

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D5987</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/31/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE RIDGE AT GRAND VIEW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 CORPORATE RIDGE ROAD BIRMINGHAM, AL 35242</b>
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A 000	<p>Initial Comments</p> <p>On July 31, 2025, an unannounced licensure survey was conducted for this 50 bed Assisted Living Facility (ALF) with a census of 33.</p> <p>There were six complaints investigated during this survey. LC#20250612003, LC#20250609013, LC#20250603005, LC#20241126006, LC#20240522008 and LC#20230306012 were unsubstantiated. No deficiencies were cited as a result of these complaint investigations.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 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</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> <p>following:</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> </ol>	A 602		

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A 602	<p>Continued From page 2</p> <p>4. Changes in treatment.</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 reviews and interviews, residents' Initial Physical Examinations were not complete.</p> <p>Findings:</p> <p>Review of residents' facility records on July 29 and 30, 2025 revealed the following information.</p> <p>Resident Identifier (RI)#7 was admitted to the</p>	A 602		

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A 602	<p>Continued From page 3</p> <p>facility on December 4, 2024 and had diagnoses which included iron deficiency anemia, cirrhosis of the liver, diabetes mellitus type II, osteoarthritis, major depressive disorder and scleritis. RI#7's Initial Physical Examination, dated December 2, 2024, did not contain RI#7's vital signs and weight.</p> <p>RI#11 was admitted to the facility on December 16, 2024 and had diagnoses which included osteoarthritis, ataxia, aphasia, developmental disability and neurocognition disorder. RI#11's Initial Physical Examination, dated December 6, 2024, did not contain RI#11's vital signs and weight.</p> <p>Employee Identifier (EI)#1 and EI#2 agreed the required information was missing from these medical examinations. Both EI#1 and EI#2 were recently hired at the facility and stated they are working to correct these deficient practices.</p>	A 602		
A 611	<p>420-5-4-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.</p> <p>(a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times.</p> <p>(b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the</p>	A 611		

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

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A 611	<p>Continued From page 5</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, residents' facility care plans were not current and did not contain appropriate interventions to meet the residents' care needs.</p> <p>Findings:</p>	A 611		

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A 611	<p>Continued From page 6</p> <p>RI#4 was admitted to the facility on June 21, 2024 and had diagnoses which included chronic kidney disease, hypertension, diabetes mellitus, major depressive disorder, hypothyroidism and recurrent urinary tract infections. RI#4 had recent unstable blood sugars and staff reported RI#4 was noncompliant with his/her diet. RI#4 also had a fall on 7/28/25 when his/her blood sugar was low, causing bruising and swelling to the face. RI#4's facility care plan did not provide staff with signs and symptoms of low and high blood sugars to be monitored for as well as treatment if fluctuations in blood sugars occurred. In addition, the recent fall was not addressed with interventions to prevent a recurrence.</p> <p>RI#5 was admitted to the facility on December 4, 2024 and had diagnoses which included anxiety, cerebrovascular accident, diabetes mellitus type II, hypothyroidism, hypertension, depressive disorder and bilateral ankle edema. RI#5 eloped from the facility on March 31, 2025 while having delusional thoughts. This behavior was not addressed on RI#5's facility care plan with interventions to prevent a recurrence.</p> <p>RI#6 was admitted to the facility on May 30, 2024 and had diagnoses which included psychosis, major depressive disorder, generalized anxiety disorder, Parkinson's disease with dyskinesia, insomnia, hypotension and allergic rhinitis. RI#6 had a very unsteady gait and would walk quickly, creating an increased fall risk. RI#6 also had a history of nose bleeds and took medications for Parkinson's which required timing around meals. These issues were not addressed on RI#6's facility care plan with interventions to prevent falls and assist RI#6 to be compliant with medications and managing nose bleeds.</p>	A 611		

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A 611	Continued From page 7  EI#2, Registered Nurse, was newly hired at the facility and acknowledged that residents' care plans were not all current. EI#2 added that she (EI#2) was assessing residents and updating their care plans based on the assessments.	A 611		
A 617	420-5-4-.06 (8) Care of Residents.  (8) Disposal of Medications.  1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days.  2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication, and the amount. This statement shall be maintained in a file for at least three years.  3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of	A 617		

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A 617	<p>Continued From page 8</p> <p>the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, disposition of residents' medications upon discharge from the facility was not documented.</p> <p>Findings:</p> <p>Review of discharged residents' records on July 29, 2025 revealed the following information.</p> <p>RI#14 was admitted to the facility on January 6, 2023 and had diagnoses which included anemia, diverticulitis, hypertension, asthma, dementia, chronic pain syndrome, depression, epilepsy, hypothyroidism, protein calorie malnutrition and congestive heart failure. It was unknown when RI#14 was discharged from the facility since there was no documented discharge date and RI#14 was no longer on the census at the facility. There was no documentation of disposition of RI#14's medications upon discharge from the facility.</p> <p>RI#15 was admitted to the facility on January 13, 2023 and had diagnoses which included encephalopathy, muscle weakness, cognitive communication deficit, lupus, osteoarthritis, insomnia and repeated falls. RI#15 was discharged to the specialty care assisted living facility in the same building on July 18, 2024. There was no documentation of disposition of RI#15's medications upon discharge from the</p>	A 617		

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A 617	Continued From page 9  facility.  EI#1 was hired at the facility in May 2025 and was unable to determine a discharge date for RI#14 as well as disposition of these residents' medications since the events occurred prior to EI#1's employment. EI#1 stated she (EI#1) is aware that medication disposition is to be documented and will ensure staff are properly trained.	A 617		
A 901	420-5-4-.09 (1) (2) Laundry.  (1) General.  (a) Direction and Supervision. Responsibility for laundry services shall be assigned to an employee.  (b) Linen. Linens shall be handled, stored, processed, and transported in a manner consistent with generally accepted infection control practices.  (2) Location and Space Requirements.  (a) Each assisted living facility shall have laundering facilities unless commercial laundries are used. An on-site laundry shall be located in a specifically designated area, and there shall be adequate rooms and spaces for sorting, processing, and storage of soiled material. Laundry rooms in Group and Congregate facilities shall not open directly into resident rooms or food service areas. Domestic washers and dryers which are for the exclusive use of residents may be provided in resident areas, provided they are installed in such a manner that they do not cause a sanitation problem or	A 901		

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A 901	<p>Continued From page 10</p> <p>offensive odors.</p> <p>(b) Each assisted living facility shall have a system in place to keep clean linen and dirty linen separated and to prevent the reuse of dirty linen before it is cleaned. Dirty linens and clothing shall not be stored, even temporarily, in the area set aside for clean linen.</p> <p>(c) Ventilation of Laundry. Provisions shall be made for proper mechanical ventilation of the laundry, if located within the assisted living facility. Provisions shall also be made to prevent the re-circulation of air in commercial equipment laundries into the heating and air conditioning systems outside the laundry area.</p> <p>(d) Lint Traps. Adequate, effective, and clean lint traps shall be used in all dryers.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, a laundry area was not kept free of lint.</p> <p>Findings:</p> <p>On the morning of July 29, 2025, the surveyor observed the Resident Laundry room. Lint was visible on the walls behind and around the dryer. A thick layer of lint was present on the lint trap. El#1 was made aware of this concern of lint buildup and stated she (El#1) would contact maintenance immediately for cleaning.</p>	A 901		

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A1001	Continued From page 11	A1001		
A1001	<p>420-5-4-.10 (1) Sanitation and Housekeeping.</p> <p>(1) Sanitation.</p> <p>(a) Water Supply.</p> <p>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.</p> <p>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.</p> <p>(b) Disposal of Liquid and Human Wastes.</p> <p>1. There shall be installed within the building a properly designed waste disposal 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</p>	A1001		

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A1001	<p>Continued From page 12</p> <p>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 that 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 accumulation of rubbish, cleaning supplies, and 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>	A1001		

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A1001	<p>Continued From page 13</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 interviews, hot water accessible to residents exceeded the allowed temperature.</p> <p>Findings:</p> <p>On July 30, 2025, the surveyor checked a hot water temperature in the facility's Beauty Salon. The temperature was 120 degrees Fahrenheit, above the level allowed in an ALF. The temperature was reported to EI#1 who immediately notified EI#4, Maintenance Director, to adjust the water temperature. The water temperature was rechecked later that same day with a result of 109 degrees Fahrenheit.</p>	A1001		
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 14</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 15</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 reviews and interview, the facility failed to conduct fire drills as required.</p>	A1101		

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A1101	Continued From page 16  Findings:  Review of fire drill reports on the afternoon of July 30, 2025 revealed the following information. No fire drill was documented for April 2025 and fire drills were not documented quarterly on each shift for the second quarter (April-June) of 2025. No fire drill was documented for January 2024. The fire drill reports for February through July 2024 did not contain times of the drills and one did not contain a date. The surveyor was unable to determine when the fire drills were conducted to verify compliance. EI#1 agreed the fire drills had not been conducted as required but stated she (EI#1) is working with the new Maintenance Director to bring the facility into compliance.	A1101		
A1201	420-5-4-.12 (1) Physical Environment.  (1) Buildings and Grounds.  (a) The assisted living facility including site and grounds must be constructed, arranged, and maintained to ensure the safety of the residents and building occupants.  (b) Building Classification.  1. Family assisted living facilities shall be planned to serve the types of residents to be admitted and shall comply with the Life Safety Code Chapter for One- and Two-Family Dwellings, and shall comply with Sections (1), (2), (3), and (4) of AAC Rule 420-5-4-.12.  2. Group assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), and (5)	A1201		

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A1201	<p>Continued From page 17 of AAC Rule 420-5-4-.12.</p> <p>3. Congregate assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (6) of AAC Rule 420-5-4-.12.</p> <p>4. Renovation within the exterior walls of an assisted living facility shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the classification of license held by the assisted living facility.</p> <p>5. Dually Licensed Facility.</p> <p>(i) For the purposes of meeting physical facility and building code requirements, a building housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed capacities of both facilities. For the purposes of meeting resident care and administrative requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed capacity of each, and the determination shall not be based on their combined bed capacity. See Rule 420-5-20 for Specialty Care Assisted Living Facilities and requirements.</p> <p>(ii) When a facility has a portion of a building licensed for specialty care residents, instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for</p>	A1201		

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A1201	<p>Continued From page 18</p> <p>specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions.</p> <p>(c) Location. All assisted living facilities established or constructed shall be located so that they are free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance can be reduced to 500 feet when facility is separated by a boarded fence at least six feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities.</p> <p>(d) Local Restrictions. The location and construction of all assisted living facilities shall comply with local zoning, building, and fire ordinances. Evidence to this effect, signed by local fire, building, or zoning officials, may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the local county commission through official board action or from the office of the probate judge.</p> <p>(e) Assisted living facilities shall be located on publicly maintained streets or roads, and connected with driveways which shall be kept passable at all times.</p> <p>(f) Occupancy. No part of an assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility or the residents of other licensed facilities on the same campus. A campus consists of the premises occupied by the licensed facility together with all</p>	A1201		

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A1201	<p>Continued From page 19</p> <p>parcels or property that the governing authority owns or has the legal right to occupy, and which are separated from the remainder of the campus only by a public right of way. Services provided within the facility shall be limited to serving the residents of facilities on the campus that are licensed by the Department. The Department shall approve all plans for occupancy.</p> <p>(g) Basements. The basement shall be considered as a story if it meets criteria established by the codes for a story.</p> <p>(h) The assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services.</p> <p>(i) Facilities, supplies, and equipment must be maintained in safe operating condition.</p> <p>(j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain an Electrical Room in safe operating condition.</p> <p>Findings:</p> <p>During a tour of the facility on July 28, 2025 with EI#7, the surveyor observed a room labeled Electrical Room near resident room 124. The door to the Electrical Room was unlocked allowing easy entry into the room. EI#7 quickly locked the Electrical Room. EI#1 was informed of</p>	A1201		

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A1201	Continued From page 20  the unlocked door and agreed the door should have been locked, stating maintenance must have left it unlocked.	A1201		
A1205	420-5-4-.12 (7) Physical Environment.  (7) Building Requirements - Group Assisted Living Facilities.  (a) General. Group assisted living facilities licensed, constructed, or renovated after December 25, 1991, shall be limited to one story buildings and shall comply with the currently adopted building code and National Fire Protection Association, Life Safety Code. Facilities, or portions of facilities, built under the currently adopted codes shall comply with the Life Safety Code Chapter for New Residential Board and Care Occupancies (excluding NFPA 101A Alternative Approaches to Life Safety). Facilities, or portions of facilities, built under previous adopted editions of the codes shall comply with the currently adopted Life Safety Code Chapter for Existing Residential Board and Care Occupancies, Impractical Evacuation Capability (excluding NFPA 101A Alternative Approaches to Life Safety).  (b) Required Fire Exits.  1. At least two exits, remote from each other and so located that there will be no dead-end corridors in excess of 20 feet, shall be provided.  2. Exits shall be so located that the distance of travel from the corridor door of any occupied room to an exit shall not exceed 100 feet.	A1205		

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A1205	<p>Continued From page 21</p> <p>3. Each bedroom or suite shall have at least one doorway opening directly to the outside, or to an exit corridor leading directly to the outside.</p> <p>4. Exit doors shall swing to the exterior.</p> <p>5. Panic hardware shall be installed on all exit doors of facilities submitted for plan review. As a minimum, single action hardware is required on all exit doors of existing facilities.</p> <p>(c) Corridors and Passageways. Corridors and passageways used as a means of exit, or part of a means of exit, shall be at least 36 inches wide, shall be unobstructed, and shall not lead through any room or space used for a purpose that may obstruct free passage.</p> <p>(d) Smoke Barrier Separations.</p> <p>1. Buildings exceeding 3,000 square feet in area shall be divided into separate areas by smoke barriers so located as to provide ample space on each side for approximately one-half the beds. Smoke barriers shall have a fire-resistive rating of not less than one hour or minimum one-half hour for existing sprinkled facilities.</p> <p>2. Doors provided in smoke barriers shall be smoke-resistive, so installed that they may normally be kept in the open position, but will close automatically upon fire alarm activation.</p> <p>3. Duct penetrations in smoke barriers shall be properly protected with smoke dampers.</p>	A1205		

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A1205	<p>Continued From page 22</p> <p>4. Penetrations of smoke barriers with wiring, conduits, pipes, etc., shall be sealed to maintain the fire and smoke rating.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, smoke barrier doors failed to function properly upon activation of the fire alarm system.</p> <p>Findings:</p> <p>On the morning of July 29, 2025, the fire alarm system was activated by EI#4. Upon activation of the fire alarm system, the smoke barrier doors on the 100 hall near the front desk released but did not fully close, leaving a 1-2 inch gap between the doors. EI#4 also observed the doors not fully closed and contacted the repair company. Repairs were completed on the smoke barrier doors that same day allowing the doors to close upon activation of the fire alarm system and create a smoke barrier.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A1205		