

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P3707	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/24/2021
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NAME OF PROVIDER OR SUPPLIER BROOKDALE UNIVERSITY PARK ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>On February 24, 2021 a complaint investigation was conducted for this 30-bed Specialty Care Assisted Living Facility (SCALF) with a census of 24.</p> <p>There were two (2) complaints investigated during this survey. Complaint #20200811022 and Complaint #20210204001 were unsubstantiated. No deficiencies were cited as a result of the complaint investigations.</p> <p>A deficiency was 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 practice placed all residents of the facility at risk of harm and requires a plan of correction.</p>	A 000		
A1101	<p>420-5-20-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(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.</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. 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</p>	A1101		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A1101	<p>Continued From page 1</p> <p>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.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> 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 	A1101		

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A1101	<p>Continued From page 2</p> <p>with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements).</p> <p>2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.</p> <p>3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and Testing reports shall be maintained in the facility for a period of at least 3 years.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire drills as required.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JUNE 26, 2019.</p> <p>Findings:</p> <p>On February 23, 2021, the surveyor reviewed the facility's monthly fire drill reports for 2020 and</p>	A1101		

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A1101	<p>Continued From page 3</p> <p>2021. The Fire Drill Reports documented monthly fire drills, conducted at the same time for both the Assisted Living Facility (ALF) and the Specialty Care Assisted Living Facility (SCALF), separate facilities located in the same building. Only one pull station was documented with each report, either in the ALF or the SCALF. During an interview on the morning of February 23, 2021, Employee Identifier (EI)#3, Maintenance Director, stated only one pull station was activated monthly, alternating each month between the ALF and the SCALF. EI#3 further explained he (EI#3) had coworkers stationed on each floor of the ALF and the SCALF to observe the staff and residents' response to the alarm. However, the alarm was not activated on both ALF and SCALF each month, which would allow staff and residents to gain experience in reacting to the location of the mock fire in their specific facility. Fire drills were not conducted in each individual facility monthly as required.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A1101		