

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4602</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SONRISE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1607 HIGHWAY 43 SOUTH</b> <b>DEMOPOLIS, AL 36732</b>
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A 000	<p>Initial Comments</p> <p>Amended September 11, 2024 to reflect the correct number of licensed beds and census.</p> <p>On August 14, 2024, an unannounced licensure survey and complaint investigation was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 14.</p> <p>There were nine complaints investigated during this survey. LC#20240703007, LC#20240108014, LC#20230905002, LC#20230824005, LC#20230717017, LC#20230306004, LC#20230226007, LC#20220830014 and LC#20220727010 were unsubstantiated with no deficiencies cited as a result of the complaint investigations.</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 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 611	<p>420-5-4-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent 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. There shall be a written</p>	A 611		

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

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A 611	<p>Continued From page 1</p> <p>plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.</p> <ol style="list-style-type: none"> <li>1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:</li> <li>2. A listing of the resident's individual needs or problems that require intervention by the facility.</li> <li>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</li> <li>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</li> <li>5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and</li> </ol>	A 611		

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A 611	<p>Continued From page 2</p> <p>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. Resident's 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> <p>This Rule is not met as evidenced by: Based on record reviews and interview, residents' facility care plans did not address the residents'</p>	A 611		

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A 611	<p>Continued From page 3</p> <p>care needs with appropriate interventions.</p> <p>Findings:</p> <p>Review of resident records on the morning of August 14, 2024 revealed the following information.</p> <p>Resident Identifier (RI)#2</p> <p>RI#2 was admitted to the facility on June 15, 2023 and had diagnoses which included hypertension, chronic diarrhea, anemia, reduced mobility, arthritis, renal impairment and atrial fibrillation. RI#2 was admitted to hospice services on February 14, 2024 with a diagnosis of heart failure. RI#2 had oxygen in the room for use as needed. RI#2's Physican Exam/Medical Plan of Care, dated June 20, 2024, documented that RI#2 did not have physician's approval to self-manage oxygen therapy and, therefore, required assistance from staff. The oxygen use was not addressed on RI#2's care plan with appropriate interventions for monitoring oxygen use as well as safety of equipment.</p> <p>RI#3</p> <p>RI#3 was admitted to the facility on September 1, 2017 and had diagnoses which included multiple myeloma, dementia, peripheral vascular disease, chronic pain, chronic alcoholism in remission and cerebellar ataxia. RI#3 was admitted to hospice services on October 25, 2022 with a diagnosis of multiple myeloma. RI#3 had oxygen in the room for use as needed. RI#3's Physician Exam/Medical Plan of Care, dated May 20, 2024, documented that RI#3 did not have physician's approval to self-manage oxygen therapy and, therefore, required assistance from staff. The</p>	A 611		

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A 611	Continued From page 4  oxygen use was not addressed on RI#3's care plan with appropriate interventions for monitoring oxygen use as well as safety of equipment.  On the morning of August 14, 2024, Employee Identifier (EI)#1 agreed these residents' care plans did not contain appropriate interventions for the residents' oxygen use.	A 611		
A 701	420-5-4-.07 (1) Food Service.  (1) General.  (a) Direction and Supervision. The services of a Dietitian shall be provided to any resident of an assisted living facility who requires a therapeutic diet. Congregate assisted living facilities shall be under the direction and supervision of a full or part-time professionally qualified dietitian or a consulting dietitian that is licensed in the State of Alabama. Responsibility for the supervision of dietary services shall be delegated to a responsible employee who is a graduate of a Dietary Managers course or has completed an approved course that includes basic sanitation. The facility shall provide meals, fluids, and snacks to the residents that meet the Dietary References Intakes from the basic food groups. The meals shall be of the quality and quantity necessary to meet the residents' needs, and must be in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.  This Rule is not met as evidenced by:	A 701		

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A 701	Continued From page 5  Based on observation and interview, there was no responsible employee who had current certification in basic food sanitation.  Findings:  On the afternoon of August 13, 2024, the surveyor observed, in the kitchen, a certificate issued to EI#1 for basic food sanitation which expired on May 4, 2024. EI#1 informed the surveyor that she (EI#1) had not attended a follow-up course and was not currently certified in basic food sanitation.	A 701		
A1203	420-5-4-.12 (5) Physical Environment.  (5) General Building Requirements - Family, Group, and Congregate.  (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly.  (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit.  (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,	A1203		

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A1203	<p>Continued From page 6</p> <p>and bathrooms.</p> <p>(d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length insect screens. Screen doors shall be equipped with self-closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All assisted living facilities shall provide emergency artificial lighting to adequately illuminate halls, corridors, kitchens, dining areas, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p> <p>(f) Floors.</p> <p>1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish.</p> <p>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.</p> <p>(g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair.</p>	A1203		

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A1203	<p>Continued From page 7</p> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily.</p> <p>(i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes.</p> <p>(j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30-36 inches above the floor and returned to the wall at each end.</p> <p>(k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purpose. All walls and doors under stairs shall meet the same fire rating as the stairwell.</p> <p>(l) Doors.</p> <p>1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms shall swing into the bedroom.</p> <p>2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location.</p> <p>3. Resident bedroom and other exit access doors in each assisted living facility shall be at least three feet wide. Bedroom doors in Family assisted living facilities shall not be less than 32 inches wide.</p>	A1203		

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A1203	<p>Continued From page 8</p> <p>4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other special locking arrangements are permitted only in specialty care assisted living facilities.</p> <p>5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down. Exit doors of Family facilities may swing inward.</p> <p>(m) Ventilation. The building shall be well-ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility.</p> <p>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.</p> <p>1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance.</p> <p>2. A visual inspection of each fire</p>	A1203		

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A1203	<p>Continued From page 9</p> <p>extinguisher shall be conducted monthly by designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. Except in Family facilities, a central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard.</p> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(q) Fireplaces and inserts, shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens, or doors.</p> <p>(r) Exit marking. In Group and Congregate facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power.</p> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside.</p>	A1203		

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A1203	<p>Continued From page 10</p> <p>Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation.</p> <p>2. Open flame and portable heaters are prohibited in assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</p> <p>3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the exterior of the facility was not maintained in a clean and orderly manner.</p> <p>Findings:</p> <p>During a tour of the exterior area of the facility on the afternoon of August 13, 2024, the following observations were made.</p> <p>*The exterior vinyl siding was in need of cleaning. *Multiple wooden rocking chairs on the front porch were in need of painting. *Multiple screens on the windows were worn and torn. *Two ceiling fans on the front porch contained broken blades.</p> <p>On the morning of August 14, 2024, EI#4, Maintenance, agreed that the repairs were needed. EI#4 added that a hail storm had</p>	A1203		

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A1203	Continued From page 11  damaged the window screens.  CYNTHIA GRANGER, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE	A1203		