

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P3706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/31/2025
NAME OF PROVIDER OR SUPPLIER ST MARTINS IN THE PINES SPECIA		STREET ADDRESS, CITY, STATE, ZIP CODE 4941 MONTEVALLO ROAD BIRMINGHAM, AL 35210		
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A 000	Initial Comments On January 30, 2025, an unannounced licensure survey was conducted for this fifty-one (51) bed Specialty Care Assisted Living Facility with a census of 25. There were two complaints investigated during this survey. LC 20201208002 and 20240617009 were not substantiated. 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 Specialty 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 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.	A 401		

Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 401	<p>Continued From page 1</p> <p>Table A</p> <table border="0"> <tr> <td>Staff Number</td> <td>7 AM - 3 PM</td> <td>3 PM - 11 PM</td> </tr> <tr> <td>2</td> <td>1 - 16 Residents</td> <td>1 - 16 Residents</td> </tr> <tr> <td>3</td> <td>17 - 24 Residents</td> <td>17 - 36 Residents</td> </tr> <tr> <td>4</td> <td>25 - 32 Resident</td> <td>37 - 48 Residents</td> </tr> <tr> <td>5</td> <td>33 - 40 Residents</td> <td>49 - 60 Residents</td> </tr> <tr> <td>6</td> <td>41 - 48 Residents</td> <td>61 - 72 Residents</td> </tr> <tr> <td>7</td> <td>49 - 56 Residents</td> <td>73 - 84 Residents</td> </tr> <tr> <td>8</td> <td>57 - 64 Residents</td> <td>85 - 96 Residents</td> </tr> <tr> <td>9</td> <td>65 - 72 Residents</td> <td>97 - 108 Residents</td> </tr> <tr> <td>10</td> <td>73 - 80 Residents</td> <td>109 - 120 Residents</td> </tr> <tr> <td>11</td> <td>81 - 88 Residents</td> <td>120 - 132 Residents</td> </tr> <tr> <td></td> <td>161 - 176 Residents</td> <td></td> </tr> </table> <p>1 Additional residents, Staff or any fraction thereof, by which the census exceeds 88 exceeds 176</p> <p>For each 8 residents, For each 16 residents, or any fraction thereof, or any fraction thereof, by which the census exceeds 132</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>	Staff Number	7 AM - 3 PM	3 PM - 11 PM	2	1 - 16 Residents	1 - 16 Residents	3	17 - 24 Residents	17 - 36 Residents	4	25 - 32 Resident	37 - 48 Residents	5	33 - 40 Residents	49 - 60 Residents	6	41 - 48 Residents	61 - 72 Residents	7	49 - 56 Residents	73 - 84 Residents	8	57 - 64 Residents	85 - 96 Residents	9	65 - 72 Residents	97 - 108 Residents	10	73 - 80 Residents	109 - 120 Residents	11	81 - 88 Residents	120 - 132 Residents		161 - 176 Residents		A 401		
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A 401	<p>Continued From page 2</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 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 record review and interview, the facility failed to have sufficient staff on duty to meet the care and safety needs of all residents.</p> <p>Findings:</p>	A 401		

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A 401	Continued From page 3 On the afternoon of January 28, 2025, during review of facility staffing records, it was revealed that staffing levels were not sufficient on two occasions during night shift, on January 18, 2025 and on January 27, 2025. There were only two staff members on duty for 28 residents. The required minimum staff on duty is three (3) for 11 PM to 7 AM shift. Employee Identifier (EI)#2, Resident Service Director was interviewed that same afternoon as to staffing level for these shifts and concurred with the surveyor's observation.	A 401		
A 403	420-5-20-.04 (4) Personnel. (4) Personnel Records. A specialty care assisted living facility shall maintain a personnel record for each employee. This record shall contain: (a) An application for employment which contains information regarding the employee's education, training, and experience. (b) Verification of current certification or licensure, if applicable. (c) Record of required physical examinations and vaccinations. (d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry. (e) Date of hire. (f) Date of initial resident contact. (g) Date employment ceased.	A 403		

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A 403	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the facility had incomplete personnel records for employees. Findings: On the afternoon of January 29, 2025 during employee record review, it was revealed that employee records did not record the date of initial resident contact as required. EI#1 was hired on October 30, 2024, EI#2 was hired on January 10, 2025, EI#3 was hired on January 12, 2025, EI#4 was hired on April 2, 2024, EI#5 was hired on November 26, 2024, EI#6 was hired on December 3, 2024, and EI#7 was hired on November 9, 2003, these employee records did not have the date of initial resident contact recorded. On the afternoon of January 29, 2025, EI#2 concurred with the surveyor observation.	A 403		
A 406	420-5-20-.04 (9) Personnel. (9) Training. (a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. An RN shall identify staff training needs and shall provide or arrange for needed training. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that, prior to resident contact, all staff members receive training on the subject matter listed below:	A 406		

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A 406	<p>Continued From page 5</p> <ol style="list-style-type: none"> 1. State law and rules on specialty care assisted living facilities. 2. Facility policies and procedures. 3. Resident rights. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environmental safety. <p>(b) Prior to providing any resident care, all staff shall complete The Dementia Education and Training Act (DETA) Care Series Training developed by the Alabama Department of Mental Health or equivalent training approved by the State Health Officer. All licensed staff shall complete DETA Brain Series Training, The Pharmacological Management of Dementia, and the Dementia Assessment Series provided by the DETA Program or equivalent training approved by the State Health Officer prior to resident contact. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained.</p>	A 406		

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A 406	Continued From page 6 (c) All staff who have resident contact shall be able to demonstrate diversional methods and redirection. All staff shall be able to demonstrate an understanding of the implications of caring for residents with agnosia, amnesia, aphasia, and apraxia. All staff shall be able to demonstrate an understanding of the facility's fire and evacuation plan and all other policies regarding safety, including policies for preventing elopements, responding to elopements, and fall prevention. (d) Cardiopulmonary Resuscitation. A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of a specialty care assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. A specialty care assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or the American Red Cross in CPR or AED utilization. (e) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall	A 406		

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A 406	<p>Continued From page 7</p> <p>provide staff with the appropriate training.</p> <p>(f) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide staff with appropriate training.</p> <p>Findings:</p> <p>On the morning of January 29, 2025, during medication observation it was revealed that the nurse did not properly prime insulin pens per the manufacturer instructions for insulin pens. Review of training records revealed that nurse's had not been provided training on insulin pens.</p> <p>On the afternoon of January 29, 2025, during employee record review it was revealed that EI#2, EI#6, EI#8, and EI#9, did not complete Dementia Education and Training Act (DETA) or approved equivalent training prior to resident contact.</p> <p>The following training was not completed by employees:</p> <p>Required Training</p> <p>Advance Directives EI#s 1, 2, 3, 4, 5 and 6</p> <p>Protecting Resident's Confidentiality EI#s 1, 2, 3, 4, 5 and 6</p>	A 406		

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A 406	Continued From page 8 Safety, Nutritional Needs of the Elderly El#s 1, 2, 3, 4, 5, 6, and 7 Resident Fire and Environmental Safety El#s 1, 2, 3, 4, 5, and 6 Nutritional and Hydration needs of residents with Dementia El#s 1, 2, 3, 4, 5, and 6 Safety Needs of Residents with Dementia El#s 1, 2, 3, 4, 5, and 6 Pharmacological Management of Dementia El#s 1, 2, 4 and 5 Basic First Aid El#s 1, 2, 3, 4, 5, and 6 State Laws and Rules El#s 1, 2, 3, 4, 5, 6, and 7	A 406		
A 504	420-5-20-.05 (3) (d) Records and Reports. (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 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. 1. No resident shall be deprived of any	A 504		

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A 504	<p>Continued From page 9</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>6. Every resident shall have the right to 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>	A 504		

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A 504	<p>Continued From page 10</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 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>	A 504		

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A 504	<p>Continued From page 11</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 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>	A 504		

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A 504	Continued From page 12 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. 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. 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. 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 plan shall be posted. 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. 20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate	A 504		

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NAME OF PROVIDER OR SUPPLIER ST MARTINS IN THE PINES SPECIA			STREET ADDRESS, CITY, STATE, ZIP CODE 4941 MONTEVALLO ROAD BIRMINGHAM, AL 35210		
(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 504	<p>Continued From page 13</p> <p>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: Based on observation, record review and interview, the facility failed to document the acknowledgement of Resident Rights as required.</p> <p>Findings:</p> <p>On the afternoon of January 29, 2025, during a record review of resident records, it was revealed</p>	A 504			

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A 504	Continued From page 14 two (2) of six (6) sampled resident records did not contain a resident rights acknowledgement signed and dated by the administrator or the administrator designee and the resident or sponsor, when appropriate. El#2 stated the acknowledgement was part of the lease agreement but was unable to show the surveyor, in the agreements for Resident Identifier (RI)#2 and RI#5, the statement of resident's rights being acknowledged by the resident or sponsor.	A 504		
A 506	420-5-20-.05 (3) (f) Records and Reports. (f) Inventory of personal effects. 1. Upon admission to the specialty care assisted living facility, all personal property of the resident with a value in excess of \$150, as well as any other property designated by the resident, shall be inventoried by the administrator or by a designee of the administrator in the presence of the resident. 2. All inventories shall be entered on an Inventory of Personal Effects Record. Inventory forms shall be signed by both the administrator, the resident or, if appropriate, the sponsor. One copy of the inventory shall be filed in the resident's individual file and one copy given to the resident or sponsor. 3. In the event the resident has no personal effects, this fact shall be entered on the Inventory of Personal Effects Record. 4. Amendments or adjustments shall be made on all copies of the Inventory of Personal	A 506		

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A 506	<p>Continued From page 15</p> <p>Effects Record each time personal property valued in excess of \$150 is brought to the facility, or when personal property is brought to the facility and the resident or sponsor requests that it be added to the Inventory of Personal Effects Record, or when any item on the Inventory of Personal Effects Record is removed from the facility. All amendments shall be signed by the administrator and the resident or sponsor.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, personal property of residents was not inventoried upon admission to the facility.</p> <p>Findings:</p> <p>Review of resident records on January 29, 2025 revealed the following information.</p> <p>RI#2 was admitted to the facility on March 29, 2024 and had diagnoses which included Alzheimer's disease, Dementia, arthritis, diabetes mellitus, depression, Gastroesophageal reflux disorder, hypertension, renal disease, hyperlipidemia, anxiety, and dry eye syndrome. No Inventory of Personal Effects was found in RI#2's facility record.</p> <p>RI#5 was admitted to the facility on September 14, 2018 and had diagnoses which included dementia, mood disorder, and hypertension. No Inventory of Personal Effects was found in RI#5's facility record.</p> <p>RI#6 had resided at the facility since December 1,</p>	A 506		

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A 506	Continued From page 16 2022. RI#6's diagnoses included anemia, Alzheimer's disease, dementia, coronary vascular disease (CVD), hypertension (HTN), vitamin d deficiency, anxiety, depression, Raynaud's Syndrome (RS) and glaucoma. No Inventory of Personal Effects was found in RI#6's facility record. On January 29, 2025, the surveyor discussed these missing Inventory of Personal Effects forms with EI#2, Resident Services Director (RSD). EI#2 concurred with the surveyor's observations that the Inventory of Personal Effects forms were not in the records.	A 506		
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	A 602		

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A 602	<p>Continued From page 17</p> <p>believes is pertinent, the initial physical examination record shall contain the following:</p> <ol style="list-style-type: none"> 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 infectious skin lesions and diseases that are capable of transmission to other residents through normal resident-to-resident contact. 4. Documentation of evaluation for tuberculosis within the previous 12 months. <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"> 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in condition. 4. Changes in medications prescribed 	A 602		

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A 602	<p>Continued From page 18</p> <p>(name, dosage, and strength of drug, frequency, and route of administration).</p> <p>5. Changes in treatment.</p> <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 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> <p>1. Changes in diagnoses.</p> <p>2. Changes in condition.</p> <p>3. Changes in medications prescribed (name, dosage and strength of drug, frequency, and route of administration).</p> <p>4. Changes in treatment.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, required information was not documented on residents' initial medical examination records.</p> <p>Findings:</p> <p>RI#1</p>	A 602		

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A 602	Continued From page 19 RI#1 was admitted to the facility on May 11, 2022. The initial Medical Health Statement was dated May 11, 2022 and contained no baseline weight. An annual physical for RI#1 dated May 28, 2024 did not have free from communicable disease statement. EI#2 concurred with the surveyor observation. RI#5 RI#5 was admitted to the facility on September 14, 2018. The initial Medical Health Statement was dated September 14, 2018. There was no weight or temperature documentation for RI#5 on the initial Medical Health Statement. EI#2 concurred with the surveyor observation.	A 602		
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 behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or	A 604		

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A 604	<p>Continued From page 20</p> <p>care coordinator upon admission, annually, and when there is a change in the resident's status.</p> <p>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.</p> <p>(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.</p> <p>(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:</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p> <p>(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 or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a</p>	A 604		

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A 604	<p>Continued From page 21</p> <p>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.</p> <p>2. Falls (two or more falls within a 30 day period).</p> <p>3. Elopement.</p> <p>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.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility Registered Nurse (RN) failed to provide adequate health supervision of two residents with weight loss.</p>	A 604		

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A 604	<p>Continued From page 22</p> <p>Findings:</p> <p>On the morning of January 29, 2025, during record review, it was revealed that two residents sustained significant weight loss over a six month period that had not been adequately addressed by the facility. RI#1 and RI#2's monthly weights indicated weight loss of 10% over a six month period which was not addressed in the care plan or with a dietary referral until January 29, 2025. The new Resident Service Director, EI#2, stated she requested a dietitian to review these residents weight loss and make recommendations. The new dietitian arrived on January 29, 2025, and performed assessments for weight loss and submitted recommendations.</p> <p>RI#1 was admitted to the facility May 11, 2022, and had diagnoses which included hyperlipidemia, anemia, vitamin deficiency, hypokalemia, insomnia, dry eyes syndrome, macular degeneration, hypertension, constipation, cellulite, dermatitis, and non-pressure chronic ulcer of the skin. The care plan interventions had not been updated since December 5, 2023. The care plan intervention states "EATS without assistance with special device. Provide feeding aide/device (December 5, 2023)." The care plan was not adequate to provide guidance to caregivers for providing assistance to the resident for eating. The care plan did not specify what the special device aide was nor how to implement the use of device. The GOALS indicate it was updated on January 2, 2025, however the interventions has not been updated since December 5, 2023.</p> <p>RI#2 was admitted to the facility on March 29, 2024 and had diagnoses which included</p>	A 604		

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A 604	Continued From page 23 Alzheimer's disease, dementia, arthritis, diabetes mellitus, depression, gastroesophageal reflux disorder, hypertension, renal disease, hyperlipidemia, anxiety, and dry eye syndrome. The care plan inventions had not been updated since admission. The care plan goals were last revised on July 1, 2024. No new interventions or goals had been initiated with a weight loss decline over the last six months.	A 604		
A 611	420-5-20-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. 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. 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	A 611		

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A 611	<p>Continued From page 24</p> <p>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 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</p>	A 611		

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A 611	<p>Continued From page 25</p> <p>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 review and interview, the care plans were not updated to reflect the current conditions of two residents and did not include appropriate interventions.</p> <p>On the morning of January 29, 2025, during record review, it was revealed that two residents sustained significant weight loss over a six month period that had not been adequately addressed by the facility. RI#1 and RI#2 monthly weights indicated weight loss of 10% over a six month period which was not addressed in the care plan or with a dietary referral until January 29, 2025. The new Resident Service Director, EI#2, stated she requested a dietitian to review these residents weight loss and make recommendations. The new dietitian arrived on January 29, 2025, and performed assessments for weight loss and submitted recommendations.</p> <p>RI#1 was admitted to the facility May 11, 2022, and had diagnoses which included</p>	A 611		

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A 611	Continued From page 26 hyperlipidemia, anemia, vitamin deficiency, hypokalemia, insomnia, dry eyes syndrome, macular degeneration, hypertension, constipation, cellulite, dermatitis, and non-pressure chronic ulcer of the skin. The care plan interventions had not been updated since December 5, 2023. The care plan intervention states "EATS without assistance with special device. Provide feeding aide/device (December 5, 2023)." The care plan was not adequate to provide guidance to caregivers for providing assistance to the resident for eating. The care plan did not specify what the special device aide was nor how to implement the use of device. The GOALS indicate it was updated on January 2, 2025, however the interventions has not been updated since December 5, 2023. RI#2 was admitted to the facility on March 29, 2024 and had diagnoses which included Alzheimer's disease, dementia, arthritis, diabetes mellitus, depression, gastroesophageal reflux disorder, hypertension, renal disease, hyperlipidemia, anxiety, and dry eye syndrome. The care plan inventions had not been updated since admission. The care plan goals were last revised on July 1, 2024. No new interventions or goals had been initiated with a weight loss decline over the last six months.	A 611		
A 618	420-5-20-.06 (7) Care of Residents. (7) Oxygen Therapy. (a) A resident of a specialty care assisted living facility that requires oxygen therapy shall have oxygen administered only by a physician, RN, or LPN.	A 618		

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NAME OF PROVIDER OR SUPPLIER ST MARTINS IN THE PINES SPECIA		STREET ADDRESS, CITY, STATE, ZIP CODE 4941 MONTEVALLO ROAD BIRMINGHAM, AL 35210		
(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 618	<p>Continued From page 27</p> <p>(b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift.</p> <p>1. If a resident receives oxygen therapy in a facility:</p> <p>2. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition.</p> <p>3. All oxygen tanks shall be safely maintained and stored.</p> <p>4. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted.</p> <p>5. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen.</p> <p>Refer to National Fire Protection Association (NFPA) 99 for Oxygen Storage Requirements.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, oxygen therapy was not documented on the medication administration record as required.</p> <p>Findings:</p> <p>RI#4 was admitted to the facility on January 10, 2025 with diagnosis that included pneumonia, hypokalemia, anxiety, thyroid disorder, Alzheimer's disease and dementia. RI#4 had a physician's order for oxygen therapy dated</p>	A 618		

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A 618	Continued From page 28 January 8, 2025 and had oxygen equipment in his/her room. RI#4 did not have oxygen therapy documented on their medication administration record until January 15, 2025. EI#2 concurred with the surveyor that the required documentation was missing.	A 618		
A 804	420-5-20-.08 (4) Physical Facilities. (4) Food Service Facilities. (a) Floors. Floors in food service areas shall be of such construction as to be easily cleaned, sound, smooth, non-absorbent, without cracks or crevices, and shall be provided with approved and conveniently located facilities for the disposal of floor wash water. (b) Walls and Ceilings. Walls and ceilings of food service areas shall be of tight and substantial construction, and smoothly finished. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows, which prevent the entrance of rain or dust during inclement weather. (c) Screens or Outside Openings. Openings to the outside shall be effectively screened, or suitable provisions made equal to screening (such as fly fans). Screen doors shall be equipped with self-closing devices. (d) Lighting. The kitchen, dishwashing area, and the dining room shall have adequate light.	A 804		

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A 804	<p>Continued From page 29</p> <p>(e) Ventilation. Vent/exhaust hoods, vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Group homes with residential stoves may use a residential hood sized for the stove. Commercial exhaust hoods shall be installed when commercial cooking equipment is used. Congregate facilities shall use a commercial exhaust hood system.</p> <p>(f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall include a lavatory with a soap dispenser and disposable towels, and shall be well lighted and ventilated.</p> <p>(g) Hand washing Facilities. Each Group and Congregate specialty care assisted living facility shall provide a hand washing lavatory in the kitchens which shall be equipped with a soap dispenser and a supply of soap, disposable towels, and hot and cold running water through a mixing valve or combination faucet. The use of a common towel and common bar soap is prohibited. Hands shall not be washed in sinks where food is prepared.</p> <p>(h) Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation for the storage of perishable foods, shall be provided. Refrigeration shall be maintained at 41 degrees Fahrenheit or less. All refrigerators shall be provided with thermometers. All refrigerators shall be kept clean.</p> <p>(i) Equipment and Utensil Construction.</p>	A 804		

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A 804	<p>Continued From page 30</p> <p>Equipment and utensils, except single service utensils, shall be so constructed as to be easily cleaned and shall be kept in good repair. No cadmium plated, lead, or readily corrodible utensils or equipment shall be used.</p> <p>(j) Separation of Kitchen from Resident Rooms and Sleeping Quarters. Any room used for sleeping quarters shall be separated from the food service area by a solid wall with no direct openings. Sleeping accommodations shall not be permitted within the food service area.</p> <p>(k) Clean Rooms. Floors, walls, and ceilings of rooms in the food service area shall be clean and free of an accumulation of rubbish, dust, grease, dirt, etc.</p> <p>(l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc.</p> <p>(m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use.</p> <p>(n) Location and Space Requirements. Food service facilities shall be located in a specifically designated area and shall include the following rooms and space: kitchen, dishwashing, food storage, and dining room.</p> <p>(o) Equipment. Minimum equipment in the kitchen shall include the following:</p> <p>1. Range. In a Group specialty care assisted living facility, a residential use range is</p>	A 804		

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A 804	<p>Continued From page 31</p> <p>permitted. A Congregate specialty care assisted living facility shall have a heavy duty range suitable for institutional use with double oven, or equivalent.</p> <p>2. Refrigerator. A Group specialty care assisted living facility may use a residential refrigerator. A Congregate specialty care assisted living facility shall have a heavy-duty refrigerator suitable for institutional use.</p> <p>3. Fire extinguisher. Five-pound type BC for residential hoods and K type for commercial hoods.</p> <p>4. Dishwashing. The dishwashing equipment for Group assisted living facilities shall be either residential type using cold water sanitizers or commercial type with a booster water heater. Dishwashing equipment for all Congregate assisted living facilities shall be commercial type using a booster water heater or an automatic dispensing sanitizing chemical system.</p> <p>5. A three-compartment sink with a booster heater or chemical sanitizing system for the third compartment shall be provided in Congregate assisted living facilities.</p> <p>6. Garbage cans with cover.</p> <p>(p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans, and raised platforms shall be provided and kept clean. Perishable food shall be stored at least six inches above the floor. The storeroom shall be of such construction as to prevent the invasion of</p>	A 804		

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A 804	<p>Continued From page 32</p> <p>rodents and insects, the seepage of dust and water, leakage, or any other source of contamination.</p> <p>(q) Dining Room.</p> <p>1. A resident dining room, or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed capacity.</p> <p>(r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be provided. Hot water shall be piped to all hand-washing facilities, and to each compartment of all dishwashing and laundry sinks. Water heaters shall be of the automatic type.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have food service equipment that was clean and free of grease and dirt.</p> <p>Findings:</p> <p>On January 28, 2025, at approximately 1:40 PM, during tour of the kitchen, it was revealed that the area under and adjacent to the ranges, and the interior of both ranges were noted to be dirty with grease and burnt food debris build up. The executive chef, EI#5, accompanying the surveyor during tour, concurred with surveyor observations.</p>	A 804		

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A 804	Continued From page 33 Staff Breakroom On the morning of January 28, 2025, during the tour of the facility, it was revealed that the staff breakroom refrigerator was dirty with spillage. No refrigerator temperature logs were present and the refrigerator contained food products. The freezer section of the staff refrigerator had a growth of unknown origin and was soiled with spillage. The adjacent sink area had no paper towels in the dispenser nor any soap for hand hygiene. EI#1 accompanied the surveyor and concurred with surveyor observations.	A 804		
A 901	420-5-20-.09 (1) (2) Laundry. (1) General. (a) Direction and Supervision. Responsibility for laundry services shall be assigned to an employee. (b) Linen. Linens shall be handled, stored, processed, and transported in a manner consistent with generally accepted infection control practices. (2) Location and Space Requirements. (a) Each specialty care assisted living facility shall have laundering facilities unless commercial laundries are used. An on-site laundry shall be located in a specifically designated area, and there shall be adequate rooms and spaces for sorting, processing, and storage of soiled material. Laundry rooms shall not open directly into resident rooms or food service areas. Domestic washers and dryers which are for the exclusive use of residents may	A 901		

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A 901	<p>Continued From page 34</p> <p>be provided in resident areas, provided they are installed in such a manner that they do not cause a sanitation problem or offensive odors.</p> <p>(b) Each specialty care assisted living facility shall have a system in place to keep clean linen and dirty linen separated and to prevent the re-use of dirty linen before it is cleaned. Dirty linens and clothing shall not be stored, even temporarily, in the area set aside for clean linen.</p> <p>(c) Ventilation of Laundry. Provisions shall be made for proper mechanical ventilation of the laundry, if located within the specialty care assisted living facility. Provisions shall also be made to prevent the re-circulation of air in commercial equipment laundries into heating and air conditioning systems outside the laundry area.</p> <p>(d) Lint Traps. Adequate, effective, and clean lint traps shall be used in all dryers.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep adequate, effective, and clean lint traps in use on all dryers.</p> <p>Findings:</p> <p>Laundry Room</p> <p>On the morning of January 28, 2025, during a tour of the facility with EI#1, it was revealed that the laundry dryer lint traps were not clean. EI#1 concurred with the surveyor observation.</p>	A 901		

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A1002	Continued From page 35	A1002		
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 meet acceptable standards for storage and shall be designed and constructed in a manner that</p>	A1002		

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A1002	<p>Continued From page 36</p> <p>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 interviews, the resident's toilet room (Spa) and soiled utility room were not clean and in good repair.</p> <p>Findings:</p> <p>Spa Bath Room</p> <p>On the morning of January 28, 2025, during the tour of facility, it was revealed that the spa toilet room shower diverter valve was missing and that the tub was dirty. It was also revealed that the automated paper towel dispenser was not functioning and did not contain paper towels. EI#1 accompanied the surveyor and concurred with the surveyor observation. EI#1 notified EI#3 of the needed repair and the facility repaired the</p>	A1002		

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A1002	<p>Continued From page 37</p> <p>diverter valve on the afternoon of January 29, 2025.</p> <p>The toilet flush valve was noted to be leaking at the base connection on the superior aspect of the toilet, EI#1 accompanied the surveyor and concurred with the surveyor observation.</p> <p>It was revealed during the tour of the facility spa bath room that a bottle of Tile and Grout Cleaner was unsecured sitting on the sink area. EI#1 accompanied the surveyor and concurred with the surveyor observation, EI#1 secured the Tile and Grout Cleaner immediately upon discovery.</p> <p>Soiled Utility Room</p> <p>On the morning of January 28, 2025, during the tour of facility, it was revealed that the soiled utility room was not clean and contained objectionable odors. It was revealed that the utility sink in the soiled utility room contained stagnant water and the drain was clogged. Stagnant water contained unknown substance that was fermenting contributing to the objectionable odors in the room. The utility sink and deep sink contained what appeared to be black mold growth on its surfaces. The paper towel dispenser was empty, the soap dispenser was empty, and garbage cans in the room were overflowing with refuse and did not have appropriate lids on them. EI#1 accompanied the surveyor and concurred with surveyor observations.</p> <p>Hallway First Floor</p> <p>On the morning of January 28, 2025, during the tour of the facility, it was revealed that the hallway water fountain was not functional and had not</p>	A1002			

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A1002	Continued From page 38 been tagged out of service for maintenance. EI#3 stated "I will look into it and it will be repaired." On the afternoon of January 28, 2025, EI#3 stated that parts needed to be ordered to repair the water fountain and was subsequently tagged "out of service" on the afternoon of January 29, 2025.	A1002		
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 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	A1101		

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A1101	<p>Continued From page 39</p> <p>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"> 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. <p>(f) Fire Alarm and Sprinkler System.</p> <ol style="list-style-type: none"> 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). 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 	A1101		

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A1101	<p>Continued From page 40</p> <p>documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to perform fire drills for the 2023 year and for the period of June 2024 through to December 2024.</p> <p>Findings:</p> <p>On the afternoon of January 29, 2025, during record review, it was revealed that the facility failed to perform fire drills for the entire year of 2023 and the period of June 2024 through December 2024. At this time the Maintenance Director, EI#3 stated he could not ascertain that fire drills were performed. Record review revealed no fire drills were performed during 2023 and the period of June 2024 through December 2024. An interview with EI#12 on the same date revealed the employee could not recall having any fire drills during her employment time (two months). Further, an interview with EI#10 (employment time of 19 years) revealed the employee could recall having fire drills but not the specifics of date and time. Record review also revealed the semi-annual fire inspection that was due in</p>	A1101		

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A1101	Continued From page 41 August 2024 was not performed. EI#3 and EI#1 concurred with the surveyor observations.	A1101		
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	A1203		

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A1203	<p>Continued From page 42</p> <p>lighting system to adequately illuminate halls, corridors, 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> <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. Windows in specialty care facilities may have devices which prevent full opening of the window.</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</p>	A1203		

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A1203	<p>Continued From page 43</p> <p>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 purposes. 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 specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom 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 specialty care assisted living facility shall be at least three feet wide.</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 exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special</p>	A1203		

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A1203	<p>Continued From page 44</p> <p>Requirements portion of this section.</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.</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 extinguisher shall be conducted monthly by a designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. A central electric or electronic call system shall be conveniently</p>	A1203		

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A1203	<p>Continued From page 45</p> <p>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 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.</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. 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 specialty care assisted living</p>	A1203		

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A1203	<p>Continued From page 46</p> <p>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 specialty care 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 observation and interviews the facility failed to ensure walls were of sound construction with an acceptable surface, clean and in good repair.</p> <p>Findings:</p> <p>On the morning of January 28, 2025, during a tour of the facility, the surveyor was accompanied by EI#1, the administrator, it was revealed that the following was not acceptable surface, clean and in good repair:</p> <p>Room 861- Bathroom wall had peeling paint in the area behind the toilet half way up the wall.</p> <p>Room 865- Wall had damage cracks (>30 inches in length x 1/4 to 1/2 inch in width) extending the height of the wall adjacent to the doorway entrance on the right side as you enter the room. The bathroom door is stuck in closed position secondary to foundation shift/wall cracks. EI#3 was unable to dislodge the door's position. EI#3 reported this room was being scheduled for renovation and was being worked on.</p>	A1203		

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A1203	<p>Continued From page 47</p> <p>Hallway first floor storage room wall was cracked above the doorway to the storage room.</p> <p>Room 866- Cracked wall adjacent to the bathroom door. The bathroom door would not open. (Room to be renovated per EI#1 and EI#3).</p> <p>Room 867- Cracked wall adjacent to and underneath the window (approximately 12 inches long x 1/8 inch wide).</p> <p>Room 868- Cracked walls (multiple cracks)</p> <p>EI#1, Administrator concurred with the surveyor observations.</p> <p>GREGORY ZEITLIN, REGISTERED NURSE</p>	A1203		