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A 000	Initial Comments On February 12, 2026, an unannounced licensure survey was conducted for this 48 bed Assisted Living Facility (ALF) with a census of 25. There were five complaints investigated during this survey. LC#20230302005 and LC#20230925004 were substantiated and a deficiency was cited as a result of these complaint investigations. LC#20230123015, LC#20230912005 and LC#20230803002 were unsubstantiated and no deficiencies were cited as a result of these complaint investigations. 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 102	420-5-4-.01 (2) General. Definitions. (a) "Advisory Board" means the Licensure Advisory Board established by law to serve as consultants to the State Health Officer and to assist in rule making necessary to carry out the provisions of Code of Ala. 1975, Section 22-21-20, et. seq. (b) "Assisted Living Facility" means an individual, individuals, corporation, partnership, limited partnership, limited liability company or any other entity that provides, or offers to provide, any combination of residence, health supervision, and personal care to three or more individuals	A 102		

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who are in need of assistance with activities of daily living which include bathing, dressing, ambulation, feeding, toileting, grooming, medication assistance, diet, and personal safety. Exceptions to this definition are:

1. Individuals who provide residential and personal care services solely to persons to whom they are personally related, shall not be deemed to be an assisted living facility. "Personally related" means that the person receiving the residential and personal care services is the spouse, parent, sibling, adult child, adult grandchild, grandparent, great-grandparent, adult niece, adult nephew, aunt, uncle, or first cousin of the person providing such services, or stands in that relation to the current spouse of the person providing the services. This exception is only for individuals, and does not apply to corporations, partnerships, limited partnerships, limited liability companies, or any other organized entity or business.

2. Facilities whose residents are under the care, oversight or protection of another governmental agency shall not be deemed to be assisted living facilities and shall not be subject to these rules, if both of the following conditions are satisfied:

(i) A federal, state, or other governmental body, agency, or authority has a fiduciary relationship or some other legally recognized and enforceable relationship to the residents of the facility which carries an obligation to oversee the health, safety, and welfare of the residents; and

(ii) The federal, state, or other

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governmental body, agency, or authority licenses, certifies, or otherwise legally authorizes the facility to provide accommodations and care for the residents.

(c) "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse shall also include mental abuse, physical abuse, sexual abuse, and verbal abuse, as defined below.

(1) "Mental Abuse" means any willful act directed at a resident that is intended to result in or that is likely to result in mental distress or mental anguish. It includes humiliation, harassment, threats of punishment, and threats of deprivation.

(2) "Physical Abuse" means any willful act directed at a resident that is intended to result in or that is likely to result in injury or pain. Physical abuse includes slapping, pinching, kicking, shoving, and corporal punishment of any kind.

(3) "Sexual Abuse" means any sexually oriented behavior directed at a resident by a staff member, any sexually oriented behavior between residents that is not fully and freely consented to by both residents involved, any sexually oriented behavior between residents when either or both residents are incapable of consenting to the behavior, or any sexually oriented behavior by a visitor directed at a resident incapable of consenting to the behavior.

(4) "Verbal Abuse" means the use of oral, written, or gestured language that willfully

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A 102	Continued From page 3	A 102		

includes disparaging or derogatory terms to residents or their families, or that is used or uttered within the hearing distance of residents or their families, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include threats of harm, or saying things to frighten a resident; such as telling a resident that the resident will never see his or her family again.

(d) "Bed Capacity" means the maximum number of beds which can be installed or set up in an assisted living facility at any given time for use of residents. The bed capacity shall be based upon space designed or specifically intended for such use, whether or not the beds are actually installed.

(e) "Bed Complement" means the number of beds normally installed in an assisted living facility for use of the residents.

(f) "Board," or "State Board of Health," means the Alabama State Board of Health.

(g) "Bureau" means the Bureau of Health Provider Standards, Alabama Department of Public Health.

(h) "Closure" means that the facility has no current occupants which are classified as residents of the facility and is not accepting and admitting new residents.

(i) "Congregate Assisted Living Facility" means an assisted living facility authorized to care for 17 or more adults.

(j) "Department" means the Alabama Department of Public Health.

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A 102	Continued From page 4 (k) "Elopement" means a resident who is incapable of protecting himself or herself from harm is able to successfully leave a safe area or safe premises. (l) "Exploitation" means the deliberate misplacement or wrongful temporary or permanent use of a resident's belongings, money, or property without the resident's consent. (m) "Family Assisted Living Facility" means an assisted living facility authorized to care for two or three adults, which was licensed prior to October 1, 2015. Family assisted living facilities currently licensed may renew their license yearly but if closed for any reason, may not be relicensed as a family assisted living facility. No new license will be granted for assisted living facilities of fewer than three beds. (n) "Group Assisted Living Facility" means an assisted living facility authorized to care for 3 to 16 adults. (o) "License" means the legal authority granted by the State Board of Health to operate a facility. (p) "License Certificate" means the document issued by the State Board of Health and signed by the State Health Officer that constitutes rebuttable evidence of the facility's legal authority to operate. (q) "Licensed Bed Capacity" means the number of beds for which the facility has been issued a certificate of licensure by the Department. The Licensed Bed Capacity is also	A 102		

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the maximum daily census that an assisted living facility may have in its capacity.

(r) "Licensed Practical Nurse" (LPN) means a person currently licensed as a Licensed Practical Nurse by the State of Alabama Board of Nursing in accordance with Code of Ala. 1975, Sections 34-21-1, et. seq.

(s) "Mechanical Restraint" means any manual method or physical or mechanical device, material, or equipment that the resident cannot remove which restricts freedom of movement or normal access to one's body (e.g. leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions, and lap trays). Facility practices that meet the definition of a restraint include, but are not limited to: using side rails that keep a resident from voluntarily getting out of bed; tucking in, tying, or using devices or materials to hold a sheet, fabric, or clothing tightly so that a resident's movement is restricted; using devices in conjunction with a chair, such as trays, tables, bars, or belts that the resident cannot remove, that prevent the resident from rising; placing a resident in a chair that prevents the resident from rising; and placing a chair or bed so close to a structure that the structure prevents the resident from rising out of the chair or voluntarily getting out of bed.

(t) "Medication" means all substances having medicinal properties intended for external and/or internal use for the treatment, prevention, diagnosing, or curing of any disease, illness, malady, etc., in humans. The term "medication" as defined in the Pharmacological Basis of Therapeutics shall encompass all other synonymous terms such as drugs, biologicals,

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chemicals, potions, remedies, or poisons.

(u) "Medication Administration" means the act of giving medications to residents by a nurse or physician as defined in these rules.

(v) "Medication Error" means any preventable event that causes or leads to inappropriate medication use or harm while medication is in the control of the assisted living facility staff or resident."

(w) "Neglect" means the failure to provide goods and services necessary to avoid physical harm or mental distress or anguish.

(x) "Pharmacist" means a person currently licensed to practice pharmacy in Alabama under the provisions of Code of Ala. 1975, Sections 34-23-1, et. seq.

(y) "Physician" means a person currently licensed by the Medical Licensure Commission of Alabama to practice medicine and surgery in Alabama. The use of the word, "physician" in these rules shall not be deemed to preclude a properly licensed nurse practitioner or a physician assistant from performing any function in an assisted living facility that is within that individual's scope of practice.

(z) "Qualified Dietitian" means a person who is currently licensed in the State of Alabama in accordance with the provisions contained in current state statutes as governed by the Board of Examiners for Dietetic/Nutrition Practice.

(aa) "Registered Professional Nurse" (RN) means a person currently licensed as a

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Registered Professional Nurse by the State of Alabama Board of Nursing in accordance with Code of Ala. 1975, Section 34-21-21.

(bb) "Resident" means any individual in need of assistance with activities of daily living that receives residence, health supervision, or personal care in an assisted living facility.

(cc) "Specialty Care Assisted Living Facility" means a facility that meets the definition of an assisted living facility but which is specially licensed and staffed to permit it to care for residents with a degree of cognitive impairment that would ordinarily make them ineligible for admission or continued stay in an assisted living facility.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, an individual who was identified by the facility as a "resident" did not reside in the assisted living facility.

Findings:

Resident Identifier (RI)#1 was admitted to the facility on March 8, 2013 and had diagnoses which included depression, hypertension and cognitive disorder. On the afternoon of February 9, 2026, upon entrance to the facility, surveyors requested from (Employee Identifier) EI#1 a list of residents of the facility which was provided by EI#1. Review of this list of Current Residents revealed that RI#1 was listed as an ALF resident but did not actually reside in the ALF.

The building which housed the ALF also housed a newly opened specialty care assisted living facility

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A 102	Continued From page 8 (SCALF). The ALF and SCALF were separated by locked doors. EI#1 explained that a portion of the building had been designated as SCALF beds. EI#1 added that RI#1 had resided in the ALF for several years and the room where RI#1 had resided was converted to a SCALF bed. However, RI#1 refused to move from the SCALF bed and was residing on the SCALF unit, separated from the ALF unit by locked doors. EI#1 stated that RI#1 continued to be an ALF resident and had not been admitted to the SCALF. During an interview, on February 9, 2026, RI#1 confirmed that he/she (RI#1) was a resident of the ALF and had refused to move from the room which had been converted to a SCALF bed. According to the SBOH rules for ALF, RI#1 did not meet the definition of an ALF "resident" since RI#1 did not receive residence in the ALF unit. On February 12, 2026, EI#2, Owner, stated that RI#1 would be given the option of moving to a room in the ALF unit or continuing to reside in the current room with admission to the SCALF unit as an ALF-appropriate SCALF resident.	A 102		
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	A 302		

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A 302	Continued From page 9 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 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.	A 302		

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A 302	Continued From page 10 (xiii) Oxygen administration and storage if used in the facility. (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	A 302		

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A 302	Continued From page 11 to any resident requiring adaptive devices to eat. (VIII) Procedure for the handling of 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 observations, interviews and record reviews, the facility failed to follow its own policies for daily operation of the facility. In addition, the facility failed to provide a policy for use of residents' call lights. THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION. Findings: No Policy for Call Lights The Alabama Department of Public Health received complaints which alleged a resident's call light was not answered. In addition, during the onsite survey, residents verbalized concerns that call lights were not answered timely or were not answered at all. The surveyors were able to substantiate these complaints during the onsite survey and identified that there was no facility policy for the use of call lights.	A 302		

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A 302	Continued From page 12 On the afternoon of February 9, 2026, EI#1 informed the surveyors that staff were expected to answer residents' call lights within 15 minutes from the time the call was received by staff. However, EI#1 stated there was no facility policy in place to direct staff in managing residents' call lights including a time frame for answering calls. Refer to deficiency 1203 for additional information on residents' call lights. Failure to Follow Facility Policies and Procedures According the the facility's Criteria for ADMISSION, CONTINUED STAY AND DISCHARGE policy, "...PROCEDURE: Admission Criteria...3. All prospective residents will be assessed by a physician within thirty (30) days prior to admission, and at least annually after admission. The community must receive the physician's Medical Exam (Examination) & Plan of Care prior to move-in...". The facility admitted a resident who was not assessed or care planned by a physician until after admission. Refer to deficiency 602 and 604 for additional information. According to the facility's Medication Assistance policy, "...PROCEDURE: 1. Any resident requiring staff assistance with self-administration of medication must have a reasonable lay person's understanding of the unit dose packaging system in use by the facility such that the resident could likely protect himself or herself from medication errors if unit dose packages are brought to the resident by facility staff. ...4. ...d. Ask the resident to look at the pack and confirm the label...f. If the resident's response is inappropriate, DO NOT assist with that medication. ..." Residents were unable to protect themselves from a medication error. Refer to deficiencies 613 and 621 for additional information.	A 302		

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A 302	Continued From page 13 According to the facility's Oxygen Therapy policy, "...PROCEDURE: ...5. All oxygen tanks will be safely maintained and stored. ..." Oxygen was not safely stored. Refer to deficiency 618 for additional information. According to the facility's Record Keeping and Reports policy, "...PROCEDURE: ...Maintenance and Filing of Records and Reports: All records and reports required by the Alabama Department of Public Health will be completed in a timely manner..." Refer to deficiency 508 for additional information. According to the facility's Abuse Registry policy, "...POLICY: ...no individual whose name appears on the Alabama Department of Public Health Nurse Aide Abuse Registry...will be hired to work in the community. PROCEDURE: 1. The Executive Director is responsible for checking the applicant's name against the Nurse Aide Abuse Registry..." Refer to deficiency 402 for additional information. According to the facility's Employment Process policy, "...PROCEDURE: ...3. Applicants will be screened prior to employment for the following: ...c. Alabama Department of Public Health Nurse Aide Abuse Registry..." Refer to deficiency 402 for additional information. According to the facility's Staff Training and Records policy, "...POLICY: ...all community staff receive required and appropriate training..." Refer to deficiency 405 for additional information. According to the facility's Diabetes Management policy, "...PROCEDURE: ...For residents with a diagnosis of diabetes, an individualized care plan	A 302		

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will be created to define treatment goals. ..."
Refer to deficiency 611 for additional information.

According to the facility's Health Assessments and Care Plans policy, "...POLICY: ...all residents will have an assessment performed by a physician upon admission, when a significant change in health status or behavior occurs, and when the monthly assessment identifies a specific problem. PROCEDURE: 1. Screening Assessments a. Residents will be screened and approved for admission into Murray House Assisted Living prior to admission. ...2. ...c. 1)...a) Each month,...accurately weigh and record the weight of each resident. 2) Falls: two or more within a thirty (30) day period...4) Behavioral Symptoms...3. Plan of Care a. Based on the individual resident assessment and specific diagnoses by the resident's physician, in conjunction with Murray House Assisted Living staff and the resident's sponsor or responsible family member, an appropriate written plan of care will be developed to address the specific diagnoses and needs identified by the resident's physician. b. The staff will evaluate both Murray House Assisted Living's implementation and the resident's response to the plan of care. c. It will be modified when necessary to meet the needs of the resident. e. The plan of care will contain the following: 1) List of the resident's needs or problems that require intervention by Murray House Assisted Living, such as behavioral symptoms, weight loss, falls...2) A description of the assistance with activities of daily living required by the resident 3) The plan of care will be promptly updated...4. Fall Assessment AND Interventions - All residents are assessed for risks of unsteady gait, falls,...Those assessments are done at the following times: ...b) During Monthly assessments c) Post hospitalization d)

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A 302	Continued From page 15 As a result of a significant change e) After a fall or incident j) Staff will report to the Executive Director any resident with more than 2 falls in a month and will follow up with the resident's physician and sponsor and ADPH where required. ..." Residents were not properly assessed and care plans were not updated. Refer to deficiencies 604, 606 and 611 for additional information. According to the facility's Incident or Accident/Unusual Occur(r)ence policy, "POLICY: It is the policy...to report, investigate and document any incidents or accidents that involve a resident...PROCEDURE: ...the following will be reported via the Assisted Living Facilities Online Reporting Link on the Alabama Department of Public Health's website: a. A fracture or an injury resulting in hospitalization, death, EMS (Emergency Medical Services) activation or a visit to the emergency room. ..." An incident was not reported to ADPH. Refer to deficiency 508 for additional information. On February 12, 2026, EI#1 agreed the facility's policies were not followed.	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.	A 303		

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A 303	Continued From page 16 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. 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.	A 303		

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A 303	Continued From page 17 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 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 perform her duties to ensure the care and safety needs of all residents were met. Findings: EI#1, administrator, failed in performing the following administrative duties. The administrator did not ensure that an individual identified as an ALF resident resided in the ALF. Refer to deficiency 102 for additional information.	A 303		

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A 303	Continued From page 18 The administrator did not ensure facility policies and procedures were implemented. Refer to deficiency 302 for additional information. The administrator did not ensure the Nurse Aide Abuse Registry was checked for new employees. Refer to deficiency 402 for additional information. The administrator did not ensure employees completed required training. Refer to deficiency 405 for additional information. The administrator did not ensure a resident's egress was not hindered and resident complaints regarding lack of communication were addressed. Refer to deficiency 504 for additional information. The administrator failed to report an incident to the ADPH Online reporting system. Refer to deficiency 508 for additional information. The administrator failed to ensure a physician's order was followed for managing one resident's blood pressure. Refer to deficiency 601 for additional information. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON SEPTEMBER 18, 2019. The administrator failed to ensure residents' physical examinations were documented annually and pre-admission screening was prior to admission as required. Refer to deficiency 602 for additional information. The administrator failed to ensure residents' monthly assessments were documented as required. Refer to deficiency 604 for additional information.	A 303		

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A 303	Continued From page 19 The administrator failed to ensure residents who required a higher level of care were transferred or discharged to an appropriate setting. Refer to deficiency 606 for additional information. The administrator failed to ensure residents' facility care plans were current and contained appropriate interventions to meet the care and safety needs of the residents. In addition, a resident's care plan was not followed for the resident's care. Refer to deficiency 611 for additional information. The administrator failed to ensure residents were provided an activities program to meet the individual needs of the residents. Refer to deficiency 612 for additional information. The administrator failed to ensure residents of the facility were able to utilize the unit dose medication and protect themselves from a medication error. Refer to deficiency 613 for additional information. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON SEPTEMBER 18, 2019. The administrator failed to ensure an oxygen tank was safely and securely stored. Refer to deficiency 618 for additional information. The administrator retained a resident who required skilled wound care for greater than 90 days and a resident with unmanageable behaviors. Refer to deficiency 621 for additional information. The administrator failed to ensure objectionable odors were not present in the facility. Refer to deficiency 1001 for additional information.	A 303		

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A 303	Continued From page 20 The administrator failed to ensure a sanitary and decent environment was maintained in one resident's room. Refer to deficiency 1002 for additional information. The administrator failed to ensure a usable call system was maintained for residents at all times. Refer to deficiency 1203 for additional information. THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION. According to the facility's Executive Director policy, "...POLICY: It is the policy of Murray House Assisted Living to have an Administrator (known as the Executive Director) responsible to the governing authority/owner for the proper performance of his/her duties. PROCEDURE: 1. The Executive Director is responsible for the management and operation of the community. ...6. The Executive Director is responsible for meeting all training requirements. 7. The Executive Director is responsible for developing, maintaining and preserving records. 8. The Executive Director must manage and direct the activities of employed staff members in a manner that results in adequate care being provided. 9. The Executive Director will...manage and direct staff in a manner that results in maintenance of a neat, clean, orderly and safe environment at all times. 10. The Executive Director ensures that the community staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needs are identified. 11. The Executive Director is responsible for reviewing plans of care, pre-arranged discharge plans and ensuring that the plans are current and appropriate. 12. The Executive Director is responsible for	A 303		

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A 303	Continued From page 21 identifying residents who exceed the capability and safety of the community and preparing and implementing appropriate discharge plans. ..."	A 303		
A 402	420-5-4-.04 (3) Personnel. (3) Employee Screening. (a) Prior to any resident contact, such as but not limited to assistance with activities of daily living, newly employed personnel shall have a physical examination certifying that the employee is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to residents through normal staff to resident contact. Employees who develop signs or symptoms of infectious skin lesions or diseases that would be capable of transmission to residents through normal staff to resident contact shall not be permitted to have resident contact until free from such signs and symptoms. (b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis. (c) Vaccines. Assisted living facilities shall immunize employees in accordance with current recommended Centers for Disease Control and Prevention (CDC) guidelines (www.cdc.gov/vaccines). Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage. (d) An assisted living facility shall not hire an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.	A 402		

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A 402	Continued From page 22 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to screen potential employees prior to hire and resident contact. Findings: Review of employee files on the morning of February 11, 2026, revealed the following employees were not screened through the Alabama Department of Public Health Nurse Aide Abuse Registry prior to hire; EI#1, EI#3, the Assistant Executive Director, EI#6, a Licensed Practical Nurse (LPN), EI#5, EI#9, a LPN and EI#12, a Resident Assistant (RA). On the afternoon of February 11, 2026, EI#1 was asked if the Abuse Registry had been checked for staff as new hires. EI#1 said no and she did not know to do so. EI#1 said she thought only a Certified Nursing Assistants (CNAs) had to be screened in the Abuse Registry.	A 402		
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	A 405		

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A 405	Continued From page 23 shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below: 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	A 405		

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A 405	Continued From page 24 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 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 reviews and interview, facility staff did not complete required training. Findings: Review of employee files on the morning of February 12, 2026, revealed the following information.	A 405		

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A 405	Continued From page 25 The facility had residents with special needs to include use of the PureWick urine collection system, diabetes mellitus and continuous glucose monitoring. EI#1, administrator, EI#3, assistant executive director, EI#6, a Licensed Practical Nurse (LPN), EI#7, RA, EI#9, LPN, EI#10, RA, EI#11, RA and EI#12, RA, had not been trained on the use of the PureWick urine collection system, diabetes mellitus and continuous glucose monitoring. On the morning of February 12, 2026, EI#1 agreed with the findings.	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.	A 504		

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A 504	Continued From page 26 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 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.	A 504		

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A 504	Continued From page 27 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 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	A 504		

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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 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

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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 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

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A 504	Continued From page 30 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 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, interviews and record reviews, a resident was not allowed to freely come and go from the facility and did not have free access to all areas of the facility including day rooms, dining and common areas. Also, the facility failed to treat residents with consideration and due recognition regarding lack of communication. Findings: Resident Not Allowed Free Access RI#1 had resided at the facility since March 8, 2013. Although RI#1's name was documented on a list of Current Residents provided by EI#1, RI#1 was currently residing in a room on the SCALF unit in the same building. Refer to deficiency 102	A 504		

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A 504	Continued From page 31 for additional information. On the afternoon of February 9, 2026, the surveyor interviewed RI#1 who verbalized that he/she (RI#1) was told by facility management that he/she (RI#1) would be allowed to continue residing in the room where he/she (RI#1) had resided for several years even though the room had been converted to a SCALF unit room during a recent renovation of the building. RI#1 also stated that he/she (RI#1) had been promised by facility staff that he/she (RI#1) would be provided with a "card" to access the locked door so that he/she (RI#1) could freely come and go from his/her (RI#1's) room to the ALF unit. This access to the locked door had not been provided to RI#1. RI#1 stated that he/she (RI#1) had to find someone on the SCALF unit when he/she (RI#1) wanted to leave the unit and SCALF staff were not always readily available. This included obtaining access to the locked doors to attend meals in the ALF dining room and activities on the ALF unit. During an interview on the afternoon of February 9, 2026, EI#1 acknowledged that readily available access to the locked doors had not been provided to RI#1. EI#1 added that ALF management was afraid SCALF residents would obtain the locked door access from RI#1. However, EI#1 agreed this was a violation of RI#1's rights as a resident of the ALF. On the afternoon of February 11, 2026, RI#1 was provided with a code to access the locked doors between the ALF and SCALF units, allowing RI#1 free access to come and go from the ALF unit. Resident Communication Concerns Not Addressed	A 504		

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A 504	Continued From page 32 On the afternoon of February 9, 2026, the sponsor for RI#17 complained that management would not communicate why RI#17 was isolated to his/her room. This sponsor added it was always difficult or impossible to speak with EI#1 about concerns. Later RI#17 added that any time she had a concern and wanted to talk to EI#1, it was practically impossible. On the morning of February 10, 2026, EI#6, a Licensed Practical Nurse (LPN) reported lack of communication was reported by residents. On the morning of February 12, 2026, RI#17 said she had reported issues with staff to EI#8, a volunteer. Later that morning EI#8 was asked what she did with the complaint of RI#17. EI#8 said she tried to tell EI#1, but EI#1 just said she does not have time for that. Later on the morning of February 12, 2026, EI#1 was asked who was responsible for ensuring residents' concerns or complaints are addressed. EI#1 said she was responsible. When asked why that was not done, EI#1 said, "I have been overwhelmed. I know I have missed some."	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:	A 508		

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A 508	Continued From page 33 (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 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)	A 508		

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A 508	Continued From page 34 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 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).	A 508		

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A 508	Continued From page 35 (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). (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	A 508		

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A 508	Continued From page 36	A 508		

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 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

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A 508	Continued From page 37 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. (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.	A 508		

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A 508	Continued From page 38 4. The report to the Department's Online Incident Reporting System shall include the following: (i) Facility name and direct phone number. (ii) Time and date of the report. (iii) Reporter's name. (iv) Name of resident(s), staff, or visitor(s) involved in the incident. (v) Names of staff on duty at the time of the incident. (vi) Date and time of the incident. (vii) A brief description of the incident. (viii) Any injury or injuries to resident(s). (ix) Action taken by the facility in response to the incident. This Rule is not met as evidenced by: Based on record review and an interview, the facility failed to report an incident to the ADPH Online Incident Reporting System (OIRS) as required. Findings:	A 508		

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A 508	Continued From page 39 RI#7 was admitted to the facility on February 10, 2025 and had diagnoses which included diabetes mellitus type II, hypertension, polyneuropathy and transischemic attacks. RI#7 sustained multiple falls at the facility and was currently in the hospital as a result of a fall at the facility. On February 4, 2026, a Physician Communication for RI#7 read "...fell in (his/her) room. Hematoma to left side of forehead. Area bruised/swollen-bleeding noted. Sent to hospital ER (emergency room) via ambulance...". Review of ADPH OIRS records for February 4, 2026 revealed this incident was not reported. Both EI#1 and EI#2 agreed the incident should have been reported.	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	A 601		

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A 601	Continued From page 40 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. (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 record reviews and interviews, a physician's order was not followed for managing one resident's blood pressure. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON SEPTEMBER 18,	A 601		

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A 601	Continued From page 41 2019. Findings: RI#3 was admitted to the facility on May 20, 2025, and had diagnoses which included atrial septal defect, sick sinus syndrome, low back pain, hypertension, pacemaker and history of cerebral infarction. A Physician Communication for RI#3, dated October 6, 2025, read "...Report: ... resident's BP (blood pressure) has been elevated 3 to 4 times over the weekend. Today it was 189/94 at 6:30 AM...Physician Orders:...BP (blood pressure) daily at 1400 (2:00 PM)...". On October 14, 2026, a Physician Communication read "...Report: Can you clarify the perimeters of the PRN (as needed) BP (blood pressure) meds...Physician Orders: ...May give Clonidine 0.1 mg (milligrams) PO (by mouth) q (every) 12 hours PRN (as needed) for systolic > (greater than) 170 and/or diastolic > (greater than) 100...Continue daily BP (blood pressure) at 1400 (2:00 PM) daily...". RI#3's facility Medication Assistance Records (MARs) for January 2026 and February 2026 were reviewed and both contained an order for Clonidine 0.1 milligrams as needed with an original order date of July 31, 2025. No blood pressures were documented on these MARs for RI#3 to determine if the blood pressure medication was needed and the Clonidine was not documented as given during the months of January and February 2026. On the afternoon of February 11, 2026, the surveyor asked RI#3 about his/her (RI#3's) blood pressure checks. RI#3 stated that facility staff sometimes checked his/her (RI#3's) blood pressure but not every day. RI#3 provided a flow sheet titled Blood Pressure Log (stored in RI#3's room) which contained documentation of RI#3's	A 601		

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A 601	Continued From page 42 blood pressures. RI#3's blood pressure had been documented 15 times in December 2025, 5 times in January 2026 and 0 times in February 2026. The physician's orders for monitoring of RI#3's blood pressure had not been followed placing RI#3 at risk of high blood pressure and complications of the high blood pressure. EI#6, Licensed Practical Nurse (LPN) was interviewed on the morning of February 12, 2026, regarding RI#3's blood pressures. EI#6 stated that the staff no longer checked RI#3's blood pressures because the blood pressures had been good.	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 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,	A 602		

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A 602	Continued From page 43 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: 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	A 602		

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A 602	Continued From page 44 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' physical examinations were not documented annually as required. Findings: RI#1 had resided at the facility since March 8, 2013. Review of RI#1's facility records, on February 11, 2026, revealed no Annual Physical Examination had been documented for RI#1 since December 9, 2024. No Annual Physical Examinations were documented for RI#1 in 2025 and 2026. EI#1 was unable to locate an Annual Physical Examination for RI#1 since December 2024. RI#11 had resided at the facility since April 23,	A 602		

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A 602	Continued From page 45 2023. Review of RI#11's facility records on February 11, 2026, revealed no Annual Physical Examination had been documented for RI#11 in the 2024 calendar year. On the morning of February 12, 2026, EI#1 was asked who was responsible for ensuring Annual Physical Examinations are completed annually and she said the nurses. When EI#1 was asked why that was not done, EI#1 said she did not have a good answer.	A 602		
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	A 604		

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A 604	Continued From page 46 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 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 record reviews and interviews, residents were not assessed monthly as required to include weights. Findings: Review of residents' facility records, on February 11 and 12, 2026, revealed the following information. RI#1 RI#1 had resided at the facility since March 8, 2013. Monthly assessments were not completed for RI#1 in November and December 2025 and in January 2026. No weight was documented for RI#1 in January 2026. RI#2	A 604		

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A 604	Continued From page 47 RI#2 was admitted to the facility on September 10, 2023 and had diagnoses which included congestive heart failure, atrial fibrillation, dementia, hypertension and memory difficulties. Monthly assessments were not completed for RI#2 in November and December 2025 and in January 2026. No weight was documented for RI#2 in January 2026. RI#3 RI#3 had resided at the facility since May 20, 2025. No monthly assessment to include weight was completed for RI#3 in January 2026. RI#4 RI#4 was admitted to the facility on July 18, 2025 and had diagnoses which included congestive heart failure, hypertensive heart disease, diabetes mellitus type II, cognitive communication deficit, chronic atrial fibrillation and muscle weakness. Monthly assessments were not completed for RI#4 in November and December 2025, and in January 2026. No weight was documented for RI#4 in January 2026. RI#5 RI#5 was admitted to the facility on April 12, 2024 and had diagnoses which included left ventricular hypertrophy, chronic kidney disease stage 3, congestive heart failure, tachy-brady syndrome, anxiety, hypertension and lumbar spinal stenosis. Monthly assessments were not completed for RI#5 in October, November and December 2025 and in January 2026. No weight was documented for RI#5 in January 2026.	A 604		

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A 604	Continued From page 48 RI#6 RI#6 was admitted to the facility on August 11, 2025 and had diagnoses which included chronic respiratory failure, diabetes mellitus type II, atrial fibrillation, morbid obesity, obstructive sleep apnea and hypertension. Monthly assessments were not completed for RI#6 in November and December 2025, and in January 2026. No weight was documented for RI#6 in January 2026. RI#7 RI#7 had resided at the facility since February 10, 2025. Monthly assessments were not completed for RI#7 in September, October, November and December 2025 and in January 2026. No weight was documented for RI#7 in January 2026. RI#8 RI#8 was admitted to the facility on February 7, 2023 and had diagnoses which included hypertension, osteoarthritis, hearing loss and gout. Monthly assessments were not completed for RI#8 in November and December 2025 and in January 2026. No weight was documented for RI#8 in January 2026. RI#10 RI#10 was admitted to the facility on August 7, 2025, with diagnoses of encephalopathy, hypertension, cardiomyopathy, gastroesophageal reflux disease, muscle weakness and pain. Monthly assessments were not completed for RI#10 in November and December 2025 and in January 2026. No weight was documented for RI#10 in January 2026. NOTE: RI#10 was identified as not being able to utilize the unit dose	A 604		

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A 604	Continued From page 49	A 604		

packaging system during the survey. Due to no monthly assessments, RI#10's ability to utilize the unit dose system had not been assessed since October of 2025.

RI#11

RI#11 was admitted to the facility on April 23, 2023, with diagnoses of chronic kidney disease, atrial fibrillation and depression. Monthly assessments were not completed for RI#11 in December 2025 and in January 2026. No weight was documented for RI#11 in January 2026. NOTE: RI#11 was identified during the survey as having unmanageable behaviors. Due to no monthly assessments, behaviors had not been assessed since November of 2025.

RI#12

RI#12 was admitted to the facility on June 4, 2025, with diagnoses of anxiety, depression, atrial flutter and hypothyroidism. Monthly assessments were not completed for RI#12 in November and December 2025 and in January 2026. No weight was documented for RI#12 in January 2026. NOTE: RI#12 was identified as not being able to utilize the unit dose packaging system during the survey. Due to no monthly assessments, RI#12's ability to utilize the unit dose system had not been assessed since October of 2025.

RI#13

RI#13 was admitted to the facility on August 11, 2025, with diagnoses of chronic kidney disease, diabetes mellitus, cerebrovascular accident with left hemiparesis, hypertension and dementia. Monthly assessments were not completed for RI#13 in November and December 2025 and in

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A 604	Continued From page 50	A 604		

January 2026. No weight was documented for RI#13 in January 2026.

RI#14

RI#14 was admitted to the facility on June 14, 2023, with diagnoses of rheumatoid arthritis, chronic kidney disease, minimal cognitive impairment, history of cerebrovascular accident, osteoarthritis, bipolar disorder, chronic insomnia and bilateral hearing loss. Monthly assessments were not completed for RI#14 in December 2025 and in January 2026. No weight was documented for RI#14 in January 2026.

RI#15

RI#15 was admitted to the facility on July 15, 2024, with diagnoses of urinary tract infection, acute kidney injury, symptomatic hypotension and frequent falls. Monthly assessments were not completed for RI#15 in November and December 2025 and in January 2026. No weight was documented for RI#15 in January 2026.

RI#16

RI#16 was admitted to the facility on March 26, 2025, with a diagnosis of end stage renal disease. Monthly assessments were not completed for RI#16 in December 2025 and in January 2026. No weight was documented for RI#16 in January 2026.

RI#17

RI#17 was admitted to the facility on May 27, 2025, with diagnoses of chronic obstructive pulmonary disease, diabetes mellitus, abdominal aortic aneurysm, encephalopathy, hypertension,

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A 604	Continued From page 51 chronic pain, history of transient ischemic attack (TIA/mini stroke) and depression. Monthly assessments were not completed for RI#17 in November and December 2025 and in January 2026. No weight was documented for RI#17 in January 2026. During an interview, on February 12, 2026, EI#1 stated she (EI#1) was responsible for ensuring monthly assessments and weights of residents were completed. EI#1 also acknowledged that assessments and weights of residents were not completed monthly as required.	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 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.	A 611		

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A 611	Continued From page 52 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. (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,	A 611		

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A 611	Continued From page 53	A 611		

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 record reviews and interviews, residents' facility care plans were not current and did not contain appropriate interventions to meet the care and safety needs of the residents. In addition, a resident's care plan was not followed for the resident's care.

Findings:

Review of residents' facility care plans, on February 11 and 12, 2026, revealed the following information.

RI#2

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A 611	Continued From page 54	A 611		

RI#2 had resided at the facility since September 10, 2023. RI#2's care plan, dated April 1, 2025, contained a Need/Problem of fall risk due to history of falls. Interventions were listed beside this problem to prevent falls. On May 28, 2025, a fall was documented on RI#2's care plan. However, no additional interventions were put in place to address this specific fall and prevent a recurrence.

RI#3

RI#3 had resided at the facility since May 20, 2025 and had a diagnosis of hypertension. In October 2025, RI#3's blood pressure medications were changed and RI#3's physician order blood pressure checks daily at 2:00 PM. An entry on RI#3's care plan, dated October 7, 2025, read "...Check BP (blood pressure) daily at 2 PM...". However, RI#3's blood pressure was not checked daily by facility staff. Refer to deficiency 601 for additional information. Facility staff were not following the interventions on RI#3's care plan for monitoring RI#3's blood pressure.

RI#4

RI#4 had resided at the facility since July 18, 2025 and had a wound to the right second toe requiring home health for wound care. This toe wound was not addressed on RI#4's facility care plan with appropriate interventions to prevent infection and monitor for complications.

RI#7

RI#7 had resided at the facility since February 10, 2025 and was currently in the hospital due to a fall. RI#7 sustained the following falls while

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residing at the facility: February 4, 2026 - hematoma to the head; admitted to the hospital; December 13, 2025 - skin tear and abrasion; December 9, 2025 - large hematoma right inner thigh; June 18, 2025 - abrasions to the forehead and knee; November 6, 2025 - reported fall; June 6, 2025 - reported fall; May 18, 2025 - skin tears; April 6, 2025 - swollen thumb; April 7, 2025; March 14, 2025 - reported fall, bruise and jammed finger; March 5, 2025; February 16, 2025 - abrasions. RI#7 had sustained 12 falls during 12 months at the facility. RI#7's facility care plan was dated January 29, 2025 and did not address RI#7's falls or contain interventions to prevent recurrences, placing RI#7 and extreme risk of harm.

RI#10

RI#10 was admitted to the facility on August 7, 2025. Refer to citation 604 for additional information regarding RI#10. RI#10's care plan revealed, "...STAFF TO ENSURE THAT RESIDENT IS ABLE TO PROTECT SELF FROM MEDICATION ERROR AT EACH MEDICATION PASS AND REPORT CHANGES TO SUPERVISOR..." As indicated by the failed medication awareness test, this portion of RI#10's care plan was not implemented.

RI#11

RI#11 was admitted to the facility on April 23, 2023. Refer to citation 606 for additional information regarding RI#11. RI#11's care plan did not address RI#11's identified behaviors.

RI#12

RI#12 was admitted to the facility on June 4,

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A 611	Continued From page 56 2025. Refer to citation 606 for additional information regarding RI#12. Review of RI#12's care plan revealed, "...STAFF TO ENSURE THAT RESIDENT IS ABLE TO PROTECT SELF FROM MEDICATION ERROR AT EACH MEDICATION PASS AND REPORT CHANGES TO SUPERVISOR..." As indicated by RI#12's inability to utilize the unit dose packaging system, this portion of RI#12's care plan was not implemented. RI#13 RI#13 was admitted to the facility on August 11, 2025. Review of RI#13's care plan revealed there were no problems, actions or interventions that addressed RI#13's continuous glucose monitoring device. RI#16 RI#16 was admitted to the facility on March 26, 2025. Review of RI#16's care plan revealed there were no problems, actions or interventions that addressed RI#16's dialysis venous access. During an interview, on February 12, 2026, EI#1 admitted that facility care plans were not current and not being followed for resident's care. EI#1 added that she (EI#1) was responsible for ensuring residents' care plans were kept current and were followed by facility staff.	A 611		
A 612	420-5-4-.06 (4) (c) (d) (e) (f) Care of Residents (c) The facility shall offer appropriate activity programs to each resident, maintaining supplies and equipment as necessary to implement the activity programs. Every day the	A 612		

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A 612	Continued From page 57 facility shall provide activities appropriate to each resident. (d) Pets residing at the facility or used in activity programs shall be in good health and shall have current vaccinations as required by law. Vaccination certificates, or copies of vaccination certificates, shall be kept on file at the facility to demonstrate compliance with this requirement. (e) Mail, Telegrams, and Other Communications. 1. Incoming mail, telegrams, and other written communications addressed to the resident shall be delivered to the resident unopened. Outgoing mail shall be promptly delivered to regular postal channels upon receipt from the resident. Residents shall be permitted to place and receive telephone calls at the facility in complete privacy. 2. Personnel of the facility shall assist residents with communications, such as writing letters or assisting with writing letters, or reading mail out loud if requested to do so. (f) Appointments. Residents shall be assisted in making and keeping appointments. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to offer an appropriate activity program to residents. Findings:	A 612		

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A 612	Continued From page 58 A review of the activity calendar provided by the facility on February 9, 2026, revealed no scheduled activities on Saturdays or Sundays. Later that afternoon EI#3 reported she made the schedule the previous Friday, her third day at the facility. EI#3 said she had been hired as a marketing/sales person and activity director. EI#3 said she had no prior experience compiling an activity calendar nor any guidance on developing the activity calendar. EI#3 was asked if EI#1 had provided any guidance on how to schedule activities and she said no. On the morning of February 10, 2026, EI#3 acknowledged residents should be offered activities multiple times a day. When EI#3 was asked if that should be every day, she (EI#3) said it should be but there was no one. EI#3 added the facility had been a month without an activity director until she was hired.	A 612		
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 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	A 613		

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A 613	Continued From page 59 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 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 and interviews, residents of the facility were unable to utilize the unit dose medication packaging system and protect themselves from a medication error. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON SEPTEMBER 18,	A 613		

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A 613	Continued From page 60 2019. Findings: RI#2 had resided at the facility since September 10, 2023 and had diagnoses of dementia and memory difficulties. On the morning of February 11, 2026, the surveyor observed EI#1 perform medication awareness testing on RI#2. RI#2 was presented with two packets of medication, one labeled for morning and one labeled for evening. RI#2 correctly identified his/her name on the packets when EI#1 pointed to the name. RI#2 also identified that one packet was for "morning" and one packet was for "evening". However, when asked if he/she (RI#2) had taken medication that morning, RI#2 repeatedly stated "I don't know. I have trouble with my memory". RI#2 was asked if he/she (RI#2) would take the medications now (11:30 AM) RI#2 stated "I don't know. Should I?". RI#2 was unable to protect himself/herself from a medication error. EI#1 agreed and stated a 30-day discharge notice would be issued. RI#12 was admitted to the facility on June 4, 2025. Refer to citation 604 for additional information regarding RI#12. An observation was made on the morning of February 10, 2026, of EI#6 assisting RI#12 with medication administration. RI#12 demonstrated a significant visual deficit and said, "I can't say, because it is blurry." when EI#6 asked if she knew if the medication should be taken at that time. On the morning of February 11, 2026, EI#1 acknowledged RI#12 could not utilize the facility's unit dose packaging system to protect himself/herself from a medication error related to visual deficit.	A 613		

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A 613	Continued From page 61 RI#10 was admitted to the facility on August 7, 2025. Refer to citation 604 for additional information regarding RI#10. An observation was made on the morning of February 11, 2026, of EI#1 conducting a medication awareness test for RI#10. RI#10 denied he/she had taken medications that morning although he/she had taken morning medications already. When asked if he/she would take the medications now, RI#10 said, "No, I'm thinking about not taking any because of dry mouth." When asked by EI#1 if RI#10 was not ready to take medications, RI#10 responded, "No, I don't know why I take them. I have never seen a doctor. I would like to talk to a professional." EI#1 acknowledged RI#10 failed the medication awareness test. On the morning of February 12, 2026, EI#1 was asked who was responsible for ensuring residents could protect themselves from a medication error. EI#1 said ultimately she was the person responsible. When asked why this was not identified, EI#1 said the nurses were supposed to be doing the medication awareness assessments. It was noted that nurses were available at the facility to administer RI#2's medications.	A 613		
A 618	420-5-4-.06 (9) Care of Residents. (9) Oxygen Therapy. (a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have	A 618		

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A 618	Continued From page 62 oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged. (b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift unless oxygen therapy is self-managed by the resident. (c) If a resident receives oxygen therapy in a facility: 1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 2. All oxygen tanks shall be safely maintained and stored. 3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted. 4. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen. Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements. This Rule is not met as evidenced by: Based on observation and interview, an oxygen tank was not safely and securely stored. Findings:	A 618		

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A 618	Continued From page 63 On the afternoon of February 9, 2026, the surveyor observed a small tank of oxygen connected to oxygen tubing which was stored lying on its side on an upper shelf in RI#6's closet. The tank could easily have been bumped from the shelf or rolled off the shelf. RI#6 removed the oxygen tank from the shelf and placed it in a crate on the floor in the closet. RI#6 stated he/she (RI#6) may have storage crates for the oxygen at his/her (RI#6's) home but had not brought them to the facility. EI#1 agreed that the oxygen tank should be properly secured.	A 618		
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 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:	A 621		

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A 621	Continued From page 64 (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 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	A 621		

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A 621	Continued From page 65 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 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 record reviews and interviews, the facility retained a resident who required skilled wound care for greater than 90 days and a resident with unmanageable behaviors. Findings: Skilled Wound Care for Greater than 90 days	A 621		

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A 621	Continued From page 66 RI#4 had resided at the facility since July 18, 2025 and had a diagnosis of pressure ulcer to the right second toe requiring wound care by home health. During an interview, on February 9, 2026, RI#4 informed the surveyor that he/she (RI#4) had been scheduled for amputation of the right second toe the previous week but the surgery was cancelled due to medical problems. When asked what the procedure was for the wound care, RI#4 was unable to answer and stated he/she (RI#4) did not know because home health provided the wound care. At the request of the surveyor, documentation of RI#4's wound measurements by the home health nurse was obtained by EI#1 on February 12, 2026. Home health records documented that the wound to RI#4's toe had an Onset Date of August 18, 2025. When questioned about the wound, EI#1 stated that RI#4's toe wound had been present since August 18, 2025. The surveyor requested that EI#1 contact home health and verify that the wound had remained open and required wound care for the entire time from August 18, 2025 until the present. After contacting the home health company, EI#1 reported to the surveyor that RI#4's toe wound had remained open from August 18, 2025 until it healed on January 20, 2026, then the wound reopened on February 9, 2026 and wound care was again being provided by home health since February 9, 2026. RI#4's toe wound was present and required home health wound care from August 18, 2025 until January 20, 2026, approximately 5 months which was greater than the 90 days allowed for retention of a resident in an ALF. On February 12, 2026, EI#1 and EI#2 agreed that the wound care	A 621		

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A 621	Continued From page 67 exceeded the level allowed for a resident of an ALF. Unmanageable Behaviors RI#11 was admitted to the facility on April 23, 2023. Refer to citation 604 for additional information regarding RI#11. During the course of the survey, the following observations were made: On the afternoon of February 9, 2026, EI#6 reported RI#11 has significant behaviors. Later that afternoon RI#11 appeared angry while giving short-snappy answers to the surveyor. RI#11 angrily asked why surveyors were present. On the afternoon of February 10, 2026, RI#11 refused to participate in a fire drill. Staff reported RI#11 told staff to get the (explicative) out of his/her (RI#11's) room when they tried to respond to the fire drill. Shortly afterwards, EI#2, owner, told EI#1 to issue RI#11 a 30-day discharge notice. A copy of RI#11's discharge notice was provided to the surveyors.	A 621		
A1001	420-5-4-.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	A1001		

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A1001	Continued From page 68	A1001		

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 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 that may create a health, safety, or

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A1001	Continued From page 69 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 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, and 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 observations and interviews, objectionable odors were present in the facility. Findings:	A1001		

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A1001	Continued From page 70 RI#6 had resided at the facility since August 11, 2025. RI#6 was incontinent of urine. On February 9, 10 and 11, 2026, the surveyor entered RI#6's room and noted strong urine odors. EI#7 informed the surveyor that the odors were always present in RI#6's room. EI#1 stated that staff cleaned RI#6's room and clothing frequently but the odors remained.	A1001		
A1002	420-5-4-.10 (2) Sanitation and Housekeeping. (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable environment for residents, staff, and the public. (a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies. (b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering. (c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. (d) General Storage. 1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms.	A1002		

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A1002	Continued From page 71 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 observations and interviews, a sanitary and decent environment was not maintained in one resident's room. Findings: RI#6 had resided at the facility since August 11, 2025. RI#6 was incontinent of urine. The surveyor entered RI#6's room on February 9, 10 and 11,	A1002		

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A1002	Continued From page 72 2026. Each time the surveyor entered RI#6's the floor was dirty and covered with a sticky film. EI#1 stated that staff cleaned RI#6's room and floor daily but they had difficulty keeping the floor clean.	A1002		
A1203	420-5-4-.12 (5) Physical Environment. (5) General Building Requirements - Family, Group, and Congregate. (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly. (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms. (d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length insect screens. Screen doors shall be equipped with self-closing devices.	A1203		

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	D4938	A. BUILDING: _____ B. WING _____	C 02/12/2026

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A1203	Continued From page 73 (e) Emergency Lighting. 1. All assisted living facilities shall provide emergency artificial lighting to adequately illuminate halls, corridors, kitchens, dining areas, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces. 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. (h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. (i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights	A1203		

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A1203	Continued From page 74 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 purpose. All walls and doors under stairs shall meet the same fire rating as the stairwell. (l) Doors. 1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms 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. 3. Resident bedroom and other exit access doors in each assisted living facility shall be at least three feet wide. Bedroom doors in Family assisted living facilities shall not be less than 32 inches wide. 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 special locking arrangements are permitted only in specialty care assisted living facilities.	A1203		

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A1203	Continued From page 75 5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down. Exit doors of Family facilities may swing inward. (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 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 designated staff of the facility and documented on the attached extinguisher tag by the designated staff person. (o) Call System. Except in Family facilities, a central electric or electronic call system shall be conveniently provided for each	A1203		

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A1203	Continued From page 76	A1203		

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

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

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 assisted living facilities. This does not apply to a fire place with gas logs protected

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A1203	Continued From page 77 as noted elsewhere in these rules. 3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to maintain a usable call system available to residents at all times. THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION. Findings: The Alabama Department of Public Health received two complaints which alleged a resident's call light was not answered. The surveyors were able to substantiate that there instances when residents' call lights were not answered timely or not answered at all. During resident interviews, on February 9, 2026, the surveyors received multiple complaints that call lights were not answered promptly or not answered at all. On the afternoon of February 9, 2026, the surveyor asked EI#1 what the expectation was for staff to answer a call light and EI#1 stated within 15 minutes but added there was no policy directing staff on answering call lights. The surveyor requested a log of calls to the call system with answer times for the past week. This log was provided by EI#2. Review of the call system log provided by EI#2 revealed the following information.	A1203		

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A1203	Continued From page 78 Numerous calls were documented at the time they were initiated with a statement "Response Required but not received" followed by a time 15 minutes after the call was initiated and another statement which read "This device stopped transmitting but was never responded to". The surveyor asked EI#2 if this meant that the call was no longer transmitted after 15 minutes. EI#2 stated that the call continued to be transmitted but he (EI#2) was unsure where that was documented. A call from resident room 211 on February 8, 2026 at 10:16 PM was "announced 3 times" but was not answered as of 10:42 PM on the same date. A call from resident room 211 on February 8, 2026 at 9:22 PM was "announced 9 times" and never responded to as of 10:11 PM on the same date. A call from resident room 211 on February 8, 2026 at 8:29 PM was "announced 9 times" and never responded to as of 9:17 PM on the same date. A call from resident room 216 on February 8, 2026 at 6:30 PM was "announced 2 times" and never responded to as of 6:50 PM on the same date. A call from resident room 211 on February 7, 2026 at 8:14 PM was "announced 6 times" and responded to at 8:45 PM on the same date (31 minutes). A call from resident room 208 on February 7, 2026 at 11:17 AM was "announced 6 times" and responded to at 11:49 AM on the same date (32 minutes). A call from resident room 208 on February 7, 2026 at 10:27 AM was "announced 9 times" and responded to at 11:12 AM on the same date (45	A1203		

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A1203	Continued From page 79	A1203		

minutes).
A call from resident room 213 on February 6, 2026 at 7:28 PM was "announced 2 times" and never responded to as of 7:50 PM on the same date.
A call from resident room 213 on February 5, 2026 at 11:19 PM was "announced 6 times" and responded to at 11:48 PM on the same date (29 minutes).
A call from resident room 218 on February 5, 2026 at 11:18 PM was "announced 6 times" and responded to at 11:47 PM on the same date (29 minutes).
A call from resident room 211 on February 5, 2026 at 10:39 PM was "announced 5 times" and responded to at 11:05 PM on the same date (26 minutes).
A call from resident room 121 on February 5, 2026 at 2:20 PM was "announced 6 times" and responded to at 2:48 PM on the same date (28 minutes).
A call from resident room 121 on February 5, 2026 at 1:27 PM was "announced 9 times" and never responded to as of 2:15 PM on the same date.
A call from resident room 221 on February 5, 2026 at 10:33 AM was "announced 9 times" and never responded to as of 11:21 AM on the same date.
A call from resident room 221 on February 5, 2026 at 9:40 AM was "announced 5 times" and responded to at 10:06 AM on the same date (26 minutes).
A call from resident room 121 on February 5, 2026 at 8:37 AM was "announced 8 times" and responded to at 9:17 AM on the same date (40 minutes).
A call from resident room 211 on February 4, 2026 at 1:47 PM was "announced 5 times" and responded to at 2:12 PM on the same date (25

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A1203	Continued From page 80 minutes). A call from resident room 211 on February 4, 2026 at 3:33 AM was "announced 9 times" and never responded to as of 4:21 AM on the same date. A call from resident room 206 on February 3, 2026 at 7:05 AM was "announced 4 times" and responded to at 7:26 AM on the same date (21 minutes). A call from resident room 206 on February 3, 2026 at 6:12 AM was "announced 9 times" and never responded to as of 7:00 AM on the same date. Residents' call lights were not answered within the 15 minute time frame specified by EI#1 and were frequently not answered at all. During an interview, on the morning of February 12, 2026, EI#2 stated that he (EI#2) was aware of issues with the current call system. EI#2 added that the system was very old and there were plans to update to a new system. THERESA HARRISON, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE	A1203		