

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D1705</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/12/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEARL OF THE SHOALS ALF, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2904 S WILSON DAM RD</b> <b>MUSCLE SHOALS, AL 35661</b>
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A 000	<p><b>Initial Comments</b></p> <p>On February 12, 2025, an unannounced probational licensure follow-up survey was conducted for this 40 bed Assisted Living Facility (ALF) with a census of 16.</p> <p>There was one complaint investigated during this survey. Complaint#20240820012 was unsubstantiated and no deficiencies were cited as a result of the complaint investigation.</p> <p>The facility was found to be in substantial compliance with the Plan of Correction submitted to the Department.</p> <p>Deficiencies were cited during this survey for failure to follow 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 deficient practices resulted in a potential risk of harm to all residents and require a plan of correction.</p>	A 000		
A 405	<p>420-5-4-.04 (6) Personnel.</p> <p>(6) Training.</p> <p>(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:</p>	A 405		

Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 405	<p>Continued From page 1</p> <ol style="list-style-type: none"> <li>1. State law and rules on assisted living facilities.</li> <li>2. Facility policies and procedures.</li> <li>3. Resident rights.</li> <li>4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.</li> <li>5. Identifying and reporting abuse, neglect, and exploitation.</li> <li>6. Basic first aid.</li> <li>7. Advance directives.</li> <li>8. Protecting resident confidentiality.</li> <li>9. Resident fire and environment safety.</li> <li>10. Special needs of the elderly, mentally ill, and mentally retarded.</li> <li>11. Safety and nutritional needs of the elderly.</li> <li>12. Identifying signs and symptoms of dementia.</li> </ol> <p>(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</p>	A 405		

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A 405	<p>Continued From page 2</p> <p>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.</p> <p>(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.</p> <p>(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, facility staff were not properly trained in special needs of residents.</p> <p>Findings:</p> <p>During an interview, on February 11, 2025, Employee Identifier (EI)#7 informed the surveyor that two residents of the facility utilized the Libre continuous blood glucose monitoring system and required application of a patch every two weeks</p>	A 405		

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A 405	Continued From page 3  to enable monitoring of blood sugars. EI#7 also stated that facility nurses applied the patches required to monitor the residents' blood sugars. Later that day, the surveyor asked EI#1 if all nurses were trained in the application of patches for the Libre system. EI#1 stated that some nurses had been observed applying the patches by the previous Registered Nurse but not all nurses had been trained in the proper technique.	A 405		
A 601	420-5-4-.06 (1) Care of Residents.  (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.  (a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or another emergency call).  (b) Back-up Physician Support. Each assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily	A 601		

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A 601	<p>Continued From page 4</p> <p>not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in an assisted living facility.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to follow the physicians' orders for assistance with residents' medications.</p> <p>Findings:</p> <p>Resident Identifier (RI)#2</p> <p>RI#2 was admitted to the facility on November 1, 2024, with diagnoses which included dementia, hyperlipidemia, hypertension and insomnia. During a facility tour on February 12, 2025, at</p>	A 601		

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A 601	<p>Continued From page 5</p> <p>approximately 8:15 AM with EI#1, the following was observed. RI#2 had a prescription medication (Ipratropium Bromide) on RI#2's table as well as a bottle of over the counter antacid tablets which RI#2 stated he/she self-administered. Per RI#2's medical health statement dated October 10, 2024, the physician ordered RI#2 to have assistance or supervision with medications. Per RI#2's care plan dated January 10, 2025, under the medication section was stated " licensed practical nurse (LPN) /registered nurse (RN) / medication technician (Med Tech) to administer medications". The physician did not give orders for RI#2 to self-administer medications. During an interview on February 12, 2025, EI#1 agreed with the surveyors' findings.</p> <p>RI#5</p> <p>RI#5 was admitted to the facility on January 25, 2025 and had diagnoses which included diabetes mellitus type 2 with diabetic nephropathy, Alzheimer's disease, chronic kidney disease stage 3, hypertension, atrial fibrillation and Parkinson's disease. RI#5's Medical Health Statement/Plan of Care, dated January 13, 2025, contained a physician's order for facility staff to "assist/supervise" RI#5 with medications.</p> <p>During an interview, on February 11, 2025, EI#7 informed the surveyor that RI#5's spouse was administering RI#5's medications. RI#5's spouse was interviewed later that same day and informed the surveyor that he/she was currently administering RI#5's medications. This finding was discussed with EI#1 who agreed facility staff should be assisting with and supervising RI#5's medications. On February 12, 2025, EI#1 informed the surveyors that assistance with and</p>	A 601		

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A 601	Continued From page 6  supervision of RI#5's medications had been assumed by facility staff.	A 601		
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 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.	A 613		

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A 613	<p>Continued From page 7</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to obtain written approval from a physician for residents to have custody of and manage their medications.</p> <p>Findings:</p> <p>RI#2</p> <p>RI#2 was admitted to the facility on November 1, 2024. During a facility tour on February 12, 2025, at approximately 8:15 AM with EI#1, the following was observed. RI#2 had a prescription medication (Ipratropium Bromide) and a bottle of OTC antacid tablets on RI#2's table. Per RI#2's Medical Health Statement dated October 10, 2024, the physician ordered RI#2 to have assistance or supervision with medications. The physician did not give orders for RI#2 to maintain custody of and manage his/her medications.</p> <p>RI#5</p> <p>RI#5 was admitted to the facility on January 25,</p>	A 613		

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A 613	Continued From page 8  2025. On February 12, 2025, the surveyors observed RI#5's medications in RI#5's room and interviewed RI#5's spouse who stated he/she (spouse) administered the medications to RI#5. There was no physician's order for RI#5 to maintain custody of his/her medications.  During an interview on February 12, 2025, EI#1 agreed with the surveyors' findings.	A 613		
A 616	420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.  (k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident.  (l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for	A 616		

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A 616	<p>Continued From page 9</p> <p>possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected.</p> <p>(m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.</p> <p>(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized</p>	A 616		

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A 616	<p>Continued From page 10</p> <p>by the resident, and by the sponsors of residents.</p> <p>(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record reviews, a resident's medications were not administered and stored according to ALF rules.</p> <p>Findings:</p> <p>RI#5 was admitted to the facility on January 25, 2025. On February 12, 2025, the surveyors observed RI#5's medications in RI#5's room and interviewed RI#5's spouse who stated he/she (spouse) administered medications to RI#5 and had access to all of RI#5's medications. On that same date, EI#7 informed the surveyor that facility staff did not assist RI#5 with medications but RI#5's medications were administered by RI#5's spouse. RI#5's medications were unsecured and RI#5 did not self-administer medications or receive medication administration by a physician, Registered Nurse (RN) or Licensed Practical Nurse (LPN). EI#1 agreed with the surveyors' findings.</p>	A 616		
A1002	<p>420-5-4-.10 (2) Sanitation and Housekeeping.</p> <p>(2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe,</p>	A1002		

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A1002	<p>Continued From page 11</p> <p>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> <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,</p>	A1002		

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A1002	<p>Continued From page 12</p> <p>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 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 facility failed to secure cleaning supplies.</p> <p>Findings</p> <p>Upon the surveyors entering the facility on February 11, 2025, at approximately 8:45 AM, the following were observed. The door to the facility's spa was unlocked and contained a cabinet which was not secured. Inside the cabinet were two bottles of Clorox clean up and Zep shower tub and tile cleaner. During an interview on February 12, 2025, EI#1 agreed with the surveyors' findings.</p>	A1002		
A1101	<p>420-5-4-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current</p>	A1101		

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A1101	<p>Continued From page 13</p> <p>written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place.</p> <p>(b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p>	A1101		

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A1101	<p>Continued From page 14</p> <ol style="list-style-type: none"> <li>1. Minimizes leaks and spills.</li> <li>2. Adequately protects against inappropriate access.</li> <li>3. Complies with the requirements of the currently adopted Life Safety Code.                             <ol style="list-style-type: none"> <li>(f) Fire Alarm and Sprinkler System.                                     <ol style="list-style-type: none"> <li>1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements).</li> <li>2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.</li> <li>3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and testing reports shall be maintained in the facility for a period of at least 3</li> </ol> </li> </ol> </li> </ol>	A1101		

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A1101	Continued From page 15  years.  This Rule is not met as evidenced by: Based on interview and record reviews, the facility failed to have the sprinkler and fire alarm systems inspected semiannually by licensed personnel.  Findings:  On February 11, 2025, at 1:45 PM, the surveyor reviewed the facility's sprinkler and fire alarm records. The facility's sprinkler system was inspected on March 6, 2024, but not semiannually for 2024. The facility's fire alarm was not inspected for the year 2024. The facility had hired EI#3 (maintenance director) in September 2024 and EI#3 had the fire alarm and sprinkler systems inspected in 2025.	A1101		
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.	A1203		

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A1203	<p>Continued From page 16</p> <p>(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.</p> <p>(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.</p> <p>(e) Emergency Lighting.</p> <p>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.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p> <p>(f) Floors.</p> <p>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.</p>	A1203		

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A1203	<p>Continued From page 17</p> <p>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.</p> <p>(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.</p> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily.</p> <p>(i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes.</p> <p>(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.</p> <p>(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.</p> <p>(l) Doors.</p> <p>1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms shall swing into the bedroom.</p> <p>2. Bedroom and bathroom doors may be equipped with hardware that will permit a</p>	A1203		

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A1203	<p>Continued From page 18</p> <p>resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>(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.</p> <p>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.</p>	A1203		

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A1203	<p>Continued From page 19</p> <p>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.</p> <p>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.</p> <p>(o) Call System. Except in Family facilities, a central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard.</p> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(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.</p> <p>(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</p>	A1203		

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A1203	<p>Continued From page 20</p> <p>have battery back-up or emergency power.</p> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>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.</p> <p>2. Open flame and portable heaters are prohibited in assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain structural soundness and repair of the building.</p> <p>Findings:</p> <p>Spa</p> <p>Upon the surveyors entering the building on February 11, 2025, at approximately 8:45 AM, the following was observed. The door to the facility's spa was unlocked. Upon entering the room, an</p>	A1203		

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A1203	<p>Continued From page 21</p> <p>approximately 24 inch by 24-inch hole was noted in the floor. The hole in the floor was covered by a piece of plywood. Also, there was a faucet for the spa tub that the facility removed which was dripping water into a bowl. Later that same day, EI#1 advised that the spa had been removed and the hole was never fixed.</p> <p>Cabinets</p> <p>During a facility tour with EI#1 on February 11, 2025, at approximately 9:47 AM, the following were observed. The facility had replaced some of the cabinets which held mini refrigerators in the resident rooms. Some of the resident rooms still had the old cabinets that were cracked, worn and needed repair or replacement.</p> <p>Gutters</p> <p>During an outside facility tour with EI#3 on February 12, 2025, the following was observed. Some of the gutters on the building were bent and leaking. The surveyor asked EI#3 if a request for gutter repairs has been made. EI#3 stated that he (EI#3) had requested gutter repairs to be done.</p> <p>During an interview on February 12, 2025, EI#1 agreed with the surveyors' findings.</p> <p>CONNIE CHERRY, REGISTERED NURSE TROY BLACK, REGISTERED NURSE</p>	A1203		