

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P4903</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROVEER AT PORT CITY SPECIALTY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4720 MORRISON DRIVE MOBILE, AL 36609</b>
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A 000	<p>Initial Comments</p> <p>On April 3, 2025, an unannounced licensure survey was conducted at this 20 bed Specialty Care Assisted Living Facility (SCALF) with a census of 19.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices require a plan of correction.</p>	A 000		
A 202	<p>420-5-20-.02 (2) The License.</p> <p>(2) Application.</p> <p>(a) An applicant for initial licensure shall provide all information on the application form prescribed by the Department, including all information required by law, these rules, and the policies and procedures of the Department, and shall submit such additional information as shall be required by the Department in its discretion to demonstrate that the applicant has the ability and the willingness to comply with these rules. Each application shall be signed by the applicant, if the applicant is a natural person, or if the applicant is not a natural person, shall be signed by a natural person who is authorized to bind the applicant to the representations in the application and any supporting documentation.</p> <p>(b) Fee. An initial license application, an application for license renewal, an application for an increase in the number of licensed beds, or an application for a change in ownership, shall be accompanied by the application fee specified in §22-21-24, Code of Ala. 1975. Fees shall be paid</p>	A 202		

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

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A 202	<p>Continued From page 1</p> <p>by cash, check, or money order made payable to the Alabama Department of Public Health. An application for a name change, an application for a decrease in licensed bed capacity, or an application for a relocation is not subject to a license application fee. An application fee is non-refundable. Any application fee submitted in the incorrect amount shall nevertheless be deposited. If the fee submitted is too large, a refund for the difference shall be processed using the Department's usual procedures. If the fee submitted is too small, the applicant shall be notified and the application shall not be considered until the difference is received. Any application submitted without any fee shall be returned to the applicant. If an incomplete application is submitted, the application fee shall be deposited, and the applicant shall be notified in writing of the defects in the application. If the applicant fails to submit all required additional information within 10 working days of the date of the notice, the application shall be denied. The Department may in its discretion extend the deadline for submitting additional information. Denial of an application as incomplete shall not prejudice the applicant from submitting a new application, accompanied by the requisite fee, at a future date.</p> <p>(c) Name of Specialty Care Assisted Living Facility. Each specialty care assisted living facility shall be designated by a permanent, distinctive, and unique name which shall be used in applying for a license and which shall not be changed without first notifying the Board in writing. A notice of name change shall specify the name to be discontinued as well as the new name. The words "hospital", "nursing home", "clinic", "sanatorium", or any other term which</p>	A 202		

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A 202	<p>Continued From page 2</p> <p>would indicate that the facility is a different type of facility shall not be used as the name of a specialty care assisted living facility. A specialty care assisted living facility shall use its licensed name on all stationary, all signage, and on all other material that may be visible to the public, to residents of the facility, or to families of residents. A specialty care assisted living facility shall not hold itself out to the public as having a name other than its licensed name. No facility shall hold itself out to the public as a specialty care assisted living facility unless the facility has a current, valid license as a specialty care assisted living facility.</p> <p>(d) Number of Beds. Each application for license and license renewal shall specify the bed capacity of the specialty care assisted living facility. In the event of a natural disaster or other catastrophic emergency, the Department may grant a temporary bed increase to any facility for reasons of public health or public safety. A temporary bed increase may be granted only for a specified number and shall expire by its terms after a specific, finite period of time.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to give notification prior to a change in the name of the facility.</p> <p>Findings:</p> <p>On the morning of April 1, 2025, an observation was made of a sign in front of the community of, "Kauhale Port City".</p> <p>Action plans submitted during the survey bore the</p>	A 202		

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A 202	Continued From page 3  name "Kauhale Port City".  On the morning of April 1, 2025, Employee Identifier (EI)#1 reported Kauhale was the managing company for the community effective March 3, 2025.  On the afternoon of April 3, 2025, EI#1 acknowledged if the name change notification was not provided prior to the name change, that was deficient practice.	A 202		
A 401	420-5-20-.04 (1) (2) Personnel.  (1) A specialty care assisted living facility shall ensure adequate personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. No specialty care assisted living facility shall have fewer staff on duty than specified in Table A below. Even if this minimum staffing ratio is met, the governing authority of a specialty care assisted living facility shall have additional staff on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. Facilities with resident bedroom wings separated from the remainder of the facility by a lockable door shall maintain dedicated staff to these areas adequate to meet all care and safety needs of the residents in these areas at all times.  Table A  Staff Number      7 AM - 3 PM                      3 PM - 11 PM 2      1 -16 Residents              1 - 16 Residents 1 - 16 Residents 3      17 - 24 Residents              17 - 36	A 401		

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A 401	<p>Continued From page 4</p> <p>Residents 17 - 48 Residents 4 25 - 32 Resident 37 - 48 Residents 49 - 64 Residents 5 33 - 40 Residents 49 - 60 Residents 65 - 80 Residents 6 41 - 48 Residents 61 - 72 Residents 81 - 96 Residents 7 49 - 56 Residents 73 - 84 Residents 97 - 112 Residents 8 57 - 64 Residents 85 - 96 Residents 113 - 128 Residents 9 65 - 72 Residents 97 - 108 Residents 129 - 144 Residents 10 73 - 80 Residents 109 - 120 Residents 145 - 160 Residents 11 81 - 88 Residents 120 - 132 Residents 161 - 176 Residents</p> <p>1 Additional For each 8 residents, For each 12 residents, For each 16 residents, Staff or any fraction thereof, or any fraction thereof, by which the census by which the census exceeds 88 exceeds 132 exceeds 176</p> <p>(a) A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current certification in cardiopulmonary resuscitation (CPR).</p> <p>(b) A specialty care assisted living facility must be sufficiently staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.</p> <p>(2) Employee Schedule. A specialty care assisted living facility shall post a schedule of</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>employees indicating names and days and hours scheduled to work. This schedule shall be retained in the facility for 6 months after use.</p> <p>In the event of an unplanned staff shortage which would make it otherwise impossible to meet the staffing requirements imposed by these rules, a facility may employ a certified nurse aide who has not received the training specified in these rules. For the purposes of this subsection, a certified nurse aide is defined as an individual who has been deemed or determined to be competent by the Alabama Nurse Aide Registry maintained by the Alabama Department of Public Health. This individual may not work unless accompanied at all times by an individual who is appropriately trained in accordance with these rules. Such employment shall last only until the facility has employed staff trained in accordance with the above. In no event may the period during which such staff is employed in a facility exceed 120 consecutive hours.</p> <p>This Rule is not met as evidenced by: Based on document review, observation and interview the facility was not staffed with at least the minimum required staff at all times.</p> <p>Findings:</p> <p>At the time of the onsite survey from April 1-3, 2025, the census of the facility was 19 residents currently in house. This census required no less than three staff members to be on duty from the hours of 11:00 PM-7:00 AM.</p>	A 401		

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A 401	<p>Continued From page 6</p> <p>On the early morning of April 2, 2025, staffing was observed for the 11:00 PM (April 1, 2025)-7:00 AM shift. EI#7 and EI#8, both CAs (Care Associates), reported they were the only two staff members on duty for their shift. They said EI#2, the Director, had informed the staff that they were going down to two persons on their shift. EI#7 and EI#8 said they knew the rules and that was not enough staff.</p> <p>Later on the morning of April 2, 2025, EI#2 was asked about the staff for the previous shift. EI#2 said one person called off. EI#2 said she had sent out a mass text message for someone to come in and no one could come in. EI#2 was asked what she should have done and she said she should have come in. EI#2 said they had not decreased staff to two members on duty yet. EI#2 added the nurse on the ALF (Assisted Living Facility) unit was the third person. The surveyor reminded EI#2 that an ALF employee could not be counted as her on-duty staff and the regulation dictates three staff are needed for nineteen residents.</p> <p>On the morning of April 2, 2025, EI#1, the Administrator, was asked why only two staff members were on duty on the night shift April 1, 2025. She was under the impression that the ALF nurse was the third person.</p> <p>On the afternoon of April 3, 2025, EI#1 said the ALF nurse was on the memory care schedule and was intended to work there, not in the ALF. EI#1 said that was being corrected.</p>	A 401		
A 405	420-5-20-.04 (6) (7) (8) Personnel.  (6) Medical Director. Each specialty	A 405		

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A 405	<p>Continued From page 7</p> <p>care assisted living facility shall have a medical director who is a physician currently licensed to practice medicine in Alabama. The medical director is responsible for implementation of resident care policies, and the coordination of medical care in the facility. The medical director shall participate in quality assurance activities in the facility. A nurse practitioner or physician's assistant shall not serve as the medical director of a specialty care assisted living facility.</p> <p>(7) Registered Professional Nurse. Each facility shall have at least one RN. An RN may also serve as the administrator or as the care coordinator, but not as both. In all instances where the facility's RN is assigned other duties as an administrator or care coordinator the facility must assure that the RN devotes sufficient time and effort to all clinical duties.</p> <p>(a) Responsibility. The RN shall be responsible for oversight and coordination of resident care.</p> <ol style="list-style-type: none"> <li>1. The RN shall assess the residents in the specialty care assisted living facility.</li> <li>2. The RN shall develop, document, and evaluate resident plans of care.</li> <li>3. The RN shall consult with the administrator on all issues of resident safety, health, and wellbeing.</li> <li>4. The RN shall communicate significant resident changes to the resident's physician and sponsor or responsible family member.</li> </ol>	A 405		

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A 405	<p>Continued From page 8</p> <p>5. The RN shall identify staff training needs and ensure needed training is appropriately provided.</p> <p>6. The RN shall direct the practice of any licensed practical nurse.</p> <p>(8) Care Coordinator. There shall be a care coordinator who will manage the daily routine delivery of resident care. This person shall be an LPN or RN. An LPN care coordinator shall work under the supervision of the RN in the management and delivery of resident care.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, four facility staff members were not Cardiopulmonary Resuscitation (CPR) certified.</p> <p>Findings: During review of personnel files on April 3, 2025, four staff members were identified as having expired CPR certifications.</p> <p>EI#1, EI#2, EI#6 and EI#7 had CPR certification that had recently expired. EI#1 agreed with the deficiency and was to ensure at least one person on duty each shift was CPR certified until classes were completed.</p>	A 405		
A 504	<p>420-5-20-.05 (3) (d) Records and Reports.</p> <p>(d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission, of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a</p>	A 504		

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A 504	<p>Continued From page 9</p> <p>copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate.</p> <ol style="list-style-type: none"> <li>1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility.</li> <li>2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints.</li> <li>3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy.</li> <li>4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time.</li> <li>5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.</li> <li>6. Every resident shall have the right to</li> </ol>	A 504		

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A 504	<p>Continued From page 10</p> <p>manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.</p> <p>7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.</p> <p>8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.</p> <p>9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident.</p> <p>10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases.</p> <p>11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay</p>	A 504		

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A 504	<p>Continued From page 11</p> <p>requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.</p> <p>12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.</p> <p>13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file.</p> <p>14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that:</p> <p>(i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care.</p> <p>(ii) The plan of care specifies the nature</p>	A 504		

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A 504	<p>Continued From page 12</p> <p>of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation.</p> <p>(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.</p> <p>15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges.</p> <p>16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities.</p> <p>17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area.</p> <p>18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action</p>	A 504		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P4903</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROVEER AT PORT CITY SPECIALTY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4720 MORRISON DRIVE MOBILE, AL 36609</b>
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A 504	<p>Continued From page 13</p> <p>plan shall be posted.</p> <p>19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges.</p> <p>20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents.</p> <p>21. Every resident shall have the right to wear his or her own clothes, and to keep and use his or her own personal possessions, including toilet articles, except for personal possessions too large to be stored in the resident's room.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours.</p> <p>24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file.</p> <p>This Rule is not met as evidenced by:</p>	A 504		

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A 504	<p>Continued From page 14</p> <p>Based on observation, menu review and interview, the facility failed to ensure residents were treated with dignity at meal times and while in the day room.</p> <p>Findings:</p> <p>Review of the weekly menu indicated residents were to be served coffee or tea and milk with breakfast, lunch and dinner.</p> <p>Review of an invoice provided by EI#1 revealed the following items were purchased on April 2, 2025, to ensure there was enough dinnerware to serve residents. Saucers, 10 ounce bowls, coffee mugs, forks, knives, spoons, dinner plates and beverage glasses.</p> <p>On the morning of April 1, 2025, an observation was made of fifteen residents eating breakfast in the dining room. They were served coffee in a foam cup and juice in a plastic cup. Silverware was mismatched some with colored handles. One resident was observed eating from a foam "to-go" container.</p> <p>On the late morning of April 1, 2025, an observation was made of residents being served lunch. Residents were served a fish sandwich on a dry bun, french fries and only water to drink. No condiments were offered for the fish sandwich or fries. One resident asked for ketchup and there was none available. I asked EI#6, a CA, what was on the fish sandwich and she said nothing and they did not send any condiments. EI#1 approaches and is asked why no condiments with the fish sandwich and dry bun or french fries. EI#1 had ketchup delivered from the kitchen. When asked why only water with meal and no condiments, EI#1 said she did not know why.</p>	A 504		

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A 504	<p>Continued From page 15</p> <p>On the afternoon of April 1, 2025, EI#2 was asked why no condiments were served. EI#1 responded they were supposed to be sent from the kitchen. When asked why no one intervened on the residents behalf, EI#2 said we should have. EI#2 acknowledged residents were only served water and she did not know why unless they were pushing (encouraging) fluids. EI#1 said residents were supposed to be served coffee or tea and milk with lunch.</p> <p>On the afternoon of April 1, 2025, an observation was noted of the community entry door alarm sounding after nearly each time it was opened. EI#7, a CA, and two private duty sitters spoke up and said it happens all of the time and has been doing so for about a year.</p> <p>On the late afternoon of April 1, 2025, an observation was made of residents eating in the dining room. Residents were observed with only apple juice to drink and served a gourmet cookie on a paper towel for dessert.</p> <p>On the morning of April 2, 2025, EI#3, the maintenance director, was asked about the entry door alarm sounding nearly every time it was used. EI#3 said he had no answer or excuse. EI#3 was asked if it was dignified for residents to have to hear the alarm sounding often while in the day room and he said no.</p> <p>On the morning of April 3, 2025, EI#2 was asked about residents being served coffee and juice in foam and plastic cups. EI#2 said that had been corrected. EI#2 acknowledged the entry door alarm sounded nearly every time it was used and had not been fixed until an action plan was requested by the surveyor. This alarm was</p>	A 504		

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A 504	<p>Continued From page 16</p> <p>loudest in the day room where most residents gathered during the day and was stressful for residents. EI#2 was asked why residents were only served water with their lunch meal. EI#2 answered she was responsible for that. EI#2 said she was doing what she could to prevent UTIs (Urinary Tract Infections) and did not realize they should get what is on the menu with meals and fluids throughout the day. EI#2 said they had enough plates about a week ago, but they have had no bowls, saucers or a second glass since September of 2022. EI#2 said they only had foam bowls. EI#2 was asked about residents being served a fish sandwich on a dry bun and fries with no condiments. EI#2 answered the kitchen did not send them, but she should have identified that and responded for the residents.</p> <p>On the afternoon of April 3, 2025, EI#1 acknowledged the residents deserved to be served what should be served in a respectful manner. EI#1 had ordered dinnerware as noted above to ensure residents were served appropriately.</p>	A 504		
A 508	<p>420-5-20-.05 (3) (h) Records and Reports.</p> <p>(h) Incident Investigation. When an incident, as defined below, occurs in a specialty care assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review.</p>	A 508		

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A 508	<p>Continued From page 17</p> <p>1. Incidents which require investigation are:</p> <p>(i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as extensive bruising, pain, or injury that is not consistent with actions necessary in providing day-to-day care to a resident or for which medical treatment was sought.</p> <p>(ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid including but not limited to a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office.</p> <p>(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.</p> <p>(iv) Elopement by a resident.</p> <p>(v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.</p> <p>(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.</p> <p>(viii) An outbreak (for purposes of</p>	A 508		

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A 508	<p>Continued From page 18</p> <p>these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).</p> <p>(ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(xi) An unplanned occurrence that results in media attention.</p> <p>(xii) A medication error, overdose, or over sedation.</p> <p>(xiii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p>	A 508		

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A 508	<p>Continued From page 19</p> <p>(iii) When the administrator was notified (date and time).</p> <p>(iv) Circumstances under which the incident occurred.</p> <p>(v) When the incident occurred (date and time).</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p> <p>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.</p>	A 508		

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A 508	<p>Continued From page 20</p> <p>(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation.</p> <p>(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.</p> <p>(xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies.</p> <p>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.</p> <p>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:</p> <p>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, witnessed, or actual abuse, neglect, or exploitation of a resident or residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported</p>	A 508		

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A 508	<p>Continued From page 21</p> <p>immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file.</p> <p>(iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(vi) An unplanned occurrence that results in media attention.</p> <p>(vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.</p> <p>(viii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(ix) Notifiable diseases and health conditions listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04. shall also be reported by the facility to the State Health Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than three years.</p> <p>(x) Any indication of a malfunction of the sprinkler system, fire alarm system, or a door</p>	A 508		

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A 508	<p>Continued From page 22</p> <p>locking device.</p> <p>4. The report to the Department's Online Incident Reporting System shall include the following:</p> <ul style="list-style-type: none"> <li>(i) Facility name and direct phone number.</li> <li>(ii) Time and date of the report.</li> <li>(iii) Reporter's name.</li> <li>(iv) Name of resident(s), staff, or visitor(s) involved in the incident.</li> <li>(v) Names of staff on duty at the time of the incident.</li> <li>(vi) Date and time of the incident.</li> <li>(vii) A brief description of the incident.</li> <li>(viii) Any injury or injuries to resident(s).</li> <li>(ix) Action taken by the facility in response to the incident.</li> <li>(i) Vital Statistics Reports. A record shall be kept of all births, deaths, and stillbirths that occur within the specialty care assisted living facility. By the fifth day of each month, the administrator shall make a report of such births, deaths, and stillbirths for the preceding month on such forms as the State Board of Health shall provide to the county health officer, or in counties without a county health officer, to the State Registrar. This report shall be in addition to the</li> </ul>	A 508		

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A 508	<p>Continued From page 23</p> <p>official birth, death, and stillbirth certificates. If there are no births, deaths, or stillbirths in any month, a report shall be made stating that fact to the county health officer.</p> <p>This Rule is not met as evidenced by: Based on document review and interview the facility failed to conduct investigations for two reported incidents that were reported late. Also, two other incidents were reported late.</p> <p>Findings:</p> <p>Reportable incident #20220404006 regarding a resident sustaining a fall with injury was reported at 8:03 PM on April 4, 2022, yet it occurred at 7:15 AM on April 2, 2022. EI#1 was unable to provide an investigation for this incident and agreed it was reported late.</p> <p>Reportable incident #20220404003 regarding a resident sustaining a fall with injury was reported at 4:11 PM on April 4, 2022, yet it occurred at 7:16 PM on April 2, 2022. EI#1 agreed the incident was reported late.</p> <p>Reportable incident #20220210010 regarding a resident sustaining a fall with injury was reported at 4:52 PM on February 10, 2022, yet it occurred at 6:30 PM on February 4, 2022. EI#1 agreed the incident was reported late.</p> <p>Reportable incident #20220128028 regarding a resident sustaining a fall with injury was reported at 5:59 PM on January 28, 2022, yet it occurred at 10:20 PM on January 26, 2022. EI#1 was</p>	A 508		

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A 508	Continued From page 24  unable to provide an investigation for this incident and agreed it was reported late.	A 508		
A 602	420-5-20-.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 a specialty care assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination, a physician currently licensed and 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. This examination is not required for a resident of a facility dually licensed as an assisted living facility and as a specialty care assisted living facility in those cases when the resident is transferred from the assisted living unit to the specialty care assisted living unit in the same facility. In addition to any information otherwise required by the facility's policies and procedures and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following:  1. All of the physician's diagnoses and the resident's baseline weight and vital signs.  2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).  3. A statement by the physician that the resident is free of signs and symptoms of	A 602		

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NAME OF PROVIDER OR SUPPLIER  <b>PROVEER AT PORT CITY SPECIALTY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4720 MORRISON DRIVE MOBILE, AL 36609</b>
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A 602	<p>Continued From page 25</p> <p>infectious skin lesions and diseases that are capable of transmission to other residents through normal resident-to-resident contact.</p> <p>4. Documentation of evaluation for tuberculosis within the previous 12 months.</p> <p>(b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent or recommended by the resident's attending physician, the annual physical examination shall contain the following:</p> <ol style="list-style-type: none"> <li>1. The resident's weight and vital signs.</li> <li>2. Changes in diagnoses.</li> <li>3. Changes in condition.</li> <li>4. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>5. Changes in treatment.</li> </ol> <p>(c) Change of Condition Physical Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, condition, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any</p>	A 602		

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A 602	<p>Continued From page 26</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. Changes in diagnoses.</li> <li>2. Changes in condition.</li> <li>3. Changes in medications prescribed (name, dosage and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol> <p>This Rule is not met as evidenced by: The facility failed to ensure a resident was not admitted to the facility prior to a medical examination to include the physician's plan of care.</p> <p>Findings: RI#3 was admitted to the facility on November 19, 2021. RI#3's admission medical exam was dated December 8, 2021. EI#2 did not know why or how this happened. EI#2 agreed a resident must have a medical exam and plan of care prior to admission.</p>	A 602		
A 611	<p>420-5-20-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent</p>	A 611		

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A 611	<p>Continued From page 27</p> <p>with community standards.</p> <p>(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.</p> <p>(b) Plan of Care. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary.</p> <p>1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's certification and plan of care, such as the current</p>	A 611		

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A 611	<p>Continued From page 28</p> <p>Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>5. Activities of Daily Living. Residents of a specialty care assisted living facility shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Residents' hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p>	A 611		

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A 611	<p>Continued From page 29</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a current plan of care which contained interventions to meet the care and safety needs of a residents.</p> <p>Findings:</p> <p>RI (Resident Identifier) #1 was admitted to the facility on August 15, 2022. A review of the facility record revealed RI#1's care plan did not address significant diagnoses of Alzheimer's dementia, depression and atrial fibrillation or current medications of Zoloft, Seroquel and Eliquis.</p> <p>RI#2 was admitted to the facility on July 29, 2024. A review of the facility record revealed RI#2's care plan did not address significant medications of Seroquel or Zyprexa.</p> <p>RI#3 was admitted to the facility on November 19, 2024. A review of the facility record revealed RI#3's care plan did not address significant diagnoses of dementia-advanced, atrial fibrillation or current medications of Lantus or Zoloft.</p> <p>RI#4 was admitted to the facility on June 6, 2024. A review of the facility record revealed RI#4's care plan did not address significant diagnoses of depression, syncope and delirium or medications of Welbutrin and Seroquel.</p> <p>On the morning of April 3, 2025, EI#2 acknowledged significant diagnoses and medications should be care planned.</p>	A 611		

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A 703 A 703	Continued From page 30 420-5-20-.07 (3) Food Service.  (3) Dietary Service.  (a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and 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	A 703 A 703		

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A 703	<p>Continued From page 31</p> <p>accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals.</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to serve meals that were palatable.</p> <p>Findings:</p> <p>On the late morning of April 1, 2025, an observation was made of residents being served lunch. Residents were served a fish sandwich on a dry bun, french fries and only water to drink. No condiments were offered for the fish sandwich or fries. One resident asked for ketchup and there was none available. EI#2 was asked if the dry fish sandwich and fries would be palatable with water only to drink and she said probably not.</p> <p>On the afternoon of April 2, 2025, EI#4, the dining services director, acknowledged a fish sandwich served on a dry bun with french fries and only</p>	A 703		

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A 703	Continued From page 32  water to drink, would likely not be palatable.	A 703		
A1002	<p>420-5-20-.10 (2) Sanitation and Housekeeping.</p> <p>(2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, decent, sanitary, 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</p>	A1002		

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A1002	<p>Continued From page 33</p> <p>meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and 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 maintain the memory care unit in a clean manner, have an adequate supply of housekeeping and dining supplies and ensure chemicals were secured or supervised at all times and flammable chemicals were properly stored.</p> <p>Findings:  Cleanliness On the morning of April 1, 2025, during tour, the following observations were made. Refrigerators in resident rooms were dirty. Carpet in the day room, hallways and resident</p>	A1002		

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A1002	<p>Continued From page 34</p> <p>rooms needed cleaning. Non-carpeted floors needed to be mopped. Dining room blinds were dirty.</p> <p>On the morning of April 2, 2025, staff directed the surveyor to a family member for interview regarding facility cleanliness. This family member reported she came in to the facility and was cleaning the vents in the day room. She said the vents had a heavy accumulation of dust on them and she did not want her loved one breathing that. EI#3 stopped her and told her she was stirring up dust. She said she had already cleaned dirty windows and the ceiling fans in the dining room. She added the blinds were full of dust.</p> <p>Supplies On the morning of April 2, 2025, and observation was made of the supply closet. Eighteen dinner plates, eleven coffee cups, no bowls and no saucers. Two rolls of paper towels and 6 rolls of toilet tissue. No dish detergent or towels and rags except for what was provided by staff from their own money were found. No supply of garbage bags. There was only enough glasses for residents to have one each. EI#6 and EI#8 report residents should have a glass for water and another if they want tea. They also reported EI#3 rationed out the garbage bags and other supplies. EI#3 will not allow them to keep items they use daily in the supply closet because he thinks they may get stolen. The only gloves available are kitchen gloves. EI#8 reported they cannot get gloves to use for resident care, they have had to use two pair of the kitchen gloves for over a year because EI#3 will not order them. They are not given enough small trash bags for the number of rooms that need to be emptied daily. EI#8 who has worked at the facility for over 17 years said</p>	A1002		

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A1002	<p>Continued From page 35</p> <p>they used to keep supplies in the closet but EI#3 only rations out what he wants to give them. EI#8 reported they need a stock of paper towels, toilet tissue, gloves, soap and laundry detergent.</p> <p>On the morning of April 2, 2025, EI#1 said she was aware EI#3 was not making supplies available and had spoken to him to no avail.</p> <p>Chemical storage On the morning of April 2, 2025, an observation was made in the kitchen area of the dining room. In an unlocked lower cabinet that had a lock but no one had a key, the following items were found; Eco Lab Blue multi surface cleaner, Eco Lab "20" neutral cleaner, Eco Lab air freshener (nearly empty and EI#3 will not supply), Eco Lab "14X" anti-bacterial cleaner, two bottles of Pure hard surface cleaner, a bottle of degreaser and a bottle of sanitizer. EI#6 reported the cabinet should be locked but no one had the key and it is never locked.</p> <p>On the morning of April 2, 2025, EI#3 toured the community with the surveyor. EI#3 identified the following concerns. Carpet needed cleaning. Refrigerators in resident rooms were dirty. A resident room floor needed mopping. Broken and missing blinds. Chemical cabinet that was not locked. First EI#3 said staff had a key, but then he determined they did not. Also, he did not have a key that fit the lock. EI#3 did not know why there was no key. EI#3 acknowledged that chemicals cannot be kept in a cabinet that is unsecured. EI#3 acknowledged staff only had food grade gloves to use for resident care. When asked why there were low or no supplies in the supply closet, EI#3 said he brings supplies in as needed for the</p>	A1002		

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A1002	<p>Continued From page 36</p> <p>week. EI#3 said he would bring about 20 rolls of toilet tissue in a bag and housekeeping supplies once a week. EI#3 said staff did not have air freshener because it had not been ordered. EI#3 said he was over housekeeping. EI#3 was asked why a family member had to clean vents, ceiling fans and windows. EI#3 answered he had to do a better job of looking behind housekeeping.</p> <p>On the morning of April 2, 2025, EI#2 was asked about the supply closet not being stocked. EI#2 answered they had been asking EI#3 for supplies and he would only bring a few items at a time. EI#2 acknowledged chemicals were supposed to be locked and staff should have a key. Regarding housekeeping, EI#2 said they failed. EI#2 said she had identified things that she tried to get done. EI#2 reported EI#3 would not direct his housekeeping staff to clean so it did not get done. EI#2 said she had asked EI#3 a few weeks earlier about having the carpet cleaned. EI#2 said EI#3 did not even come to the community.</p> <p>On the afternoon of April 3, 2025, EI#1 agreed with the findings in this citation.</p>	A1002		
A1101	<p>420-5-20-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All specialty care 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.</p> <p>(b) Fire Drills. Fire drills shall be</p>	A1101		

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A1101	<p>Continued From page 37</p> <p>conducted at least once per month in all facilities at varying times and days and quarterly on each shift. 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 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> <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.</li> </ol> <p>(f) Fire Alarm and Sprinkler System.</p>	A1101		

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NAME OF PROVIDER OR SUPPLIER  <b>PROVEER AT PORT CITY SPECIALTY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4720 MORRISON DRIVE MOBILE, AL 36609</b>
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A1101	<p>Continued From page 38</p> <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 years.</li> </ol> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure fire drills were conducted monthly and quarterly on each shift. The facility also failed to ensure that employees were properly trained in fire safety.</p>	A1101		

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A1101	<p>Continued From page 39</p> <p>Findings:</p> <p><b>Fire drills</b> The last 12 months of fire drills were reviewed. In the last twelve months fire drills were conducted in the community on March 28, 2024, on third shift; June 30, 2024, on third shift; and January 23, 2025 on first shift.</p> <p>On the morning of April 2, 2025, EI#8 was asked about fire drills on the night shift. EI#8 reported EI#3 shows up and asks one question, then has them sign the sheet. EI#8 added, EI#3 never discusses what to do in the event of a fire.</p> <p>On the afternoon of April 2, 2025, EI#3 said he did not know the memory care community had to have monthly fire drills.</p> <p><b>Employee Fire Safety Training</b> On the afternoon of April 2, 2025, during a planned fire drill, EI#3 was told the fire was in the dayroom bathroom. EI#3 pulled the fire alarm. Staff responded to assist to evacuate residents. EI#3 was directing staff to evacuate residents past the fire when there was an exit door on the opposite wall away from the fire. This exit is next to the fire alarm EI#3 had just used. No one responded to the fire with a fire extinguisher. Staff did not know how to utilize compartment doors. Residents were evacuated beyond those doors and outside of the building by EI#7 and EI#8. EI#8 reported they were never told what the doors were for and no matter where the fire was, EI#3 had always said to evacuate all residents out the same door in the dining room to the courtyard.</p> <p>On the afternoon of April 2, 2025, EI#2 was asked</p>	A1101		

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A1101	Continued From page 40  who responded to the fire with a fire extinguisher and she said no one.  On the morning of April 3, 2025, EI#2 said staff failed on the fire drill and more training was needed.	A1101		
A1201	420-5-20-.12 (1) Physical Environment.  (1) Buildings and Grounds.  (a) The specialty care assisted living facility including site and grounds must be constructed, arranged, and maintained to ensure the safety of the residents and building occupants.  (b) Building Classification.  1. Group specialty care assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), (5), (6), and (8) of AAC Rule 420-5-20.12.  2. Congregate specialty care assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (7), and (8) of AAC Rule 420-5-20-.12.  3. Renovation within the exterior walls of a specialty care assisted living facility shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the classification of license held by the specialty care assisted living facility.  4. Dually licensed facilities.	A1201		

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A1201	<p>Continued From page 41</p> <p>(i) For the purposes of meeting physical facility and building code requirements, a building housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed capacities of both facilities. For the purposes of meeting resident care and administrative requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed capacity of each, and the determination shall not be based on their combined bed capacity.</p> <p>(ii) When a facility has a portion of a building licensed for specialty care residents, instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions.</p> <p>(c) Location. Each specialty care assisted living facility established or constructed shall be located so that it is free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance can be reduced to 500 feet when facility is separated by a boarded fence at least 6 feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities.</p> <p>(d) Local Restrictions. The location and construction of a specialty care assisted living</p>	A1201		

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A1201	<p>Continued From page 42</p> <p>facility shall comply with local zoning, building, and fire ordinances. Evidence to this effect, signed by local fire, building, or zoning officials, may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the local county commission through official board action or from the office of the probate judge.</p> <p>(e) Specialty Care assisted living facilities shall be located on publicly maintained streets or roads, and connected with driveways which shall be kept passable at all times.</p> <p>(f) Occupancy. No part of a specialty care assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility. Only residents of the facility shall be permitted to utilize these services. The Department shall approve all plans for occupancy.</p> <p>(g) Basements. The basement shall be considered as a story if it meets criteria established by the codes for a story.</p> <p>(h) The specialty care assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services.</p> <p>(i) Facilities, supplies, and equipment must be maintained in safe operating condition.</p> <p>(j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.</p>	A1201		

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A1201	<p>Continued From page 43</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure maintenance of the magnetic locking entry door, a soap dispenser, two toilets and the boiler room exhaust fan.</p> <p>Findings:</p> <p>Entry door On the afternoon of April 1, 2025, an observation was noted of the community entry door alarm sounding after nearly each time it was opened. When the door was opened, if it was not pulled shut, the alarm would sound because the magnetic lock would not connect. EI#7, a CA, and two private duty sitters spoke up and said it happens all of the time and has been doing so for about a year. This door opens to the day room where most residents gather between meals. EI#1 was asked for an action plan at 12:09 PM, April 1, 2025. EI#3 and his assistant assessed the malfunction. The malfunction was repaired by 12:40 PM, April 1, 2025.</p> <p>On the morning of April 2, 2025, EI#3, the maintenance director, was asked about the entry door alarm sounding nearly every time it was used. EI#3 said he had no answer or excuse.</p> <p>On the morning of April 3, 2025, EI#2 said about a year ago, EI#3 looked at the entry door and said there was nothing he could do to fix it. He outsourced the repair about three times. The lock was changed and the bar adjusted, but it was never fixed. EI#2 said EI#3 never did anything to fix it.</p>	A1201		

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A1201	<p>Continued From page 44</p> <p>Soap dispenser On the morning of April 2, 2025, EI#8 reported and EI#6 demonstrated the soap dispenser did not work in the kitchen area of the dining room. EI#10 replaced the batteries and the soap dispenser was able to be used.</p> <p>On the morning of April 3, 2025, EI#2 said she was unaware the soap dispenser had not been working.</p> <p>Toilets not working On the morning of April 2, 2025, EI#8 reported two toilets needed repair and EI#3 does not address the issue.</p> <p>During a tour of the community on the morning of April 2, 2025, EI#3 identified two toilets that he observed to not be working. EI#3 said he would fix them.</p> <p>Boiler room fan On the afternoon of April 2, 2025, EI#3 and the surveyor observed the front entrance fire alarm annunciator with a message of "TROUBLE BOILER ROOM". EI#3 said this started about six weeks prior. EI#3 said he needed to order an exhaust fan. When asked why he had not ordered it, EI#3 said he was unable to order with the new company. EI#3 was asked why he did not use the company credit card and he answered it had already been used for supplies. EI#3 was asked why he did not asked EI#1 to order it and he said he did not think to.</p> <p>On the morning of April 3, 2025, EI#1 was asked what she did when EI#3 was unable to order supplies. EI#1 said she let the company know. EI#1 said there is a company credit card that EI#3 could and has used.</p>	A1201		

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A1201	Continued From page 45  NOTE: The need for the exhaust fan did not pose a threat or delay fire monitoring. This was verified by the surveyor.  THERESA HARRISON, REGISTERED NURSE	A1201		