

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P3502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2024
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NAME OF PROVIDER OR SUPPLIER WESLEY PLACE ON HONEYSUCKLE	STREET ADDRESS, CITY, STATE, ZIP CODE 718 HONEYSUCKLE ROAD DOTHAN, AL 36305
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A 000	<p>Initial Comments</p> <p>On October 2, 2024 and unannounced licensure survey was conducted at this 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 13.</p> <p>There were no complaints investigated during this survey.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.</p>	A 000		
A 403	<p>420-5-20-.04 (4) Personnel.</p> <p>(4) Personnel Records. A specialty care assisted living facility shall maintain a personnel record for each employee. This record shall contain:</p> <p>(a) An application for employment which contains information regarding the employee's education, training, and experience.</p> <p>(b) Verification of current certification or licensure, if applicable.</p> <p>(c) Record of required physical 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>	A 403		

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

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A 403	<p>Continued From page 1</p> <p>(e) Date of hire.</p> <p>(f) Date of initial resident contact.</p> <p>(g) Date employment ceased.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to document when employees made initial contact with residents.</p> <p>Findings</p> <p>On October 1, 2024, during a review of employee files the following was identified. The employee files did not contain any documentation of when initial resident contact was made. During an interview with Employee Identifier (EI)#1 (administrator) he/she stated the facility has not been documenting the initial resident contact date.</p> <p>During an interview on October 2, 2024, EI#1 stated the corporate office was creating a form for documenting initial resident contact.</p>	A 403		
A 504	<p>420-5-20-.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 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</p>	A 504		

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A 504	<p>Continued From page 2</p> <p>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"> 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. 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. 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. 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. 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. 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 	A 504		

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A 504	<p>Continued From page 3</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 4</p> <p>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> <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</p>	A 504		

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A 504	<p>Continued From page 5</p> <p>compensation.</p> <p>(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.</p> <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 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</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>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, and to keep and use his or her own personal possessions, including toilet articles, except for personal possessions too large to be stored in the resident's room.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours.</p> <p>24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to provide a safe and decent environment. Also, the facility failed to post all necessary</p>	A 504		

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A 504	<p>Continued From page 7</p> <p>postings.</p> <p>Findings</p> <p>Postings</p> <p>Upon the surveyor entering the facility on September 30, 2024, the following was observed. The Department of Bureau of Health Provider Standards, Department of Human Resources, Department of Human Resources Elder Abuse Hotline, and Resident Rights were not posted in a conspicuous location. All the listed agencies were in a notebook on a countertop in the nurses' station. During an interview with EI#1 (administrator) the surveyor advised him/her of the missing postings and the issues was corrected promptly.</p> <p>Bathroom</p> <p>During a facility tour on September 30, 2024, at approximately 1:10PM the surveyor observed the following. The public restroom in the facility had visible tile that had brown stains around the toilet. Also, the tile around the toilet was coming up which could cause a trip hazard.</p> <p>Laundry room</p> <p>During a facility tour on September 30, 2024, at approximately 1:10 PM the surveyor observed the following. The laundry room door was unlocked and there was a bottle labeled "alcohol" and laundry detergent sitting on a counter.</p> <p>Storage room</p> <p>During a facility tour on September 30, 2024, at approximately 1:10 PM the surveyor observed the</p>	A 504		

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A 504	Continued From page 8 following. The storage room door was unlocked which led to another unlocked door that led to the exterior of the building. There was also wasp spray and Pledge furniture polish in the storage room. During an interview with EI#1 on October 2, 2024, he/she agreed with the surveyors' findings. EI#1 had already addressed all the above issues prior to exiting facility.	A 504		
A 611	420-5-20-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary. 1. The plan shall at all times reflect the current condition of the resident. All entries on the	A 611		

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A 611	<p>Continued From page 9</p> <p>plan of care shall be accurately dated. 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:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>5. Activities of Daily Living. Residents of a specialty care assisted living facility shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Residents' hair shall be kept clean, neat, and well groomed.</p>	A 611		

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A 611	<p>Continued From page 10</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 review and interview, the facility failed to maintain current care plans for residents which contained interventions to meet the care and safety needs of the residents.</p> <p>Findings</p> <p>Resident Identifier (RI)#1 was admitted to the facility on July 12, 2024, with diagnoses that included Alzheimer disease, atrial fibrillation, chronic obstructive pulmonary disease, dementia, hypertension, gastroesophageal reflux disease, hyperlipidemia, insomnia, mixed anxiety, neuropathy, osteoporosis, and chronic kidney disease stage 4. During record review on October 1, 2024, at approximately 2:45 PM the surveyor observed, the care plan dated for September 30, 2024, did not address RI#1's diagnosis and falls.</p> <p>RI#3 was admitted to the facility on June 5, 2023,</p>	A 611		

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A 611	<p>Continued From page 11</p> <p>with diagnoses that includes dementia, adjustment disorder with anxiety, irritable bowel syndrome, hypertension, osteoarthritis, anemia, hyperlipidemia, hypothyroidism, and gastroesophageal reflux disease. During record review on October 1, 2024, at approximately 2:45 PM, the surveyor observed, the care plan dated for September 30, 2024, did not address RI#3's diagnosis, behaviors, resisting care with bathing, and hitting staff.</p> <p>During an interview on October 2, 2024, at approximately 10:05 AM EI#1 and EI#2 agreed with the surveyor's findings.</p>	A 611		
A 621	<p>420-5-20-.06 (9) (b) Care of Residents.</p> <p>(b) Retention.</p> <p>1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing.</p> <p>2. A specialty care assisted living facility shall not retain a resident that has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation.</p> <p>3. A specialty care 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.</p> <p>4. Residents who have unmanageable</p>	A 621		

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A 621	<p>Continued From page 12</p> <p>behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility.</p> <p>5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:</p> <p>(i) The individual is capable of 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 facility staff and does direct facility staff 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>6. If a resident of a specialty care assisted living facility is diagnosed with a terminal illness 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</p>	A 621		

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A 621	<p>Continued From page 13</p> <p>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 specialty care 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 delivered to the resident.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to discharge or transfer a resident that required a higher level of care.</p> <p>RI#3 was admitted to the facility on June 5, 2023, for more information on him/her refer to deficiency 611. A resident note dated July 16, 2023, stated "... Resident would not leave other residents alone... Two residents got agitated with her." A resident note dated July 21, 2023, stated " ... Resident went into another resident's room taking her clothes ... resident hit nurse with hand then swung and hit her with her purse." A resident note dated May 16, 2024, stated "... staff reported this resident kicked her hard on right leg and screamed out loud." A resident note dated May 20, 2024, stated "...Resident combative when x 2 staff assisting with shower." A registered nurse monthly assessment note dated July 31, 2024, stated " ...Resident does require increased time during medication administration and maximum verbal queuing. She does respond well to having medications crushed." A behavior screen dated January 10, 2024, stated " ... episodes of</p>	A 621		

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A 621	<p>Continued From page 14</p> <p>frustration/unable to redirect ... requires redirection to find room/restroom." On October 1, 2024, the surveyor observed RI#3 sitting all alone and picking lint off the chair. During an interview on October 1, 2024, EI#3 Licensed Practical Nurse (LPN) stated RI#3 was not appropriate for a SCALF. RI#3 must be coached to eat and his/her mind is to the point past a SCALF. During an interview on October 1, 2024, EI#2 Registered nurse (RN) stated he/she had talked with RI#3's family about moving RI#3 to a higher level of care, but there was no room available in the nursing care dementia unit. EI#2 stated that a 30-day notice had not been given to RI#3 upon the surveyors entering the facility.</p> <p>During an interview with EI#1 on October 2, 2024, at approximately 10:05 AM he/she was aware that RI#3 needed a level of higher care. EI#1 also advised the surveyor that RI#3 had not been given a 30-day notice.</p>	A 621		
A 702	<p>420-5-20-.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>	A 702		

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A 702	<p>Continued From page 15</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 the manufacturers' 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 its equivalent or 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.</p> <p>3. Dishes and utensils shall be allowed to air dry.</p> <p>4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.</p> <p>5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility.</p>	A 702		

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A 702	<p>Continued From page 16</p> <p>(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop shall be stored in a holder inside the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.</p> <p>(c) Protection of Food from Contamination.</p> <p>1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage backflow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.</p> <p>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator nor in other areas used for storage of food.</p> <p>3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.</p> <p>4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall maintain at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.</p> <p>5. All leftover foods shall be labeled and</p>	A 702		

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A 702	<p>Continued From page 17</p> <p>dated with a "use by date," so that it may be consumed or discarded by that date, which is no more than three days from the date is was prepared.</p> <p>6. All food products shall be used by the manufacturer's indicated date or discarded.</p> <p>7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used so that food is not contaminated in transport and foods that are transported are held and served at the appropriate temperature at all times.</p> <p>8. Hot food shall be maintained at a minimum temperature of 135 degrees Fahrenheit and cold foods at a maximum temperature of 41 degrees Fahrenheit.</p> <p>9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods).</p> <p>10. Laundry shall not be brought through the food preparation or service area.</p> <p>(d) Storage and Service of Milk and Ice</p>	A 702		

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A 702	<p>Continued From page 18</p> <p>Cream.</p> <ol style="list-style-type: none"> 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. 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. 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>(e) Kitchen Garbage and Trash Handling.</p> <ol style="list-style-type: none"> 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. 2. After being emptied, all garbage cans and trash cans shall be washed and dried before 	A 702		

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A 702	<p>Continued From page 19</p> <p>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 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</p>	A 702		

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A 702	<p>Continued From page 20</p> <p>paper, foil, or plastic wrap shall be used for wrapping of foods.</p> <p>(k) Laundering of clothing shall not be permitted in food preparation or service areas.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to label prepared food appropriately, wear proper covering over their clothes and maintain proper food temperatures to prevent any food born illness.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 8, 2019.</p> <p>Findings</p> <p>Aprons</p> <p>On September 30, 2024, at approximately 5:22PM the surveyor observed a meal service. During the serving of the meal, all employees were not wearing aprons while serving residents. The surveyor observed all employees had resident contact before serving the residents their meals.</p> <p>Use by date</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 Salad 9/28/24</p>	A 702		

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A 702	<p>Continued From page 21</p> <p>Chicken salad 9/29/24</p> <p>Food temperature</p> <p>On September 30, 2024, at approximately 5:00 PM the surveyor observed a meal. The facility has one kitchen that serves 157 residents who reside in the Assisted Living, Specialty Care Assisted Living, and Nursing Home on the same campus. The food was brought from the kitchen to the facility in an insulated carrier. EI#4 removed the food from the carrier and took temperatures of the food. The temperatures were as follows: patty melt 126.1 degrees Fahrenheit, tater tots 131.9 degrees Fahrenheit, marinated tomato salad 47.4 degrees Fahrenheit. EI#1 was notified by EI#4 that food temperatures were not in the proper range. EI#1 advised the kitchen to take the residents food back to the kitchen for reheating. At approximately 5:22PM another insulated carrier arrived and food temperatures were checked by EI#4. The temperatures were as follows: patty melt 167.1 degrees Fahrenheit, tater tots 159.6 degrees Fahrenheit, and marinated tomato salad 40.2 degrees Fahrenheit.</p> <p>During an interview with EI#1 on October 2, 2024, he/she agreed with the surveyors' findings.</p>	A 702		
A 703	<p>420-5-20-.07 (3) Food Service.</p> <p>(3) Dietary Service.</p> <p>(a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly</p>	A 703		

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A 703	<p>Continued From page 22</p> <p>prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents.</p> <p>(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other</p>	A 703		

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A 703	<p>Continued From page 23</p> <p>charitable facilities for meals.</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to post the mealtimes.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 8, 2019</p> <p>Findings</p> <p>During a facility tour on September 30, 2024, at approximately 1:10 PM the following was observed. The dining room of the facility did not have the mealtimes posted.</p> <p>During an interview with EI#1 on October 2, 2024, at approximately 10:05 AM he/she agreed with the surveyors' findings. EI#1 did post the mealtimes prior to the surveyor exiting the facility.</p>	A 703		
A 804	<p>420-5-20-.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</p>	A 804		

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A 804	<p>Continued From page 24</p> <p>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 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. Group homes with residential stoves may use a residential hood sized for the stove. Commercial exhaust hoods shall be installed when commercial cooking equipment is used. Congregate facilities shall use a commercial exhaust hood system.</p> <p>(f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall include a lavatory with a soap dispenser and</p>	A 804		

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A 804	<p>Continued From page 25</p> <p>disposable towels, and shall be well lighted and ventilated.</p> <p>(g) Hand washing Facilities. Each Group and Congregate specialty care assisted living facility shall provide a hand washing lavatory in the kitchens which shall be equipped with a soap dispenser and a supply of soap, disposable towels, and hot and cold running water through a mixing valve or combination faucet. The use of a common towel and common bar soap is prohibited. Hands shall not be washed in sinks where food is prepared.</p> <p>(h) Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation for the storage of perishable foods, shall be provided Refrigeration shall be maintained at 41 degrees Fahrenheit or less. All refrigerators shall be provided with thermometers. All refrigerators shall be kept clean.</p> <p>(i) Equipment and Utensil Construction. 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,</p>	A 804		

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A 804	<p>Continued From page 26</p> <p>dust, grease, dirt, etc.</p> <p>(l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc.</p> <p>(m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use.</p> <p>(n) Location and Space Requirements. Food service facilities shall be located in a specifically designated area and shall include the following rooms and space: kitchen, dishwashing, food storage, and dining room.</p> <p>(o) Equipment. Minimum equipment in the kitchen shall include the following:</p> <ol style="list-style-type: none"> 1. Range. In a Group specialty care assisted living facility, a residential use range is permitted. A Congregate specialty care assisted living facility shall have a heavy duty range suitable for institutional use with double oven, or equivalent. 2. Refrigerator. A Group specialty care assisted living facility may use a residential refrigerator. A Congregate specialty care assisted living facility shall have a heavy-duty refrigerator suitable for institutional use. 3. Fire extinguisher. Five-pound type BC for residential hoods and K type for commercial hoods. 4. Dishwashing. The dishwashing 	A 804		

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NAME OF PROVIDER OR SUPPLIER WESLEY PLACE ON HONEYSUCKLE	STREET ADDRESS, CITY, STATE, ZIP CODE 718 HONEYSUCKLE ROAD DOTHAN, AL 36305
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A 804	<p>Continued From page 27</p> <p>equipment for Group assisted living facilities shall be either residential type using cold water sanitizers or commercial type with a booster water heater. Dishwashing equipment for all Congregate assisted living facilities shall be commercial type using a booster water heater or an automatic dispensing sanitizing chemical system.</p> <p>5. A three-compartment sink with a booster heater or chemical sanitizing system for the third compartment shall be provided in Congregate assisted living facilities.</p> <p>6. Garbage cans with cover.</p> <p>(p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans, and raised platforms shall be provided and kept clean. Perishable food shall be stored at least six inches above the floor. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water, leakage, or any other source of contamination.</p> <p>(q) Dining Room.</p> <p>1. A resident dining room, or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed capacity.</p> <p>(r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be provided. Hot water shall be piped to all hand-washing facilities, and to each compartment of all dishwashing and laundry sinks. Water</p>	A 804		

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A 804	<p>Continued From page 28</p> <p>heaters shall be of the automatic type.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the main kitchen floor, ceiling and equipment, were in need 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"> - 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. - 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. - The double door that separated the kitchen 	A 804		

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A 804	<p>Continued From page 29</p> <p>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.</p> <ul style="list-style-type: none"> - 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. - 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 various areas of the kitchen. - The tile floor behind the ovens had missing tiles and grout. - The floor underneath the serving table which held the coffee and tea makers had missing tile with the concrete floor exposed. - 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. - 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. - 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. -The outside of the ovens and fryer had more than a day's accumulation of grease and food splatters. - 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. <p>An interview was conducted on October 2, 2024,</p>	A 804		

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A 804	Continued From page 30 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.	A 804		
A1101	420-5-20-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All specialty care assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years. (c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents,	A1101		

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A1101	<p>Continued From page 31</p> <p>by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. <p>(f) Fire Alarm and Sprinkler System.</p> <ol style="list-style-type: none"> 1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the 	A1101		

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A1101	<p>Continued From page 32</p> <p>Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.</p> <p>3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and Testing reports shall be maintained in the facility for a period of at least 3 years.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide an evacuation plan for residents and fire drills were not conducted every month as required.</p> <p>Findings</p> <p>Evacuation plan</p> <p>During a facility tour on October 1, 2024, the surveyor observed that no evacuation routes were posted in obvious places. During an interview the same day, EI#6 was advised of the surveyor's findings. EI#6 immediately placed evacuation routes in obvious locations throughout the facility.</p> <p>Fire drills</p> <p>During record review conducted on October 1, 2024, at approximately 8:00 AM the following was identified. The facility performed monthly fire drills on:</p> <p>February 15, 2024, 1st shift</p>	A1101		

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A1101	<p>Continued From page 33</p> <p>April 7, 2023, 1st/3rd shift March 9, 2024, 3rd shift June 7, 2024, 3rd shift May 24, 2024, 1st shift July 22, 2023, 2nd shift September 17, 2024, 2nd shift August 15, 2023, 2nd shift October 1, 2024, 1st shift October 4, 2023, 2nd shift</p> <p>December 14, 2023, 3rd shift</p> <p>Also, written effectiveness of the fire drill plan was not completed monthly. During an interview on October 2, 2024, EI#6 said he/she was not aware of the need to document the effectiveness of the fire drill plan. EI#6 advised the surveyor that he/she was going to implement a form to be used every fire drill from this point going forward.</p>	A1101		
A1203	<p>420-5-20-.12 (5) Physical Environment.</p> <p>(5) General Building Requirements - Group and Congregate.</p> <p>(a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly.</p> <p>(b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit.</p> <p>(c) Lighting. Each resident's room shall have artificial light adequate for reading and other</p>	A1203		

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A1203	<p>Continued From page 34</p> <p>uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms.</p> <p>(d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length 16 mesh screens. Screen doors shall be equipped with self-closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All specialty care assisted living facilities shall provide an emergency artificial lighting system to adequately illuminate halls, corridors, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p> <p>(f) Floors.</p> <p>1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish.</p> <p>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.</p>	A1203		

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A1203	<p>Continued From page 35</p> <p>(g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair.</p> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. Windows in specialty care facilities may have devices which prevent full opening of the window.</p> <p>(i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes.</p> <p>(j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30 - 36 inches above the floor and returned to the wall at each end.</p> <p>(k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purposes. All walls and doors under stairs shall meet the same fire rating as the stairwell.</p> <p>(l) Doors.</p> <p>1. In each new specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom shall swing into the bedroom.</p>	A1203		

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A1203	<p>Continued From page 36</p> <p>2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location.</p> <p>3. Resident bedroom and other exit access doors in specialty care assisted living facility shall be at least three feet wide.</p> <p>4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special Requirements portion of this section.</p> <p>5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down.</p> <p>(m) Ventilation. The building shall be well ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility.</p> <p>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.</p>	A1203		

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A1203	<p>Continued From page 37</p> <p>1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance.</p> <p>2. A visual inspection of each fire extinguisher shall be conducted monthly by a designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. A central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard.</p> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(q) Fireplaces and inserts shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens or doors.</p> <p>(r) Exit marking. In all facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal</p>	A1203		

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A1203	<p>Continued From page 38</p> <p>electric illumination and have battery back-up or emergency power.</p> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation.</p> <p>2. Open flame and portable heaters are prohibited in specialty care assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</p> <p>3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all specialty care assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to do annual inspections on fire extinguishers.</p> <p>Findings</p> <p>During a facility tour on September 30, 2024, at approximately 5:22 PM the following was observed. The fire extinguisher mounted in the</p>	A1203		

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A1203	Continued From page 39 courtyard had not been inspected since August of 2022. During an interview on October 2, 2024, with EI#1, the surveyor advised he/she of the fire extinguisher. EI#1 contacted EI#6 and advised he/she of the fire extinguisher. EI#6 had an extra fire extinguisher in his/her office to replace the one that had not been inspected.	A1203		
A1206	420-5-20-.12 (8) Physical Environment (8) Additional Requirements for Specialty Care Assisted Living Facilities. (a) Facilities shall be certified and licensed for housing residents with dementia, and must comply with these special requirements for the physical plant. Facilities should confirm local code requirements, which may vary from those indicated below. (b) Additional Smoke Detection. Smoke detectors (electrical or system type) shall be provided in the sleeping rooms and any bedroom suite sitting areas, which house dementia residents. These detectors shall initiate at least a local alarm or supervisory signal, through the fire alarm system or call system. (c) Windows in specialty care facilities may have devices which prevent opening of the window. (d) Areas to Wander and Secure Perimeter. 1. Each facility shall have a secure boundary or perimeter to safely accommodate	A1206		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P3502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2024
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NAME OF PROVIDER OR SUPPLIER WESLEY PLACE ON HONEYSUCKLE	STREET ADDRESS, CITY, STATE, ZIP CODE 718 HONEYSUCKLE ROAD DOTHAN, AL 36305
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1206	<p>Continued From page 40</p> <p>residents in all aspects of its physical plant. Exterior building walls and doors, and walled or fenced outdoor areas may form this boundary. Such walls or fences shall be at least six feet high.</p> <p>2. Each walled or fenced area shall have at least one gate, located along the discharge path of travel from the building egress doors to the public way. Gates shall be readily unlockable from either side by the staff or by automatic means. "Automatic means" shall be in the same manner as locked or delayed-egress exit doors.</p> <p>3. If the facility's emergency plan utilizes fenced or walled outdoor spaces as refuge areas for containment of residents, each refuge area shall be of sufficient size to accommodate all occupants at a distance of not less than 50 feet from the building while providing a net area of 15 square feet per person. A gate shall be located within this refuge area.</p> <p>4. If the facility's emergency plan uses the fenced or walled outdoor spaces merely as areas that are immediately passed through and exited, not as refuge areas for containment of residents, there is no size or area requirement for the fenced or walled spaces.</p> <p>5. An outdoor courtyard, which is completely surrounded by the building, must have at least two separate doorways, located remotely from each other, leading into separate smoke compartments of the building.</p> <p>(e) Locking of Exit Doors. Locks on exit doors of each specialty care assisted living</p>	A1206		

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A1206	<p>Continued From page 41</p> <p>facility, if installed, shall be electrical locked or electrical delayed-egress locking devices. Buildings shall be protected throughout by an approved supervised automatic sprinkler system connected to the fire alarm system.</p> <ol style="list-style-type: none"> 1. Delayed-egress locks must comply with the requirements for "Special Locking Arrangements" found in NFPA 101 Life Safety Code. 2. Electrically locked doors shall comply with the following: <ol style="list-style-type: none"> (i) A control panel shall be provided at one or more stations with the capability to remotely unlock all exit doors, simultaneously. Locks may be arranged to unlock in Specialty Care compartments based on a zoning concept, where each zone is a rated fire or smoke compartment and the locks on all egress doors unlock within the alarmed zone or compartment. This zoning concept is permitted to apply to automatic functions required by the Life Safety Code. (ii) A key, code, or card release switch shall be provided inside the facility at each locked door, which shall override the locking system to allow exiting from the compartment or building. (iii) All locks shall release automatically upon activation of the facility fire detection, or fire sprinkler system, or upon disablement of the fire alarm system. (iv) Locks shall release automatically upon loss of electric power controlling the lock. 	A1206		

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A1206	<p>Continued From page 42</p> <p>(v) The facility shall provide the residents sponsors with adequate information about the facility's door locking arrangements.</p> <p>(vi) The facility shall assure, at least monthly, that locked or delayed-egress exit doors function properly, in accordance with required fire safety provisions.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a fenced gate in the courtyard that was not unlockable from both sides of fence.</p> <p>Findings</p> <p>During a facility tour on September 30, 2024, the surveyor observed the following. The facility had a small courtyard that was enclosed by a wooden fence. The wooden fence contained one gate in the courtyard that was padlocked from the outside without a means of opening the gate from the inside. During an interview with EI#6 (maintenance) he/she was advised by the surveyor of the gate being padlocked. EI#6 was not even aware there was padlock on the courtyard gate.</p> <p>On October 2, 2024, EI#6 advised that the padlock had been cut off the gate and another locking system was in place but still could only be opened from the outside of the gate.</p> <p>TROY BLACK, REGISTERED NURSE</p>	A1206		