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A 000	Initial Comments On May 12, 2026, a licensure survey was conducted for this 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 14. There were two (2) complaints investigated during this survey. LC#20241029008 and LC#20240226006 were investigated and unsubstantiated. 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.	A 000		
A 604	420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen. Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and	A 604		

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A 604	Continued From page 1	A 604		

behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status.

The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments.

(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.

(c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems:

1. Weight loss:

(i) Each month, the facility shall accurately weigh and record the weight of each resident.

(ii) A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half percent

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A 604	Continued From page 2 or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician. 2. Falls (two or more falls within a 30 day period). 3. Elopement. 4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident. 5. Unmanageable, combative, or potentially harmful behavior(s). 6. Any accident with injury. (d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status. (e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions. This Rule is not met as evidenced by: Based on record reviews and interviews, a facility Licensed Practical Nurse (LPN) completed	A 604		

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A 604	Continued From page 3 Comprehensive Assessments of a resident instead of the Registered Nurse (RN). Findings: During review of Resident Identifier (RI)#4's facility records on the afternoon of May 12, 2026, the surveyor observed three Comprehensive Assessments of RI#4 which were completed by Employee Identifier (EI)#3, LPN. The Comprehensive Assessments were dated March 27, 2026, March 21, 2026 and March 15, 2026. Both EI#1 and EI#2 agreed the RN instead of the LPN should complete Comprehensive Assessments.	A 604		
A 620	420-5-20-.06 (9) (a) Care of Residents (9) Admission and Retention of Residents. Residents admitted to and retained in specialty care assisted living facilities must meet all eligibility and continued stay requirements specified in these rules. (a) Admission. 1. A specialty care assisted living facility shall not admit any individual who: (i) Is receiving or requires skilled nursing care. (ii) Has a wound that requires care beyond basic first aid. (iii) Has unmanageable behaviors or behaviors that may be dangerous to themselves or others.	A 620		

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A 620	Continued From page 4 (iv) Has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing, or a score of four or five in physical ambulation. (v) Is receiving or in need of hospice services. (vi) Is diagnosed with an active acute infectious pulmonary disease, such as influenza or active tuberculosis, or with other diseases capable of transmission to other individuals through normal person-to-person contact. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility admitted a resident who did not meet the criteria for admission to a SCALF. Findings: RI#3 was admitted to the facility on November 3, 2025 and had diagnoses which included Parkinson's disease, senile dementia, atrial fibrillation, Alzheimer's disease, hypertension and depression. RI#3 required the assistance of two people to transfer from the bed to the chair. RI#3 was unable to propel his/her wheelchair without assistance. A PSMS was completed for RI#3 on November 3, 2025 to assess RI#3's eligibility for admission to the SCALF. The Total Score was 23 with a score of 4 in Physical Ambulation (sits unsupported in chair or wheelchair, but cannot propel self without help). The 4 in Physical Ambulation was above the level allowed in a SCALF. RI#3 was admitted to the facility with a	A 620		

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A 620	Continued From page 5 PSMS score above the level allowed in a SCALF. EI#1 and EI#2 agreed RI#3 did not meet the criteria for admission to the SCALF.	A 620		
A 621	420-5-20-.06 (9) (b) Care of Residents. (b) Retention. 1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing. 2. A specialty care assisted living facility shall not retain a resident that has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation. 3. A specialty care assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility. 4. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility. 5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless: (i) The individual is capable of performing and does perform all tasks related to	A 621		

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A 621	Continued From page 6 his or her own care; OR (ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity but the individual has sufficient cognitive ability to direct his or her own care and the individual is able to direct facility staff and does direct facility staff to provide the physical assistance needed to complete such tasks, and the facility staff is capable of providing such assistance and does provide such assistance. 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. 6. If a resident of a specialty care assisted living facility is diagnosed with a terminal illness and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for specialty care assisted living facilities. The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.	A 621		

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A 621	Continued From page 7	A 621		

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility retained residents who no longer met the criteria for retention in a SCALF.

Findings:

RI#3

RI#3 had resided at the facility since November 3, 2025. Refer to deficiency 620 for additional information on RI#3. RI#3 required the assistance of two people to transfer from the bed to the chair. RI#3 was unable to propel his/her wheelchair without assistance and required feeding assistance at times. A PSMS was completed for RI#3 on February 25, 2026 with a Total Score of 25 and a score of 4 in Physical Ambulation (sits unsupported in chair or wheelchair, but cannot propel self without help). A PSMS was completed for RI#3 on March 23, 2026 with a Total Score of 25 and a score of 4 in Physical Ambulation. The Total Scores of 25 and the Physical Ambulation scores of 4 on RI#3's PSMS were all above the level allowed for retention in a SCALF. A 30-day discharge notice was not issued to RI#3 until April 20, 2026. RI#3 had been retained at the facility with PSMS scores consistently above the level allowed for a resident of a SCALF.

RI#2

RI#2 was admitted to the facility on December 2, 2020 and had diagnoses which included dementia, hypertensive heart disease, congestive

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A 621	Continued From page 8	A 621		

heart failure, anxiety, depression, spinal stenosis and hypothyroidism. RI#2 was ambulatory with a walker and had a physician's order for oxygen use as needed. Review of RI#2's facility records and outside provider records on May 12, 2026 revealed the following information:

*On May 8, 2023, a facility Nurses' Note documented that RI#2 returned to the facility from a rehabilitation facility after stopping by the physician's office to have a feeding tube removed.
*On May 8, 2023, a PSMS was completed for RI#2 and documented a score of 5 in Feeding (does not feed self at all and resists efforts of others to feed him/her) which was above the level allowed in a SCALF.
*On May 30, 2023, the facility obtained a physician's order for RI#2's medications to be crushed and given in apple sauce or pudding or given whole in applesauce or pudding.
*On May 30, 2023, a facility Nurses' Note documented "...CXR (chest x-ray) showed possible aspiration pneumonia. Resident sent out to hospital...".
*On June 27, 2023, the facility obtained a physician's order for pureed food for RI#2.
*RI#2 was admitted to hospice services on August 14, 2023 with admitting diagnoses of Alzheimer's disease, hypertensive heart disease with heart failure and dysphagia. Upon admission to hospice, RI#2 had a physician's order for nectar thickened liquids and chopped foods.
*RI#2's most recent Medical Exam and Plan of Care was dated June 18, 2025 and contained a physician's order for thickened fluids and a mechanical soft diet.
*A Hospice Recertification Plan of Care Update for RI#2 dated March 31, 2026 contained a physician's order for a regular diet.

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A 621	Continued From page 9 On May 12, 2026, facility staff were interviewed regarding RI#2's dysphagia and diet. EI#4 and EI#6 stated that RI#2's family had given them instructions not to give RI#2 certain foods such as cornbread and potato chips due to RI#2's swallowing difficulties. EI#4 and EI#6 also stated that RI#2's meats were cut into very small pieces. EI#1 stated that RI#2's family purchased pre-thickened (nectar thickened) liquids for RI#2 and brought them to the facility for RI#2 to drink. Nectar thickened liquids (tea, juice, water) were observed in the facility kitchen. EI#2 and EI#6 reported that RI#2 continued to have coughing spells at times while eating even with limiting certain foods, chopping meats and providing thickened liquids. EI#1 was unsure if RI#2 had completed swallowing studies to determine the exact consistency of thickened liquids which was therapeutic. Although the orders for RI#2's diet and thickened liquids were not consistent, RI#2 had been retained at the facility for almost three years in need of skilled care to manage RI#2's dysphagia and prevent choking. EI#1 stated that she (EI#1) had been informed that the thickened liquids were allowed in the SCALF as long as they were pre-mixed and staff was not preparing them.	A 621		
A 702	420-5-20-.07 (2) Food Service. (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination,	A 702		

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A 702	Continued From page 10	A 702		

and final rinse water shall be kept clean and clear.

2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:

(i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or

(ii) A cold water sanitizer: A sanitizing solution shall be used in accordance with the manufacturers' instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach or its equivalent or 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.

3. Dishes and utensils shall be allowed to air dry.

4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in

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A 702	Continued From page 11 such a way as to prevent contamination from hands and clothing. 5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility. (b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop shall be stored in a holder inside the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin. (c) Protection of Food from Contamination. 1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage backflow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use. 2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator nor in other areas used for storage of food. 3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.	A 702		

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A 702	Continued From page 12 4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall maintain at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times. 5. All leftover foods shall be labeled and dated with a "use by date," so that it may be consumed or discarded by that date, which is no more than three days from the date is was prepared. 6. All food products shall be used by the manufacturer's indicated date or discarded. 7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used so that food is not contaminated in transport and foods that are transported are held and served at the appropriate temperature at all times. 8. Hot food shall be maintained at a minimum temperature of 135 degrees Fahrenheit and cold foods at a maximum temperature of 41 degrees Fahrenheit. 9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from	A 702		

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A 702	Continued From page 13 vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods). 10. Laundry shall not be brought through the food preparation or service area. (d) Storage and Service of Milk and Ice Cream. 1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use. 2. Milk and fluid milk products shall be stored in such a manner that bottles or containers from which the milk or milk product is to be poured or drunk will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident. 3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses. (e) Kitchen Garbage and Trash Handling. 1. Kitchen garbage and trash shall be	A 702		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 702	Continued From page 14	A 702		

placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.

2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.

(f) Employees' Cleanliness.

1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.

2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.

3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.

(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.

(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within

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	P6701	A. BUILDING: _____ B. WING _____	C 05/12/2026

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A 702	Continued From page 15 the food service area shall be prohibited for all staff, residents, and visitors. (i) Dining in Kitchen. Dining in the kitchen shall not be permitted in Congregate assisted living facilities. (j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods. (k) Laundering of clothing shall not be permitted in food preparation or service areas. This Rule is not met as evidenced by: Based on observations and interviews, dishwater temperatures were not documented with each dishwashing. Findings: On the afternoon of May 12, 2026, the surveyor toured the facility kitchen with EI#4 and EI#5. EI#5 was rinsing dishes in the sink and placing them in the dishwasher. The surveyor asked EI#5 how she (EI#5) checked the water temperature in the dishwasher. EI#5 stated that they used to check the temperature but no longer did so. EI#1 was interviewed later that same afternoon and stated that the dishwater temperatures should be monitored and that the maintenance man had a device which he planned to install on the dishwasher to read the temperature of the water. The device was installed that same day to enable staff to monitor the water temperature in the dishwasher.	A 702		

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A1203	Continued From page 16	A1203		
A1203	420-5-20-.12 (5) Physical Environment. (5) General Building Requirements - Group and Congregate. (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly. (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms. (d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length 16 mesh screens. Screen doors shall be equipped with self-closing devices. (e) Emergency Lighting. 1. All specialty care assisted living facilities shall provide an emergency artificial lighting system to adequately illuminate halls, corridors, and stairwells in case of electrical power failure. As a minimum, dry cell	A1203		

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A1203	Continued From page 17 battery-operated lighting shall be provided to light such spaces. 2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes. (f) Floors. 1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish. 2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility. (g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair. (h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. Windows in specialty care facilities may have devices which prevent full opening of the window. (i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes. (j) Handrails. If handrails are installed in	A1203		

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A1203	Continued From page 18 halls or corridors, the handrails shall be mounted at 30 - 36 inches above the floor and returned to the wall at each end. (k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purposes. All walls and doors under stairs shall meet the same fire rating as the stairwell. (l) Doors. 1. In each new specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom shall swing into the bedroom. 2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location. 3. Resident bedroom and other exit access doors in specialty care assisted living facility shall be at least three feet wide. 4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special Requirements portion of this section. 5. Exit doors swinging outward shall	A1203		

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A1203	Continued From page 19 swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down. (m) Ventilation. The building shall be well ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility. (n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need. 1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance. 2. A visual inspection of each fire extinguisher shall be conducted monthly by a designated staff of the facility and documented on the attached extinguisher tag by the designated staff person. (o) Call System. A central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories	A1203		

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A1203	Continued From page 20 standard. (p) Manufactured homes/mobile homes are not permitted. (q) Fireplaces and inserts shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens or doors. (r) Exit marking. In all facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power. (s) Heating, Lighting, and other Service Equipment. 1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation. 2. Open flame and portable heaters are prohibited in specialty care assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.	A1203		

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A1203	Continued From page 21 3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all specialty care assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to properly maintain the exterior of the facility. Findings: During a tour of the facility grounds with EI#1 on May 12, 2026, the surveyor observed that the gutters on the roof were full of limbs, leaves and debris. EI#1 agreed that the gutters were in need of cleaning and stated she (EI#1) would have the maintenance man clean them. CONNIE CHERRY, REGISTERED NURSE	A1203		