STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

(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	Initial Comments On February 24, 2021 a complaint investigation was conducted for this 90-bed Assisted Living Facility (ALF) with a census of 38. There were two (2) complaints investigated during this survey. Complaint #20201215007 and Complaint #20210127002 were unsubstantiated. No deficiencies were cited as a result of the complaint investigations. 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, Assisted Living Facilities. The deficient practices placed all residents of the facility at risk of harm and require a plan of correction.	A 000		
A 602	420-5-4-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following:	A 602		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

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A 602	Continued From page 1 1. All of the physician's diagnoses, and the resident's baseline weight and vital signs. 2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration). 3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact. 4. Documentation of evaluation for tuberculosis within the previous 12 months. (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: 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment.	A 602		

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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

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A 602	Continued From page 2 (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: 1. New diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. This Rule is not met as evidenced by: Based on record review and interview, residents' annual medical examinations were incomplete. Findings: Review of residents's facility records on February 24, 2021 revealed the following records which did not contain required information on the medical examinations. Resident Identifier (RI)#1 was admitted to the	A 602		

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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

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A 602	Continued From page 3 facility on August 20, 2015 and had diagnoses which included osteoarthritis, depression, anxiety, epilepsy, renal insufficiency, hypertension, vitamin D deficiency and dementia. RI#1's Annual Medical Examination/Plan of Care, dated May 28, 2020, did not contain RI#1's vital signs and weight. RI#2 was admitted to the facility on May 31, 2016 and had diagnoses which included congestive heart failure, hypertension, blindness, coronary artery disease, hypothyroidism and urinary incontinence. RI#2's Annual Medical Examination/Plan of Care, dated October 26, 2020, did not contain RI#2's vital signs and weight. RI#4 was admitted to the facility on May 10, 2019 and had diagnoses which included metabolic encephalopathy, hypertension, diabetes mellitus type II, coronary artery disease, heart failure, chronic kidney disease, ventricular tachycardia, atherosclerotic heart disease, depression and dementia. RI#4's Annual Medical Examination/Plan of Care, dated October 22, 2020, did not contain RI#4's vital signs and weight. Employee Identifier (EI)#2 agreed the required information was not documented and stated she (EI#2) had already identified this deficiency and was developing a plan to correct it.	A 602		
A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents. (f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable	A 614		

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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

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A 614	Continued From page 4	A 614		

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.

(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:

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.

(6) Assistance with self-administration of medication includes the following practices:

(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.

(b) Physically assisting a resident by opening or helping to open a container holding

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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

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A 614	Continued From page 5 medications. (c) Offering liquids to a resident to assist that resident in ingesting oral medications. (d) Physically bringing a container of medication to a resident. (7) Assistance with self-administration of medications shall under no circumstances include any of the following practices: (a) Medication administration as defined in these rules. (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. (c) Giving a resident injections of any kind. (d) Telling or reminding a resident that it is time to take a PRN, or as needed medication. (e) Placing medications in a feeding tube. (f) Giving enemas or suppositories. (g) Crushing or splitting medications, provided that a physician has ordered a specific	A 614		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

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A 614	Continued From page 6	A 614		

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.

(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.

(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 her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration

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BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

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A 614	Continued From page 7 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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to allow all residents the opportunity to identify each medication at every medication use and failed to ensure residents who were visually impaired had a unique system in place to identify their medications. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JUNE 26, 2019. Findings: Residents Not Given the Opportunity to Identify Medications On the afternoon of February 23, 2021, the surveyor and EI#4, Assisted Living Nurse Manager, observed medication assistance by EI#6, Licensed Practical Nurse (LPN). EI#6 provided medication assistance to both RI#2 and RI#3 who both received eye drops. Although both residents were allowed to identify their oral medications, RI#2 and RI#3 were not given the opportunity to identify their eye drops.	A 614		

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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

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BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

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A 614	Continued From page 8 No Unique Identifiers for Visually Impaired Residents During observation of medication assistance on the afternoon of February 23, 2021 and on the morning of February 24, 2021, the surveyor noted both RI#5 and RI#6 were visually impaired and used paper clips attached to medication packets to identify their medications. The system using paper clips for identification was not unique to each individual resident and did not protect each resident from a potential medication error. EI#2 and EI#4 agreed residents were not allowed to identify all medications and did not have a unique system in place to identify their medications.	A 614		
A 616	420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents. (k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident. (l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by	A 616		

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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

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A 616	Continued From page 9 other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected. (m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.	A 616		

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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

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BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

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A 616	Continued From page 10 (n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents. (o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only." This Rule is not met as evidenced by: Based on observation and interview, the facility failed to store all medications using at least a single lock at all times. Findings: On the afternoon of February 23, 2021, the surveyor and EI#4, Assisted Living Nurse Manager, made the following observations during medication assistance by EI#6. EI#6 placed the medication cart in the hallway outside a resident's room. The medication cart contained all residents' medications. After gathering medications for a resident, EI#6 entered the resident's room, leaving the medication cart in the hallway, unlocked. After the surveyor made EI#4 aware of the unlocked cart, the medication cart was locked by EI#4, and EI#6 was reminded by EI#4 to lock the cart when entering residents' rooms. All	A 616		

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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

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A 616	Continued From page 11 residents' medications were left accessible to residents without utilization of a single lock system.	A 616		
A1101	420-5-4-.11 (1) Fire and Safety (1) General. (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. (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. (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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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

(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
A1101	Continued From page 12 by using simulated residents or empty wheelchairs. (d) Roller latches are prohibited on doors separating corridors from adjacent spaces. (e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that: 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. (f) Fire Alarm and Sprinkler System. 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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A1101	Continued From page 13 Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire drills as required. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JUNE 26, 2019. Findings: On February 23, 2021, the surveyor reviewed the facility's monthly fire drill reports for 2020 and 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, 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	A1101		

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	D3768	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE UNIVERSITY PARK SCALF	400 UNIVERSITY PARK DRIVE BIRMINGHAM, AL 35209

(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
A1101	Continued From page 14 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. CONNIE CHERRY, REGISTERED NURSE	A1101		