STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D2603	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CARE-(AN ASSISTED LIVING COMMUNITY)	5930 MAIN STREET MILLBROOK, AL 36054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On March 11, 2026 an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 7. There were complaints investigated during this survey. LC#20240429006, 20240220003, 20210512005, 20210222005, 20210125023, 20200331005 were unsubstantiated and no deficiencies were cited as a result of the 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 potential risk of harm to the residents and require a plan of correction.	A 000		
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 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:	A 302		

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A 302	Continued From page 1 (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. (xiii) Oxygen administration and storage if used in the facility. (xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall	A 302		

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A 302	Continued From page 2	A 302		

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 to any resident requiring adaptive devices to eat.

(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.

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A 302	Continued From page 3 (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 implement written policies and procedures. Findings: The facility policy titled, " Personnel Records Policy & Procedure" revealed, "...2. Every personnel record must include: ...e. Date of initial resident contact ... Refer to deficiency 403 for additional information. The facility policy titled, "Self-Management of Medications ALF" revealed, "...d. Allow the resident to look at the medication package and to determine that it is theirs. e. Allow the resident to determine if it is time for the medication. f. Assist the resident in opening the package of medications. DO NOT TOUCH THE MEDICATION. Do not remove medication from the package until the resident has completed steps (d) & (e) above... Refer to deficiency 614 for additional information. The facility policy titled, "Oxygen Safety and Storage" revealed, "...All oxygen tanks shall be safely maintained and stored in a secure manner." "Oxygen tanks will be secured properly at all times...". Refer to deficiency 618 for	A 302		

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A 302	Continued From page 4 additional information. The facility policy titled, "Food Service Sanitation Policy & Procedure" revealed, "...to delegate the responsibility for the supervision of dietary services to a responsible employee who is a graduate of a Dietary Managers course or has completed an approved course that includes basic sanitation...". Refer to deficiency 701 for additional information. The facility policy titled, "Food Service Disaster Plan" revealed, "...4. At all times, the facility will maintain at least 3 gallons of potable (drinkable) water per resident." Refer to deficiency 703 for additional information.	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. 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	A 303		

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A 303	Continued From page 5 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. 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	A 303		

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A 303	Continued From page 6 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 observation, interview, and record review, the administrator failed to perform her duties to ensure the care and safety needs of all residents were met. On March 9 - March 11, 2026, a surveyor with the ADPH conducted an onsite survey. Numerous deficient practices were identified. Findings: The administrator did not ensure the facility followed it's own policies and procedures. Refer to deficiency 302 for additional information. The administrator failed to maintain all required information in personnel records. Refer to deficiency 403 for additional information. The administrator failed to ensure employees were CPR certified and had completed the required training. Refer to deficiency 405 for additional information.	A 303		

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A 303	Continued From page 7 The administrator failed to establish resident records with the required documents upon admission. Refer to deficiency 502 for additional information. The administrator failed to document a plan to transfer each resident to an appropriate setting if and when the facility became unable to meet the resident's needs. Refer to deficiency 507 for additional information. The administrator failed to ensure that required information was documented on residents' initial medical examination records. Refer to deficiency 602 for additional information. The administrator failed to provide monthly assessments for Resident Identifier (RI)#1, RI#2, RI#3, RI#4, RI#5, RI#6 and RI#7. Refer to deficiency 611 for additional information. The administrator failed to give Residents the opportunity to utilize the unit dose package system and protect themselves from a medication error. Refer to deficiency 614 for additional information. The administrator failed to ensure that oxygen was stored properly. Refer to deficiency 618 for additional information. The administrator failed to ensure there was an employee with a current certificate in basic sanitization. Refer to deficiency 701 for additional information. The administrator failed to have sufficient quantity of emergency potable water as required. Refer to deficiency 703 for additional information.	A 303		

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A 303	Continued From page 8 The administrator failed to provide a safe space for outside activities. Refer to deficiency 805 for additional information. The administrator failed to maintain the premises that may create a health, safety or sanitation hazard and failed to maintain proper water temperatures throughout the facility. Refer to deficiency 1001 for additional information. The administrator failed to ensure fire drills were conducted monthly. Refer to deficiency 1101 for additional information. The administrator failed to ensure fire alarm and fire sprinkler inspections were conducted semi-annually. Refer to deficiency 1101 for additional information.	A 303		
A 403	420-5-4-.04 (4) Personnel. (4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain: (a) An application for employment which contains information regarding the employee's education, training, and experience. (b) Verification of current certification or licensure, if applicable. (c) Record of required physical examinations and vaccinations. (d) Verification the facility has not hired	A 403		

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A 403	Continued From page 9 an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry. (e) Date of hire. (f) Date of initial resident contact. (g) Date employment ceased. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain all required information in personnel records. Findings: Review of employee files on the afternoon of March 10, 2026 revealed the following deficiencies. There was no documentation of an initial resident contact date for Employee Identifier (EI)#1, EI#2, EI#3, EI#4 and EI#5. There was no documentation of screening through the Alabama Department of Public Health Nurse Aide Abuse Registry for EI#4. On the afternoon of March 10, 2026, EI#1 administrator stated she (EI#1) was in the process of reorganization of employee files and was unable to provide the surveyor with requested information as he/she (EI#1) was unable to find the documents. On the afternoon of March 11, 2026, EI#3, administrator designee stated she was unable to find requested documents and could not provide them to the	A 403		

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A 403	Continued From page 10 surveyor.	A 403		
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. 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.	A 405		

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A 405	Continued From page 11 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 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.	A 405		

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A 405	Continued From page 12 (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 interviews, the facility failed to ensure all employees who had contact with residents were certified in cardiopulmonary resuscitation (CPR). Findings: On the afternoon of March 10, 2026 the surveyor reviewed the March 2026 work schedules for caregivers as well as the employee files. A review of the documents revealed one employee (EI#5) who had contact with residents did not have documentation of certification in CPR. Although EI#1 stated other staff members had completed CPR certification training, she (EI#1) was unable to provide documentation to verify the training was completed for employee (EI#5) who had contact with residents.	A 405		
A 502	420-5-4-.05 (2) Records and Reports. (2) Administrative Records and Documents. (a) Each assisted living facility shall maintain the following records and documents. Unless otherwise specified below, a photocopy of the record or document shall be sufficient to meet this requirement. 1. Original Articles of Incorporation or	A 502		

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A 502	Continued From page 13 certified copies thereof, if the governing authority is incorporated, or partnership documents if the governing authority is a partnership or limited partnership. 2. A current copy of the constitution or bylaws of the governing authority, with a current roster of the membership of the governing authority. 3. Up-to-date personnel records for all employees and former employees of the facility. Personnel records for former employees shall be retained for at least 3 years after the employee leaves employment. 4. Current policy and procedure manual. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain copies of the articles of incorporation and the bylaws of the governing authority. Findings: A record review of documents provided by the facility was made on the afternoon of March 11, 2026. The facility was not able to provide a copy of the articles of incorporation and bylaws of the governing authority. On the afternoon of March 11, 2026, EI#3 administrator designee said she (EI#3) was unable to provide the surveyor copies of the articles of incorporation or the bylaws of the governing authority.	A 502		

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A 503	420-5-4-.05 (3) (a) (b) (c) Records and Reports. (3) Resident Records. (a) Records shall be current from the time of admission to the time of discharge or death and shall be retained in the facility for at least three years after a resident's death or discharge. (b) When an individual is admitted to an assisted living facility, records and information regarding the resident shall be protected from unauthorized disclosure. Employees and authorized agents of the Department shall be permitted to review all medical records and all other records to determine compliance with these rules. With the written consent of the resident, or with the written consent of the legal guardian of an incompetent resident, the local ombudsman shall be permitted access to all records regarding the resident. Records necessary to assess a resident's medical condition or to otherwise render good medical care shall be provided to the resident's treating physician or physicians or to the resident or to his or her legally authorized representative. A resident or his or her legal guardian may grant permission to any other individual to review the resident's confidential records by signing a standard release. (c) In addition to all records required for the provision of resident care, for each resident, the assisted living facility shall maintain on its premises the required documents listed below and any other documents required by the facility's policies and procedures: 1. Statement of resident rights signed by the resident.	A 503		

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A 503	Continued From page 15 2. Financial agreement. 3. Inventory of personal effects. 4. Admission record. 5. Incident investigations and reports involving the resident. In addition to the above documents, the facility shall also maintain on its premises any Advance Directive or Portable Physician Do Not Attempt Resuscitation (DNAR) Order that has been executed by the resident. NOTE: Under no circumstances shall the facility require or refuse to allow a resident to execute an Advance Directive or Portable Physician DNAR Order. Advance Directives shall be typewritten or legibly written in ink and may include the appointment of a health care proxy consistent with the specific language in the Natural Death Act (Code of Alabama 22-8A-1 et. seq). A Portable Physician DNAR Order shall follow the rule and form found in the Alabama Administrative Code 420-5-19 Appendix II. These records shall be protected from unauthorized disclosure. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to establish resident records with the required documents upon admission. Findings: Resident Indicator (RI)#1 RI#1 was admitted to the facility on February 5,	A 503		

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A 503	Continued From page 16 2025 with diagnoses which included hypertension, Alzheimer's disease, hyperlipidemia, reactive airway, and depression. Review of RI#1's facility record on March 10, 2026 record revealed the facility had not obtained the inventory of personal effects at the time of admission. EI#1 concurred with surveyor's observation that the file should have contained this document signed by the resident. RI#2 RI#2 was admitted to the facility on April 11, 2025 with diagnoses which included hypertension, insomnia, generalized pain, dementia and seizures. Review of RI#2's facility record on March 10, 2026 record revealed the facility had not obtained the following required documents at the time of admission; statement of resident rights signed by the resident and inventory of personal effects. EI#1 concurred with surveyor's observation that the file should have contained those documents signed by the resident. RI#4 RI#4 was admitted to the facility on August 1, 2025 with diagnoses which included hypothyroidism, rheumatoid arthritis, weakness and falls. Review of RI#4's facility record on March 10, 2026 record revealed the facility had not obtained the following required documents at the time of admission; financial agreement and inventory of personal effects. EI#1 concurred with surveyor's observation that the file should have contained those documents signed by the resident. RI#5	A 503		

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A 503	Continued From page 17 RI#5 was admitted to the facility on February 24, 2025 with diagnoses which included hypertension, anxiety, hypothyroidism, diabetes mellitus and schizophrenic effective disorder. Review of RI#5's facility record on March 10, 2026 record revealed the facility had not obtained the following required documents at the time of admission; financial agreement, statement of resident rights signed by the resident and inventory of personal effects. EI#1 concurred with surveyor's observation that the file should have contained those documents signed by the resident. RI#7 RI#7 was admitted to the facility on November 13, 2025 with diagnoses which included hypertension, hyperlipidemia, hypothyroidism, benign prostatic hypertrophy, gastroesophageal reflux disorder, muscular dystrophy and schizophrenic situational depression. Review of RI#7's facility record on March 10, 2026 record revealed the facility had not obtained the following required documents at the time of admission; statement of resident rights signed by the resident and inventory of personal effects. EI#1 concurred with surveyor's observation that the file should have contained those documents signed by the resident.	A 503		
A 507	420-5-4-.05 (3) (g) Records and Reports. (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	A 507		

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A 507	Continued From page 18 policies and procedures, it shall include the resident's: 1. Name. 2. Date of birth. 3. Sex. 4. Marital status. 5. Social security number. 6. Veteran status. 7. Name, address, and contact information of the resident's sponsor, responsible party, or closest living relative. 8. Name, address, and contact information of any person or agency providing assistance to the resident. 9. Name, address, and contact information of the resident's attending physician. 10. Preferred pharmacy or pharmacist. 11. Date of admission. 12. Date of discharge. 13. Facility, setting, or location to which discharged. 14. Date of death. 15. Cause of death, if known.	A 507		

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A 507	Continued From page 19 16. Religious preferences. 17. Information from insurance policies regarding funeral arrangements and burial provisions. 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 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. 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). This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document a plan to transfer each resident to an appropriate setting if and when the facility became unable to meet the resident's	A 507		

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A 507	Continued From page 20 needs. Findings: Review of resident files on March 11, 2026 revealed that RI#3, and RI#4, had no documentation of each resident's preference to a hospital, nursing home, specialty care assisted living facility or funeral home. EI#1 stated the residents' plan for transferring a resident should have been documented in each resident's file but did not know it was not currently documented in RI#3 and RI#4 files. EI#1 was unable to provide documentation to the surveyor of the resident plan for transfer for RI#3 and RI#4.	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.	A 602		

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A 602	Continued From page 21 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 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	A 602		

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A 602	Continued From page 22 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 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 review and interview, required information was not documented on residents' initial medical examination records. Findings: RI#2 On the afternoon of March 10, 2026 during record review it was revealed that the Initial Physical Examination titled Medical Health Statement dated April 3, 2025 for RI#2 contained no pulse rate vital sign. RI#2 was admitted to the facility on April 11, 2025 with diagnoses which included	A 602		

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A 602	Continued From page 23 hypertension, insomnia, generalized pain, dementia and seizures. EI#1, administrator, was unable to locate documentation of any initial pulse rate for RI#2.	A 602		
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	A 611		

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A 611	Continued From page 24 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, 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.	A 611		

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A 611	Continued From page 25 (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 review and interview, the facility failed to ensure monthly assessments were completed for all residents as required. The facility failed to have care plans accessible to the direct care staff at all times. Findings: Direct Care Staff Accessibility On the afternoon of March 11, 2026 during record review of residents' records EI#4, caregiver was asked by the surveyor where the resident's care plans are located. EI#4 stated that the care plans were secured in the administrator's office and that he/she (EI#4) did not have access to the administrator's office. Resident Identifier (RI)#1 RI#1 was admitted to the facility on February 5, 2025 with diagnoses which included hypertension, Alzheimer's disease,	A 611		

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A 611	Continued From page 26	A 611		

hyperlipidemia, reactive airway and depression. Review of RI#1's facility record on March 10, 2026 revealed there was no documentation of monthly assessments had been completed since admission for RI#1 as required.

RI#2

RI#2 was admitted to the facility on April 11, 2025 with diagnoses which included hypertension, insomnia, generalized pain, dementia and seizures. Review of RI#2's facility record on March 10, 2026 revealed there was no documentation monthly assessments had been completed for RI#2 as required since admission.

RI#3

RI#3 was admitted to the facility on August 1, 2025 with diagnoses which included hypothyroidism, benign prostatic hypertrophy, chronic kidney disease stage 3 B, and gastroesophageal reflux disorder. Review of RI#3's facility record on March 10, 2026 revealed there was no documentation monthly assessments had been completed for RI#1 as required since admission.

RI#4

RI#4 was admitted to the facility on August 1, 2025 with diagnoses which included hypothyroidism, rheumatoid arthritis, weakness and falls. Review of RI#4's facility record on March 10, 2026 revealed there was no documentation monthly assessments had been completed for RI#4 as required since admission.

RI#5

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A 611	Continued From page 27 RI#5 was admitted to the facility on February 24, 2025 with diagnoses which included hypertension, anxiety, hypothyroidism, diabetes mellitus and schizophrenic effective disorder. Review of RI#5's facility record on March 10, 2026 revealed there was no documentation monthly assessments had been completed for RI#1 as required since admission. RI#6 RI#6 was admitted to the facility on August 29, 2024 with diagnoses which included vascular dementia, cerebral vascular accident, rheumatoid arthritis, diabetes mellitus type 2 and hypertension. Review of RI#6's facility record on March 10, 2026 revealed there was no documentation monthly assessments had been completed for RI#6 as required since admission. RI#7 RI#7 was admitted to the facility on November 13, 2025 with diagnoses which included hypertension, hyperlipidemia, hypothyroidism, benign prostatic hypertrophy, gastroesophageal reflux disorder, muscular dystrophy and schizophrenic situational depression. During an interview on March 10, 2026 in the afternoon with EI#1, Administrator, told the surveyor that the assessments had been completed on all seven residents but agreed the monthly assessments' documentation were missing.	A 611		
A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.	A 614		

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A 614	Continued From page 28 (f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable 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. (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: 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. (6) Assistance with self-administration of medication includes the following practices: (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.	A 614		

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A 614	Continued From page 29 (b) Physically assisting a resident by opening or helping to open a container holding medications. (c) Offering liquids to a resident to assist that resident in ingesting oral medications. (d) Physically bringing a container of medication to a resident. (7) Assistance with self-administration of medications shall under no circumstances include any of the following practices: (a) Medication administration as defined in these rules. (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. (c) Giving a resident injections of any kind. (d) Telling or reminding a resident that it is time to take a PRN, or as needed medication. (e) Placing medications in a feeding tube. (f) Giving enemas or suppositories.	A 614		

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A 614	Continued From page 30 (g) Crushing or splitting medications, provided that a physician has ordered a specific 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. (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. (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	A 614		

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	D2603	A. BUILDING: _____ B. WING _____	03/12/2026

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A 614	Continued From page 31 her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide each resident the opportunity to identify their medication at every opportunity for medication use. Findings: On March 11, 2026, at approximately 0650 AM CST during observation of medication assistance provided by EI#3, Caregiver, the surveyor observed RI#5 was not given the opportunity to identify the medication, resident's name on the medication card. In addition, RI#7 was not given the opportunity to identify the medication, resident's name on the medication card prior to popping the medication into medication cup and assisting resident. EI#1, Administrator, agreed RI#5 and RI#7 should have been given the opportunity to identify all medications as their own medication along with the proper time to take the medication.	A 614		

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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 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	A 618		

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A 618	Continued From page 33 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, oxygen was not safely stored and maintained. Findings: RI#5 was admitted to the facility on February 24, 2025 and had diagnoses which included hypertension, chronic obstructive pulmonary disease, depression, diabetes mellitus type 2 and schizophrenic effective disorder. RI#5 used oxygen continuously at 3 liters per minute per nasal cannula and self-administered. On the morning of March 9, 2026 during a tour of the facility it was observed, by the surveyor, that three small oxygen cylinders were not placed in storage/holding racks. EI#1, administrator, and EI#3, administrator designee agreed the oxygen was not stored as required and would immediately get the oxygen supply vendor to provide appropriate storage stands.	A 618		
A 701	420-5-4-.07 (1) Food Service. (1) General. (a) Direction and Supervision. The services of a Dietitian shall be provided to any resident of an assisted living facility who requires a therapeutic diet. Congregate assisted living facilities shall be under the direction and supervision of a full or part-time professionally qualified dietitian or a consulting dietitian that is	A 701		

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A 701	Continued From page 34 licensed in the State of Alabama. Responsibility for the supervision of dietary services shall be delegated to a responsible employee who is a graduate of a Dietary Managers course or has completed an approved course that includes basic sanitation. The facility shall provide meals, fluids, and snacks to the residents that meet the Dietary References Intakes from the basic food groups. The meals shall be of the quality and quantity necessary to meet the residents' needs, and must be in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure there was an employee who was a graduate of a Dietary Managers course or has completed an approved course that includes basic sanitization. Findings: On the morning of March 9, 2026 the surveyor asked EI#1, administrator, who at the facility was a graduate of a Dietary Managers course or had completed an approved course that included basic sanitization. EI#1 stated no one at the facility had completed a course, and she (EI#1) would make plans to be certified as soon as possible.	A 701		
A 703	420-5-4-.07 (3) Food Service. (3) Dietary Service.	A 703		

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A 703	Continued From page 35 (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 physical abilities of the residents. (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. (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. (d) Alternate food selections or substitutes shall be made available to all	A 703		

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A 703	Continued From page 36 residents. (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. (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 all residents for 3 days. This Rule is not met as evidenced by: Based on observation and interview, the facility did not have emergency potable water in sufficient quantity to serve all residents for three (3) days as required. Findings: On March 10, 2026 at approximately 11:00 AM CST during a tour of the Emergency Food and Water supply it was noted that the water supply was not sufficient to provide for three days for current resident census. Water quantity on hand was 5.28 gallons of the required 21 gallons needed. EI#1, the administrator, stated he/she would order sufficient water as soon as possible.	A 703		
A 805	420-5-4-.08 (5) Physical Facilities. (5) Recreational.	A 805		

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A 805	Continued From page 37 (a) Living and Recreational Room(s). Each assisted living facility shall provide adequate living and recreational room(s) for group activities, and for social events, such as holiday celebrations, without crowding. The following shall be included: 1. Small living room(s) of a personal or family type so that residents may read or visit with relatives and friends in private. This requirement may be met when private bedrooms are large enough for use as small sitting rooms and are furnished for this use. Furniture for small living rooms and sitting spaces in bedrooms shall include clean comfortable chairs, tables, and lamps of good repair. 2. Central living or recreational room in which group activities can take place. This requirement may be met by combining the resident dining room with a central living or recreational room. (i) The usual type of small family dwelling which has a central living room, dining room, and den or enclosed sun porch, may meet the requirements in facilities classified as Family assisted living facilities. (ii) The living and recreational room shall be furnished according to the activities offered. Furniture shall include clean comfortable chairs, tables, and lamps of good repair. (b) Yards and Gardens. Each assisted living facility shall provide safe space for outside activities. (c) Hobbies or Leisure Activities. Each	A 805		

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A 805	Continued From page 38 assisted living facility shall provide adequate space(s) for hobbies and leisure activities. This Rule is not met as evidenced by: Based on observation and interview the facility failed to provide a safe space for outside activities. Findings: At approximately 4:30 PM CST on March 10, 2026 the surveyor observed, during a tour of the facility accompanied by EI#1, administrator, that the outside recreational area had tall grass and weeds greater than approximately 6 inches in height. EI#1 stated the lawn company was scheduled to cut the grass the next day. On March 11, 2026 at approximately 12:00 Noon CST it was observed that the recreational area had not been cut. EI#2, administrator designee stated that EI#2 would follow up with the lawn service.	A 805		
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	A1001		

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A1001	Continued From page 39	A1001		

than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall 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

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A1001	Continued From page 40 conditions that may create a health, safety, or sanitation hazard. (d) Control of Insects, Rodents and Other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or 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, the facility failed to maintain proper water temperatures throughout the facility.	A1001		

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A1001	Continued From page 41 Findings: Water Temperatures On March 11, 2026, at approximately 9:30 AM CST, the water temperature in resident apartment 10 was noted to be 114.1 degrees Fahrenheit. In addition, the water temperatures in resident apartment 11 was noted to be 114.3 degrees Fahrenheit, resident apartment 14 was noted to be 115.0 degrees Fahrenheit, and Resident Beauty Shop water temperature was noted to be 115.5 degrees Fahrenheit. EI#3, Caregiver, concurred with the observations, at approximately 9:30 AM CST, on March 11, 2026. The findings were also discussed with EI#2, Administrator Designee on March 11, 2026 at approximately 4:30 PM CST.	A1001		
A1101	420-5-4-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift 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	A1101		

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A1101	Continued From page 42	A1101		

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.

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

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

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

1. Minimizes leaks and spills.

2. Adequately protects against inappropriate access.

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

(f) Fire Alarm and Sprinkler System.

1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including

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A1101	Continued From page 43 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). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and testing reports shall be maintained in the facility for a period of at least 3 years. This Rule is not met as evidenced by: Based on record reviews and interviews, fire drills were not performed monthly as required. In addition, fire alarm and sprinkler system inspections were not performed semiannually. Findings: Fire Drills	A1101		

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A1101	Continued From page 44 Review of the facility's fire drill reports on March 10, 2026 revealed no fire drills were documented for the facility during the following months of 2025; July, August, September, October, November and December. No fire drills were documented for January and February 2026. During an interview on the afternoon of March 9, 2026, EI#1, administrator, stated she (EI#1) was responsible for monthly fire drills and fire alarm and sprinkler system inspections. EI#1 stated she (EI#1) misplaced the documentation during reorganization of her office and was not able to find it. Fire Alarm and Sprinkler System Inspections Review of the facility's fire alarm and sprinkler system inspections on March 10, 2026 revealed one fire alarm inspection was documented for the year 2025 (March 5, 2025), and one sprinkler system inspection (June 5, 2025). During an interview on the afternoon of March 10, 2026, EI#1, administrator confirmed the fire alarm and sprinkler system inspections had only been performed one time for the year 2025. EI#1 stated that she was unable to provide any documentation that inspections had been performed since June 5, 2025. EI#1 stated she (EI#1) misplaced the documentation during re-organization of the office and was not able to find it. GREGORY ZEITLIN, REGISTERED NURSE	A1101		