

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUMMER VILLAGE AZALEA PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 PROFESSIONAL PARKWAY AUBURN, AL 36830</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>On January 30, 2025, an unannounced licensure survey was conducted for this 56 bed Assisted Living Facility with a census of 27.</p> <p>There were two complaints investigated during this survey. LC#20200318013 and LC#20210521003 were unsubstantiated with no deficiencies cited as a result of the complaint investigation.</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 (ALF). The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 602	<p>420-5-4-.06 (2) (a) (b) (c) Care of Residents.</p> <p>(2) Medical Examination Record.</p> <p>(a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician 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. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following:</p>	A 602		

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

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A 602	<p>Continued From page 1</p> <ol style="list-style-type: none"> <li>1. All of the physician's diagnoses, and the resident's baseline weight and vital signs.</li> <li>2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>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.</li> <li>4. Documentation of evaluation for tuberculosis within the previous 12 months.</li> </ol> <p>(b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following:</p> <ol style="list-style-type: none"> <li>1. The resident's weight and vital signs.</li> <li>2. Changes in diagnoses.</li> <li>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol>	A 602		

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A 602	<p>Continued From page 2</p> <p>(c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, 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> <ol style="list-style-type: none"> <li>1. New diagnoses.</li> <li>2. Changes in condition.</li> <li>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide physician annual examinations to the residents.</p> <p>Findings</p> <p>During record review on January 29, 2025, at approximately 11:55 AM, the following was noted.</p> <p>Resident Identifier (RI)#2 was admitted to the facility on May 13, 2023, with diagnoses that</p>	A 602		

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A 602	<p>Continued From page 3</p> <p>included metabolic encephalopathy, Alzheimer's, osteoarthritis, hyperlipidemia, adjustment disorder, anemia, obstructive sleep apnea, and unspecified glaucoma. RI#2 had an examination performed by a physician on May 10, 2023, and it was in RI#2's chart. There was no annual examination for 2024 in RI#2's record.</p> <p>RI#4 was admitted to the facility on August 21, 2020, with a diagnosis that included chest pain, hypertension, hypothyroidism, chronic pain, and gastroesophageal reflux disease (GERD). RI#4 had an examination performed by a physician on May 5, 2023, and it was in RI#4's chart. There was no annual examination for 2024 in RI#4's record.</p> <p>During an interview with Employee Identifier (EI)#3 on January 30, 2025, EI#3 said that RI#2 and RI#4 had examinations by a physician in 2024, and the documentation had been requested but had not been received from the physician's office.</p>	A 602		
A 613	<p>420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(5) Medications.</p> <p>(a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical</p>	A 613		

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A 613	<p>Continued From page 4</p> <p>examination.</p> <p>(b) A physician order is required for a resident to manage and have custody of his or her own medications.</p> <p>(c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.</p> <p>(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.</p> <p>(e) A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to recognize a resident that did not have the ability to protect themselves</p>	A 613		

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A 613	<p>Continued From page 5</p> <p>from a medication error. Also, the facility failed to obtain a physician order for residents to have custody of his or her prescription medications and over the counter medications.</p> <p>Findings</p> <p>Resident unable to protect him/herself from medication error</p> <p>RI#2 was admitted to the facility on May 13, 2023. During a medication pass on January 29, 2025, at approximately 7:20 AM, along with EI#6 the following was observed. RI#2 was prescribed Lantus 100 units/milliliter and was to receive 10 units subcutaneous daily. EI#6 brought RI#2 the medication Lantus to him/her for administration. RI#2 had a very hard time reading the label on the Lantus pen. RI#2 could identify RI#2's name on the Lantus pen after several attempts. When RI#2 was asked how many units RI#2 was supposed to administer RI#2 was not sure. EI#6 had to repeatedly prompt and assist RI#2 to get RI#2 to understand how to perform the medication administration. Later, EI#3 performed a medication awareness test for RI#2 using RI#2's medication pack and Lantus pen and a "dummy" medication pack and insulin pen. RI#2 could recognize his/her name on the medication pack and the "dummy" pack. RI#2 could also identify the names on the Lantus (RI#2) and insulin pen (dummy). EI#3 asked RI#2 if he/she would take the insulin pen (dummy) that was not RI#2's medication and he/she stated, "I don't know". EI#3 asked RI#2 several times and continued to get the same answer "I don't know". RI#2 did not have the ability to protect his/herself from a medication error. During an interview after the medication awareness test, EI#3 stated that this was not like RI#2. EI#3 advised the surveyor</p>	A 613		

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A 613	<p>Continued From page 6</p> <p>that RI#2's medication will be administered by a licensed staff member.</p> <p>Prescription medication</p> <p>RI#5 was admitted to the facility on March 5, 2024, with diagnoses that included falls, cerebrovascular accident, hypertension, and pancreatitis. During a facility tour on January 28, 2025, at approximately 9:20 AM along with EI#2 and EI#3, the following was observed. RI#5 had a prescribed bottle of Doxycycline on his/her counter. RI#5 stated that he/she had been to the urgent care and they prescribed the medication. According to the physical examination record dated March 5, 2024, there was not an order for RI#5 to have custody of RI#5's prescribed medication.</p> <p>Over the counter (OTC) medication</p> <p>RI#6 was admitted to the facility on August 9, 2023, with diagnoses that included weakness, atrial fibrillation, coronary artery disease, hypertension, vascular dementia, and depression. During a facility tour on January 28, 2025, at approximately 9:20 AM along with EI#2 and EI#3, the following was observed. RI#6 had OTC Tylenol and Vicks vapor rub noted in RI#6's room. According to the physical examination record dated for February 27, 2024, there was not an order for RI#6 to have custody of RI#6's OTC medications at bedside.</p> <p>During an interview with EI#3 on January 29, 2025, EI#3 agreed with the surveyor's findings. All OTC medication and prescription medication were pulled from residents' rooms and the physicians were contacted.</p>	A 613		

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A 616	Continued From page 7	A 616		
A 616	<p>420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.</p> <p>(k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident.</p> <p>(l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected.</p> <p>(m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any</p>	A 616		

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A 616	<p>Continued From page 8</p> <p>requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.</p> <p>(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.</p> <p>(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p>	A 616		

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A 616	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to properly maintain a count of each controlled substance in its possession and failed to ensure residents' medications were unit dose packaged.</p> <p>Findings</p> <p>RI#1 was admitted to the facility on January 10, 2025, with diagnoses that included dementia without behaviors, anxiety, overactive bladder, hypothyroidism, bipolar 2 disorder, insomnia, and tremors. During a narcotic count along with EI#6 on January 28, 2025, the following was identified. RI#1 was prescribed Oxycodone 5 milligrams take 1 tablet by mouth every 6 hours. The surveyor observed RI#1's bottle of Oxycodone 5 milligrams with only 1 tablet in the bottle. According to the controlled substance administration record the documented quantity remaining was 2 tablets. Also, during an interview EI#6 stated that EI#6 had attempted to get this medication unit dose packaged by the pharmacy but has not been successful.</p> <p>During an interview on January 29, 2025, EI#3 agreed with the surveyor's findings.</p>	A 616		
A 618	<p>420-5-4-.06 (9) Care of Residents.</p> <p>(9) Oxygen Therapy.</p> <p>(a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer</p>	A 618		

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A 618	<p>Continued From page 10</p> <p>his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged.</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 unless oxygen therapy is self-managed by the resident.</p> <p>(c) If a resident receives oxygen therapy in a facility:</p> <ol style="list-style-type: none"> <li>1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition.</li> <li>2. All oxygen tanks shall be safely maintained and stored.</li> <li>3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted.</li> <li>4. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen.</li> </ol> <p>Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements.</p> <p>This Rule is not met as evidenced by:</p>	A 618		

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A 618	Continued From page 11  Based on interview and record review, the facility failed to ensure that oxygen was listed on the medication administration record (MAR).  Findings  RI#2 was admitted to the facility on May 13, 2023. During a review of records on January 29, 2025, at approximately 8:30 AM the following was noted. According to a physical examination record dated May 10, 2023, RI#2 was ordered oxygen at 2 liters per minute (LPM) for hypoxia. According to the MAR dated for January 2025 oxygen was not listed as a medication. During an interview the same day with EI#2 and EI#3, they both agreed that RI#2 did not have oxygen listed on his/her MAR.	A 618		
A 702	420-5-4-.07 (2) Food Service  (2) Food Handling Procedures.  (a) Dish and Utensils Washing, Disinfection, and Storage.  1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.  2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:  (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils	A 702		

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A 702	<p>Continued From page 12</p> <p>and dishes does not meet this requirement); or</p> <p>(ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with manufacturer's instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.</p> <p>3. Dishes and utensils shall be allowed to air dry.</p> <p>4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.</p> <p>5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility.</p> <p>(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The</p>	A 702		

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NAME OF PROVIDER OR SUPPLIER  <b>SUMMER VILLAGE AZALEA PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 PROFESSIONAL PARKWAY AUBURN, AL 36830</b>
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A 702	<p>Continued From page 13</p> <p>ice scoop may be stored in the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.</p> <p>(c) Protection of Food from Contamination.</p> <p>1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage back flow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.</p> <p>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.</p> <p>3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.</p> <p>4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.</p> <p>5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared.</p>	A 702		

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A 702	<p>Continued From page 14</p> <p>6. All food products shall be used by the manufacturer's indicated date or discarded.</p> <p>7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times.</p> <p>8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.</p> <p>9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods).</p> <p>10. Laundry shall not be brought through the food preparation or service area.</p> <p>(d) Storage and Service of Milk and Ice Cream.</p> <p>1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk</p>	A 702		

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A 702	<p>Continued From page 15</p> <p>for milk drinks which may be dispensed from a readily cleanable container approved for such use.</p> <p>2. Milk and fluid milk products shall be stored in such a manner that bottles or containers, from which the milk or milk product is to be poured or drunk, will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.</p> <p>3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.</p> <p>(e) Kitchen Garbage and Trash Handling.</p> <p>1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.</p> <p>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.</p> <p>(f) Employees' Cleanliness.</p> <p>1. Employees engaged in the handling, preparation, and serving of food shall wear clean</p>	A 702		

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A 702	<p>Continued From page 16</p> <p>clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.</p> <p>2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.</p> <p>3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.</p> <p>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.</p> <p>(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.</p> <p>(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities.</p> <p>(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.</p> <p>(k) Laundering of clothing shall not be permitted in food preparation or service areas.</p>	A 702		

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A 702	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to protect the residents from unsanitary handling of food. Also, the facility failed to provide thermometers in the residents' refrigerators at all times.</p> <p>Findings</p> <p>Thermometers</p> <p>During a facility tour along with EI#2 and EI#3 on January 28, 2025, the following was observed. Resident rooms 101, 105, 201, 202, 204, 209, 310, and 311 did not have thermometers in the refrigerators. During the facility tour the surveyor interviewed EI#2 about the facility furnishing the refrigerators for the resident rooms. EI#2 answered with "yes".</p> <p>Unsanitary Handling</p> <p>During a kitchen tour on January 29, 2025, at approximately 8:40 AM along with EI#10 the following was observed. The surveyor observed three bins containing sugar, cornmeal, and flour. A scoop was observed in all three bins. Also, there was a holding rack that contained three trays of uncovered cooked cornbread which was on the menu for lunch. The surveyor observed an employee washing raw chicken in a sink that was near the cornbread. During an interview with EI#4 later that day he/she agreed with the surveyor's findings.</p>	A 702		
A 703	420-5-4-.07 (3) Food Service.	A 703		

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A 703	<p>Continued From page 18</p> <p>(3) Dietary Service.</p> <p>(a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents.</p> <p>(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or</p>	A 703		

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A 703	<p>Continued From page 19</p> <p>substitutes shall be made available to all residents.</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals.</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have enough emergency food and potable water on hand to serve three meals per day for three days.</p> <p>Findings</p> <p>During a kitchen tour on January 29, 2025, at approximately 8:40 AM the following was observed. The surveyor asked EI#10 about the emergency water and potable water. EI#10 did not know where it was kept. During an interview with EI#4 (culinary director) he/she stated that the facility "does not have enough emergency food on hand". EI#4 stated the facility was waiting to receive Meals Ready to Eat (MRE) but it could take 6 months to receive them. EI#4 also stated that an order had been placed for more emergency food and potable water. The facility had 24 gallons of potable water and a small</p>	A 703		

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A 703	Continued From page 20 amount of emergency food on hand.	A 703		
A 804	420-5-4-.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.  (e) Ventilation. Vent/exhaust hoods, vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Existing recirculating vent hoods in Family facilities may remain in use when filters are	A 804		

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A 804	<p>Continued From page 21</p> <p>cleaned or replaced regularly to prevent excess grease accumulation. Group assisted living facilities 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 and shall be well lighted and ventilated.</p> <p>(g) Hand Washing Facilities. Each Group and Congregate 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. Existing Group and Congregate facilities that enlarge or renovate kitchens shall install a hand wash sink.</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 22</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 Family or Group assisted living facility, a residential use range is permitted.</p>	A 804		

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A 804	<p>Continued From page 23</p> <p>A Congregate assisted living facility shall have a heavy-duty range suitable for institutional use with double oven, or equivalent.</p> <p>2. Refrigerator. A Family or Group assisted living facility may use a residential refrigerator. A Congregate assisted living facility shall have a heavy duty refrigerator suitable for institutional use.</p> <p>3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods.</p> <p>4. Dishwashing. The dishwashing equipment for Family and 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 24</p> <p>rodents and insects, the seepage of dust and water, leakage, or any other source of contamination.</p> <p>(q) Dining Room. 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 automatic type.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the kitchen walls and floors. Also, equipment in the food service area was not cleaned properly.</p> <p>Findings</p> <p>During a kitchen tour on January 29, 2025, at approximately 8:40 AM the surveyor observed the following. The wall in the entrance from the independent living dining room to the kitchen had several holes in the sheet rock behind the coffee and ice makers. The door frame leading into the dry storage room needed paint and repairs. The floor leading out of the kitchen to the assisted living dining room had three medium sized holes in the vinyl. The floor under and around the oven and fryer had a copious amount of grease. Also, the top of the dishwasher had a lot of food</p>	A 804		

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A 804	Continued From page 25  crumbs noted.  During an interview on January 29, 2025, at approximately 10:55 AM EI#4 agreed with the surveyor's findings. EI#4 advised the surveyor that work orders had been submitted for repairs.	A 804		
A1002	420-5-4-.10 (2) Sanitation and Housekeeping.  (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable environment for residents, staff, and the public.  (a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies.  (b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering.  (c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance.  (d) General Storage.  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.  2. The use of attics for storage of combustible materials shall be prohibited unless	A1002		

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A1002	<p>Continued From page 26</p> <p>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 protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to secure cleaning supplies. Also, the facility did not provide a safe, sanitary, decent, and comfortable environment for staff and residents.</p> <p>Findings</p> <p>Cleaning supplies</p> <p>Upon entering the facility on January 28, 2025, at</p>	A1002		

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A1002	<p>Continued From page 27</p> <p>approximately 7:20 AM the surveyor observed the following. Under the sink in the activities room was an unlocked cabinet that contained Lysol disinfectant, Dawn dish soap and Clorox wipes.</p> <p>Electrical room</p> <p>Upon entering the facility on January 28, 2025, at approximately 7:20 AM the surveyor observed the following. The door to the electrical room was unlocked and contained water heaters, cleaning cart, mop floor cleaner, electrical panels, and glass cleaner.</p> <p>Laundry room</p> <p>During a facility tour with EI#2 on January 28, 2025, at approximately 9:20 AM the surveyor observed the following. The laundry room had an accumulation of lint behind the dryers and on the walls. Also, there was trash noted on the floor behind the dryers.</p> <p>During an interview on January 29, 2025, with EI#2, he/she agreed with the surveyor's findings.</p>	A1002		
A1101	<p>420-5-4-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place.</p> <p>(b) Fire Drills. Fire drills shall be</p>	A1101		

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A1101	<p>Continued From page 28</p> <p>conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. 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 currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> <li>1. Minimizes leaks and spills.</li> <li>2. Adequately protects against inappropriate access.</li> <li>3. Complies with the requirements of the currently adopted Life Safety Code.</li> </ol>	A1101		

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A1101	<p>Continued From page 29</p> <p>(f) Fire Alarm and Sprinkler System.</p> <p>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).</p> <p>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.</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 record review and interview, the facility failed to inspect the fire alarm system</p>	A1101		

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A1101	Continued From page 30  semiannually.  Findings  During record review on January 28, 2025, at approximately 3:20 PM the following was noted. The facility failed to inspect the fire alarm semiannually for the year 2024. During an interview on January 29, 2025, with EI#2, he/she agreed with the surveyor's findings.	A1101		
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, and bathrooms.  (d) Screens. All screen doors and	A1203		

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A1203	<p>Continued From page 31</p> <p>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> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and</p>	A1203		

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A1203	<p>Continued From page 32</p> <p>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> <p>4. Exterior egress doors except the main entry/exit door, may be equipped with a</p>	A1203		

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A1203	<p>Continued From page 33</p> <p>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 extinguisher shall be conducted monthly by designated staff of the facility and documented on the attached extinguisher tag by the designated</p>	A1203		

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A1203	<p>Continued From page 34</p> <p>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. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with</p>	A1203		

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A1203	<p>Continued From page 35</p> <p>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 observation and interview, the facility failed to visually inspect the fire extinguishers monthly. Also, the facility was not in good repair to be attractive inside.</p> <p>Findings</p> <p>Fire extinguishers</p> <p>During a facility tour on January 28, 2025, at approximately 9:20 AM the following was observed. The surveyor observed a fire extinguisher located in the laundry room not was visually inspected for November 2024. Another fire extinguisher located in another laundry room had not been visually inspected since June 10, 2024. Also, during the kitchen tour on January 29, 2024, the fire extinguisher was not visually inspected for November and December 2024. During an interview on January 29, 2025, EI#2 agreed with the surveyor's findings.</p> <p>Exit doors</p>	A1203		

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A1203	<p>Continued From page 36</p> <p>During a facility tour on January 28, 2025, at approximately 7:20 AM the following was observed. The exit doors at the end of halls 1 and 3 were in the need of repairs. During an interview with EI#2 conducted the same day, he/she said that there had been multiple attempts to have the doors repaired. EI#2 provided the surveyor with documentation of attempts to try to get the exit doors repaired but was unable to get someone to schedule the repairs.</p> <p>TROY BLACK, REGISTERED NURSE</p>	A1203		