

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY PLACE SENIOR LIVING OF GREENVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1035 FORT DALE ROAD GREENVILLE, AL 36037
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A 000	<p>Initial Comments</p> <p>On November 30, 2022, an unannounced licensure survey was conducted for this 28 bed Assisted Living Facility with a census of 25.</p> <p>There was one complaint investigated during this survey. LC#20220427011 was substantiated with no deficiencies cited as a result of the complaint investigation.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities (ALF). The deficiencies cited resulted in actual harm for at least one resident (RI#3, pose a risk of significant harm to the remaining residents, and require a plan of correction.</p>	A 000		
A 301	<p>420-5-4-.03 (1) (a) (b) (c) (d) Administration.</p> <p>The Assisted Living Facility Governing Authority.</p> <p>(a) An assisted living facility shall have an identified sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, or it shall have a designated individual or group of designated individuals who serve as its governing authority. A facility must give complete information to the Department identifying:</p> <ol style="list-style-type: none"> 1. Each person who has an ownership interest of 10 percent or more of the governing authority. 2. Each person or entity who has an ownership interest of 10 percent or more in the 	A 301		

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

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A 301	<p>Continued From page 1</p> <p>real property or building used by the assisted living facility to offer its services.</p> <p>3. Each officer and each director of the corporation if the governing authority is a corporation.</p> <p>4. Each partner, including any limited partners, if the governing authority is a partnership.</p> <p>(b) The governing authority shall submit any changes to the information listed above to the Department within 15 days of the change.</p> <p>(c) Responsibility of Staff to Governing Authority. The administrator, medical staff, facility personnel, and all auxiliary organizations shall be directly or indirectly responsible to the governing authority. For the purposes of these rules, auxiliary organizations include but are not limited to licensed or certified outside providers, consultants, management companies that are not the facility license holder.</p> <p>(d) The governing authority is responsible for appointing and supervising the administrator who is responsible for overall management and the day-to-day operation of the facility. Under no circumstances shall the facility operate without a licensed administrator for greater than 45 days.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the governing authority failed to ensure the facility was managed responsibly. This failure resulted in the retention of residents whose level</p>	A 301		

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A 301	<p>Continued From page 2</p> <p>of care exceeded the facility's capabilities, poorly developed resident care plans that were not current and did not address resident problem areas with appropriate care actions, failure to follow physicians' orders, lack of health observation/supervision and failure to maintain a safe environment for all 26 residents. These deficient practices resulted in actual harm for RI#3 and placed the remaining 24 residents at a significant risk for harm.</p> <p>Findings:</p> <p>601 - Physician's orders were not followed.</p> <p>605 - The residents' health conditions were not sufficiently supervised to identify significant changes and provide necessary medical attention, nursing care, or personal care assistance when needed.</p> <p>611 - Resident care plans did not identify and address resident care needs with appropriate interventions.</p> <p>621 - The facility retained residents who required a level of care which exceeded the license of the facility.</p> <p>703 - The kitchen and equipment were not adequately cleaned or maintained.</p>	A 301		
A 601	<p>420-5-4-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(a) Designation of Attending Physician.</p>	A 601		

Alabama Department of Public Health

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A 601	<p>Continued From page 3</p> <p>Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or another emergency call).</p> <p>(b) Back-up Physician Support. Each assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in an assisted living facility.</p> <p>(c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who</p>	A 601		

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A 601	<p>Continued From page 4</p> <p>is responsible for the care of the resident and authorized to write orders by facility policy. All verbal orders must be authenticated within such time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow physician's orders. This deficient practice placed all 25 residents at risk for significant harm.</p> <p>Findings:</p> <p>RI#2 was admitted to the facility on June 03, 2019, with diagnoses which included type II diabetes, and chronic peripheral vascular disease. On November 23, 2022, RI#2 had returned from the hospital for treatment of cellulitis affecting both lower legs. RI#2's physician orders from the hospital included "isolation until after (RI#2's) last dose of Ivermectin" which was scheduled for December 08, 2022.</p> <p>On November 29, 2022, at approximately 12:20 PM, the surveyor followed EI#4 into RI#2's room while EI#4 delivered RI#2's lunch tray. There was no signage on RI#2's room, that RI#2 was in isolation. EI#4 delivered RI#2's tray without applying any PPE (personal protective equipment). The surveyor was not told that RI#2 was on isolation.</p> <p>During review of RI#2's care plan, there had been no updates which documented the care RI#2 was</p>	A 601		

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A 601	Continued From page 5 receiving for RI#2's recent diagnosis of possible crusted scabies, need for isolation, or interventions for the "extremely itchy" skin condition that RI#2 was suffering from which affected all four extremities. On November 29, 2022, at approximately 4:45 PM, EI#1 told the surveyor that EI#1 had verified with the hospital physician that RI#2 was not contagious prior to RI#2's readmission to the facility on November 23, 2022. However, EI#1 had not received a physician's order to discontinue or any clarification of RI#2's isolation order.	A 601		
A 605	420-5-4-.06 (3) (c) Care of Residents. (c) Observation. Each assisted living facility shall provide general observation and health supervision of the residents to identify changes in all residents' health conditions and physical abilities, and awareness of the need for medical attention or nursing services as the changes develop. Whenever a resident requires medical attention, nursing services, or changes in personal care and assistance with activities of daily living provided by the facility, the facility shall arrange for or assist the residents in obtaining necessary services. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide adequate care and supervision for all residents who experienced a decline in	A 605		

Alabama Department of Public Health

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A 605	<p>Continued From page 6</p> <p>health status. This deficient practice resulted in harm for at least one resident (RI#3), and placed the remaining 24 residents at risk for significant harm.</p> <p>Findings:</p> <p>On November 29, 2022, at approximately 4:45 PM, the surveyor reviewed the records for RI#1 and RI#3 with EI#1.</p> <p>1. RI#1 was admitted to the facility on December 14, 2021, with diagnoses which included malignant neoplasm of the breast; heart failure, and cellulitis. RI#1 required the following medications: Flomax 0.4 milligrams (mg) every night for urinary retention, Lisinopril 20 mg every day for blood pressure control, Lasix 40 mg every day for fluid retention, Tramadol 50 mg one or two tablets four times a day as needed for pain.</p> <p>On November 29, 2022, at approximately 11:12 AM, the surveyor with EI#1 entered RI#1's apartment. EI#1 told the surveyor as they entered the apartment, "I'm sure (RI#1's) room is a mess, it's always a mess, every day." The surveyor and EI#1 observed soiled wet wipes on the bathroom floor along with other trash items. The trash can was sitting next to the bathroom door, RI#1 was sitting in RI#1's recliner next to RI#1's walker. RI#1 told the surveyor that RI#1 had an "accident in the bathroom" and cleaned it up the best that RI#1 could with RI#1's foot.</p> <p>RI#1's queen sized bed had suitcases and piles of clothing stacked all over it. RI#1 told the surveyor that RI#1 slept in the bed on occasion and in RI#1's chair on occasion. RI#1 told the surveyor that RI#1 was moving summer clothes from the closet to make room for RI#1's winter</p>	A 605		

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A 605	<p>Continued From page 7</p> <p>clothes. Upon exiting RI#1's room, EI#1 told the surveyor that EI#1 had spoken with RI#1's family about the constant clutter and messy behavior approximately two - three weeks before Thanksgiving. EI#1 told the surveyor that RI#1's family agreed that RI#1 was messy, but had always been that way. EI#1 also told the surveyor that RI#1's room and bathroom was a mess every day. EI#1 told the surveyor that EI#1 had cleaned RI#1's bathroom herself on November 28, 2022, and that RI#1 received housekeeping services at least twice a week.</p> <p>EI#1 agreed that RI#1's "messy" behavior and throwing trash on the floor put RI#1 at increased risk for falls. RI#1's care plan had not been updated to reflect RI#1's behavior, increased risk for falls, increased housekeeping needs and additional toileting assistance. EI#1 agreed that RI#1's record did not have any documentation regarding a discharge notice to the sponsor.</p> <p>2. RI#3 was admitted to the facility on February 12, 2021, with diagnoses which included: dementia. RI#3's care plan for February 12, 2021, documented "difficulty finding room and way in facility, onset of wandering in the facility." RI#3's monthly assessments from December 2021 through September 2022, document "confusion". RI#3 started on hospice services on June 21, 2022.</p> <p>RI#3's hospice notes documented that RI#3 suffered a cognitive decline with hallucinations and behavior issues on June 10, 2022. As a result of RI#3's cognitive decline, RI#3 also suffered a significant weight loss of approximately 50 pounds. RI#3's nursing assessment included observations of two plus pitting edema of RI#3's lower extremities. RI#3 required one to one sitter</p>	A 605		

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A 605	<p>Continued From page 8</p> <p>care daily due to RI#3's cognitive decline. RI#3's sitter reported to the hospice nurse that (RI#3) would be having a conversation "then suddenly go blank" and can't remember the conversation or where (RI#3) was at.</p> <p>Hospice nursing notes between July 2022 and October 2022, documented multiple episodes of poor incontinence care and finding RI#3 with dried feces on RI#3's skin. RI#3 was described by the hospice nurse as having around the clock sitters, increased confusion, along with verbal reports of RI#3's condition to the sponsor and EI#1.</p> <p>On October 12, 2022, RI#3 was identified with a "pressure spot" on RI#3's left heel by the hospice nurse. The hospice nurse recommended to "float heels in the bed or chair".</p> <p>On October 14, 2022, the hospice nurse documented that RI#3 "thought (RI#3) saw rats on the floor".</p> <p>On October 17, 2022, RI#3 was identified with a deep tissue injury (DTI) on RI#3's left heel. The wound measured five (5) centimeters (cm) long by seven (7) cm wide with no depth. The wound was described as round in shape with no drainage, redness, or odor; 0-25% eschar, and 0-25% slough. RI#3 described the left heel pain as a "5" on a scale of one to ten with ten being the worst possible pain.</p> <p>On October 31, 2022, the hospice nurse documented that RI#3 had symptoms of infection of the left heel wound and was started on antibiotics for 10 days with Doxycycline 100 mg twice a day for the treatment of the left heel wound infection.</p>	A 605		

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A 605	<p>Continued From page 9</p> <p>On November 28, 2022, the hospice nurse documented the following assessment of RI#3's left heel wound: 5 cm long by 7 cm wide with no depth, DTI, round, 75- 100 % firm black eschar, no maceration.</p> <p>On November 29, 2022, the surveyor interviewed RI#3 with RI#3's sitter present. RI#3 told the surveyor that the dressing on RI#3's foot had only been changed about three times, the foot hurt after standing on it. The wound was covered with a clean adhesive dressing which covered RI#3's left ankle and heel to the middle of RI#3's foot/arch.</p> <p>On November 29, 2022, EI#1 provided two pictures to the surveyor, that EI#1 had received from RI#3's hospice nurse(s). One picture was from October 2022, which showed a deep tissue injury of the left heel. The second picture was from November 28, 2022, which showed a wound covered with black eschar that involved the left heel.</p>	A 605		
A 611	<p>420-5-4-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.</p> <p>(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.</p> <p>(b) Plan of Care. There shall be a written plan of care developed for each resident prior to</p>	A 611		

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A 611	<p>Continued From page 10</p> <p>or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.</p> <ol style="list-style-type: none"> 1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 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. 5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept 	A 611		

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A 611	<p>Continued From page 11</p> <p>personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <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 observation, interview, and record review, the facility failed to update care plans to ensure that resident care and safety needs were</p>	A 611		

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A 611	<p>Continued From page 12</p> <p>met. This deficient practice resulted in harm to RI#3 and placed the remaining 24 residents at risk for significant harm.</p> <p>Findings:</p> <p>1. RI#1 was admitted to the facility on December 14, 2021, with diagnoses which included malignant neoplasm of the breast; heart failure, and cellulitis. RI#1 required the following medications: Flomax 0.4 milligrams (mg) every night for urinary retention, Lisinopril 20 mg every day for blood pressure control, Lasix 40 mg every day for fluid retention, Tramadol 50 mg one or two tablets four times a day as needed for pain. RI#1's care plan documented that RI#1 was independent with all activities of daily living (ADL).</p> <p>On November 29, 2022, at approximately 11:12 AM, the surveyor with EI#1 entered RI#1's apartment. EI#1 told the surveyor as they entered the apartment, "I'm sure (RI#1's) room is a mess, it's always a mess, every day." The surveyor and EI#1 observed soiled wet wipes on the bathroom floor along with other trash items. The trash can was sitting next to the bathroom door, RI#1 was sitting in RI#1's recliner next to RI#1's walker. RI#1 told the surveyor that RI#1 had an "incident in the bathroom" and cleaned it up the best that RI#1 could with RI#1's foot.</p> <p>RI#1's queen sized bed had suitcases and piles of clothing stacked all over it. RI#1 told the surveyor that RI#1 slept in the bed on occasion and in RI#1's chair on occasion. RI#1 told the surveyor that RI#1 was moving summer clothes from the closet to make room for RI#1's winter clothes. EI#1 told the surveyor that RI#1's room and bathroom was "a mess every day". EI#1 told the surveyor that EI#1 had cleaned RI#1's</p>	A 611		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY PLACE SENIOR LIVING OF GREENVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1035 FORT DALE ROAD GREENVILLE, AL 36037
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A 611	<p>Continued From page 13</p> <p>bathroom herself on November 28, 2022, and that RI#1 received housekeeping services at least twice a week.</p> <p>Upon exiting RI#1's room, EI#1 told the surveyor that EI#1 had spoken with RI#1's family about the constant clutter and messy behavior approximately two - three weeks before Thanksgiving. RI#1's family agreed that RI#1 was messy, but had always been that way.</p> <p>EI#1 agreed that RI#1's messy behavior and throwing trash on the floor put RI#1 at increased risk for falls. RI#1's care plan had not been updated to reflect RI#1's messy behavior, increased risk for falls, or RI#1's increased housekeeping needs.</p> <p>2. RI#2 was admitted to the facility on June 03, 2019, with diagnoses which included type II diabetes, and chronic peripheral vascular disease. RI#2 had returned from the hospital for treatment of cellulitis affecting both lower legs. RI#2's physician orders from the hospital included "isolation until after last dose of Ivermectin" scheduled for December 08, 2022.</p> <p>On November 29, 2022, at approximately 12:20 PM, the surveyor followed EI#4 into RI#2's room when EI#4 delivered RI#2's lunch tray. There was no signage on RI#2's room, that RI#2 was in isolation. EI#4 delivered RI#2's tray without applying any PPE (personal protective equipment). The surveyor was not told that RI#2 was on isolation.</p> <p>On November 29, 2022, at approximately 4:45 PM, EI#1 told the surveyor that EI#1 had verified with the hospital physician that RI#2 was not contagious prior to RI#2's readmission to the</p>	A 611		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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A 611	<p>Continued From page 14</p> <p>facility on November 23, 2022. EI#1 agreed during review of RI#2's care plan, that there had been no updates which documented the care RI#2 was receiving for RI#2's recent diagnosis of possible crusted scabies, need for isolation, or updated interventions for the "extremely itchy" skin condition that RI#2 was suffering from which affected all four extremities.</p> <p>3. 2. RI#3 was admitted to the facility on February 12, 2021, with diagnoses which included: hypertension and dementia. RI#3's care plan for February 12, 2021, documented "difficulty finding room and way in facility, onset of wandering in the facility." RI#3's monthly assessments from December 2021 through September 2022, document "confusion".</p> <p>RI#3 was admitted to hospice services on June 21, 2022, with diagnoses which included: heart failure and Alzheimer dementia. RI#3's hospice notes dated June 23, 2022, documented that RI#3 had a cognitive decline on June 10, 2022, which required hospitalization for hallucinations and behaviors. RI#3 suffered a significant weight loss of approximately 50 pounds...had 2+ pitting edema of both lower extremities... sitter reported that (RI#3) would be having a conversation and would suddenly go blank and not know where (RI#3) was and can't remember conversation...".</p> <p>RI#3's hospice nurse notes continued to document increasing confusion which required around the clock sitters, increasing care needs, and overall decline in RI#3's health status. RI#3 suffered an upper respiratory infection in September 2022.</p> <p>On October 12, 2022, RI#3 was identified with a "pressure spot" on RI#3's left heel.</p>	A 611		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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A 611	<p>Continued From page 15</p> <p>On October 17, 2022, RI#3's was identified with a of the posterior left heel. November 01, 2022, RI#3 was found to have an infection of the wound which required antibiotic treatment for 10 days.</p> <p>On November 28, 2022, RI#3's hospice nurse documented RI#3's left heel had a five (5) cm long by seven (7) cm wide by 0 cm deep, unstageable deep tissue injury (DTI). The DTI was 75 - 100 % covered with firm black eschar (necrotic/dead skin).</p> <p>On November 29, 2022, EI#1 provided the surveyor with two pictures taken by RI#3's hospice nurse of RI#3's DTI located on RI#3's left posterior heel. EI#1 identified that one picture had been taken around October 17, 2022, and the second picture was taken on November 28, 2022.</p> <p>On November 29, 2022, the surveyor with RI#3's sitter observed a clean dressing applied to RI#3's left heel. The dressing was not removed at that time. RI#3 told the surveyor that the dressing on RI#3's heel had been changed approximately three times over the past several months and went for long periods without the dressing being changed. RI#3 told the surveyor that the left heel was painful after standing on the left foot and when the pressure was removed from the left foot. RI#3's sitter told the surveyor in a hushed voice that RI#3's dressing was changed on RI#3's left heel twice a week by the hospice nurse. Which indicated that RI#3 could not direct RI#3's care for the DTI on RI#3's left heel.</p> <p>EI#1 agreed that RI#3's care plan did not include any interventions to promote healing and prevent further skin breakdown.</p>	A 611		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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A 621	Continued From page 16	A 621		
A 621	<p>420-5-4-.06 (11) (b) Care of Residents.</p> <p>(b) Retention</p> <p>1. An assisted living facility shall not allow any resident to return to the assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the facility is licensed to provide or the facility is capable of providing.</p> <p>2. An assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.</p> <p>3. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in an assisted living facility.</p> <p>4. An assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:</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 others and does direct others to provide the physical assistance needed to complete such tasks, AND the facility staff is capable of providing such assistance and does</p>	A 621		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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A 621	<p>Continued From page 17</p> <p>provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>5. If a resident of an assisted living facility is diagnosed with a terminal illness other than dementia and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.</p> <p>6. All skilled services provided in the facility, such as but not limited to wound care or insertion of a urinary catheter, shall be provided by the staff of properly licensed or certified agencies. Skilled services shall not be delegated to facility staff.</p> <p>7. Residents that develop acute infectious pulmonary disease, such as active tuberculosis, or other diseases capable of</p>	A 621		

Alabama Department of Public Health

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A 621	<p>Continued From page 18</p> <p>transmission to other individuals through normal person-to-person contact shall be immediately transferred to an appropriate level of care until certified by a physician to be free of a contagious condition.</p> <p>8. No assisted living facility shall be operated in whole or in part in a manner that prevents free and unhindered egress from the facility by any of its residents.</p> <p>9. An assisted living facility shall not retain any resident who cannot safely reside in the facility unless his or her egress from the facility is restricted.</p> <p>This Rule is not met as evidenced by: Based on observation and record review, the facility retained residents in the facility, RI#1's behavior placed the resident at risk for harm, and RI#3's level of care exceeded the license of the facility. This deficiency resulted in actual harm for at least one resident (RI#3) and placed the remaining 24 residents at risk for significant harm.</p> <p>Findings:</p> <p>1. RI#1 was admitted to the facility on December 14, 2021, with diagnoses which included malignant neoplasm of the breast; heart failure, and cellulitis. RI#1 required the following medications: Flomax 0.4 milligrams (mg) every night for urinary retention, Lisinopril 20 mg every day for blood pressure control, Lasix 40 mg every day for fluid retention, Tramadol 50 mg one or two tablets four times a day as needed for pain.</p> <p>On November 29, 2022, at approximately 11:12</p>	A 621		

Alabama Department of Public Health

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A 621	<p>Continued From page 19</p> <p>AM, the surveyor with EI#1 entered RI#1's apartment. EI#1 told the surveyor as they entered the apartment, "I'm sure (RI#1's) room is a mess, it's always a mess, every day." The surveyor and EI#1 observed soiled wet wipes on the bathroom floor along with other trash items. The trash can was sitting next to the bathroom door, RI#1 was sitting in RI#1's recliner next to RI#1's walker. RI#1 told the surveyor that RI#1 had an "incident in the bathroom" and cleaned it up the best that RI#1 could with RI#1's foot.</p> <p>RI#1's queen sized bed had suitcases and piles of clothing stacked all over it. RI#1 told the surveyor that RI#1 slept in the bed on occasion and in RI#1's chair on occasion. RI#1 told the surveyor that RI#1 was moving summer clothes from the closet to make room for RI#1's winter clothes. EI#1 told the surveyor that RI#1's room and bathroom was a mess every day. EI#1 told the surveyor that EI#1 had cleaned RI#1's bathroom herself on November 28, 2022, and that RI#1 received housekeeping services at least twice a week.</p> <p>Upon exiting RI#1's room, EI#1 told the surveyor that EI#1 had spoken with RI#1's family about the constant clutter and messy behavior approximately two - three weeks before Thanksgiving. EI#1 told the surveyor that RI#1's family agreed that RI#1 was messy, but had always been that way.</p> <p>EI#1 agreed that RI#1's "messy" behavior and throwing trash on the floor put RI#1 at increased risk for falls. RI#1's care plan had not been updated to reflect RI#1's behavior, increased risk for falls, increased housekeeping needs and additional toileting assistance. EI#1 agreed that RI#1's record did not have any documentation</p>	A 621		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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A 621	<p>Continued From page 20</p> <p>regarding a discharge notice to the sponsor.</p> <p>2. RI#3 was admitted to the facility on February 12, 2021, with diagnoses which included: hypertension and dementia. RI#3's care plan for February 12, 2021, documented "difficulty finding room and way in facility, onset of wandering in the facility." RI#3's monthly assessments from December 2021 through September 2022, document "confusion".</p> <p>RI#3 was admitted to hospice services on June 21, 2022, with diagnoses which included: heart failure and Alzheimer dementia. RI#3's hospice notes dated June 23, 2022, documented that RI#3 had a cognitive decline on June 10, 2022, which required hospitalization for hallucinations and behaviors. RI#3 suffered a significant weight loss of approximately 50 pounds...had 2+ pitting edema of both lower extremities... sitter reported that (RI#3) would be having a conversation and would suddenly go blank and not know where (RI#3) was and can't remember conversation...".</p> <p>RI#3's hospice nurse notes continued to document increasing confusion which required around the clock sitters, increasing care needs, and overall decline in RI#3's health status. RI#3 suffered an upper respiratory infection in September 2022.</p> <p>On October 12, 2022, RI#3 was identified with a "pressure spot" on RI#3's left heel.</p> <p>On October 17, 2022, RI#3's was identified with a of the posterior left heel. November 01, 2022, RI#3 was found to have an infection of the wound which required antibiotic treatment for 10 days.</p> <p>On November 28, 2022, RI#3's hospice nurse documented RI#3's left heel had a five (5) cm</p>	A 621		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER COUNTRY PLACE SENIOR LIVING OF GREENVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1035 FORT DALE ROAD GREENVILLE, AL 36037		
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A 621	Continued From page 21 long by seven (7) cm wide by 0 cm deep, unstageable deep tissue injury (DTI). The DTI was 75 - 100 % covered with firm black eschar (necrotic/dead skin). On November 29, 2022, EI#1 provided the surveyor with two pictures taken by RI#3's hospice nurse of RI#3's DTI located on RI#3's left posterior heel. EI#1 identified that one picture had been taken around October 17, 2022, and the second picture was taken on November 28, 2022. On November 29, 2022, the surveyor with RI#3's sitter observed a clean dressing applied to RI#3's left heel. The dressing was not removed at that time. RI#3 told the surveyor that the dressing on RI#3's heel had been changed approximately three times over the past several months and went for long periods without the dressing being changed. RI#3 told the surveyor that the left heel was painful after standing on the left foot and when the pressure was removed from the left foot. RI#3's sitter told the surveyor in a hushed voice that RI#3's dressing was changed on RI#3's left heel twice a week by the hospice nurse. Which indicated that RI#3 could not direct RI#3's care for the DTI on RI#3's left heel. On November 29, 2022, RI#3 did not have a 30 day discharge notice documented in RI#3's record. EI#1 told the surveyor that she had not given a written discharge notice to RI#3's sponsor.	A 621		
A 703	420-5-4-.07 (3) Food Service. (3) Dietary Service. (a) Number of Meals. No fewer than	A 703		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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A 703	<p>Continued From page 22</p> <p>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 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>	A 703		

Alabama Department of Public Health

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A 703	<p>Continued From page 23</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 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 observations and interview, the facility failed to perform adequate cleaning and maintenance of the kitchen and the kitchen equipment. This deficient practice placed all 25 residents at risk for harm from food bourn illness.</p> <p>Findings:</p> <p>On November 29, 2022, the following observations in the kitchen were performed with EI#1. There was hanging dust on the walls next to the refrigerators and the gas stove. There was more than a days accumulation of food crumbs, spills, and food items in the bottom of the refrigerators and the freezer. There was an accumulation of grime on the lids covering the dry food items, including flour, sugar, and grits, which were stored in the pantry. There were dried spills on the exterior doors of the refrigerators, freezer, and the ice maker. There were several kitchen cabinet doors and shelves with exposed wood where the laminate</p>	A 703		

Alabama Department of Public Health

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A 703	Continued From page 24 was loose or missing, which could not be properly cleaned.	A 703		
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, by using simulated residents or empty	A1101		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY PLACE SENIOR LIVING OF GREENVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1035 FORT DALE ROAD GREENVILLE, AL 36037
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A1101	<p>Continued From page 25</p> <p>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 Department within 12 hours or no later than the 	A1101		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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A1101	<p>Continued From page 26</p> <p>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 review and interview, the facility failed to perform monthly fire drills on each shift for each quarter. The facility also failed to maintain the fire alarm system to be fully operational in the event of a fire. This deficient practice placed all 25 residents living in the facility at significant risk for harm in the event of a fire.</p> <p>Findings:</p> <p>1. On November 29, 2022, the facility's fire drill documentation was reviewed with EI#1. There were no fire drill documents for the months of May, June, or July 2022. There were no 2nd shift drills for the first or second quarters of the year for 2022. There were no third shift fire drills documented for the first or third quarters of the year for 2022.</p> <p>2. On November 29, 2022, the surveyor observed a fire drill demonstration. After the fire drill was completed the EI#1 received an alarm report from the monitoring company which showed the monitoring company had received the facility's fire alarm signal. The monitoring</p>	A1101		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY PLACE SENIOR LIVING OF GREENVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1035 FORT DALE ROAD GREENVILLE, AL 36037
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A1101	Continued From page 27 company report also documented that five of the facility duct detectors sent a trouble signal, which did not appear on the facility's fire alarm panel. Upon further investigation and interview the surveyor identified that the five duct detectors had been sending trouble signals on the monthly monitoring reports since at least January 2022. According to an interview with the fire alarm contractor, there was no way to know if the duct detectors were actually functioning properly without an onsite visit. The surveyor requested and received an immediate plan of action to address this safety issue.	A1101		
A1203	420-5-4-.12 (5) Physical Environment. (5) General Building Requirements - Family, 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		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY PLACE SENIOR LIVING OF GREENVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1035 FORT DALE ROAD GREENVILLE, AL 36037
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A1203	<p>Continued From page 28</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 insect screens. Screen doors shall be equipped with self-closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All assisted living facilities shall provide emergency artificial lighting to adequately illuminate halls, corridors, kitchens, dining areas, 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		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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A1203	<p>Continued From page 29</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.</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 purpose. 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 assisted living facility, doors of resident bathrooms connected to resident bedrooms 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 a master key is readily accessible for the staff at a central location.</p> <p>3. Resident bedroom and other exit access doors in each assisted living facility shall</p>	A1203		

Alabama Department of Public Health

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NAME OF PROVIDER OR SUPPLIER COUNTRY PLACE SENIOR LIVING OF GREENVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1035 FORT DALE ROAD GREENVILLE, AL 36037
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A1203	<p>Continued From page 30</p> <p>be at least three feet wide. Bedroom doors in Family assisted living facilities shall not be less than 32 inches 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 special locking arrangements are permitted only in specialty care assisted living facilities.</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. Exit doors of Family facilities may swing inward.</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 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,</p>	A1203		

Alabama Department of Public Health

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A1203	<p>Continued From page 31</p> <p>day, month, and year of maintenance.</p> <p>2. A visual inspection of each fire extinguisher shall be conducted monthly by designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. Except in Family facilities, 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 Group and Congregate 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> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>1. Central or individual room gas</p>	A1203		

Alabama Department of Public Health

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A1203	<p>Continued From page 32</p> <p>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 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 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 maintain emergency lighting to be fully functional at all times in the event of an emergency. This deficient practice placed all 25 residents at risk for significant harm due to delayed egress in the event of an emergency.</p> <p>Findings:</p> <p>On November 29, 2022, at approximately 12:05 PM, the surveyor with EI#1 observed seven emergency lights failed to operate when tested. The emergency lights were located throughout the facility and emergency exit corridors. EI#1 had maintenance employees begin replacing or repairing the emergency lights that same day.</p> <p>TONYA AVENATTI, REGISTERED NURSE</p>	A1203		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY PLACE SENIOR LIVING OF GREENVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1035 FORT DALE ROAD GREENVILLE, AL 36037
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