

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D5804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2025
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NAME OF PROVIDER OR SUPPLIER OAK CIRCLE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 605 FIFTEENTH STREET, NORTH PELL CITY, AL 35125
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>On June 12, 2025, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility with a census of 13.</p> <p>There were no complaints investigated during this survey.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a risk or potential risk of harm to the residents and requires a plan of correction.</p>	A 000		
A 507	<p>420-5-4-.05 (3) (g) Records and Reports.</p> <p>(g) Admission Record. A permanent record shall be developed for each resident upon his or her admission to the facility and updated as necessary to remain current. This record shall be typewritten or legibly written in ink. In addition to any information otherwise required by the facility's policies and procedures, it shall include the resident's:</p> <ol style="list-style-type: none"> 1. Name. 2. Date of birth. 3. Sex. 4. Marital status. 5. Social security number. 6. Veteran status. 	A 507		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 507	<p>Continued From page 1</p> <p>7. Name, address, and contact information of the resident's sponsor, responsible party, or closest living relative.</p> <p>8. Name, address, and contact information of any person or agency providing assistance to the resident.</p> <p>9. Name, address, and contact information of the resident's attending physician.</p> <p>10. Preferred pharmacy or pharmacist.</p> <p>11. Date of admission.</p> <p>12. Date of discharge.</p> <p>13. Facility, setting, or location to which discharged.</p> <p>14. Date of death.</p> <p>15. Cause of death, if known.</p> <p>16. Religious preferences.</p> <p>17. Information from insurance policies regarding funeral arrangements and burial provisions.</p> <p>18. Written documentation that the facility has devised a plan to transfer the resident to a hospital, nursing home, specialty care assisted living facility, or other appropriate setting if and when the facility becomes unable to meet the resident's needs. The resident's preference, if any, with respect to any particular hospital, nursing home, or specialty care assisted living facility shall be recorded. The facility shall keep</p>	A 507		

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A 507	<p>Continued From page 2</p> <p>written documentation that demonstrates the transfer plan has been thoroughly explained to the resident or sponsor, as appropriate, and that the resident or sponsor understands the transfer plan.</p> <p>19. The written documentation of the procedure to follow in case of serious illness, accident, or death to the resident (including the name and telephone number of the physician to be called, the names and telephone numbers and addresses of family members or sponsor to be contacted, the resident's or, if appropriate, the sponsor's wishes with respect to disposition of personal effects, and the name and telephone number of the funeral home to be contacted).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure residents' admission record included their veteran status.</p> <p>Findings:</p> <p>A review of RI#1's medical record revealed RI#1 was admitted to the facility on April 21, 2025. RI#1's admission record did not indicate RI#1's veteran status.</p> <p>A review of RI#2's medical record revealed RI#2 was admitted to the facility on February 8, 2022. RI#2's admission record did not indicate RI#1's veteran status.</p> <p>A review of RI#3's medical record revealed RI#3 was admitted to the facility on April 29, 2025. RI#3's admission record did not indicate RI#1's</p>	A 507		

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A 507	Continued From page 3 veteran status. On the morning of June 12, 2025, EI#1, the Administrator, was asked why the veteran status was not indicated on admission records. EI#1 said she did not know to include the veteran status.	A 507		
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, 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	A 602		

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A 602	<p>Continued From page 4</p> <p>capable of transmission to other residents through normal resident to resident contact.</p> <p>4. Documentation of evaluation for tuberculosis within the previous 12 months.</p> <p>(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:</p> <ol style="list-style-type: none"> 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. <p>(c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the</p>	A 602		

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A 602	<p>Continued From page 5</p> <p>resident's treating physician, this physical examination shall contain a listing of the following:</p> <ol style="list-style-type: none"> 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. <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a significant diagnosis of blindness was included in the initial medical exam.</p> <p>Findings:</p> <p>RI#3 was admitted to the facility on April 29, 2025. On the morning of June 11, 2025, RI#3 was asked if he/she was allowed to identify his/her medications before taking them. RI#3 responded, "I can't read print. I just take what they bring me." Review of RI#3's Initial Medical Examination and Plan of Care, dated April 18, 2025, revealed no diagnosis of a visual deficit. However, the physician documented on June 11, 2025, "... Dx (Diagnosis) - Blindness ..." on the order for skilled nursing to administer medications until RI#3 could be trained to recognize medications.</p> <p>On the morning of June 12, 2025, EI#3, a Care Associate/the Administrative Designee,</p>	A 602		

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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. 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:	A 611		

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A 611	<p>Continued From page 7</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>5. Activities of Daily Living. Residents of 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.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with</p>	A 611		

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A 611	<p>Continued From page 8</p> <p>shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a resident's care plan included measures to address blindness.</p> <p>Findings:</p> <p>A review of RI#3's care plan revealed no mention of blindness. There were no goals or interventions for RI#3's visual deficit to meet the needs of RI#3.</p> <p>On the morning of June 12, 2025, EI#3 acknowledged RI#3's care plan did not include his/her blindness but they had discussed measures for his/her safety.</p>	A 611		
A 614	<p>420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.</p> <p>(f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable</p>	A 614		

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A 614	<p>Continued From page 9</p> <p>of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety.</p> <p>(g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:</p> <p>1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use.</p> <p>(6) Assistance with self-administration of medication includes the following practices:</p> <p>(a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed.</p> <p>(b) Physically assisting a resident by opening or helping to open a container holding</p>	A 614		

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A 614	<p>Continued From page 10</p> <p>medications.</p> <p>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.</p> <p>(d) Physically bringing a container of medication to a resident.</p> <p>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:</p> <p>(a) Medication administration as defined in these rules.</p> <p>(b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given.</p> <p>(c) Giving a resident injections of any kind.</p> <p>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.</p> <p>(e) Placing medications in a feeding tube.</p> <p>(f) Giving enemas or suppositories.</p> <p>(g) Crushing or splitting medications, provided that a physician has ordered a specific</p>	A 614		

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A 614	<p>Continued From page 11</p> <p>medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration</p>	A 614		

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A 614	<p>Continued From page 12</p> <p>of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, a resident was not given the opportunity to utilize the unit dose package system and protect themselves from medication errors at every opportunity for medication use.</p> <p>Findings:</p> <p>RI#3 was admitted to the facility on 29, 2025, with diagnoses to include hypertension, diabetes mellitus type II, hyperlipidemia, sleep apnea, osteo arthritis, anxiety and vascular dementia.</p> <p>During the initial tour of the facility on the morning of June 11, 2025, RI#3 was asked if he/she was allowed to identify his/her medications before taking them. RI#3 declared, "I can't read print. I just take what they bring me." On the morning of June 11, 2025, an observation was made of EI#3, an unlicensed Care Associate, during medication pass. EI#3 was observed to wash her hands, open a package with 2 medications and puts them in a plastic cup. EI#3 approached RI#3 with his/her medications and said, "(names RI#3) I got your medicine. It's in the cup." RI#3 took the</p>	A 614		

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A 614	Continued From page 13 medication and water EI#3 gave him/her. At the conclusion of the observation EI#3 was asked if RI#3 identified his/her medications. EI#3 said no and admitted she had administered RI#3's medications that way since admission. EI#3 notified the physician and administrator. An order was received from the physician to have a Skilled Nurse administer RI#3's medications until he/she can be trained to identify the medications. On the afternoon of June 11, 2025, EI#2, a Medication Technician (Med Tech)/Care Associate, was asked how she gave RI#3 his/her medications. EI#2 said she takes them to him/her and tells him/her she has to give him/her their medicine. EI#2 said she tells RI#3 what medication she is giving him/her and RI#3 takes them. EI#2 was asked if that was assisting with medications and she said no, she was administering them. When asked if she could do that in an Assisted Living facility, she said no. EI#2 was asked if RI#3 was given the opportunity to protect himself/herself from a medication error and she said no.	A 614		
A 703	420-5-4-.07 (3) Food Service. (3) Dietary Service. (a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and	A 703		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D5804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2025
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NAME OF PROVIDER OR SUPPLIER OAK CIRCLE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 605 FIFTEENTH STREET, NORTH PELL CITY, AL 35125
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A 703	<p>Continued From page 14</p> <p>physical abilities of the residents.</p> <p>(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals.</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to</p>	A 703		

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A 703	<p>Continued From page 15</p> <p>all residents for 3 days.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure they had a three day emergency supply of non-perishable food.</p> <p>Findings:</p> <p>On the afternoon of June 11, 2025, an observation was made with EI#4, the cook, for an emergency food supply. There were no non-perishable food items for emergency use. On the morning of June 12, 2025, EI#1 said that was on her. EI#1 said they used to keep an emergency supply of food, but because of limited space they did not have an emergency food supply at this time.</p>	A 703		
A1002	<p>420-5-4-.10 (2) Sanitation and Housekeeping.</p> <p>(2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable environment for residents, staff, and the public.</p> <p>(a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies.</p> <p>(b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering.</p>	A1002		

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A1002	<p>Continued From page 16</p> <p>(c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance.</p> <p>(d) General Storage.</p> <p>1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms.</p> <p>2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition.</p> <p>3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and</p>	A1002		

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A1002	<p>Continued From page 17</p> <p>poisons shall be attended at all times or shall be kept in a secure area.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the premises were not kept neat and clean.</p> <p>Findings:</p> <p>On the morning of June 11, 2025, an observation was made of a twin mattress and a hand sink bowl on the ground behind the facility's dumpster. The sink bowl contained standing water and an empty soda bottle. A ring was noted at the top of the standing water, indicating it had been there for some time. After the observation, EI#2 said a resident's family member had put the items there shortly after the resident moved in (April 21, 2025).</p> <p>On the morning of April 12, 2025, EI#2 said a resident's son had put the items behind the dumpster and they did not know they were there. EI#2 acknowledged the grass had been cut since and they should have known.</p> <p>THERESA HARRISON, REGISTERED NURSE</p>	A1002		