POC Accepted 5/5/26
Connie Cherry

PRINTED: 05/01/2026
FORM APPROVED

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D5207	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEIGHBORHOOD AT DECATUR	2115 POINT MALLARD DRIVE, SE DECATUR, AL 35601

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A 000	Initial Comments On March 25, 2026, an unannounced licensure survey was conducted for this 60 bed Assisted Living Facility (ALF) with a census of 32. There were no complaints investigated during this survey. 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 potential risk of harm to the residents and require a plan of correction.	A 000		
A 405	420-5-4-.04 (6) Personnel. (6) Training. (a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below: 1. State law and rules on assisted living facilities. 2. Facility policies and procedures. 3. Resident rights.	A 405		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jammi Brooks — TITLE: Executive Director — (X6) DATE: 05/04/2026

STATE FORM 6899 421911 If continuation sheet 1 of 13

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

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A 405	Continued From page 2 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, the facility failed to ensure all employees were certified in CPR within 90 days of hire. Findings: Review of employee files, on March 24, 2026, revealed that Employee Identifier (EI)#12 had been employed at the facility since August 13, 2025. EI#12 was not currently certified in CPR. EI#2 agreed that EI#12 had not obtained CPR certification timely but added that EI#12 was scheduled to attend a class for CPR certification in the next few weeks.	A 405	1. A 405 420-5-4-04 (6) Personnel (b) CPR 2. Emergency CPR class was held on 04/07/2026 to correct issue, All team members are now current with CPR, all cards on file. 3. Business Office Manager has scheduled CPR for the remainder of the year, being quarterly. 4. Excel spread sheet for all CPR for all future and will be checked for the remainder of the year. 5. Administrator will audit quarterly, for remainder of the year to ensure that all team members are current, with no lapse.	04/07/26
A 501	420-5-4-.05 (1) Records and Reports.	A 501		

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A 501	Continued From page 3 (1) General. (a) Responsibility for Records. The administrator shall prepare and file all records, or shall oversee the preparation and filing of records. This duty shall be assigned to other employees in the administrator's absence. (b) All records and reports required by these rules shall be completed in a timely manner, and shall be maintained and filed in an orderly manner within the assisted living facility premises. (c) Storage and Safety. Provision shall be made for the safe storage of records within the facility. Records shall be stored in a manner to reasonably protect them from water or fire damage. Records shall be safeguarded from unauthorized access. (d) All facility records, including resident medical records, shall be made readily available for review and copying on demand by representatives of the State Board of Health upon request. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that residents' records were safeguarded from unauthorized access. Findings: On the morning of March 24, 2026, the surveyor toured portions of the building. A Storage Room across the hall from Resident Room 131 was unlocked. Upon entering the Storage Room, the	A 501	1. A 501 (1) General (c) Storage & Safety 2. Lock changed immediately and only managers have keys to storage. 3. Storage and Wellness Directors Office will be checked every morning as part of our morning walk through. 4. In- Service held on 03/26/26 to let staffing know about changing of locks. 5. This has been added to Monthly Safety Meeting for remainder of year to ensure complianance.	03/26/26

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A 501	Continued From page 4 surveyor observed multiple file cabinets which contained resident files. On that same morning, the surveyor observed the Resident Services Office was open with numerous resident papers and files visible and accessible inside the office. EI#6 was informed of the unsecured files and immediately went to lock the doors to these areas. Later that same morning, EI#1 agreed that the resident records were not properly secured.	A 501		
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 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	A 618	1. A 618 5-4-06 Care of Residents (9) Oxygen Therapy (4.) Facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen. 2. PRN Oxygen ordered for resident however, none in apartment. 3. Wellness Nurse called Oxygen Supplier for immediate delivery. 4. Oxygen delivered by 8pm. 5. Administrator has added to monthly Safety meeting to ensure all O2 are in the building. 6. Administrator, Wellness Director, and Wellness Nurse, will audit monthly.	03/25/26

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A 618	Continued From page 5 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 observations and interview, an adequate supply of oxygen was not maintained for a resident who had a physician's order for oxygen use at the facility. Findings: On the afternoon of March 24, 2026, the surveyor and EI#1 observed Resident Identifier (RI)#5's room where an oxygen concentrator was present for RI#5's use as needed. However, there were no portable oxygen tanks available in case of a power outage. EI#1 agreed that portable oxygen tanks should be available for use in the event of a power outage. EI#6 stated she (EI#6) would contact the oxygen supplier to have portable tanks delivered.	A 618		
A 702	420-5-4-.07 (2) Food Service (2) Food Handling Procedures.	A 702		

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A 702	Continued From page 6 (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or (ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with manufacturer's instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months. 3. Dishes and utensils shall be allowed to air dry.	A 702		

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A 702	Continued From page 7 4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing. 5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility. (b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop may be stored in the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin. (c) Protection of Food from Contamination. 1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage back flow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use. 2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.	A 702		

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A 702	Continued From page 8 3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor. 4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times. 5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared. 6. All food products shall be used by the manufacturer's indicated date or discarded. 7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times. 8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit. 9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under	A 702	1. 702 (c) Protection of Food Contamination 4. Refrigerators shall be 41* and freezers 0*. 2. Facility Director ordered new thermometers and has placed in all apartments. 3. Facility Director has added to monthly safety meetings to check. 4. Administrator will check monthly for next three months.	04/22/26

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A 702	Continued From page 9 running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods). 10. Laundry shall not be brought through the food preparation or service area. (d) Storage and Service of Milk and Ice Cream. 1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use. 2. Milk and fluid milk products shall be stored in such a manner that bottles or containers, from which the milk or milk product is to be poured or drunk, will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident. 3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.	A 702		

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A 702	Continued From page 10 (e) Kitchen Garbage and Trash Handling. 1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals. 2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse. (f) Employees' Cleanliness. 1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food. 2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room. 3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use. (g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service	A 702		

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A 702	Continued From page 11 area. (h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors. (i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities. (j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods. (k) Laundering of clothing shall not be permitted in food preparation or service areas. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain thermometers in all facility refrigerators. Findings: During a tour of the facility on the afternoon of March 23, 2026, the surveyor observed multiple refrigerators in residents' rooms which did not contain thermometers. Also, on the afternoon of March 24, 2026, the surveyor and EI#1 observed refrigerators in multiple residents' rooms which did not contain thermometers. EI#1 agreed that all refrigerators which were owned by the facility should contain thermometers. EI#1 asked EI#4 to order more thermometers to be placed in all refrigerators in the facility's possession. EI#1 added that temperatures would be monitored in all refrigerators.	A 702		

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