STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P3706	A. BUILDING: _____ B. WING _____	C 01/14/2025

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ST MARTINS IN THE PINES SPECIA	4941 MONTEVALLO ROAD BIRMINGHAM, AL 35210

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A 000	Initial Comments On December 23, 2024 an unannounced compliant survey was conducted for this 51 bed Speciality Care Assisted Living Facility with a census of 27. There was one complaint investigated during this survey. LC20241223006 was substantiated, with deficiencies 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, for Speciality Care Assisted Living Facilities (SCALF). The deficiencies cited pose a risk or potential risk of harm to the residents and require a plan of correction.	A 000		
A 305	420-5-20-.03 (2) (c) Administration. (c) Department Notification. 1. The licensee of a specialty care assisted living facility shall provide written notification of voluntary closure of the facility to the State Board of Health at least 30 days prior to the expected closure date. 2. The State Board of Health shall be provided written notification not later than 15 days after any change in administrator. 3. The State Board of Health shall be provided written notification not later than 15 days after any change in management company.	A 305		

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A 305	Continued From page 1 This Rule is not met as evidenced by: Based on observation and record review the facility failed to notify the Alabama Department of Health of change of administrator within 15 days after the change of administrator. Findings: On January 2, 2025 at approximately 12:09 PM the surveyor was met by EI#1, administrator of St. Martins in the Pines Evergreen Unit, Specialty Care Assisted Living Facility. It was noted that EI#1 had not informed the Alabama Department of Health of the change of administrator from the previous administrator who notified the department on November 27, 2024 that she was no longer the administrator.	A 305		
A1101	420-5-20-.11 (1) Fire and Safety (1) General. (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. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift. 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	A1101		

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A1101	Continued From page 2	A1101		

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.

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

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

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

1. Minimizes leaks and spills.

2. Adequately protects against inappropriate access.

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

(f) Fire Alarm and Sprinkler System.

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

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A1101	Continued From page 3 smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and Testing reports shall be maintained in the facility for a period of at least 3 years. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to conduct fire drills on a monthly basis. Findings: The surveyor requested the last fire drill report from the maintenance director, EI#3, EI#3 provided the fire drill report for May 23,2024 as evidence of the last fire drill conducted. The report indicated the door 4 SNL and main egress door were functional at that time. EI#3 stated that May 23, 2024 was the last fire drill conducted,	A1101		

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A1101	Continued From page 4 and that there were no fire drills conducted from May 23, 2024 to present. EI#1 who was also present concurred with the surveyor's observation that no fire drills were conducted since May 23, 2024.	A1101		
A1206	420-5-20-.12 (8) Physical Environment (8) Additional Requirements for Specialty Care Assisted Living Facilities. (a) Facilities shall be certified and licensed for housing residents with dementia, and must comply with these special requirements for the physical plant. Facilities should confirm local code requirements, which may vary from those indicated below. (b) Additional Smoke Detection. Smoke detectors (electrical or system type) shall be provided in the sleeping rooms and any bedroom suite sitting areas, which house dementia residents. These detectors shall initiate at least a local alarm or supervisory signal, through the fire alarm system or call system. (c) Windows in specialty care facilities may have devices which prevent opening of the window. (d) Areas to Wander and Secure Perimeter. 1. Each facility shall have a secure boundary or perimeter to safely accommodate residents in all aspects of its physical plant. Exterior building walls and doors, and walled or fenced outdoor areas may form this boundary. Such walls or fences shall be at least six feet	A1206		

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A1206	Continued From page 5 high. 2. Each walled or fenced area shall have at least one gate, located along the discharge path of travel from the building egress doors to the public way. Gates shall be readily unlockable from either side by the staff or by automatic means. "Automatic means" shall be in the same manner as locked or delayed-egress exit doors. 3. If the facility's emergency plan utilizes fenced or walled outdoor spaces as refuge areas for containment of residents, each refuge area shall be of sufficient size to accommodate all occupants at a distance of not less than 50 feet from the building while providing a net area of 15 square feet per person. A gate shall be located within this refuge area. 4. If the facility's emergency plan uses the fenced or walled outdoor spaces merely as areas that are immediately passed through and exited, not as refuge areas for containment of residents, there is no size or area requirement for the fenced or walled spaces. 5. An outdoor courtyard, which is completely surrounded by the building, must have at least two separate doorways, located remotely from each other, leading into separate smoke compartments of the building. (e) Locking of Exit Doors. Locks on exit doors of each specialty care assisted living facility, if installed, shall be electrical locked or electrical delayed-egress locking devices. Buildings shall be protected throughout by an approved supervised automatic sprinkler system	A1206		

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A1206	Continued From page 6 connected to the fire alarm system. 1. Delayed-egress locks must comply with the requirements for "Special Locking Arrangements" found in NFPA 101 Life Safety Code. 2. Electrically locked doors shall comply with the following: (i) A control panel shall be provided at one or more stations with the capability to remotely unlock all exit doors, simultaneously. Locks may be arranged to unlock in Specialty Care compartments based on a zoning concept, where each zone is a rated fire or smoke compartment and the locks on all egress doors unlock within the alarmed zone or compartment. This zoning concept is permitted to apply to automatic functions required by the Life Safety Code. (ii) A key, code, or card release switch shall be provided inside the facility at each locked door, which shall override the locking system to allow exiting from the compartment or building. (iii) All locks shall release automatically upon activation of the facility fire detection, or fire sprinkler system, or upon disablement of the fire alarm system. (iv) Locks shall release automatically upon loss of electric power controlling the lock. (v) The facility shall provide the residents sponsors with adequate information about the facility's door locking arrangements.	A1206		

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A1206	Continued From page 7 (vi) The facility shall assure, at least monthly, that locked or delayed-egress exit doors function properly, in accordance with required fire safety provisions. This Rule is not met as evidenced by: Based in interviews, record review and observation the facility failed to provide a functioning central control panel for remotely unlocking all exit doors. In addition, the facility failed to ensure, at least monthly, that delayed egress exit doors functioned properly. Findings: THIS DEFICIENCY WAS CITED AS A RESULT OF COMPLAINT INVESTIGATION On the afternoon of December 23, 2024 it was revealed that the facility was unable to remotely unlock all exit doors. EI#1, EI#2, EI#3 and EI#4 were unable to identify the central unlocking device for exit doors. The system was keyed controlled and the facility did not have the control key to activate the system in an emergency evacuation. The surveyor requested on December 23, 2025, a written immediate plan of action from the facility to ensure the safety of the residents. The facility administrator and executive director provided a written immediate plan of action to the surveyor. During facility record review on the afternoon of December 23, 2024 of posted Door Check records at each egress exit door, it was revealed	A1206		

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A1206	Continued From page 8 there were no abnormalities and proper functioning of the doors were documented. During facility tour on the afternoon of December 23, 2024 it was revealed that the common area egress door, normally locked, did not function properly and would not open with use of remote "door open" button at the nurse station nor would it open with use of the delayed-egress device. EI#3, maintenance director, stated that the door was repaired the previous week but he could not furnish a completed work order nor explain why the door failed to function. Also during tour, door labeled 4 SNL, which contained a delayed-egress device failed to operate correctly and would not open upon activation of delayed-egress device. All other delayed-egress devices were tested on all other exit doors and were found to be functional. The surveyor then requested the last fire drill report from the maintenance director, EI#3, EI#3 provided the fire drill report for May 23,2024 as evidence of last fire drill conducted, and this report indicated the door 4 SNL and main egress door were functional at that time. EI#3 stated that May 23, 2024 was the last fire drill conducted, and that there were no fire drills including evaluation of facility exit doors, conducted from May 23, 2024 to present. EI#1 who was also present concurred with the surveyor's observation that no fire drills were conducted since May 23, 2024. The surveyor requested demonstration of the fire alarm functioning. The facility decided to conduct a fire drill. Actuation of the fire alarm system revealed that the egress exit doors did release properly on actuation of fire alarm system at that time.	A1206		

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A1206	Continued From page 9 GREGORY ZEITLIN, REGISTERED NURSE	A1206		