

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>D3501</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/02/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESLEY PLACE ON HONEYSUCKLE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>718 HONEYSUCKLE ROAD<br/>DOTHAN, AL 36305</b> |
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| A 000              | <p>Initial Comments</p> <p>On October 2, 2024, an unannounced licensure survey was conducted for this 66 bed Assisted Living Facility with a census of 36.</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 risk of harm to the residents and require a plan of correction.</p>  | A 000         |   |                    |
| A 302              | <p>420-5-4-.03 (1) (e) Administration.</p> <p>Policies.</p> <p>The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:</p> <ul style="list-style-type: none"> <li>(i) Facility responsibility to protect all residents from abuse, neglect, and exploitation.</li> <li>(ii) How allegations of abuse, neglect, and exploitation will be handled by the facility.</li> <li>(iii) Resident confidentiality.</li> </ul> | A 302         |   |                    |

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| Health Care Facilities<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| A 302              | <p>Continued From page 1</p> <p>(iv) Admission and continued stay criteria.</p> <p>(v) Discharge criteria and notification procedures for residents and sponsors.</p> <p>(vi) Facility responsibility when a resident's personal belongings are lost.</p> <p>(vii) What services the facility is capable and not capable of providing.</p> <p>(viii) Medication management.</p> <p>(ix) Infection control.</p> <p>(x) Meal service, timing, menus and food preparation, storage, and handling.</p> <p>(xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness.</p> <p>(xii) Staffing and conduct of staff while on duty.</p> <p>(xiii) Oxygen administration and storage if used in the facility.</p> <p>(xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the</p> | A 302         |   |                    |

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| A 302              | <p>Continued From page 2</p> <p>residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address:</p> <p>(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.</p> <p>(II) The attire and cleanliness of staff members who prepare, handle, or serve food.</p> <p>(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.</p> <p>(IV) Food substitutions or alternatives.</p> <p>(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.</p> <p>(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.</p> <p>(VII) Provision of necessary services to any resident requiring adaptive devices to eat.</p> <p>(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.</p> <p>(IX) Storage of food.</p> <p>(X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available.</p> | A 302         |   |                    |

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| A 302              | <p>Continued From page 3</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, interviews and record reviews, the facility failed to implement written policies and procedures.</p> <p>Findings:</p> <p>The facility policy titled, "Changes in Resident Condition-ALF (Assisted Living Facility)" revealed, "... POLICY: It is the policy of this facility to report any changes in the resident's condition. PROCEDURE: 1. The administrator, RN (Registered Nurse) or LPN (Licensed Practical Nurse) shall be responsible for notifying the resident's attending physician when: ... b. There is a significant change in the resident's physical, ... status. ... The administrator, RN or LPN shall be responsible for notifying the resident, his/her next-of-kin, or representative (sponsor), ... when: ... b. There is a significant change in the resident's physical, ... status. ... 3. All notifications must be made as soon as practical, but in no case shall such notification exceed twenty-four (24) hours. ..." Refer to deficiency 606 for additional information.</p> <p>The facility policy titled, "ADMISSION/DISCHARGE POLICY-Assisted Living Facility" revealed, "... Residents must be discharged ... if any of the following conditions exist: Persons that require ... skilled nursing care, .. or who cannot meet medication competency eligibility ..." Refer to deficiency 606 and 613 for additional information.</p> <p>The facility policy titled, "Weighing of Residents on the Assisted Living ..." revealed, "... 3. Any</p> | A 302         |   |                    |

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| A 302              | <p>Continued From page 4</p> <p>resident who loses five percent or more in one month, 7.5 percent in 90 days or more, ... will be placed on weekly weights. The physician and sponsor will be notified. ..." Refer to deficiency 611 for additional information.</p> <p>The facility policy titled, "Care Plans_Assisted Living ..." revealed, "... Policy Interpretation and Implementation 3. The plan of care shall be reviewed and updated based on ... the resident's monthly assessments. ... 8. The comprehensive, person-centered care plan: a. Reflects the current condition of the resident and document(s) the personal care and services required from the facility by the resident. b. The care plan contains the following information: A listing of the resident's individual needs or problems that require intervention by the facility. A listing of interventions provided by the facility to address the resident's identified needs or problems. ..." Refer to deficiency 611 for additional information.</p> <p>The facility policy titled, "Medication Assistance" revealed, "... PROCEDURE: 1. Any resident requiring staff assistance with self-administration of medication must have a reasonable lay person's understanding of the unit dose packaging system in use by the facility such that the resident could likely protect himself or herself from medication errors if unit dose packages are brought to the resident by facility staff. ... 4. Specific procedures for assisting with medications: ... e. Ask the resident to look at the blister pack and confirm the label i. Is this your name? ii. Is this your medication? iii. Is it the time you are supposed to take this medication? ..." Refer to deficiency 614 for additional information.</p> <p>The facility policy titled, "Fire Drills" revealed, "Policy Statement ... Skills taught during training</p> | A 302         |   |                    |

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| A 302              | Continued From page 5<br><br>are practiced during regular drills. Policy Interpretation and Implementation 1. ... Follow-up training is scheduled if ... regular drills demonstrate areas of weakness. 2. Fire and life safety drills are conducted at least once per month at varying times and days and quarterly on each shift. ... 5. The drills involve the actual evacuation of residents to assembly areas in the adjacent smoke compartment ..." Refer to deficiency 1101 for additional information.  | A 302         |   |                    |
| A 303              | 420-5-4-.03 (2) (a) Administration.<br><br>The Administrator.<br><br>(a) Responsibility.<br><br>1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties.<br><br>2. Any individual employed as an administrator shall be properly licensed.<br><br>3. Any individual employed as an administrator shall meet all applicable statutory requirements.<br><br>4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the administrator during absences.<br><br>5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age. | A 303         |   |                    |

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| A 303              | <p>Continued From page 6</p> <p>6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.</p> <p>7. The administrator shall ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week.</p> <p>8. The administrator shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe environment and adequate care being provided at all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided, then the facility does not meet this administration and management requirement.</p> <p>9. The facility administrator is responsible for ensuring that required training is provided to all staff.</p> <p>10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting.</p> <p>11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed.</p> <p>12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged</p> | A 303         |   |                    |

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| A 303              | <p>Continued From page 7</p> <p>discharge plan.</p> <p>13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, interview, and record review, Employee Identifier (EI)#1, the administrator, failed to perform her duties to ensure the care and safety needs of all residents were met.</p> <p>Findings:</p> <p>The facility did not follow it's own policies and procedures.<br/>Refer to deficiency 302 for additional information.</p> <p>The facility failed to document when employees made initial contact with residents.<br/>Refer to deficiency 403 for additional information.</p> <p>The facility failed to post all required postings.<br/>Refer to deficiency 504 for additional information.</p> <p>A resident's Initial Medical Examination did not contain all required information.<br/>Refer to deficiency 602 for additional information.</p> <p>The facility failed to ensure a resident who required a level of care, higher than the facility was capable of providing, was transferred or discharged to an appropriate setting.<br/>Refer to deficiency 606 for additional information.</p> <p>The facility failed to ensure RI#2's care plan</p> | A 303         |   |                    |

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| A 303              | <p>Continued From page 8</p> <p>included appropriate interventions to address an unplanned weight loss and significant hearing impairment.<br/>Refer to deficiency 611 for additional information.</p> <p>The facility failed to ensure RI#5 was able to pass a medication awareness screening.<br/>Refer to deficiency 613 for additional information.</p> <p>A resident was not given the opportunity to correctly utilize the unit dose package system at every opportunity for medication use.<br/>Refer to deficiency 614 for additional information.</p> <p>The facility retained a resident who did not meet the criteria for retention in an assisted living facility.<br/>Refer to deficiency 621 for additional information.</p> <p>The facility failed to label prepared food appropriately.<br/>Refer to deficiency 702 for additional information.</p> <p>The facility failed to ensure fire drills were conducted and response was evaluated every month. The facility also failed to ensure that employees were properly trained in fire safety.<br/>Refer to deficiency 1101 for additional information.</p> | A 303         |   |                    |
| A 403              | <p>420-5-4-.04 (4) Personnel.</p> <p>(4) Personnel Records. An 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>  | A 403         |   |                    |

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| A 403              | <p>Continued From page 9</p> <p>(b) Verification of current certification or licensure, if applicable.</p> <p>(c) Record of required physical 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:<br/>Based on record review and interview the facility failed to document when employees made initial contact with residents.</p> <p>Findings</p> <p>On the afternoon of October 1, 2024, a review of employee files revealed no documentation of when initial resident contact was made. EI#1 was asked about the missing documentation and she stated that the facility has not been documenting the initial resident contact date.</p> | A 403         |   |                    |
| A 504              | <p>420-5-4-.05 (3) (d) Records and Reports.</p> <p>(d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission of these rights. A copy of these rights</p>  | A 504         |   |                    |

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| A 504              | <p>Continued From page 10</p> <p>shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate.</p> <ol style="list-style-type: none"> <li>1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility.</li> <li>2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints.</li> <li>3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy.</li> <li>4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time.</li> <li>5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.</li> </ol> | A 504         |   |                    |

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| A 504              | <p>Continued From page 11</p> <p>6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.</p> <p>7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.</p> <p>8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.</p> <p>9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident.</p> <p>10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases.</p> <p>11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility</p> | A 504         |   |                    |

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| A 504              | <p>Continued From page 12</p> <p>providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.</p> <p>12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.</p> <p>13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file.</p> <p>14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that:</p> <p>(i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care.</p> | A 504         |   |                    |

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| A 504              | <p>Continued From page 13</p> <p>(ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation; and</p> <p>(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.</p> <p>15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges.</p> <p>16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities.</p> <p>17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area.</p> <p>18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24</p> | A 504         |   |                    |

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| A 504              | <p>Continued From page 14</p> <p>months, then the results of the most recent inspection and any resulting corrective action plan shall be posted.</p> <p>19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges.</p> <p>20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents.</p> <p>21. Every resident shall have the right to wear his or her own clothes, to keep and use his or her own personal possessions including toilet articles except for personal possessions too large to be stored in the resident's room.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours and to freely come and go from the home.</p> <p>24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file.</p> | A 504         |   |                    |

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| A 504              | <p>Continued From page 15</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview the facility failed to post all required postings.</p> <p>Findings:</p> <p>An observation was made on the afternoon of September 30, 2024, of the required postings. Department of Human Resources' contact information and Residents Rights were not posted in a conspicuous location. EI#2, the Clinical Coordinator, was present and said none of the missing postings were in the hallways, they were in closed drawers.</p> <p>On the afternoon of October 2, 2024, EI#1 acknowledged the postings were missing and had been corrected.</p>   | A 504         |   |                    |
| 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</p> | A 602         |   |                    |

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| A 602              | <p>Continued From page 16</p> <p>physical examination record shall contain the 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 17</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:<br/>Based on record review and interview a resident's Initial Medical Examination did not contain all required information.</p> <p>Findings:</p> <p>A review of Resident Identifier (RI)#1's Initial Medical Examination revealed no weight had been documented. This Initial Medical</p> | A 602         |   |                    |

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| A 602              | Continued From page 18<br><br>Examination was dated July 1, 2024.<br><br>On the afternoon of October 2, 2024, EI#1 agreed required information was not documented of RI#1's Initial Medical Examination.  | A 602         |   |                    |
| A 611              | 420-5-4-.06 (4) (a) (b) Care of Residents.<br><br>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.<br><br>(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.<br><br>(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 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.<br><br>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 | A 611         |   |                    |

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| A 611              | <p>Continued From page 19</p> <p>and procedures, the plan of care shall contain the following:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>5. Activities of Daily Living. Residents of 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.</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> | A 611         |   |                    |

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| A 611              | <p>Continued From page 20</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:<br/>Based on observation, record review and interview, the facility failed to ensure RI#2's care plan included appropriate interventions to address an unplanned weight loss and significant hearing impairment.</p> <p>Findings:</p> <p>RI#2 was admitted to the facility on March 17, 2021, with diagnoses to include arthritis, hypothyroidism, obstructive sleep apnea and atrial fibrillation.</p> <p>Weight loss<br/>Review of the medical record for RI#2 revealed a 5.8% weight loss as of September 2, 2024. RI#2 had no interventions put in place to address this significant weight loss until September 30, 2024.</p> <p>Hearing deficit<br/>Observation during the initial tour, on the afternoon of September 30, 2024, revealed a</p> | A 611         |   |                    |

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| A 611              | <p>Continued From page 21</p> <p>significant hearing deficit for RI#2. Subsequent interactions with RI#2 showed continued challenge for RI#2 to hear what was being said to him/her. The care plan had no interventions to address RI#2's hearing deficit.</p> <p>An interview was conducted on the morning of October 1, 2024, with EI#7, the Registered Dietitian. EI#7 said as of September 2, 2024, RI#2 had a 5.8% weight loss over one month and a 9.6% weight loss over three months. EI#7 said she had been notified of the significant weight loss on September 30, 2024.</p> <p>An interview was conducted on the morning of October 2, 2024, with EI#2. EI#2 was asked why the plan of care for RI#2 did not address his/her significant weight loss or hearing loss. EI#2 said she did not have an answer for that. EI#2 said the care plan should address identified issues so they can communicate effectively.</p> <p>On the afternoon of October 2, 2024, EI#1 agreed the plan of care was not developed to address the identified weight loss and hearing deficit.</p> | A 611         |   |                    |
| 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</p>  | A 613         |   |                    |

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| A 613              | <p>Continued From page 22</p> <p>prescribe medications to a resident of an assisted living facility only during the initial physical 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:<br/>Based on observation and interview the facility</p> | A 613         |   |                    |

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| A 613              | <p>Continued From page 23</p> <p>failed to ensure RI#5 was able to pass a medication awareness screening. This failure indicated RI#5 was unable to protect themselves for a medication error.</p> <p>Findings:</p> <p>RI#5 was admitted to the facility on November 17, 2020, with diagnoses to include chronic pancreatitis, dementia without behavioral disturbance, adjustment disorder with depressed mood and kidney failure.</p> <p>On the morning of October 2, 2024, an observation was made of RI#5 for the ability to identify medications and to direct his/her medication assistance. RI#5 was asked whose medications EI#3, a Licensed Practical Nurse (LPN) was showing him/her. RI#5 could not read the name with glasses on and EI#3 gave a magnifying glass to RI#5. Even with the magnifying glass and his/her glasses, RI#5 took 8 minutes to read the name and prescription name on two medication dose cards. EI#3 said RI#5 failed the medication test.</p> <p>A review of RI#5's medical record revealed: Medication Awareness Assessment dated September 26, 2024, "... Can resident recognize his/her name on the unit dose card or container? No (checked) Resident voiced (he/she) can't see even with magnify glass(.) Does resident respond appropriately when given a "test card/container" labeled with another name? No (checked) Resident voiced (he/she) can't see even with magnify glass(.) ... Resident Is Not aware of his/her medications as defined in the Alabama Assisted Living Facility Rules. ..." This assessment was signed by EI#5, LPN.</p> | A 613         |   |                    |

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| A 613              | <p>Continued From page 24</p> <p>On the morning of October 2, 2024, an interview was conducted with EI#5. EI#5 said RI#5 had previously been able to identify their medications. EI#5 said she was going to notify the registered nurse but did not. EI#5 said she was supposed to notify the supervisor if a resident failed a medication awareness assessment. EI#5 said a resident cannot live in an assisted living facility if they cannot identify their medication. EI#5 said she usually writes it up and notifies the nurse, but she did not.</p> <p>On the morning of October 2, 2024, EI#2 was interviewed. EI#2 was asked what should have been done on September 26, 2024, when RI#5 failed their medication awareness assessment. EI#2 said RI#5 should have been re-assessed, if he/she failed, a licensed nurse would have to administer medications after a physician's order was obtained and a 30-day notice should have been issued. When asked why that was not done, EI#2 said it was not communicated to her and that started the failure.</p> <p>On the afternoon of October 2, 2024, EI#1 acknowledged RI#5's medication awareness assessment failure should have been addressed.</p> <p>After RI#5 failed the medication awareness assessment, EI#2 implemented a plan of action that included the resident was reassessed, the physician was notified and an order for licensed nurse to administer all medications was given and the sponsor was notified of the change in condition. A 30-day discharge notice was issued.</p> | A 613         |   |                    |
| A 614              | 420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.   | A 614         |   |                    |

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| A 614              | <p>Continued From page 25</p> <p>(f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety.</p> <p>(g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:</p> <p>1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use.</p> <p>(6) Assistance with self-administration of medication includes the following practices:</p> <p>(a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed.</p> | A 614         |   |                    |

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| A 614              | <p>Continued From page 26</p> <p>(b) Physically assisting a resident by opening or helping to open a container holding medications.</p> <p>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.</p> <p>(d) Physically bringing a container of medication to a resident.</p> <p>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:</p> <p>(a) Medication administration as defined in these rules.</p> <p>(b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given.</p> <p>(c) Giving a resident injections of any kind.</p> <p>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.</p> <p>(e) Placing medications in a feeding tube.</p> <p>(f) Giving enemas or suppositories.</p> | A 614         |   |                    |

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| A 614              | <p>Continued From page 27</p> <p>(g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or</p> | A 614         |   |                    |

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| A 614              | <p>Continued From page 28</p> <p>her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations and interviews, a resident was not given the opportunity to correctly utilize the unit dose package system at every opportunity for medication use.</p> <p>Findings:</p> <p>RI#3 was admitted to the facility on February 25, 2023, with diagnoses to include hypertension, type II diabetes mellitus, Parkinson's disease and cirrhosis. Upon admission RI#3 was independent with ambulation, bathing, dressing and grooming. RI#3 required assistance only with medications.</p> <p>On the morning of October 2, 2024, EI#4, an LPN, was observed for medication assistance for RI#3. As EI#4 removed RI#3's medications from the medication cart, EI#4 opened the package containing RI#3's Rivastigmine transdermal patch. EI#4 removed the patch, dated and initialed it. EI#4 returned the patch to the package. Upon entering the room she told RI#3</p> | A 614         |   |                    |

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| A 614              | Continued From page 29<br><br>that "I have your patch." RI#3 was not given the opportunity to identify the medication.<br><br>On the morning of October 2, 2024, EI#4 was asked how RI#3 identified his/her Rivastigmine transdermal patch. EI#4 said RI#3 did not. EI#4 said she told RI#3 what she had for him/her.<br><br>On the morning of October 2, 2024, EI#2 said during medication pass assistance, residents should be allowed to identify all medications.   | A 614         |   |                    |
| A 621              | 420-5-4-.06 (11) (b) Care of Residents.<br><br>(b) Retention<br><br>1. An assisted living facility shall not allow any resident to return to the assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the facility is licensed to provide or the facility is capable of providing.<br><br>2. An assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.<br><br>3. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in an assisted living facility.<br><br>4. An assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:<br><br>(i) The individual is capable of | A 621         |   |                    |

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| A 621              | <p>Continued From page 30</p> <p>performing and does perform all tasks related to his or her own care; OR</p> <p>(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity BUT the individual has sufficient cognitive ability to direct his or her own care AND the individual is able to direct others and does direct others to provide the physical assistance needed to complete such tasks, AND the facility staff is capable of providing such assistance and does provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>5. If a resident of an assisted living facility is diagnosed with a terminal illness other than dementia and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is</p> | A 621         |   |                    |

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| A 621              | <p>Continued From page 31</p> <p>delivered to the resident.</p> <p>6. All skilled services provided in the facility, such as but not limited to wound care or insertion of a urinary catheter, shall be provided by the staff of properly licensed or certified agencies. Skilled services shall not be delegated to facility staff.</p> <p>7. Residents that develop acute infectious pulmonary disease, such as active tuberculosis, or other diseases capable of transmission to other individuals through normal person-to-person contact shall be immediately transferred to an appropriate level of care until certified by a physician to be free of a contagious condition.</p> <p>8. No assisted living facility shall be operated in whole or in part in a manner that prevents free and unhindered egress from the facility by any of its residents.</p> <p>9. An assisted living facility shall not retain any resident who cannot safely reside in the facility unless his or her egress from the facility is restricted.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, interview and record review, the facility retained a resident who was unable to protect themselves from a medication error.</p> <p>Findings:</p> <p>RI#5 was admitted to the facility on November 17, 2020, with diagnoses to include chronic pancreatitis, dementia without behavioral</p> | A 621         |   |                    |

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| A 621              | <p>Continued From page 32</p> <p>disturbance, adjustment disorder with depressed mood and kidney failure. On admission RI#5 was independent with dressing and groom and required assistance with bathing and an ambulation device. The Medical Exam dated October 19, 2023, revealed RI#5 required assistance only with medications.</p> <p>On the morning of October 1, 2024, EI#1 was asked about RI#5 after he/she refused to eat breakfast. EI#1 said RI#5 "... is beginning to not know what day or time it is. (He/She) goes to eat when it is not time." EI#1 reported this was newly identified but no 30-day notice had been issued.</p> <p>On the morning of October 2, 2024, RI#5 was observed to fail a medication awareness assessment. Refer to deficiency 613 for more information.</p> <p>RI#5's medical records documented on September 26, 2024, RI#5 was not aware of his/her medications as defined in the Alabama SBOH rules for assisted living facilities by EI#5.</p> <p>On the morning of October 2, 2024, an interview was conducted with EI#5. EI#5 said RI#5 had a change in condition because he/she had previously been able to identify his/her medications. EI#5 said she was supposed to notify the RN/supervisor and let them know about the changes but she did not.</p> <p>On the morning of October 2, 2024, EI#2, the Care Coordinator/Registered Nurse (RN), said she was responsible to ensure the LPN notified the physician of significant changes. EI#2 said when a change in resident condition occurs they should notify the family, physician and update care plans. When asked what should have been</p> | A 621         |   |                    |

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| A 621              | <p>Continued From page 33</p> <p>done for RI#5 after he/she failed the medication awareness test on September 26, 2024, she said RI#5 should have been re-assessed, if he/she failed, a licensed nurse would have to administer medications after a physician's order was obtained and a 30-day notice should have been issued. When asked why that was not done, EI#2 said it was not communicated to her and that started the failure.</p> <p>On the afternoon of October 2, 2024, EI#1 said RI#5's level of care needs had not been addressed.</p>  | A 621         |   |                    |
| A 702              | <p>420-5-4-.07 (2) Food Service</p> <p>(2) Food Handling Procedures.</p> <p>(a) Dish and Utensils Washing, Disinfection, and Storage.</p> <p>1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.</p> <p>2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:</p> <p>(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</p> <p>(ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with</p> | A 702         |   |                    |

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| A 702              | <p>Continued From page 34</p> <p>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 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> | A 702         |   |                    |

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| A 702              | <p>Continued From page 35</p> <p>(c) Protection of Food from Contamination.</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>6. All food products shall be used by the manufacturer's indicated date or discarded.</li> <li>7. Food shall be prepared either in the</li> </ol> | A 702         |   |                    |

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| A 702              | <p>Continued From page 36</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 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 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 37</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 contamination of food from hair. Employees</p> | A 702         |   |                    |

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| A 702              | <p>Continued From page 38</p> <p>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:<br/>Based on observation and interview the facility failed to label prepared food appropriately.</p> | A 702         |   |                    |

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| A 702              | <p>Continued From page 39</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 8, 2019.</p> <p>Findings:</p> <p>On October 2, 2024, the surveyor conducted a kitchen tour along with EI#7. The following prepared food items were observed in the walk-in refrigerator with a prepared date not a "use by date" documented.</p> <p>Oranges 9/30/24<br/>Salad 9/28/24<br/>Chicken salad 9/29/24</p> <p>During an interview on October 2, 2024, EI#1 said she agreed with the surveyor findings.</p>  | A 702         |   |                    |
| A 804              | <p>420-5-4-.08 (4) Physical Facilities.</p> <p>(4) Food Service Facilities.</p> <p>(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.</p> <p>(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</p> | A 804         |   |                    |

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| A 804              | <p>Continued From page 40</p> <p>rain or dust during inclement weather.</p> <p>(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.</p> <p>(d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light.</p> <p>(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 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</p> | A 804         |   |                    |

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| A 804              | <p>Continued From page 41</p> <p>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. 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> | A 804         |   |                    |

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| A 804              | <p>Continued From page 42</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> <ol style="list-style-type: none"> <li>1. Range. In a Family or Group assisted living facility, a residential use range is permitted. A Congregate assisted living facility shall have a heavy-duty range suitable for institutional use with double oven, or equivalent.</li> <li>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.</li> <li>3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods.</li> <li>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</li> </ol> | A 804         |   |                    |

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| A 804              | <p>Continued From page 43</p> <p>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 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:<br/>Based on observations and interviews, the main kitchen floor, ceiling and equipment, were in need</p> | A 804         |   |                    |

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| A 804              | <p>Continued From page 44</p> <p>of repair or replacement. Also, the kitchen equipment had not been cleaned and maintained as required, placing all the residents served from that kitchen at risk for food borne illness.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 8, 2019.</p> <p>Findings:</p> <p>On October 2, 2024, at approximately 8:45 AM the surveyor along with EI#7 conducted a kitchen tour. The surveyor observed the following deficiencies in the main kitchen with adjoining service areas.</p> <ul style="list-style-type: none"> <li>- The door that separated the kitchen from the dry food storage area had rust on the bottom of the door frame. Also, the same door was missing the bottom portion on both sides of the door frame which appears to have happened due to rust.</li> <li>- The double door that separated the kitchen from the food serving area was coming apart at the tops of the doors. Also, the doors were in need of paint and had rust at the bottom of the door frames. Also, per EI#7 he/she stated the doors had been repaired in the past.</li> <li>- The double door that separated the kitchen from the south wing of the facility was in need of repair or replacement. The doors had rust at the bottom of the door frames and didn't open properly.</li> <li>- The double door that led from the food service area to the exterior of the facility had rust on the bottom of the door frames. Also, there was rust on the door handle.</li> <li>- The tile floor of the kitchen was cracked and had missing tiles in various areas of the kitchen. Also, the kitchen tiles were missing grout in</li> </ul> | A 804         |   |                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESLEY PLACE ON HONEYSUCKLE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>718 HONEYSUCKLE ROAD<br/>DOTHAN, AL 36305</b> |
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| A 804              | <p>Continued From page 45</p> <p>various areas of the kitchen.</p> <ul style="list-style-type: none"> <li>- The tile floor behind the ovens had missing tiles and grout.</li> <li>- The floor underneath the serving table which held the coffee and tea makers had missing tile with the concrete floor exposed.</li> <li>- The wall separating the dishwasher station and the main kitchen had missing tiles that go up on the side of the wall. EI#7 stated that the tiles were supposed to be replaced this week.</li> <li>- The ceiling behind the oven area had an air vent that appears to have been repaired in the past. The vent had rust on it and chipping paint around the vent.</li> <li>- The main food warmer being used to keep the resident's food warm until served had been broken for two days. EI#7 stated that a work order had been placed for repair. EI#7 also stated that another oven was being used at this time to keep residents food warm.</li> <li>-The outside of the ovens and fryer had more than a day's accumulation of grease and food splatters.</li> <li>- The commercial floor standing mixer was not covered from contamination when it was not in use. The mixer's frame had numerous rusted areas and chipped paint.</li> </ul> <p>An interview was conducted on October 2, 2024, with EI#1 at approximately 10:05 AM. EI#1 stated that the corporate office is aware of the need of a kitchen renovation. EI#1 states the corporate office keeps advising EI#1 that he/she would get a kitchen renovation in the future.</p> | A 804         |   |                    |
| A1101              | 420-5-4-.11 (1) Fire and Safety<br><br>(1) General.  | A1101         |   |                    |

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| A1101              | <p>Continued From page 46</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 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</p> | A1101         |   |                    |

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| A1101              | <p>Continued From page 47</p> <p>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> <p>(f) Fire Alarm and Sprinkler System.</p> <ol style="list-style-type: none"> <li>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).</li> <li>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.</li> <li>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</li> </ol> | A1101         |   |                    |

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| A1101              | <p>Continued From page 48</p> <p>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:<br/>Based on observation, record review and interview, the facility failed to ensure fire drills were conducted and response was evaluated every month. The facility also failed to ensure that employees were properly trained in fire safety.</p> <p>Findings:</p> <p>Fire Drills<br/>On the morning of October 1, 2024, a record review of facility fire drill logs revealed no fire drill had been conducted November 2023, January 2024, April 2024, July 2024 and August 2024. Also, written effectiveness of the fire drills was not documented. On the morning of October 2, 2024, EI#6, the Maintenance Director, acknowledged fire drills had not been done monthly on each shift and evaluated. EI#6 was asked what the concern was of not evaluating routine fire drill response. EI#6 said you will not know if the response is appropriate or points for needed improvement.</p> <p>Fire Safety Training<br/>On the afternoon of October 1, 2024, a fire drill was conducted for the surveyor to observe staff response. The location of the fire drill was announced and staff began to assist residents out of their rooms. EI#3 announced the correct location but when residents asked which way to exit, she directed them toward the fire. As staff were evacuating the residents, no one acknowledged locating residents beyond the fire</p> | A1101         |   |                    |

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| A1101              | <p>Continued From page 49</p> <p>doors was appropriate. They instead had residents to exit the building even though the Executive Director of the building instructed them to evacuate past the fire doors. Employees did not properly utilize smoke compartments.</p> <p>On the afternoon of October 1, 2024, EI#6 was asked what he observed during the fire drill. EI#6 responded, "A major fail." EI#6 was asked what failures he observed. EI#6 said the nurse (EI#3) was directing residents towards the fire, no urgency with staff evacuating the residents and staff should have only evacuated residents that reside from the fire to the first smoke doors.</p> <p>On the afternoon of October 1, 2024, EI#9, a Nurse Assistant (NA), was asked about the fire drill response. EI#9 said residents should have been evacuated to beyond the first set of fire doors from the fire location. EI#9 said residents were sent out of the building because that was what EI#3 said to do. EI#9 said resident evacuation was slow. EI#9 said there is never any evaluation of the fire drill responses.</p> <p>On the afternoon of October 1, 2024, EI#3 was asked about the fire drill response. EI#3 was asked where residents should be evacuated to. EI#3 responded beyond the fire doors and preferably outside. EI#3 was asked why preferably outside. EI#3 answered they have always taken them outside but technically, it is past fire doors. EI#3 acknowledged she directed residents trying to evacuate toward the fire. EI#3 was asked about the timeliness of the resident evacuation and she said it was slow. EI#3 was asked what follow up had been done after fire drills to evaluate the response by staff and residents. EI#3 said they only do a head count of staff and residents.</p> | A1101         |   |                    |

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| A1101              | Continued From page 50<br><br>THERESA HARRISON, REGISTERED NURSE<br>TROY BLACK, REGISTERED NURSE                       | A1101         |   |                    |