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MT VIEW LAKE RETIREMENT VILLAGE	380 MT VIEW LAKE ROAD SYLACAUGA, AL 35150

(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 June 25, 2025, a licensure survey and complaint investigation was conducted for this 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 10. There was one (1) complaint investigated during this survey. LC#20250624002 was substantiated. There was one deficiency 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.	A 000		
A 305	420-5-20-.03 (2) (c) Administration. (c) Department Notification. 1. The licensee of a specialty care assisted living facility shall provide written notification of voluntary closure of the facility to the State Board of Health at least 30 days prior to the expected closure date. 2. The State Board of Health shall be provided written notification not later than 15 days after any change in administrator. 3. The State Board of Health shall be provided written notification not later than 15 days after any change in management company.	A 305		

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A 305	Continued From page 1 This Rule is not met as evidenced by: Based on observation and record review the facility failed to notify the State Board of Health of an administrator change not later than 15 days after any change in administrator as required. Findings: On the morning of June 25, 2025 it was revealed that Employee Identifier (EI)#2 was the administrator of the facility. However, a review of ALF unit documentation revealed another individual was listed on record as the administrator. The department did not receive notification of a change in administrator. On the morning of June 25, 2025 during an interview with administrator, EI#2 stated she (EI#2) was the administrator for the last three weeks and the owner was supposed to have notified the department of the change. EI#2 was not able to provide a copy of notification when asked. EI#2 stated owner told her it had been completed.	A 305		
A 604	420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.	A 604		

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A 604	Continued From page 2 Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status. The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments. (b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care. (c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems: 1. Weight loss: (i) Each month, the facility shall accurately weigh and record the weight of each resident.	A 604		

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A 604	Continued From page 3 (ii) A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician. 2. Falls (two or more falls within a 30 day period). 3. Elopement. 4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident. 5. Unmanageable, combative, or potentially harmful behavior(s). 6. Any accident with injury. (d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status. (e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.	A 604		

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A 604	Continued From page 4 This Rule is not met as evidenced by: Based on observation, and interview the community failed to perform monthly weights for one resident for three consecutive months. Findings: During the afternoon of June 26, 2025, while performing resident record review it was revealed that Resident Identifier (RI)#4 did not have weights performed for three consecutive months; March 2025, April 2025, and May 2025. During an interview with EI#3, EI#3 stated, "I was made aware about two weeks ago that the facility needed a chair scale to weigh residents. One has been ordered so we are able to weigh residents who are unable to stand safely on a scale, such as (RI#4)".	A 604		
A 621	420-5-20-.06 (9) (b) Care of Residents. (b) Retention. 1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing. 2. A specialty care assisted living facility shall not retain a resident that has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation.	A 621		

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A 621	Continued From page 5 3. A specialty care 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. 4. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility. 5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless: (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 facility staff and does direct facility staff to provide the physical assistance needed to complete such tasks, and the facility staff is capable of providing such assistance and does provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff. 6. If a resident of a specialty care assisted living facility is diagnosed with a terminal illness and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90	A 621		

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A 621	Continued From page 6 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 specialty care 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. This Rule is not met as evidenced by: Based on observation and interview the community failed to discharge two (2) residents that did not meet eligibility retention requirements. THIS CITATION IS RESULT OF COMPLIANT INVESTIGATION Findings: Resident Indentifer 8 (RI#8) was admitted to the community on June 4, 2021 with diagnoses that included hypertension, diabetes mellitus, bipolar disorder, narcissistic personality, insomnia, and enucleation of the eyes. RI#8 required skilled care to perform removal, cleaning and reinsertion of prosthesis of both eyes. This requires removal of prosthesis, cleaning of eye socket, cleaning of eye prosthesis, and reinsertion of prosthesis. On	A 621		

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A 621	Continued From page 7 the afternoon of June 26, 2025 the surveyor observed the resident requesting a staff member to remove the eye prosthesis, and "clean my eyes". EI#8 refused to perform the task as the caregiver stated "I am not trained to do that" and "I am not allowed to do that here in the assisted living facility". On the same afternoon, the administrator, EI#2, was asked by the surveyor if the resident was able to perform this themselves or able to direct the care. EI#2 stated that she did know if the resident could do it and stated she could be taught, EI#2 stated the physician would be contacted for an order for home health to teach the resident to perform the care of eye prosthesis. The surveyor asked EI#2 if the resident could currently perform this task as the resident is blind. EI#2 stated that she felt the resident could be taught to perform the care, but did not know if she could, EI#2 stated that currently the resident is not retainable as the resident would need skilled care. RI#4 was admitted to the facility on December 9, 2021 with diagnoses that included situational depression, hyperthyroidism, cerebral vascular accident, vascular dementia, insomnia, absence of kidney, frequent urinary tract infections, constipation and anxiety. RI#4 was admitted under skilled nursing care from a home health provider for treatment of a wound on the buttock on August 21, 2024 and has been under skilled nursing home health service for the wound until present. EI#2 and EI#3 were asked by the surveyor if the wound had closed then reopened, EI#2 stated no, it is a "tiny hole wound that just would not close up". EI#3 stated she did not know, but understood the resident was still under treatment for wound closure. The resident required skilled nursing care for the wound for longer than 90 days.	A 621		

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A 701	420-5-20-.07 (1) Food Service. (1) General. (a) Direction and Supervision. The services of a Dietitian shall be provided to any resident of a specialty care assisted living facility who requires a therapeutic diet. A congregate specialty care assisted living facility shall be under the direction and supervision of a full or part-time professionally qualified dietitian or a consulting dietitian that is licensed in the State of Alabama. Responsibility for the supervision of dietary services shall be delegated to a responsible employee who is a graduate of a Dietary Managers course or has completed an approved course that includes basic sanitation. The facility shall provide meals, fluids, and snacks to the residents that meet the Dietary References Intakes from the basic food groups. The meals shall be of the quality and quantity necessary to meet the residents' needs, and must be in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to delegate, to a responsible employee, who is a graduate of a Dietary Managers course or has completed an approved course that includes basic sanitation, supervision of dietary services for the facility. Findings: On the morning of June 25, 2025, EI#5 was	A 701		

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A 701	Continued From page 9 asked who is the daily supervisor of the dietary department. EI#5 stated that EI#11 was. EI#11 had a ServeSafe Manager certificate posted but EI#11 was not a local employee of the facility. EI#11 was a regional person who comes to the facility weekly. EI#1 was asked by surveyor if EI#11 was at the facility daily, EI#1 stated that EI#11 is a regional person who comes weekly to the building. EI#11 was not present anytime during the survey at the facility.	A 701		
A 702	420-5-20-.07 (2) Food Service. (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or (ii) A cold water sanitizer: A sanitizing solution shall be used in accordance with the manufacturers' instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution	A 702		

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A 702	Continued From page 10 containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach or its equivalent or 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months. 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 shall be stored in a holder inside the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin. (c) Protection of Food from Contamination.	A 702		

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A 702	Continued From page 11 1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage backflow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use. 2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator nor 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 maintain 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 three days from the date is 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	A 702		

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food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used so that food is not contaminated in transport and foods that are transported are held and served at the appropriate temperature at all times.

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

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

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A 702	Continued From page 13	A 702		

stored in such a manner that bottles or containers from which the milk or milk product is to be poured or drunk will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.

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

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A 702	Continued From page 14 change clothing or wear a clean covering over clothing before handling, preparing, or serving 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 record review, observation and interview the facility failed to monitor water temperatures and chemical concentrations prior	A 702		

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A 702	Continued From page 15 to dishwashing from June 21, 2025 through June 25, 2025. The test strip utilized expired in September 2024. In addition, the facility failed to properly label left over food and have garbage cans with tightly fitting lids as required. Findings: On the morning of June 25, 2025 during an accompanied tour of the facility, it was revealed that the kitchen staff had not performed testing of chemical concentrations of sanitizing solutions prior to dishwashing as indicated on the dishwashing temperature and chemical concentration log dated June 2025. It was revealed that the testing had not been done from June 21,2025 through June 25, 2025 and further that the stock of six packages of 100 chemical test strips were all expired in September 2024. During an interview conducted the same day with the assigned cook, EI#5 revealed that she was knowledgeable of how to conduct the testing, but was unable to state why it had not been done. That same day, EI#2 stated the cook was well trained and should of conducted and recorded the testing. EI#2 concurred with the surveyor observation that expired test strips were present, and that the temperature and chemical concentration logs had omissions for the period of June 21, 2025 through the day of survey June 26, 2025. On the morning of June 25, 2025 during an accompanied tour of the facility it was revealed that the kitchen staff had not properly labeled left over food with the name of food item and a do not use beyond date on stored left overs in the refrigerator and freezers. EI#5 was asked by the surveyor if it was the usual practice to wrap food left overs in foil and not label the item or date the	A 702		

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A 702	Continued From page 16 items. EI#5 stated that EI#5 labels items left over with content name and date when EI#5 is working but can not answer why the items in the refrigerator and freezer were not properly labeled. EI#2 stated that the cooks know to label and date items, but someone did not do it. EI#2 concurred with the surveyor observation that items were stored in both the refrigerator and freezer that did not have a "DO NOT USE BEYOND DATE" and were not labeled with contents. On the morning of June 25, 2025 during an accompanied tour of the facility it was revealed the kitchen staff had not placed tight, fitting lids on the garbage cans. All three garbage cans located in the kitchen area were without required, tightly fitting lids. EI#2 concurred with the surveyor observation that the garbage cans in the kitchen did not have tightly fitting lids as required.	A 702		
A1001	420-5-20-.10 (1) Sanitation and Housekeeping. (1) Sanitation. (a) Water Supply. 1. If at all possible, all water shall be obtained from a public water supply. If it is impossible to connect to a public water system, the private water supply shall meet the approval of the local County Health Department. 2. Water under pressure of not less than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall	A1001		

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A1001	Continued From page 17 in no case exceed 110 degrees Fahrenheit. (b) Disposal of Liquid and Human Wastes. 1. There shall be installed within the building a properly designed waste disposal system, connecting to all fixtures to which water under pressure is piped. 2. All liquid and human waste, including floor wash water and liquid waste from refrigerators, shall be disposed through trapped drains into a public sewer in localities where such system is available. 3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed through trapped drains into a sewage disposal system approved by the local County Health Department. The sewage disposal system shall be of a size and capacity based on the number of residents and personnel housed and employed in the institution. Where the sewage disposal system is installed at an existing facility prior to granting of a license, it shall be inspected and approved by the local County Health Department. (c) Premises. The premises shall be kept neat and clean. The property shall be free of rubbish, weeds, ponded water, or other conditions, which may create a health, safety, or sanitation hazard. (d) Control of Insects, Rodents, and other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or	A1001		

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A1001	Continued From page 18 control shall be used. Droppings shall be evidence of infestation by pests. (e) Toilet Room Cleanliness. Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, toiletry articles. The use of a common towel and common bar soap is prohibited. (f) Garbage Disposal. 1. Garbage must be kept in water-tight suitable containers with tight-fitting covers. Garbage containers must be emptied at frequent intervals and shall be thoroughly cleaned and aired before using again. 2. Garbage and waste shall be disposed of in accordance with local and state regulations. (g) Control of Odors. The facility shall be free of objectionable odors. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures in the safe operating range. Findings: On the morning of June 25, 2025, during an accompanied tour of the facility it was revealed to the surveyor that water temperatures in six out of ten room were greater than 110 degrees Fahrenheit. The following rooms had	A1001		

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A1001	Continued From page 19 temperatures tested: Room 1 113.2 degrees Fahrenheit Room 2 111.2 degrees Fahrenheit Room 3 111.5 degrees Fahrenheit Room 4 111.4 degrees Fahrenheit Room 7 111.6 degrees Fahrenheit Room 9 112.4 degrees Fahrenheit EI#2 accompanied the surveyor on tour and stated the temperatures were not to regulation and would have them adjusted immediately.	A1001		
A1002	420-5-20-.10 (2) Sanitation and Housekeeping. (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, decent, sanitary, and comfortable environment for residents, staff, and the public. (a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies. (b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering. (c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. (d) General Storage. 1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in	A1002		

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A1002	Continued From page 20 hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms. 2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition. 3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards. 4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room. 5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area. This Rule is not met as evidenced by: Based on observation and interview the facility failed to properly secure cleaning supplies and poisons.	A1002		

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A1002	Continued From page 21 THIS CITATION IS RESULT OF COMPLIANT INVESTIGATION Findings: On the the morning of June 26, 2025 during a medication pass observation it was revealed that the hallway storage closet that contained cleaning supplies and laundry supplies was unattended and not secured. The surveyor asked EI#2 why the supplies were not attended or secured. EI#2 stated that the closet was supposed to be locked at all times, EI#2 subsequently had staff locate the locking device and secured the cabinet.	A1002		
A1101	420-5-20-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All specialty care assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the Life Safety Code. Written observations of the effectiveness	A1101		

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of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.

(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.

(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.

(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:

1. Minimizes leaks and spills.

2. Adequately protects against inappropriate access.

3. Complies with the requirements of the currently adopted Life Safety Code.

(f) Fire Alarm and Sprinkler System.

1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted

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A1101	Continued From page 23 when its use is dictated by other requirements). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and Testing reports shall be maintained in the facility for a period of at least 3 years. This Rule is not met as evidenced by: Based on observation and interview the community failed to conduct semi-annual sprinkler inspections, fire alarm inspections and fire drill. Findings: On the afternoon of June 25, 2025 during record review it was revealed that the community failed to have required semi-annual fire sprinkler inspections and semi-annual fire alarm inspections as follows: 2025 Sprinkler inspection due approximately February 2025	A1101		

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A1101	Continued From page 24 2024 Sprinkler inspection due approximately October 2024 Alarm inspection due approximately July 2024 2023 Alarm inspection due approximately November 2023 On the afternoon of June 25, 2025 during record review it was revealed that the community failed to conduct the required monthly fire drill for May 2025. EI#2 stated "if it was not documented it was not done" to the surveyor.	A1101		
A1203	420-5-20-.12 (5) Physical Environment. (5) General Building Requirements - Group and Congregate. (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly. (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service.	A1203		

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A1203	Continued From page 25 Night lights shall be provided in all hallways, stairways, and bathrooms. (d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length 16 mesh screens. Screen doors shall be equipped with self-closing devices. (e) Emergency Lighting. 1. All specialty care assisted living facilities shall provide an emergency artificial lighting system to adequately illuminate halls, corridors, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces. 2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes. (f) Floors. 1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish. 2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility. (g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair.	A1203		

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A1203	Continued From page 26 (h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. Windows in specialty care facilities may have devices which prevent full opening of the window. (i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes. (j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30 - 36 inches above the floor and returned to the wall at each end. (k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purposes. All walls and doors under stairs shall meet the same fire rating as the stairwell. (l) Doors. 1. In each new specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom shall swing into the bedroom. 2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location.	A1203		

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A1203	Continued From page 27 3. Resident bedroom and other exit access doors in specialty care assisted living facility shall be at least three feet wide. 4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special Requirements portion of this section. 5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down. (m) Ventilation. The building shall be well ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility. (n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need. 1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag	A1203		

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shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance.

2. A visual inspection of each fire extinguisher shall be conducted monthly by a designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.

(o) Call System. A central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard.

(p) Manufactured homes/mobile homes are not permitted.

(q) Fireplaces and inserts shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens or doors.

(r) Exit marking. In all facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power.

(s) Heating, Lighting, and other Service Equipment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P6102	A. BUILDING: _____ B. WING _____	C 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT VIEW LAKE RETIREMENT VILLAGE	380 MT VIEW LAKE ROAD SYLACAUGA, AL 35150

(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
A1203	Continued From page 29 1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation. 2. Open flame and portable heaters are prohibited in specialty care assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules. 3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all specialty care assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code. This Rule is not met as evidenced by: Based on observation and interviews the community failed to provide safe, smooth free of cracks, flooring surface. The facility had open flame heaters that are prohibited. Findings: On the morning of June 25, 2025 during a tour of the community, the surveyor accompanied by EI#2, observed the flooring surfaces were not smooth and free of cracks in six (6) out of ten (10) rooms; (Rooms 9, 7, 4, 3, 2, and 1). EI#2 concurred with the surveyor's observation of cracked and not smooth flooring in the rooms.	A1203		

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A1203	Continued From page 30 EI#2 notified EI#1 of the concern and EI#1 had a contractor on site the next day to assess the flooring. On the morning of June 25, 2025 during a tour of the community, the surveyor accompanied by EI#2, observed the facility had two open flame heaters, one located in the common dining area and one located in the main hallway. EI#1 stated the heaters were not used normally and were only for emergency purposes. Open flame heaters are prohibited in Specialty Care Assisted Living Facilities. EI#2 stated that EI#2 was not familiar with this particular type of heater as EI#2 had just started at the facility. GREGORY ZEITLIN, REGISTERED NURSE	A1203		