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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On April 30, 2026, an unannounced licensure survey was conducted for this 160 bed Assisted Living Facility (ALF) with a census of 144. There were seven complaints investigated during this survey. LC#20190624005, LC#20200407015, LC#20200521008, LC#20220810010, LC#20240131004 and LC#20241015020 were unsubstantiated with no deficiencies cited as a result of the complaint investigations. LC#20240227008 was substantiated and a deficiency was cited as a result of the complaint investigation. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a risk of harm to the residents and require a plan of correction.	A 000		
A 302	420-5-4-.03 (1) (e) Administration. 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 residents. All residents shall be provided a copy of such policies at least 30	A 302		

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A 302	Continued From page 1 days prior to the policies taking effect. Policies shall cover the following: (i) Facility responsibility to protect all residents from abuse, neglect, and exploitation. (ii) How allegations of abuse, neglect, and exploitation will be handled by the facility. (iii) Resident confidentiality. (iv) Admission and continued stay criteria. (v) Discharge criteria and notification procedures for residents and sponsors. (vi) Facility responsibility when a resident's personal belongings are lost. (vii) What services the facility is capable and not capable of providing. (viii) Medication management. (ix) Infection control. (x) Meal service, timing, menus and food preparation, storage, and handling. (xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness. (xii) Staffing and conduct of staff while on duty. (xiii) Oxygen administration and storage if used in the facility.	A 302		

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A 302	Continued From page 2	A 302		

(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:

(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.

(II) The attire and cleanliness of staff members who prepare, handle, or serve food.

(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.

(IV) Food substitutions or alternatives.

(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.

(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.

(VII) Provision of necessary services to any resident requiring adaptive devices to eat.

(VIII) Procedure for the handling of

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A 302	Continued From page 3 potentially hazardous foods such as meat, milk, ice, and eggs. (IX) Storage of food. (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. This Rule is not met as evidenced by: Based on observation, interview and document review, the facility failed to follow its own policies and procedures for management and operation of the facility. Findings: A facility policy titled, "Event Management" Section 6 revealed, "... AL (Alabama): Reporting Requirements: A report is to be made to the ADPH online reporting system within 24 hours of the incident ..." Refer to deficiency 508 for additional information. A facility policy titled, "Medication Management" revealed, "Medication Packaging Medications will be properly labeled and handled in accordance with current applicable laws and regulations. ... All medications must have a pharmacy label that includes the following information: Resident's name Name of authorized prescriber ... Strength of the medication Quantity of the medication Date filled Expiration date Prescription number Instructions regarding the management of the medication Number of refills ... Distributing Medication All medication is to be distributed	A 302		

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A 302	Continued From page 4 according to the prescriber's orders. ... BASIC GUIDELINES FOR MEDICATION SERVICES Follow these general guidelines unless contradicted by state regulations: ... 2. Medication should be distributed based on prescriber orders. ..." Refer to deficiencies 504, 601 and 616 for additional information.	A 302		
A 303	420-5-4-.03 (2) (a) Administration. The Administrator. (a) Responsibility. 1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties. 2. Any individual employed as an administrator shall be properly licensed. 3. Any individual employed as an administrator shall meet all applicable statutory requirements. 4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the administrator during absences. 5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age. 6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.	A 303		

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A 303	Continued From page 5	A 303		

7. The administrator shall ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week.

8. The administrator shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe environment and adequate care being provided at all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided, then the facility does not meet this administration and management requirement.

9. The facility administrator is responsible for ensuring that required training is provided to all staff.

10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting.

11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed.

12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan.

13. The administrator shall ensure that

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A 303	Continued From page 6 all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the administrator failed to ensure that adequate personnel were employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week. In addition, the administrator failed to ensure that required training was provided to all staff and that deficient practices cited by the Department were corrected in a timely manner and that compliance with SBOH rules for ALFs was maintained. Findings: Inadequate Personnel on Duty Only one Resident Care Director (RCD) was on staff to perform and/or supervise all duties of the RCD for 144 residents. Refer to deficiency 401 for additional information on inadequate staffing. Staff Not Properly Trained The one RCD and a Senior Caregiver who was recently hired to assist the RCD had not been properly trained in their duties and responsibilities. Refer to deficiencies 401 and 604 for additional information on inadequate training of staff. Repeat Deficiencies The facility failed to report incidents timely to the Online Incident Reporting System (OIRS). Refer	A 303		

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A 303	Continued From page 7 to citation 508. This deficiency was a repeat from the survey conducted May 15, 2019. Medications were not provided to residents according to the physicians' orders. Refer to citation 601. This deficiency was a repeat from the survey conducted May 15, 2019. Residents' Medical Examinations were not completed as required and did not contain required documentation. Refer to citation 602. This deficiency was a repeat from the survey conducted May 15, 2019. Residents did not receive adequate health supervision. Refer to citation 604. This deficiency was a repeat from the survey conducted May 15, 2019. Residents' facility care plans did not address the residents' current care needs with appropriate interventions to meet the needs of the residents. Refer to citation 611. This deficiency was a repeat from the survey conducted May 15, 2019. The facility allowed unlicensed staff to administer medications to residents who were unable to protect themselves from a medication error. Refer to citation 613. This deficiency was a repeat from the survey conducted May 15, 2019.	A 303		
A 401	420-5-4-.04 (1) (2) Personnel. Personnel. (1) An assisted living facility shall ensure personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week.	A 401		

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A 401	Continued From page 8 (a) An assisted living facility shall be staffed at all times by at least one individual who has a current certification in cardiopulmonary resuscitation (CPR). (b) An assisted living facility must be staffed to ensure the safe evacuation of all residents in the event of a fire or emergency. (2) Employee Schedule. An assisted living facility shall post a schedule of employees indicating names and days and hours scheduled to work. This schedule shall be retained in the facility for 6 months after use. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide adequate personnel to meet the care and safety needs of all residents 24 hours a day, 7 days a week. Findings: When surveyors entered the facility, on April 20, 2026, the census at the facility was 144 residents. One RCD, Employee Identifier (EI)#2, was employed. One additional Lead Caregiver had been recently hired to assist EI#2. Review of the Essential Duties and Responsibilities of the Resident Care Director revealed the following duties (among many others) that were designated to the RCD. *Works directly with the residents to evaluate needs and services. *Conducts and/or assists with electronic	A 401		

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evaluations of incoming residents, and with periodic re-evaluations, to ensure services rendered are documented and charged for according to Merrill Gardens' policies.
*Implements services during new resident move-ins; helps residents with orientation and adjustments to the community.
*Provides direct care to residents as needed according to their identified service needs.
*Assesses, communicates, and documents resident status. Observes and reports any significant changes in resident's behavior and health to the General Manager (GM), physician, and family per state regulations.
*Conducts regular meetings with residents and their families to ensure their needs are being met.
*Communicates with resident family members, physicians, and pharmacists as needed regarding residents and services provided.
*Ensures all Resident Rights and Responsibilities are protected and enforced.
*Guarantees compliance with all State Rules and Regulations of Assisted Living.
*Provides team members with coaching, feedback, and developmental opportunities.
*Evaluates team members' skills and competencies and ensures the completion of performance reviews.
*Oversees training and development of team members both directly and indirectly; ensures training and certification of all assisted living staff is completed as required by Merrill Gardens and state regulations.
*Provides coaching, direction, and leadership support to team members.
*Builds effective teams by determining adequate staffing levels and identifying and recruiting top talent.
*Prepares staffing schedules.
*Overall, 24/7 accountability for clinical care

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coordination for assisted living residents.
*Maintains all resident records and department documentation.
*Complies with state-mandated reporting as required.
*Audits assisted living services for regulatory compliance.
*Acts as the General Manager as assigned.
*Other duties as assigned.

During interviews with EI#2, throughout the onsite survey, EI#2 repeatedly verbalized and demonstrated inadequate training for the RCD position and inadequate time to perform all required RCD duties. EI#2 stated that, although a new staff member had been hired to assist EI#2, the new staff member (EI#7) had also not been properly trained. In addition to the above list of duties, EI#2 added the following responsibilities that often were left for the RCD to perform: assessment of residents prior to return from the hospital; assessment of residents when falls and injuries occurred; monthly assessments of each resident to include medication testing; coordination with pharmacy regarding medication needs of residents; planning and preparation for discharges when residents required care beyond the level allowed in an ALF; intervention during medical emergencies.

Multiple duties of the RCD had not been performed including monthly assessments and weights for all residents, identification of declines in residents' condition requiring a higher level of care, identification of residents' need for licensed staff to administer medications, policies and procedures were not followed, medical supervision was not provided, medications were not given timely and were not properly stored and labeled, significant weight loss was not

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A 401	Continued From page 11 addressed timely, residents' care plans were not updated, physicians' orders were not followed, unlicensed staff administered medications to residents who were unable to protect themselves from a medication error, residents' Medical Examinations were incomplete or missing and medication disposition was not properly documented upon discharge of residents from the facility. In addition, three residents eloped from the facility within two months and had not been properly assessed to determine the need for a locked unit. It was not feasible for one staff member or even two staff members to perform all duties that were required for 144 assisted living residents to ensure the residents were safe and all care needs were met. The facility failed to provide adequate personnel to meet the residents' care and safety needs 24 hours/day 7 days/week. EI#1 and EI#2 agreed with this finding.	A 401		
A 405	420-5-4-.04 (6) Personnel. (6) Training. (a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below:	A 405		

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A 405	Continued From page 12 1. State law and rules on assisted living facilities. 2. Facility policies and procedures. 3. Resident rights. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 10. Special needs of the elderly, mentally ill, and mentally retarded. 11. Safety and nutritional needs of the elderly. 12. Identifying signs and symptoms of dementia. (b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR	A 405		

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from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization.

(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.

(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that all employees were certified in CPR within 90 days of hire.

Findings:

Review of employee files, on April 28, 2026, revealed the following information. EI#11 was not certified in CPR. EI#11 had been employed at the facility since September 23, 2025. EI#11 was interviewed on April 29, 2026 and informed the surveyor that she (EI#11) was not currently

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A 405	Continued From page 14 certified in CPR. EI#11 added that the facility had scheduled a CPR class which she (EI#11) had been instructed to attend but was unable to do so due to other employment.	A 405		
A 504	420-5-4-.05 (3) (d) Records and Reports. (d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate. 1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility. 2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints. 3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy. 4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened	A 504		

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MERRILL GARDENS AT MADISON	121 BROOKRIDGE DRIVE MADISON, AL 35758

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 504	Continued From page 15	A 504		

correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time.

5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.

6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.

7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.

8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.

9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident.

10. Every resident shall have access to adequate and appropriate health care consistent

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with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases.

11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.

12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.

13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file.

14. Every resident shall have the right to refuse to perform work or services for the facility

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unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that:

(i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care.

(ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation; and

(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.

15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges.

16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities.

17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public

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A 504	Continued From page 18 Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area. 18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted. 19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges. 20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. 21. Every resident shall have the right to wear his or her own clothes, to keep and use his or her own personal possessions including toilet articles except for personal possessions too large to be stored in the resident's room. 22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings. 23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable	A 504		

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A 504	Continued From page 19 hours and to freely come and go from the home. 24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file. This Rule is not met as evidenced by: Based on observations and interviews, medication assistance to residents was not provided in accordance with established and recognized standards within the community of receiving medications within one hour before or one hour after the scheduled time. Findings: On the morning of April 21, 2026, the surveyor observed medication assistance provided by EI#9, Medication Technician/Caregiver. Resident Identifier (RI)#13 was admitted to the facility on December 31, 2022 and had diagnoses which included mild anxiety, heart block, hypertension and hypothyroidism. At 9:39 AM, RI#13 was assisted with Amlodipine, Losartan, Sertraline, Levothyroxine and aspirin which were all scheduled for 8:00 AM. RI#9 was admitted to the facility on January 17, 2025 and had diagnoses which included hypertension and hyperlipidemia. At 10:10 AM, RI#9 was assisted with Amlodipine, Losartan, vitamin B12, vitamin D3 and aspirin which were all scheduled for 8:00 AM.	A 504		

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A 504	Continued From page 20 On April 30, 2026, the surveyor and EI#1 reviewed both residents' Medication Assistance Records (MARs). RI#13's 8:00 AM medications were documented as given at 9:42 AM and RI#9's 8:00 AM medications were documented as given at 10:12 AM. Both residents received their medications greater than one hour after the scheduled time which was not in accordance with the established community standard of care. EI#1 agreed the residents did not receive their medications timely.	A 504		
A 508	420.5.4-.05 (3) (h) Records and Reports. (h) Incident Investigation. When an incident, as defined below, occurs in an 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 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	A 508		

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rules, medical attention shall be defined as care that rises above the level of first aid, including but not limited to: a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office.

(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.

(iv) Elopement by a resident.

(v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.

(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.

(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.

(viii) An outbreak (for purposes of 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 of Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).

(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

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A 508	Continued From page 22 located, or that results in the evacuation or partial evacuation of the facility. (x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident. (xi) An unplanned occurrence that results in media attention. (xii) A medication error, overdose, or over sedation. (xiii) Ingestion by a resident of a toxic substance that requires medical attention. (xiv) Any indication of malfunction of the sprinkler system, or fire alarm system. 2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following: (i) Names of all residents involved. (ii) Names of all staff involved including person in charge at the time of the incident. (iii) When the administrator was notified (date and time). (iv) Circumstances under which the incident occurred. (v) When the incident occurred (date and time). (vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).	A 508		

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A 508	Continued From page 23 (vii) Immediate actions taken. (viii) The extent and description of injury, if any, to the affected resident or residents. (ix) Immediate treatment rendered. (x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified. (xi) Names, telephone numbers, and addresses of witnesses. (xii) Date and time relatives or sponsor were notified. (xiii) Out-of-facility treatment. (xiv) Follow-up care. (xv) Outcome resolution. (xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future. (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. (xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request. (xix) The entire investigative file and documentation of all corrective action taken shall	A 508		

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A 508	Continued From page 24 be retained for a period of not less than 3 years after the resident is discharged or dies. (xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff. 3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident: (i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention as defined in these rules. (ii) Elopement by a resident. (iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation 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. 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. (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.	A 508		

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A 508	Continued From page 25 (v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident. (vi) An unplanned occurrence that results in media attention. (vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician. (viii) Ingestion by a resident of a toxic substance that requires medical attention. (ix) Notifiable diseases and health conditions listed in Appendix I of the Alabama Administrative Code Sec. 420-4-1-.04. shall 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 3 years. (x) Any indication of malfunction of the sprinkler system, or fire alarm system. 4. The report to the Department's Online Incident Reporting System shall include the following: (i) Facility name and direct phone number. (ii) Time and date of the report. (iii) Reporter's name.	A 508		

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A 508	Continued From page 26 (iv) Name of resident(s), staff, or visitor(s) involved in the incident. (v) Names of staff on duty at the time of the incident. (vi) Date and time of the incident. (vii) A brief description of the incident. (viii) Any injury or injuries to resident(s). (ix) Action taken by the facility in response to the incident. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report incidents timely to the Online Incident Reporting System (OIRS). THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 15, 2019. Findings: Review of the incidents reported to the ADPH OIRS revealed that 27 reports were submitted greater than 24 hours after the incidents occurred in 2025 and 2026. Another 23 reports were submitted greater than 24 hours after the incidents occurred in 2023 and 2024. During an interview, on April 29, 2026, EI#1 stated that she (EI#1) was unaware that the reportable incidents	A 508		

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A 508	Continued From page 27 which occurred during a weekend (Saturday and Sunday) were to be reported within 24 hours. EI#1 agreed that multiple incidents had been reported greater than 24 hours after the incident occurred.	A 508		
A 601	420-5-4-.06 (1) Care of Residents. (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician. (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 another emergency call). (b) Back-up Physician Support. Each 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 an assisted living facility.	A 601		

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A 601	Continued From page 28 (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 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. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, medications were not provided to residents according to the physicians' orders. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 15, 2019. Findings: On the morning of April 21, 2026, the surveyor observed medication assistance provided by EI#9, Medication Technician/Caregiver. RI#13 had resided at the facility since December 31, 2022. RI#13 was assisted with aspirin. The bottle of aspirin had a manufacturer's label which	A 601		

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A 601	Continued From page 29 read 81 milligrams. RI#13's MAR read aspirin 325 milligrams every day. EI#9 stated that RI#13 would only take 81 milligrams. When the bottle of aspirin which read 81 milligrams was presented to RI#13, RI#13 acknowledged that was the correct dose that he/she would take. Review of RI#13's facility record later that same day confirmed that RI#13's physician had ordered aspirin 325 milligrams daily on February 23, 2026. EI#2 reviewed the physician's orders and agreed. RI#3 was admitted to the facility on October 31, 2025 and had diagnoses which included Alzheimer's disease, urinary incontinence, chronic depression, hypertension and iron deficiency anemia. On April 21, 2026, EI#9 prepared to assist RI#3 with morning medications which included fish oil every day at 8:00 AM. No fish oil was available in the medication cart for RI#3 and EI#9 documented on RI#3's MAR "drug not available". Review of RI#3's entire MAR for the month of April 2026, on April 29, 2026, revealed that RI#3's fish oil had not been available 27 out of 29 days for the month of April. EI#2 reviewed the MAR and agreed that the physician's orders had not been followed for RI#3's medication.	A 601		
A 602	420-5-4-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure	A 602		

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A 602	Continued From page 30 Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following: 1. All of the physician's diagnoses, and the resident's baseline weight and vital signs. 2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration). 3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact. 4. Documentation of evaluation for tuberculosis within the previous 12 months. (b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following:	A 602		

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A 602	Continued From page 31 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. (c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following: 1. New diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. This Rule is not met as evidenced by: Based on record reviews and interviews, residents' Medical Examinations were not	A 602		

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completed prior to admission and annually as required and did not contain required documentation. Also, one resident was admitted to the facility without screening for tuberculosis.

THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.
THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 15, 2019.

Findings:

The Alabama Department of Public Health received a complaint which alleged a resident was not screened for tuberculosis prior to admission. Surveyors were able to substantiate this complaint during the onsite survey. Review of residents' facility records throughout the onsite survey revealed the following deficiencies in residents' Medical Examinations.

RI#1

RI#1 was admitted to the facility on December 30, 2024 and had diagnoses which included hypertension, atrial fibrillation, neurocognitive disorder and congestive heart failure. RI#1's Initial Physical Examination, dated December 30, 2024, did not contain a statement from the physician that RI#1 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact.

RI#2

RI#2 was admitted to the facility on January 29, 2025 and had diagnoses which included hypertension, Alzheimer's disease, osteopenia

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and mild depression. RI#2's Initial Physical Examination, dated January 17, 2025, did not contain a statement from the physician that RI#2 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact.

RI#3

RI#3 had resided at the facility since October 31, 2025. RI#3's Initial Physical Examination, dated October 28, 2025, did not contain a statement from the physician that RI#3 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact. RI#3's Initial Physical Examination also did not contain RI#3's blood pressure and respirations.

RI#4

RI#4 was admitted to the facility on July 28, 2023 and had diagnoses which included hypothyroidism, chronic obstructive pulmonary disease, thyrotoxicosis, macular degeneration, depression, Graves disease and hypertension. RI#4's Initial Physical Examination, dated July 13, 2023, did not contain a statement from the physician that RI#4 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact. Also, no Annual Physical Examination was documented for RI#4 in 2024.

RI#7

RI#7 was admitted to the facility on April 28, 2023

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and had diagnoses which included hearing loss, macular degeneration, stasis dermatitis, hypothyroidism and chronic kidney disease. RI#7's Initial Physical Examination, dated April 12, 2023, did not contain a statement from the physician that RI#7 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact.

RI#9

RI#9 had resided at the facility since January 17, 2025. RI#9's Initial Physical Examination, dated January 13, 2025, did not contain a statement from the physician that RI#9 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact. In addition, no Annual Physical Examination had been documented for RI#9 since January 13, 2025.

RI#10

RI#10 was admitted to the facility on January 1, 2017 and had diagnoses which included failed left total hip arthroplasty/revision, atrial fibrillation, diabetes mellitus type II, chronic obstructive pulmonary disease and atherosclerotic heart disease. RI#10's Annual Physical Examination, dated March 31, 2025, did not contain RI#10's vital signs and weight.

RI#11

RI#11 was admitted to the facility on March 28, 2025 and had diagnoses which included atrial fibrillation, dementia, diabetes mellitus type II with

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peripheral neuropathy, hypertension, peripheral vascular disease and congestive heart failure. No Initial Physical Examination was documented for RI#11. The first Physical Examination documented for RI#11 was on April 13, 2026.

RI#12

RI#12 was admitted to the facility on June 9, 2023 and had diagnoses which included hypertension, major depressive disorder, atrial fibrillation and tremors. RI#12's Initial Physical Examination, dated May 15, 2023, did not contain a statement from the physician that RI#12 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact. An Annual Physical Examination for RI#12, dated April 7, 2025, did not contain RI#12's vital signs and weight.

RI#17

RI#17 was admitted to the facility on August 19, 2024 and discharged from the facility on January 25, 2025. RI#17's Initial Physical Examination, dated August 15, 2024, did not contain RI#17's diagnoses.

RI#18

RI#18 was admitted to the facility on October 31, 2021 and discharged from the facility on March 22, 2026. RI#18's Annual Physical Examination, dated September 5, 2025, did not contain RI#18's vital signs and weight.

RI#21

RI#21 was admitted to the facility on February 28,

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2026. RI#21's Initial Physical Examination, dated February 20, 2026, did not contain RI#21's diagnoses or a baseline weight for RI#21. The Initial Physical Examination did not contain a statement from the physician that RI#21 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact.

RI#23

RI#23 was admitted to the facility on July 2, 2024. RI#23's Initial Physical Examination, dated June 20, 2024, did not contain RI#23's baseline temperature and respiration rate. The exam did not contain a statement from the physician that RI#23 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact. RI#23's Annual Physical Examination, dated March 24, 2025, did not contain RI#23's respiration rate.

RI#24

RI#24 had resided at the facility since October 31, 2017 and had diagnoses which included hypertension, sleep apnea, memory lapse, anxiety with depression, coronary artery disease and diabetes. No Annual Physical Examination had been documented for RI#24 for the years of 2023, 2024 and 2025.

RI#25

RI#25 had resided at the facility since March 27, 2024 and had diagnoses which included osteoporosis, vascular dementia, coronary artery

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disease, hypertension and depression. RI#25's Annual Physical Examination, dated March 20, 2025, did not have a temperature documented. The exam did not contain a statement from the physician that RI#23 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact. No Annual Physical Examination had been documented for RI#24 since March 20, 2025.

RI#26

RI#26 had resided at the facility since July 31, 2024 and had diagnoses which included hypertension, diabetes type II, atrial fibrillation, osteoarthritis, insomnia, lupus and anemia. RI#26's Annual Physical Examination, dated March 13, 2025, had no documentation of vital signs. No Annual Physical Examination had been documented for RI#26 since March 13, 2025.

RI#28

RI#28 had resided at the facility since September 27, 2024 and had diagnoses which included hypertension, chronic obstructive pulmonary disease, congestive heart failure and coronary artery disease. RI#28's Annual Physical Examination dated March 20, 2025, did not have a temperature or weight. No Annual Physical Examination had been documented for RI#28 since March 20, 2025.

RI#30

RI#30 resided at the facility from January 12, 2024 until March 26, 2024 and had diagnoses which included neuropathy, carotid artery

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disease, cognitive impairment, macular degeneration and diabetes. RI#30's Initial Physical Examination, dated January 9, 2024, did not include a statement from the physician that RI#30 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact. That Initial Medical Exam did not have the chest x-ray report attached to confirm evaluation of tuberculosis (TB). On the afternoon of April 29, 2026, EI#2 acknowledged there were no xray results, therefore RI#30 had not been screened for TB.

RI#32

RI#32 had resided at the facility from April 15, 2022, until September 30, 2023 and had diagnoses which included cerebrovascular accident, coronary artery disease and hypertension. RI#32's Initial Physical Examination, dated April 1, 2022, did not include a statement from the physician that RI#30 was free from signs and symptoms of infectious skin lesions and diseases that were capable of transmission to other residents through normal resident to resident contact.

The above numerous deficiencies in residents' Medical Examinations were discussed with EI#1 and EI#2 on April 29, 2026. Both EI#1 and EI#2 agreed proper oversight of residents' Medical Examinations had not been provided and the Medical Examinations were incomplete and had not been performed prior to admission and annually as required.

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A 604	420-5-4-.06 (3) (a) (b) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments. (b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and procedures, the monthly assessment shall: 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half or greater weight loss in a period of three months or less, or a ten 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. 3. Document identified changes in resident status. 4. Assess the appropriateness of each	A 604		

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A 604	Continued From page 40 resident's plan of care. Any decline in resident status requires immediate implementation and documentation of interventions or reassessment of existing interventions. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, residents did not receive adequate health supervision to include monthly assessments and weights, identification of changes in resident status and assessment of the resident's ability to safely self-administer medications with assistance. Due to this inadequate health supervision, residents were at risk of elopement, falls, further weight loss and significant decline in condition. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 15, 2019. Findings: Review of facility reports to the OIRS revealed three elopements had occurred at the facility in the previous two months. In addition, at least two current residents were unable to protect themselves from a medication error. EI#2 informed the surveyors that residents who were assisted with medications by staff were not tested monthly to ensure they could safely self-manage their medications with assistance. EI#2 stated that the only residents who were tested monthly were the residents who maintained custody of and self-administered their medications. EI#2 also informed the surveyors that a monthly "clinic" was held which residents were instructed to	A 604		

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attend and have their vital signs and weight checked. However, EI#2 added that some residents failed to attend the "clinic". EI#2 acknowledged that she (EI#2) was the only staff member to complete health supervision of residents until the past few months when EI#7 began assisting. Both EI#1 and EI#2 admitted that even two staff members were not enough to properly supervise the health of all 144 residents. EI#1 and EI#2 also admitted that adequate training had not been provided to EI#2 and EI#7 to enable them to fulfill their duties. Refer to deficiency 401 for additional information on inadequate staffing and training. The following deficient practices were identified during the onsite survey which affected the health, safety and wellbeing of the residents.

RI#1

RI#1 had resided at the facility since December 30, 2024. A Mini-Mental State Examination (MMSE) was completed for RI#1 by EI#7 on March 5, 2026. The result was a total score of 4, indicating severe cognitive impairment. However, RI#1 had a physician's order to self-administer and maintain possession of his/her medications. RI#1 currently self-administered medications. Based on a conversation with RI#1 on April 20, 2026, the MMSE score was likely inaccurate and RI#1 had not been properly assessed. EI#1 and EI#2 agreed the MMSE score was likely inaccurate. The surveyor requested a repeat MMSE be completed for RI#1 on April 29, 2026. However, the repeat score was never provided by EI#2.

RI#3

RI#3 had resided at the facility since October 31,

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2025. Monthly assessments and weights were requested for RI#3 from EI#2. The surveyor was provided with a form which contained weights on RI#3 for March and April 2026 and a blood pressure for April 2026. No other monthly assessments and weights were provided. No medication testing was provided.

RI#6

RI#6 had resided at the facility since February 28, 2022. The AL-Monthly Care Review for 2026 was reviewed for RI#6 on April 28, 2026. In February 2026, RI#6 had a significant weight loss of 14.9 per cent in one month (163 pounds in January 2026 and 138.6 pounds in February 2026). RI#6's Monthly Narrative Summary on February 14, 2026 read "...no complaints or concerns at this time." There was no documentation that the weight loss was addressed in February 2026. When asked about RI#6's weight loss, EI#2 provided an AL-Monthly Care Review for April 2026 which read "Noted steady weight variance. Lengthy conversation held with RP and resident regarding current appetite, ways to improve, and (his/her) food choices...(MD) made aware of weight variances and faxed communication sent for review. No correspondence rec'd at this time...". RI#6's significant weight loss had not been addressed for two months.

RI#7

RI#7 had resided at the facility since April 28, 2023 and had visual deficits due to macular degeneration. RI#7 self-medicated and maintained possession of his/her medications until February 9, 2026 when RI#7 was unable to pass a Self-Administration of Medication Evaluation. The facility began assisting RI#7 with

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prescription medications and RI#7 continued to self-medicate and maintain possession of over the counter medications per physician's order. However, no further medication testing was documented for RI#7 until April 21, 2026 at the request of the surveyor. RI#7 was not evaluated for safety with medications monthly as required.

RI#10

RI#10 had resided at the facility since January 1, 2017 and had recently eloped from the facility resulting in issuance of a 30-day discharge notice and placement of sitters 24 hours a day. An AL-Monthly Care Review form for RI#10 documented weights and blood pressure for January, February and March 2026. However, no Monthly Narrative Summary was documented for February 2026. No medication testing was documented for RI#10 to determine possible decline in cognitive status even after RI#10 eloped from the facility in a confused state wearing only a diaper. Unlicensed staff continued to administer RI#10's medications. On April 22, 2026, medication testing was completed for RI#10 by EI#2 at the request of the surveyor. RI#10 was unable to pass the medication testing. RI#10 was also noted to have multiple recent falls. RI#10 had not been properly assessed to determine a decline in cognitive and functional status and to identify RI#10's need for a higher level of care until after RI#10 eloped from the facility. RI#10 was placed at increased risk of a medication error due to unlicensed staff administering medications.

RI#11

RI#11 had resided at the facility since March 28, 2025. Review of the AL-Monthly Care Review

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 604	Continued From page 44 2026 form for RI#11 revealed no weights and blood pressures were documented for RI#11 in January and February 2026. RI#23 RI#23 had resided at the facility since July 2, 2024. Review of the AL-Monthly Care Review form for RI#23 revealed RI#23 was not evaluated for safety with medications monthly as required except for the month of April 2026. RI#23 had no Annual Medical Exam completed since March 24, 2025. RI#24 RI#24 had resided at the facility since October 31, 2017. Review of the AL-Monthly Care Review form for RI#24 revealed RI#24 was not evaluated for safety with medications monthly as required. RI#24 had no Annual Medical Exam completed for 2023, 2024 and 2026. RI#24's had no monthly weight for July 2025 through September 2025, November 2025 through January 2026 and March of 2026. RI#25 RI#25 had resided at the facility since March 27, 2024. Review of the AL-Monthly Care Review form for RI#25 revealed RI#25 was not evaluated for safety with medications monthly as required. (Note: RI#25 was observed to be unable to protect himself/herself from a medication error) RI#24 had no Annual Medical Exam completed since March 20, 2025, even though decline had been well documented beginning in March 2026. RI#26	A 604		

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A 604	Continued From page 45 RI#26 had resided at the facility since July 31, 2024. Review of the AL-Monthly Care Review form for RI#26 revealed RI#26 was not evaluated for safety with medications monthly as required. RI#26 had no Annual Medical Exam completed since March 13, 2025. RI#28 RI#28 had resided at the facility since September 27, 2024. Review of the AL-Monthly Care Review form for RI#28 revealed RI#28 was not evaluated for safety with medications monthly as required. RI#28 had no Annual Medical Exam completed since March 20, 2025. On April 29, 2026, both EI#1 and EI#2 agreed that residents were not provided adequate health supervision, placing residents at risk of harm and injury.	A 604		
A 611	420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care	A 611		

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A 611	Continued From page 46 shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated. 1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider. 5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.	A 611		

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A 611	Continued From page 47 (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. (ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips. (iii) Hair. Resident's hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, residents' facility care plans did not address the residents' current care needs with appropriate interventions to meet the needs of the residents. THIS IS A REPEAT DEFICIENCY FROM THE	A 611		

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A 611	Continued From page 48 SURVEY CONDUCTED ON MAY 15, 2019. Findings: RI#1 RI#1 had resided at the facility since December 30, 2024. A Mini-Mental State Examination was completed for RI#1 on March 5, 2026 and documented a total score of 4 (severe cognitive impairment). RI#1's facility care plan, dated March 11, 2026, did not match this assessment of RI#1. The care plan indicated RI#1 required no assistance with orientation or communication, was independent with ambulation and care and was independent with self-management and administration of medications. RI#7 RI#7 had resided at the facility since April 28, 2023. RI#7 currently self-administered over the counter medications and had a history of noncompliance with medications due to visual problems and difficulty identifying medications. RI#7's medications were not addressed on RI#7's facility care plan, dated February 5, 2026. RI#8 RI#8 was admitted to the facility on May 31, 2021. RI#8 sustained falls at the facility on February 18, 2026, on March 7, 2026 and on February 12, 2026. RI#8's facility care plan was dated February 20, 2026 and read "...Does the resident have a history of falls? N/A...". RI#10 RI#10 had resided at the facility since January 1,	A 611		

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2017. RI#10 recently eloped from the facility, had multiple falls, had episodes of confusion and agitation and currently required 24-hour sitters. None of these recent declines in RI#10's condition were addressed in RI#10's facility care plan, dated October 30, 2025. RI#10's care plan stated that RI#10 required "...assistance/supervision for medications..." when, in fact, RI#10 required licensed personnel to administer his/her medications.

RI#12

RI#12 had resided at the facility since June 9, 2023 and was currently in a rehabilitation facility due to functional decline. RI#12 had nine documented falls at the facility with the most recent fall occurring on February 27, 2026. RI#12's facility care plan was dated March 14, 2025 and did not contain new interventions following each fall to prevent a recurrence.

RI#22

RI#22 had resided at the facility since March 18, 2026 and was admitted with a physician's order for his/her current ambulatory status of needing the use of assistive devices, a cane or walker. RI#22 was deemed to require assistance to be able to evacuate the community safely. RI#22's facility care plan dated April 12, 2026, did not address either of these resident needs.

RI#25

RI#25 had resided at the facility since March 27, 2024 and was admitted with a diagnosis of dementia. Beginning on March 13, 2026, a decline in RI#25's cognition was well documented. RI#25's facility care plan dated

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A 611	Continued From page 50 January 13, 2026, revealed, "Vascular Dementia -Notify supervising nurse of any behavioral changes due to DX (diagnosis) of Dementia ... (name of resident) has current or history of occasional disorientation to person, place, time or situation that does not interfere with functioning in familiar surroundings. Requires some direction and reminding from others ... (name of resident) is at a high potential for falls. PERSONALIZE interventions ..." RI#25's behavioral changes documented in the progress notes were not addressed in the facility care plan. Documentation in the progress notes indicated there was more than an occasional disorientation. There were no PERSONALIZED interventions for RI#25's high potential fall risk. RI#32 RI#32 resided at the facility from April 15, 2022 until September 29, 2023. RI#32's physical examination on admission indicated RI#32 had a history of falls. RI#32's facility care plan revealed, "... Fall Potential Resident is at a moderate potential for falls. PERSONALIZE interventions. No personalized interventions were in the facility care plan dated July 17, 2023. EI#1 and EI#2 agreed the facility care plans were not updated to meet the current care needs of the residents.	A 611		
A 613	420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents. (5) Medications. (a) Medications as defined in these rules, may be administered to a resident of an	A 613		

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assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination.

(b) A physician order is required for a resident to manage and have custody of his or her own medications.

(c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.

(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.

(e) A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used

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by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility allowed unlicensed staff to administer medications to residents who were unable to protect themselves from a medication error.

THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 15, 2019.

Findings:

RI#10

RI#10 was admitted to the facility on January 1, 2017. RI#10 eloped from the facility on April 10, 2026, following multiple instances of confusion, agitation and falls. Refer to deficiencies 604 and 621 for additional information on RI#10. On April 22, 2026, RI#10 was unable to pass medication testing which was performed by EI#2 at the request of the surveyor. Review of RI#10's facility Medication Assistance Record (MAR) for April 2026 revealed only unlicensed staff had been providing medications to RI#10. RI#10 was unable to consistently protect himself/herself from a medication error. However, licensed staff were not provided to administer RI#10's medications, placing RI#10 at increased risk of a medication error.

RI#25

RI#25 was admitted to the facility on March 27, 2024. Refer to deficiencies 604 and 621 for

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additional information on RI#25. On the morning of April 22, 2026, a medication pass observation was made of EI#9 attempting to assist RI#25 with morning medications. RI#25 identified his/her name and asked EI#9 what they (the pills) were. RI#25 asked EI#9 three times what he/she was supposed to do. RI#25's spouse told him/her to take the pills and RI#25 did as he/she was told. EI#9 said RI#25 had been declining for a while and there was documentation in the progress notes. When RI#25 only knew their name and repeatedly asked what he/she was to do, EI#9 administered the medications. EI#9 did not stop and report the issue to have a nurse or doctor administer RI#25's medications. RI#25 could not protect himself/herself from a medication error.

On the afternoon of April 29, 2026, review of RI#25's progress notes revealed, on March 16, 2026, "ALERT CHARTING - BEHAVIOR EPISODE Resident continues to have confusion. Asks the same questions repeatedly and gets upset if (he/she) feels that (he/she) is not answered fast enough. Residents (resident) relies on (his/her spouse) and staff to tell (him/her) what to do at all times."

Later on the afternoon of April 29, 2026, EI#2 said RI#25 had confusion and mental decline since she (EI#2) made an observation on March 13, 2026, during a medication pass. EI#2 acknowledged nothing had been done to address RI#25's decline prior to the survey except speaking with the family. EI#2 was asked why unlicensed staff administered medications to a resident that could not protect themselves from a medication error. EI#2 said they should not have since RI#25 could only identify his/her name.

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A 616	Continued From page 54	A 616		
A 616	420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents. (k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident. (l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected. (m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any	A 616		

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requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.

(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.

(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."

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This Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure medications in the custody of the facility were unit dose packaged.

Findings:

On the morning of April 21, 2026, the surveyor and EI#9 observed the following medications in the medication cart: Aspirin 81 milligrams in a bottle, not pharmacy labeled (2 bottles); Synthroid 112 micrograms in a bottle with pharmacy label, not unit dose packaged.

During observation of medication carts on the afternoon of April 21, 2026, the surveyor noted numerous medications that were not unit dose packaged or no prescription label at all. The following medications were observed. Supplements with no name or prescription label on the bottles included - two bottles of Instaflex capsules, Benadryl 25 milligrams (mg), PreserVision AREDS soft gels, GNC (General Nutrition Centers) Copper 2 mg soft gels, Advil dual action 250 mg/125 mg, Biotin 5,000 micrograms, and Dye Free Aspirin 81 mg. None of these multi-dose over-the-counter medicines or supplements had a resident name or prescription label on them. The room number was on the tops of the containers. Multi-dose prescriptions that were not unit dose packaged: Eliquis 2.5 mg., Metoprolol 25 mg., Clindamycin 300 mg, Amlodipine 5mg, Metoprolol 25 mg, Furosemide 20 mg, Omeprazole 20 mg, Doxycycline 100 mg, Eliquis 2.5 mg, Sertraline 25 mg, Furosemide 20 mg, EC (Enteric Coated) Aspirin 81 mg, Hydralazine 50 mg, Losartan HCTZ (Hydrochlorothiazide) 100 mg/25 mg, Furosemide

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A 616	Continued From page 57 40 mg, Atorvastatin 10 mg, Diltiazem 240 m, Amitriptyline 75 mg., and Atorvastatin 40 mg. The Amitriptyline 75 mg, and Atorvastatin 40 mg. were found to be in unit dose packages for the resident but the multi-dose prescriptions remained on the medication cart. Another prescription bottle was observed with four different medicines in the bottle. After the observation, EI#2 was asked about medications not being in unit dose packages. EI#2 said they (the medications) should be in the dose packages, but when they take control of a residents medication, they cannot destroy them. She acknowledged they did have the Amitriptyline 75 mg, and Atorvastatin 40 mg. in dose packs, so the multi-use bottles should not have been on the medication carts. EI#2 was asked how many different medications were in the bottle with more than one medicine. EI#2 said there were four different medicines in the bottle and the Atorvastatin prescription dispensed in the bottle was filled in October 2025. EI#2 said the other medicines in the bottle were a green capsule, a bluish capsule and a pink pill. EI#2 was asked what the process was for checking medications that residents bring in to the facility. EI#2 said once the facility took custody of the medications in February 2026, they should have been destroyed. EI#2 said medication cart audits were done weekly on nightshift and provided the checklist used. However, no concern was addressed for the multiple multi-use medications on the carts.	A 616		
A 617	420-5-4-.06 (8) Care of Residents. (8) Disposal of Medications.	A 617		

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A 617	Continued From page 58 1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days. 2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication, and the amount. This statement shall be maintained in a file for at least three years. 3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to document disposition of a	A 617		

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A 617	Continued From page 59	A 617		

residents' medications or the documentation was incomplete upon discharge of the residents from the facility.

Findings:

RI#14

RI#14 was admitted to the facility on October 13, 2025 and discharged from the ALF to the Specialty Care Assisted Living Facility (SCALF) on March 3, 2026, following RI#14's elopement from the ALF. Prior to moving to the SCALF, RI#14 went home with a family member on February 16, 2026 until a bed was available in the SCALF. RI#14's medications were released to RI#14's family member on February 16, 2026. The Release or Destruction of Medications form did not include the pharmacy and prescription numbers of RI#14's medications. EI#2 agreed the medication disposition form was incomplete.

RI#15

RI#15 was admitted to the facility on January 13, 2026 and discharged from the ALF to the SCALF on April 15, 2026. The Release or Destruction of Medications form did not contain the pharmacy name, prescription numbers, date and amount released. EI#2 agreed the medication disposition form was incomplete.

RI#17

RI#17 was admitted to the facility on August 19, 2024 and passed away at the hospital on January 25, 2025. RI#17's medications were destroyed at the facility on January 21, 2025. The Release or Destruction of Medications form for RI#17 did not contain the facility name, the pharmacy,

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A 617	Continued From page 60 prescription numbers and the reason for destruction. EI#2 agreed the medication disposition form was incomplete. RI#19 RI#19 was admitted to the facility on January 21, 2023 and discharged from the ALF to the SCALF on April 20, 2026. No medication disposition was documented for RI#19 upon discharge from the facility. EI#2 was unable to locate documentation of disposition for RI#19's medications. RI#30 RI#30 was admitted to the facility on January 12, 2024 and discharged March 26, 2024. No disposition of RI#30's medications or where RI#30 was discharged to was documented by the facility. EI#1 was unable to locate documentation of medication disposition and the resident discharge from the facility. RI#33 RI#33 was admitted to the facility on August 30, 2024 and discharged October 13, 2024. No disposition of RI#33's medications was documented by the facility. EI#1 was unable to locate documentation of medication disposition and the resident discharge from the facility.	A 617		
A 621	420-5-4-.06 (11) (b) Care of Residents. (b) Retention 1. An assisted living facility shall not allow any resident to return to the assisted living facility from a higher level of care if that resident	A 621		

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A 621	Continued From page 61	A 621		

requires care that exceeds the level of care the facility is licensed to provide or the facility is capable of providing.

2. An assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.

3. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in an assisted living facility.

4. An assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:

(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR

(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 others and does direct others 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.

5. If a resident of an assisted living facility is diagnosed with a terminal illness other

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A 621	Continued From page 62	A 621		

than dementia 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 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 assisted living facilities.

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.

6. All skilled services provided in the facility, such as but not limited to wound care or insertion of a urinary catheter, shall be provided by the staff of properly licensed or certified agencies. Skilled services shall not be delegated to facility staff.

7. Residents that develop acute infectious pulmonary disease, such as active tuberculosis, or other diseases capable of transmission to other individuals through normal person-to-person contact shall be immediately transferred to an appropriate level of care until certified by a physician to be free of a contagious condition.

8. No assisted living facility shall be

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A 621	Continued From page 63 operated in whole or in part in a manner that prevents free and unhindered egress from the facility by any of its residents. 9. An assisted living facility shall not retain any resident who cannot safely reside in the facility unless his or her egress from the facility is restricted. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility retained residents who required care that exceeded the level of care the facility was licensed to provide or who had unmanageable behaviors which were dangerous to themselves. Findings: RI#10 RI#10 had resided at the facility since January 1, 2017. The Alabama Department of Public Health received an incident report from the facility, on April 10, 2026, which documented that RI#10 eloped from the facility and was found in the facility parking lot, wearing only a brief, looking for someone to help his/her deceased spouse. 24-hour sitters were placed with RI#10 following the elopement and remained in place at the time of the onsite survey. A 30-day discharge notice was issued to RI#10 on April 14, 2026. Review of RI#10's facility record Progress Notes, on April 21, 2026, revealed the following information. August 24, 2025 "Behavior...Resident called for assistance. Resident complained that (he/she)	A 621		

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did not want to mess up (his/her) medication. (He/She) was concerned about the medication on (his/her) table. (He/She) complained of being confused and (he/she) kept insisting that (he/she) could not understand why the medication was still on (his/her) table when (he/she) took (his/her) medication already on Saturday night...".

April 1, 2026 "Incident...The RCC received a report from the Business Director regarding a visit from the Center Well Home Health nurse earlier today. The Business Director reported encountering the nurse in the lobby as she was leaving the building. During this interaction, the nurse expressed concerns about the resident's behavior and condition. She reported that (RI#10) was irritable and somewhat uncooperative during the visit. Additionally, she noted that (RI#10) appeared confused, as (he/she) was unable to correctly identify the day or recall whether (he/she) had completed (his/her) shower. The nurse also reported that the resident became agitated and asked her to leave, preventing her from completing a full session. The nurse expressed concern regarding the resident's increased confusion."

April 2, 2026 "...ALERT CHARTING-BEHAVIOR EPISODE Care staff went to dress resident this morning and observed (RI#10) lying on the floor. Resident is confused and did not know how (he/she) fell. (He/She) stated (he/she) was going to Minnesota."

April 3, 2026 "ALERT CHARTING-BEHAVIOR EPISODE Resident confused this morning...".

April 6, 2026 at 12:24 AM "Incident...When I went to go get (RI#10) up for the morning, I found (him/her) laying on the floor on (his/her) side. I

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A 621	Continued From page 65	A 621		

asked (RI#10) what happened and (he/she) was very confused and said (he/she) just didn't remember. (He/She) denies hitting (his/her) head...".

April 6, 2026 at 5:16 AM "ALERT CHARTING-FALL WITH INJURY...confused this morning...".

April 8, 2026 "ALERT CHARTING-FALL WITH INJURY...Resident confused and agitated overnight, (he/she) peed on the floor...".

April 9, 2026 "ALERT CHARTING-FALL WITH INJURY...Resident is confused and agitated."

In addition, RI#10's Progress Notes documented multiple incidents where RI#10 was found on the floor or reported sliding from scooter, resulting in numerous skin tears to the arms and legs.

On the afternoon of April 20, 2026 and on the morning of April 21, 2026, the surveyor observed RI#10 in his/her room with a sitter. The sitter reported to the surveyor that RI#10 had periods of confusion and was unsafe driving the scooter which he/she used for mobility. The sitter also reported that RI#10 was uncooperative at times and would become agitated.

On the afternoon of April 22, 2026, EI#2 performed medication testing on RI#10 at the request of the surveyor. RI#10 was presented with 3 packets of his/her own medication and a packet labeled Red Skittles. RI#10 correctly identified the 3 packets with his/her name and identified that his/her name was not on the Red Skittles packet. When asked if he/she would take the Red Skittles, RI#10 stated "I'm not sure, I would have to think about it". RI#10 then began

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A 621	Continued From page 66 talking about a man who brought pants to him/her and spoke of leaving the facility on his/her scooter to look for this man at the church. RI#10 also spoke of his/her spouse, stating the spouse died 3 to 4 weeks prior. EI#2 stated that RI#10's spouse had been deceased for several years. RI#10 was unable to demonstrate the ability to protect himself/herself from a medication error. RI#10 had numerous incidents of confusion which were documented prior to RI#10's elopement from the facility. However, RI#10 had not been properly assessed prior to elopement and a plan put in place to prevent elopement or injury to RI#10. RI#10 was retained at the facility with behaviors which were harmful to RI#10, placing RI#10 at high risk of injury or elopement. In addition, the facility failed to ensure the appropriate delivery of RI#10's care by continuing to provide unlicensed staff to administer RI#10's medications when RI#10 was unable to protect himself/herself from a medication error. RI#25 On the morning of April 22, 2026, a medication pass observation was made of EI#9 attempting to assist RI#25. RI#25 identified his/her name and asked EI#9 what they (the pills) were. RI#25 asked EI#9 three times what he/she was supposed to do. RI#25's spouse finally told him/her to take the pills and RI#25 did as he/she was told. EI#9 said RI#25 had been declining for a while and there was documentation in the progress notes. When RI#25 only knew his/her name and repeatedly asked what he/she was to do, EI#9 administered the medications. EI#9 did not stop and report the issue to have a nurse or doctor administer RI#25's medications. RI#25 was unable to demonstrate the ability to protect	A 621		

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A 621	Continued From page 67 himself/herself from a medication error. On the afternoon of April 29, 2026, review of RI#25's progress notes revealed: On March 13, 2026, EI#2 documented an incident, RI#25 appeared confused, repeatedly asked where are we going and what are we doing. EI#2 documented that she and RI#25's spouse attempted to redirect, answer questions, provide comfort and assurance, yet RI#25 did not retain answers given to the questions. EI#2 documented that RI#25 was able to identify medications and the morning regime, even though earlier EI#2 said RI#25 appeared confused and asking questions. EI#2 further documented that she (EI#2) had spoken with RI#25's responsible party about concerns and various other issues. EI#2 documented the responsible party stated RI#25 had an appointment with his/her primary care physician on March 23, 2026. EI#2 could not provide any documentation of that appointment. On March 15, 2026, "ALERT CHARTING - BEHAVIOR EPISODE ... increased confusion on what to do next. ... Resident repeating same sequence of questions ... Resident presents with immediate memory deficit regarding verbal exchanges." On March 16, 2026, "ALERT CHARTING - BEHAVIOR EPISODE Resident continues to have confusion. Asks the same questions repeatedly and gets upset if (he/she) feels that (he/she) is not answered fast enough. Residents (resident) relies on (his/her spouse) and staff to tell (him/her) what to do at all times." On March 20, 2026, "ALERT CHARTING - BEHAVIOR EPISODE During med (medication)	A 621		

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A 621	Continued From page 68 pass, ... Resident was reoriented and (caregiver) explained that (he/she) usually takes these medications in the evening and walked (him/her) through what to do to take (his/her) meds (medications)." On March 22, 2026, "ALERT CHARTING - BEHAVIOR EPISODE During med pass today at 5 pm, resident had to be walked through on how to take (his/her) medicines. Carestaff told resident to take all (his/her) pills and drink ... water to help swallow. ..." On March 23, 2026, "ALERT CHARTING - BEHAVIOR EPISODE Resident kept asking what (he/she) was supposed to do when I was assisting with (his/her) medicine. Resident repeatedly asked right after I answered (him/her). On April 17, 2026, "ALERT CHARTING - BEHAVIOR EPISODE Resident's memory seems to be declining. (He/She) does not remember what to do with his/her glasses, has been forgetting (his/her spouse's) name and constantly asking the same sequence of questions repeatedly. ..." This documentation showed RI#25 was having medications administered by unlicensed staff instead of a doctor or nurse and was no longer able to protect himself/herself from a medication error. Later on the afternoon of April 29, 2026, EI#2 said RI#25 had confusion and mental decline since she (EI#2) made an observation on March 13, 2026, during a medication pass. EI#2 acknowledged nothing had been done to address RI#25's decline prior to the survey except speaking with the family.	A 621		

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A 621	Continued From page 69 RI#25 was retained in the facility after a decline had been well documented with no plan in place to transfer to a higher level of care. Note: On the afternoon of April 29, 2026, EI#1 provided a written and signed plan that RI#10 and RI#25 would have a LPN (Licensed Practical Nurse) to pass their medications while they (RI#10 and RI#25) remained at the facility.	A 621		
A 702	420-5-4-.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 and dishes does not meet this requirement); or (ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with manufacturer's instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution	A 702		

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A 702	Continued From page 70 containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set 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. 3. Dishes and utensils shall be allowed to air dry. 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. 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. (b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop may be stored in 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. (c) Protection of Food from Contamination.	A 702		

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A 702	Continued From page 71 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 back flow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use. 2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food. 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. 4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times. 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 3 days from the date it was prepared. 6. All food products shall be used by the manufacturer's indicated date or discarded. 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	A 702		

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	D4538	A. BUILDING: _____ B. WING _____	C 04/30/2026

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A 702	Continued From page 72	A 702		

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 to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times.

8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.

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).

10. Laundry shall not be brought through the food preparation or service area.

(d) Storage and Service of Milk and Ice Cream.

1. Milk and fluid milk products shall be served only from the original containers in which 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.

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

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A 702	Continued From page 73	A 702		

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.

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.

(e) Kitchen Garbage and Trash Handling.

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.

2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.

(f) Employees' Cleanliness.

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

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A 702	Continued From page 74 food. 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. 3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use. (g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area. (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. (i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities. (j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods. (k) Laundering of clothing shall not be permitted in food preparation or service areas. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to provide a tight fitting lid to the garbage can in the kitchen as required. Findings:	A 702		

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A 702	Continued From page 75 During a tour of the kitchen, on April 29, 2026 at approximately 9:05 AM, the surveyor observed that the garbage can in the kitchen did not have a tightly fitting lid as required. EI#6, Dining Room Manager, stated that the garbage can should of had a tightly fitting lid and instructed a staff member to obtain a lid immediately.	A 702		
A1205	420-5-4-.12 (7) Physical Environment. (7) Building Requirements - Group Assisted Living Facilities. (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 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). (b) Required Fire Exits. 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.	A1205		

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A1205	Continued From page 76 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. 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. 4. Exit doors shall swing to the exterior. 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. (c) Corridors and Passageways. Corridors and passageways used as a means of exit, or part of a means of exit, shall be at least 36 inches wide, shall be unobstructed, and shall not lead through any room or space used for a purpose that may obstruct free passage. (d) Smoke Barrier Separations. 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. 2. Doors provided in smoke barriers shall be smoke-resistive, so installed that they may normally be kept in the open position, but will	A1205		

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A1205	Continued From page 77 close automatically upon fire alarm activation. 3. Duct penetrations in smoke barriers shall be properly protected with smoke dampers. 4. Penetrations of smoke barriers with wiring, conduits, pipes, etc., shall be sealed to maintain the fire and smoke rating. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to provide smoke barrier doors on the second floor that closed completely upon fire alarm activation. Findings: On the morning of April 29, 2026, at approximately 10:57 AM during the conduction of a fire drill, the second floor smoke barrier doors did not completely seal as required. During an interview with EI#3, Maintenance Director, it was noted that smoke door had not closed completely. EI#3 stated that he (EI#3) was told about this by the Madison Fire Marshal the day before and he (EI#3) had not adjusted the door yet. EI#3 immediately made adjustment to the tension device and corrected the improperly sealing door. The door properly functioned and sealed after adjustment was made during the survey. THERESA HARRISON, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE	A1205		