire alarm system.</p> <p>Findings:</p>	A1101		

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A1101	<p>Continued From page 49</p> <p>Fire Drill Reports were reviewed on February 14, 2024 and revealed the following documentation omissions.</p> <ul style="list-style-type: none"> -The report dated February 14, 2023 at 10:12 AM was lacking employees who participated, residents who participated and signature of the person conducting drill. -On the report dated May 31, 2023 at 4:30 PM, there was no evaluation of the drill. The form was blank except for the signature of the person conducting the drill. There was omission of residents who participated. -On the report dated July 31, 2023 at 11:19 AM, there was omission of residents who participated. -The report dated July 31, 2023 at 12:00 PM did not contain the evacuation time and the residents who participated. The report indicated the drill was not satisfactory but did not state what actions were taken to prevent a recurrence of the unsatisfactory issues. -The report dated October 30, 2023 did not contain the date, time and residents who participated. <p>On February 13, 2024, at approximately 10:30 AM, a fire drill was conducted by EI#5 at the request of the surveyors. Upon activation of the fire alarm system, no signal was transmitted to the facility's monitoring company. Per NFPA standard 72 a fire watch was initiated until repair of system could be completed later that same day.</p> <p>On February 14, 2024, EI#5, Maintenance Director, concurred with above observations.</p>	A1101		

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A1201	Continued From page 50	A1201		
A1201	<p>420-5-20-.12 (1) Physical Environment.</p> <p>(1) Buildings and Grounds.</p> <p>(a) The specialty care 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. Group specialty care assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), (5), (6), and (8) of AAC Rule 420-5-20.12.</p> <p>2. Congregate specialty care assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (7), and (8) of AAC Rule 420-5-20-.12.</p> <p>3. Renovation within the exterior walls of a specialty care 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 specialty care assisted living facility.</p> <p>4. Dually licensed facilities.</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</p>	A1201		

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A1201	<p>Continued From page 51</p> <p>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.</p> <p>(ii) When a facility has a portion of a building licensed for specialty care residents, 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. Each specialty care assisted living facility established or constructed shall be located so that it is 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 6 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 a specialty care assisted living facility 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</p>	A1201		

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A1201	<p>Continued From page 52</p> <p>local county commission through official board action or from the office of the probate judge.</p> <p>(e) Specialty Care 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 a specialty care assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility. Only residents of the facility shall be permitted to utilize these services. 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 specialty care 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 safety of the residents, staff and visitors at all times.</p> <p>Findings:</p>	A1201		

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NAME OF PROVIDER OR SUPPLIER MADISON AT THE RANGE MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10803 COUNTY LINE ROAD MADISON, AL 35758
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A1201	Continued From page 53 During a tour of the facility on February 12, 2024, at approximately 11:55 AM, surveyors observed a coffee machine and electric oven in the common area/activities area by the 400 hall. The coffee machine and electric oven were unsecured and open to resident contact. EI#3 concurred with observation. The oven and coffee machine were removed that same day.	A1201		
A1203	420-5-20-.12 (5) Physical Environment. (5) General Building Requirements - 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. (d) Screens. All screen doors and operable windows shall be equipped with	A1203		

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A1203	<p>Continued From page 54</p> <p>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> <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</p>	A1203		

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A1203	<p>Continued From page 55</p> <p>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 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>	A1203		

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A1203	<p>Continued From page 56</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 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</p>	A1203		

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A1203	<p>Continued From page 57</p> <p>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> <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.</p>	A1203		

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A1203	<p>Continued From page 58</p> <p>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 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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to maintain a functional call system for residents at all times. In addition, fire extinguishers were not inspected visually monthly as required.</p> <p>Findings: Call System</p> <p>On February 12, 2024, at approximately 4:30 PM, a resident was observed pulling the call light cord in room 201B with no apparent response. Further investigation indicated the call light system was not functioning. EI#5 was notified and concurred with the observation. At that time, EI#5 stated the call system had been shut down when the power was turned off in the facility to test emergency lights earlier that afternoon. EI#5 further stated</p>	A1203		

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A1203	<p>Continued From page 59</p> <p>the call system was resetting and was near completion at 85 per cent. On February 13, 2024, at approximately 9:55 AM, the call light system in room 201B as well as in the public bathroom were retested. The system again failed to function. EI#5 was notified of the continued failure of the call system. The system was promptly repaired by EI#5 and a retest of the system on February 13, 2024, at approximately 10:25 AM, indicated the call system was functioning properly.</p> <p>Fire Extinguishers</p> <p>During a facility tour on February 12, 2024, at approximately 11:55 AM, it was observed that the fire extinguisher in the Resident Laundry Room had not been visually inspected in December 2023 and January 2024. In addition, the fire extinguisher adjacent to room 207 had not been visually inspected in January 2024.</p> <p>During a tour of the facility's kitchen on February 14, 2024, at approximately 7:00 AM, it was observed that the fire extinguishers in the kitchen were not visually inspected monthly. Fire extinguisher #7 had not been inspected in January 2023, February 2023, March 2023, April 2023, May 2023, June 2023 and January 2024. Fire extinguisher #8 was missing a monthly visual inspection for January 2024</p> <p>These observations of the fire extinguishers were discussed with EI#1 and EI#2 on February 15, 2024, at approximately 8:30 AM. Both EI#1 and EI#2 concurred with the findings.</p> <p>CONNIE CHERRY, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p>	A1203		