

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P1001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2020
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NAME OF PROVIDER OR SUPPLIER CHEROKEE VILLAGE SPECIALTY CARE ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 201 HOSPITAL AVENUE CENTRE, AL 35960
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A 000	<p>Initial Comments</p> <p>On February 5, 2020 an unannounced licensure survey was conducted for this 36 bed Specialty Care Assisted Living Facility (SCALF) with a census of 32.</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 604	<p>420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.</p> <p>Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or</p>	A 604		

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

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A 604	<p>Continued From page 1</p> <p>care coordinator upon admission, annually, and when there is a change in the resident's status.</p> <p>The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments.</p> <p>(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.</p> <p>(c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems:</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p> <p>(ii) A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a</p>	A 604		

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A 604	<p>Continued From page 2</p> <p>period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician.</p> <p>2. Falls (two or more falls within a 30 day period).</p> <p>3. Elopement.</p> <p>4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility Registered Nurse (RN) failed to document assessments of residents as required.</p>	A 604		

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A 604	<p>Continued From page 3</p> <p>Findings:</p> <p>Resident Identifier (RI)#1</p> <p>RI#1 was admitted to the facility on April 11, 2018 and had diagnoses which included gout, diabetes mellitus, hyperlipidemia, sleep apnea, edema, hypertension, depression and coronary artery disease. Since November 2019, documentation in RI#1's facility record revealed a decline in RI#1's condition with episodes of wheezing and congestion, increased weakness, shortness of breath on exertion and cellulitis of the lower extremities requiring antibiotic therapy. A Comprehensive Assessment, PSMS and Behavior Screening had not been documented for RI#1 since June 21, 2019 at the time of readmission from the hospital.</p> <p>RI#4</p> <p>RI#4 was admitted to the facility on September 7, 2015 and had diagnoses which included atrial fibrillation, hypertension, hypothyroidism, dementia and chronic kidney disease, stage III. RI#4 was admitted to the hospital on September 8, 2019 after becoming unresponsive at the facility. Since returning to the facility from the hospital on September 12, 2019 RI#4 had multiple changes in her condition. RI#4's Lasix (fluid medication) was increased and potassium was ordered in September 2019, RI#4 had foot surgery the end of September 2019 and RI#4 had significant weight loss of 5.8 per cent in one month in November 2019. Although a comprehensive assessment, PSMS and Behavior Screening were completed on RI#4 post-hospital on September 12, 2019, RI#4 did not have additional screenings completed until December</p>	A 604		

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A 604	Continued From page 4 31, 2019 when additional monthly significant weight loss occurred. For both RI#1 and RI#4, the facility nurses notified the residents' physicians of changes in condition and developed interventions to address these changes. However, Employee Identifier (EI)#3 agreed the proper assessments were not documented at the time the significant changes occurred.	A 604		
A1001	420-5-20-.10 (1) Sanitation and Housekeeping. (1) Sanitation. (a) Water Supply. 1. If at all possible, all water shall be obtained from a public water supply. If it is impossible to connect to a public water system, the private water supply shall meet the approval of the local County Health Department. 2. Water under pressure of not less than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall in no case exceed 110 degrees Fahrenheit. (b) Disposal of Liquid and Human Wastes. 1. There shall be installed within the building a properly designed waste disposal system, connecting to all fixtures to which water under pressure is piped.	A1001		

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A1001	<p>Continued From page 5</p> <p>2. All liquid and human waste, including floor wash water and liquid waste from refrigerators, shall be disposed through trapped drains into a public sewer in localities where such system is available.</p> <p>3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed through trapped drains into a sewage disposal system approved by the local County Health Department. The sewage disposal system shall be of a size and capacity based on the number of residents and personnel housed and employed in the institution. Where the sewage disposal system is installed at an existing facility prior to granting of a license, it shall be inspected and approved by the local County Health Department.</p> <p>(c) Premises. The premises shall be kept neat and clean. The property shall be free of rubbish, weeds, ponded water, or other conditions, which may create a health, safety, or sanitation hazard.</p> <p>(d) Control of Insects, Rodents, and other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or control shall be used. Droppings shall be evidence of infestation by pests.</p> <p>(e) Toilet Room Cleanliness. Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, toiletry articles. The use of a common towel and</p>	A1001		

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A1001	<p>Continued From page 6</p> <p>common bar soap is prohibited.</p> <p>(f) Garbage Disposal.</p> <p>1. Garbage must be kept in water-tight suitable containers with tight-fitting covers. Garbage containers must be emptied at frequent intervals and shall be thoroughly cleaned and aired before using again.</p> <p>2. Garbage and waste shall be disposed of in accordance with local and state regulations.</p> <p>(g) Control of Odors. The facility shall be free of objectionable odors.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure hot water accessible to residents was within a safe range.</p> <p>Findings:</p> <p>During the afternoon of February 4, 2020 the surveyor with EI#2 observed the hot water temperature in the facility's Beauty Shop was 120 degrees Fahrenheit. This was reported to EI#4 who stated he would adjust the temperature. Later that same afternoon, the surveyor with EI#4 observed the hot water temperature in the Beauty Shop was 104 degrees Fahrenheit.</p>	A1001		
A1101	<p>420-5-20-.11 (1) Fire and Safety</p> <p>(1) General.</p>	A1101		

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A1101	<p>Continued From page 7</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 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>	A1101		

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A1101	<p>Continued From page 8</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. <ol style="list-style-type: none"> (f) Fire Alarm and Sprinkler System. <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 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 	A1101		

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A1101	Continued From page 9 years. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to perform fire drills as required. Findings: Review of the facility's fire drill reports on February 4, 2020 revealed fire drills were not performed quarterly on each shift for the first and third quarters of 2018 and for the first and second quarters of 2019. EI#4 agreed the fire drills were not performed as required.	A1101		
A1203	420-5-20-.12 (5) Physical Environment. (5) General Building Requirements - Group and Congregate. (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. (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units	A1203		

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A1203	<p>Continued From page 10</p> <p>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> <p>(g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an</p>	A1203		

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A1203	<p>Continued From page 11</p> <p>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> <p>2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided</p>	A1203		

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A1203	<p>Continued From page 12</p> <p>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> <p>1. Each fire extinguisher shall receive an annual inspection with maintenance, and</p>	A1203		

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A1203	<p>Continued From page 13</p> <p>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 electric illumination and have battery back-up or emergency power.</p>	A1203		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P1001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2020
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NAME OF PROVIDER OR SUPPLIER CHEROKEE VILLAGE SPECIALTY CARE ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 201 HOSPITAL AVENUE CENTRE, AL 35960
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A1203	<p>Continued From page 14</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 ensure all fire extinguishers showed documentation of monthly visual inspections.</p> <p>Findings:</p> <p>During the initial tour of the facility on the morning of February 4, 2020 the surveyor observed seven fire extinguishers throughout the facility that did not show documentation of monthly visual inspections on the attached tag since December 2019. Later that morning the surveyor observed</p>	A1203		

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A1203	Continued From page 15 the tags had been updated to include a visual inspection date of January 2020. However, the fire extinguisher in the Laundry Room was observed by the surveyor with EI#2 and still showed an inspection date of December 2019 on the attached tag.	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 residents in all aspects of its physical plant. Exterior building walls and doors, and walled or fenced outdoor areas may form this boundary.	A1206		

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A1206	<p>Continued From page 16</p> <p>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 facility, if installed, shall be electrical locked or electrical delayed-egress locking devices. Buildings shall be protected throughout by an</p>	A1206		

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A1206	<p>Continued From page 17</p> <p>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. (v) The facility shall provide the residents sponsors with adequate information about the facility's door locking arrangements. 	A1206		

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A1206	<p>Continued From page 18</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's front exit door lock failed to function properly.</p> <p>Findings:</p> <p>During the afternoon of February 4, 2020 EI#12 activated the fire alarm system at the request of the surveyor. Upon activation of the facility's fire alarm system the lock on the front exit door leading to the parking lot failed to release. EI#4 immediately had repairs performed which returned the door lock to proper function during a follow-up check that same afternoon.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A1206		