

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2024
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NAME OF PROVIDER OR SUPPLIER THE HARBOR AT OPELIKA	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 FOX RUN PARKWAY OPELIKA, AL 36801
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A 000	<p>Initial Comments</p> <p>This is a 36 bed Specialty Care Assisted Living Facility (SCALF) with a census of 34 on March 7, 2024.</p> <p>There were 8 complaints investigated during this unannounced licensure complaint survey. LC#20221103009 was substantiated and deficiencies cited as a result of the complaint investigation. LC#20230928007, LC#20230810013, LC#20220915007, LC#20210614004, LC#20220120006, LC#20220118013 and LC#20210823008 were unsubstantiated.</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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.</p>	A 000		
A 403	<p>420-5-20-.04 (4) Personnel.</p> <p>(4) Personnel Records. A specialty care assisted living facility shall maintain a personnel record for each employee. This record shall contain:</p> <p>(a) An application for employment which contains information regarding the employee's education, training, and experience.</p> <p>(b) Verification of current certification or licensure, if applicable.</p> <p>(c) Record of required physical</p>	A 403		

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

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A 403	<p>Continued From page 1</p> <p>examinations and vaccinations.</p> <p>(d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>(e) Date of hire.</p> <p>(f) Date of initial resident contact.</p> <p>(g) Date employment ceased.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure prospective employees were not listed on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>Findings:</p> <p>On March 6, 2024, at approximately 2:00 PM, employee files were reviewed for Employee Identifier (EI)#1, EI#6, and EI#7. EI#1 was hired at the facility on June 1, 2021 and the nurse aide abuse registry screening for EI#1 was completed on June 2, 2021. EI#6 was hired at the facility on January 1, 2021 and the nurse aide abuse registry screening for EI#6 was completed on January 12, 2021. EI#7 was hired at the facility on March 22, 2021 and the nurse aide abuse registry screening for EI#7 was completed on March 24, 2021. These nurse aide abuse registry screenings were not completed prior to hire. This finding was discussed with EI#2 who concurred with the finding.</p>	A 403		

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A 601	Continued From page 2	A 601		
A 601	<p>420-5-20-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or other emergency call).</p> <p>(b) Back-up Physician Support. Each specialty care assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in a specialty care assisted living facility.</p> <p>(c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and</p>	A 601		

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A 601	<p>Continued From page 3</p> <p>authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who is responsible for the care of the resident and authorized to write orders by facility policy. All verbal orders must be authenticated within such time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to follow physician orders for residents' oxygen administration.</p> <p>Findings:</p> <p>Resident Identifier (RI)#4</p> <p>RI#4 was admitted to the facility on October 10, 2023 with diagnoses of Alzheimer's disease, fibromyalgia, rheumatoid arthritis, hyperlipidemia, hypothyroidism, vitamin D deficiency, and adjustment disorder. Review of RI#4's facility record on March 7, 2024 revealed a physician order, dated October 19, 2023, for oxygen saturation to be checked twice a day. Review of RI#4's Medication Administration Record (MAR) for March 2024 indicated RI#4's oxygen saturations were checked only once daily. In addition, a physician order for RI#4, dated October 9, 2023, read "O2 at 2L via nasal cannula continuously". RI#4 was not observed</p>	A 601		

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A 601	Continued From page 4 using oxygen on March 5 and 6, 2024, during the onsite survey. El#9 agreed RI#4 wasn't using oxygen as ordered and stated a physician order would be obtained to change RI#4's oxygen to use as needed. RI#8 RI#8 was admitted to the facility on March 21, 2021 with diagnoses of neurocognitive disorder, atrial fibrillation, hypertension, diabetes, chronic obstructive pulmonary disease, dementia, chronic anemia. Review of RI#8's facility record on March 7, 2024 revealed a physician order, dated August 8, 2023, for "oxygen 2 L via nasal cannula nightly". During multiple observations of RI#8, on March 5 and 6, 2024, surveyors noted RI#8 using oxygen during daytime hours continuously via nasal cannula. El#15 agreed that RI#8 was not using oxygen as ordered and stated a physician order would be obtained for RI#8 to use oxygen as needed.	A 601		
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	A 602		

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A 602	<p>Continued From page 5</p> <p>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 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>	A 602		

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A 602	<p>Continued From page 6</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 (name, dosage, and strength of drug, frequency, and route of administration). 5. Changes in treatment. <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> <ol style="list-style-type: none"> 1. Changes in diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage and strength of drug, frequency, and route of administration). 4. Changes in treatment. 	A 602		

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A 602	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview a resident's Initial Medical Exam was not documented prior to the resident's admission to the facility. Findings: RI#8 was admitted to the facility on March 21, 2021. Refer to the deficiency 601 for additional information on RI#8. Review of RI#8's facility record, on March 7, 2024, revealed RI#8's Admission Medical Examination was dated for April 1, 2021, after RI#8's admission to the facility. On March 7, 2024, EI#15 stated the admission date on RI#8's facility record could have been inaccurate.	A 602		
A 605	420-5-20-.06 (3) (f) Care of Residents. (f) Observation. Each specialty care assisted living facility shall provide general observation and health supervision of the residents to identify changes in all residents' health conditions and physical abilities, and awareness of the need for medical attention or nursing services as the changes develop. Whenever a resident requires medical attention, nursing services, or changes in personal care and assistance with activities of daily living provided by the facility, the facility shall arrange for or assist the residents in obtaining necessary services.	A 605		

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A 605	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to arrange prompt medical attention for a resident when a change in the resident's health condition occurred.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged a resident of the facility did not receive prompt assessment and treatment when a change in the resident's health condition occurred. Surveyors were able to substantiate the complaint during the onsite survey.</p> <p>RI#11 was admitted to the facility on February 17, 2020 and had diagnoses which included dementia, frequent falls, hypothyroidism, mild hypertension and urinary incontinence.</p> <p>An incident report was submitted by the facility to the Online Incident Reporting System on July 25, 2022 at 10:55 AM. The incident report documented complaints of pain in the right leg by RI#11 on July 24, 2022 during medication pass by the Licensed Practical Nurse (LPN). A State Reportable Narrative, dated July 24, 2022, documented the LPN was notified, at change of shift (6:00 AM) to "keep an eye out" for RI#11 due to complaints of pain during the previous night shift. The narrative further documented the LPN on duty did not enter RI#11's room until 9:15 AM on July 24, 2022 for medication pass. RI#11 was assessed by the LPN at that time. A Witness</p>	A 605		

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A 605	<p>Continued From page 9</p> <p>Statement Form was completed by the on duty LPN on July 24, 2022 at 12:07 PM and stated RI#11 had a hard time sitting up and moving the right leg. In addition, RI#11 was unable to bear weight to the right leg when assisted by two people to stand. When the LPN asked what happened, RI#11 stated he/she fell.</p> <p>Three Resident Assistants (RAs) who worked from 10:00 PM on July 23, 2022 until 7:00 AM on July 24, 2022 were interviewed on March 6 and 7, 2024 and reported the following events which occurred early morning on July 24, 2022.</p> <p>-EI#10 reported all three RAs on duty (EI#10, EI#11 and EI#14) heard RI#11 screaming and went to his/her room where they found urine on the floor and RI#11 on the floor trying to get up. The RAs assisted RI#11 to bed and RI#11 complained of mild pain but went to sleep. EI#10 thought the nurse was notified but was unable to say for sure.</p> <p>-EI#11 reported she (EI#11) had checked on RI#11 around 2:00 AM and RI#11 was in bed without complaints. Around 3:30 AM, EI#11 heard RI#11 groaning and went to RI#11's room. RI#11 was in bed and complained of his/her leg hurting (EI#11 did not remember which leg). EI#11 asked RI#11 if he/she fell and RI#11 did not state that he/she fell. EI#11 called the Registered Nurse (RN) on call and asked if she (EI#11) should call an ambulance. EI#11 was informed by the RN not to call the ambulance but to watch RI#11 until the LPN came on duty at 6:00 AM. EI#11 stated RI#11 dozed off and on the rest of the night and EI#11 notified the LPN of RI#11's complaints of pain when the LPN came on duty at 6:00 AM.</p> <p>-EI#14 reported that she (EI#14) remembered RI#11 complaining of pain one night but did not remember a time when RI#11 fell. EI#14 also</p>	A 605		
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A 605	<p>Continued From page 10</p> <p>stated she (EI#14) thought the nurse on call was notified of RI#11's pain but could not say for sure.</p> <p>Although the facility RN was notified of RI#11's pain at the time RAs became aware of the change in RI#11's condition, no assessment was completed by a facility nurse until approximately six hours later, causing a delay in pain management and treatment of RI#11's injury. RI#11 was sent to the hospital at that time and diagnosed with a right supracondylar femur fracture which required surgical repair. The complainant stated RI#11 was moaning in pain while in the hospital emergency department but was not likely to complain due to dementia. RI#11 did not return to the facility but was sent to a skilled nursing facility.</p> <p>On March 7, 2024, EI#1 and EI#15 agreed RI#11's assessment and treatment had been delayed.</p>	A 605		
A 618	<p>420-5-20-.06 (7) Care of Residents.</p> <p>(7) Oxygen Therapy.</p> <p>(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.</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>	A 618		

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A 618	<p>Continued From page 11</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 record review, observations and interviews, the facility failed to document oxygen usage on residents' MARs. In addition, oxygen tanks were not stored safely.</p> <p>Findings:</p> <p>RI#4 had resided at the facility since October 17, 2023. Refer to deficiency 601 for additional information on RI#4. RI#8 had resided at facility since March 21, 2021. Refer to deficiency 601 for additional information on RI#8. Both RI#4 and RI#8 had physicians' orders for oxygen usage. Oxygen was observed in both residents' rooms and RI#8 was observed using oxygen multiple times during the onsite survey. Review of facility records, on March 7, 2024, revealed oxygen usage by RI#4 and RI#8 was not documented on the residents' MARs. EI#15 concurred with the</p>	A 618		

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A 618	Continued From page 12 findings. During a tour of the facility with EI#1 on March 5, 2024, surveyors observed three oxygen cylinders in resident room 13 stored on a counter top, unsecured without a storage rack. EI#1 agreed the oxygen tanks were not safely secured. On March 7, 2024, EI#1 informed the surveyors that the oxygen cylinders had been returned to the supply company due to the resident currently in the hospital and would not be returning to the facility.	A 618		
A 702	420-5-20-.07 (2) Food Service. (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or (ii) A cold water sanitizer: A sanitizing solution shall be used in accordance with the manufacturers' instructions. Utensils and dishes	A 702		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 702	<p>Continued From page 13</p> <p>shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach or its equivalent or 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.</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 ice scoop shall be stored in a holder inside the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.</p>	A 702		

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A 702	<p>Continued From page 14</p> <p>(c) Protection of Food from Contamination.</p> <ol style="list-style-type: none"> 1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage backflow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use. 2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator nor in other areas used for storage of food. 3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor. 4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall maintain at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times. 5. All leftover foods shall be labeled and dated with a "use by date," so that it may be consumed or discarded by that date, which is no more than three days from the date is was prepared. 6. All food products shall be used by the manufacturer's indicated date or discarded. 7. Food shall be prepared either in the 	A 702		

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A 702	<p>Continued From page 15</p> <p>licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used so that food is not contaminated in transport and foods that are transported are held and served at the appropriate temperature at all times.</p> <p>8. Hot food shall be maintained at a minimum temperature of 135 degrees Fahrenheit and cold foods at a maximum temperature of 41 degrees Fahrenheit.</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 for milk drinks which may be dispensed from a readily cleanable container approved for such use.</p>	A 702		

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A 702	<p>Continued From page 16</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 clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent</p>	A 702		

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A 702	<p>Continued From page 17</p> <p>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> <p>This Rule is not met as evidenced by: Based on observations and interviews, facility</p>	A 702		

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A 702	<p>Continued From page 18</p> <p>refrigerators did not maintain a maximum temperature of 41 degrees Fahrenheit. In addition, the facility failed to provide hot food at the minimum temperature of 135 degrees Fahrenheit.</p> <p>Findings:</p> <p>During the facility tour with EI#1, on March 5, 2024, it was noted that facility refrigerators were not maintaining the maximum temperature of 41 degrees in the following rooms:</p> <ul style="list-style-type: none"> -Resident Room #1 refrigerator temperature was observed to be 46 degrees Fahrenheit. -Resident Room #3 refrigerator temperature was observed to be 46 degrees Fahrenheit. -Resident Room #4 refrigerator temperature was observed to be 46 degrees Fahrenheit. -Resident Room #7 refrigerator temperature was observed to be 50 degrees Fahrenheit. -Resident Room #9 refrigerator temperature was observed to be 50 degrees Fahrenheit. -Resident Room #11 refrigerator temperature was observed to be 46 degrees Fahrenheit. -Resident Room #12 refrigerator temperature was observed to be 50 degrees Fahrenheit. -Resident Room #13 refrigerator temperature was observed to be 45 degrees Fahrenheit. -Resident Room #14 refrigerator temperature was observed to be 48 degrees Fahrenheit. -Resident Room #15 refrigerator temperature was observed to be 50 degrees Fahrenheit. -Resident Room #20 refrigerator temperature was observed to be 50 degrees Fahrenheit. -Resident Room #23 refrigerator temperature was observed to be 58 degrees Fahrenheit. -Resident Room #24 refrigerator temperature was observed to be 48 degrees Fahrenheit. 	A 702		

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A 702	Continued From page 19 EI#1 stated the facility did not monitor temperatures of the refrigerators in residents' rooms. During observation of breakfast on March 5, 2024, at approximately 8:30 AM, surveyors noted that the hot food was not maintained at 135 degrees Fahrenheit as required. The eggs were at 113.2 degrees Fahrenheit, the biscuits were 129.9 degrees Fahrenheit and the sausages were 120.8 degrees Fahrenheit. EI#1 agreed the temperatures were not at the acceptable level.	A 702		
A1001	420-5-20-.10 (1) Sanitation and Housekeeping. (1) Sanitation. (a) Water Supply. 1. If at all possible, all water shall be obtained from a public water supply. If it is impossible to connect to a public water system, the private water supply shall meet the approval of the local County Health Department. 2. Water under pressure of not less than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall in no case exceed 110 degrees Fahrenheit. (b) Disposal of Liquid and Human Wastes. 1. There shall be installed within the building a properly designed waste disposal	A1001		

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A1001	<p>Continued From page 20</p> <p>system, connecting to all fixtures to which water under pressure is piped.</p> <p>2. All liquid and human waste, including floor wash water and liquid waste from refrigerators, shall be disposed through trapped drains into a public sewer in localities where such system is available.</p> <p>3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed through trapped drains into a sewage disposal system approved by the local County Health Department. The sewage disposal system shall be of a size and capacity based on the number of residents and personnel housed and employed in the institution. Where the sewage disposal system is installed at an existing facility prior to granting of a license, it shall be inspected and approved by the local County Health Department.</p> <p>(c) Premises. The premises shall be kept neat and clean. The property shall be free of rubbish, weeds, ponded water, or other conditions, which may create a health, safety, or sanitation hazard.</p> <p>(d) Control of Insects, Rodents, and other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or control shall be used. Droppings shall be evidence of infestation by pests.</p> <p>(e) Toilet Room Cleanliness. Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an</p>	A1001		

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A1001	<p>Continued From page 21</p> <p>accumulation of rubbish, cleaning supplies, toiletry articles. The use of a common towel and common bar soap is prohibited.</p> <p>(f) Garbage Disposal.</p> <p>1. Garbage must be kept in water-tight suitable containers with tight-fitting covers. Garbage containers must be emptied at frequent intervals and shall be thoroughly cleaned and aired before using again.</p> <p>2. Garbage and waste shall be disposed of in accordance with local and state regulations.</p> <p>(g) Control of Odors. The facility shall be free of objectionable odors.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, water temperatures were not maintained at an acceptable level.</p> <p>Findings:</p> <p>During a tour of the facility with EI#1, on March 5, 2024, water temperatures were greater than the maximum permitted as hot water accessible to residents shall in no case exceed 110 degrees Fahrenheit.</p> <p>Water temperature was found to be:</p> <ul style="list-style-type: none"> -Resident Room 12 was 112.5 Fahrenheit -Resident Room 14 was 113.4 Fahrenheit -Resident Room 3 was 111.4 Fahrenheit -Resident Room 2 was 112.1 Fahrenheit 	A1001		

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A1001	Continued From page 22 -Resident Room 1 was 113.2 Fahrenheit El#1 agreed the water temperatures were above the acceptable level and stated the water temperature would be adjusted.	A1001		
A1002	420-5-20-.10 (2) Sanitation and Housekeeping. (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, decent, sanitary, 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 protected by an automatic sprinkler system and	A1002		

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A1002	<p>Continued From page 23</p> <p>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 observations and interview, a facility lavatory was not in proper working order.</p> <p>Findings:</p> <p>During a facility tour with EI#1, on March 5, 2024, it was observed that the facility did not keep a lavatory in proper working order. Resident Room 14 lavatory toilet was observed to be not in proper working order as its mounting was such that the floor tiles were moving up and down and the toilet</p>	A1002		

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A1002	Continued From page 24 rocked in multiple directions when pressure (touch) was applied to the toilet. EI#1 concurred with the findings.	A1002		
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	A1203		

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A1203	<p>Continued From page 25</p> <p>facilities shall provide an emergency artificial lighting system to adequately illuminate halls, corridors, and stairwells in case of electrical power failure. As a minimum, dry cell 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</p>	A1203		

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A1203	<p>Continued From page 26</p> <p>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 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</p>	A1203		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2024
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NAME OF PROVIDER OR SUPPLIER THE HARBOR AT OPELIKA	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 FOX RUN PARKWAY OPELIKA, AL 36801
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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
A1203	<p>Continued From page 27</p> <p>living facilities, in accordance with the Special 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</p>	A1203		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2024
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A1203	<p>Continued From page 28</p> <p>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 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</p>	A1203		

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A1203	<p>Continued From page 29</p> <p>prohibited in specialty care assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</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 observations and interview, a fire extinguisher did not contain documentation of a monthly visual inspection. In addition, the emergency artificial lighting system was inadequate in one portion of the building.</p> <p>Findings:</p> <p>During a facility tour with EI#1, on March 5, 2024, the following findings were noted.</p> <p>The fire extinguisher marked as #6 and located in the facility hallway fire extinguisher storage cabinet did not have an inspection tag to document monthly visual inspections.</p> <p>The emergency artificial lighting system in the hallway area between the administrator's office and storage room was not functioning.</p> <p>EI#1 concurred with the findings.</p> <p>CONNIE CHERRY, REGISTERED NURSE TROY BLACK, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p>	A1203		

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