

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2021
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NAME OF PROVIDER OR SUPPLIER HUNTINGDON, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 108 HOMESTEAD VILLAGE FAIRHOPE, AL 36532
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A 000	<p>Initial Comments</p> <p>On December 01, 2021, an unannounced licensure survey was conducted for this 50 bed Assisted Living Facility with a census of 29.</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 420-5-4, Alabama Administrative Code, for Assisted Living Facilities (ALF). The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 405	<p>420-5-4-.04 (6) Personnel.</p> <p>(6) Training.</p> <p>(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below:</p> <ol style="list-style-type: none"> 1. State law and rules on assisted living facilities. 2. Facility policies and procedures. 3. Resident rights. 	A 405		

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

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A 405	<p>Continued From page 1</p> <p>4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.</p> <p>5. Identifying and reporting abuse, neglect, and exploitation.</p> <p>6. Basic first aid.</p> <p>7. Advance directives.</p> <p>8. Protecting resident confidentiality.</p> <p>9. Resident fire and environment safety.</p> <p>10. Special needs of the elderly, mentally ill, and mentally retarded.</p> <p>11. Safety and nutritional needs of the elderly.</p> <p>12. Identifying signs and symptoms of dementia.</p> <p>(b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who</p>	A 405		

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A 405	<p>Continued From page 2</p> <p>has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization.</p> <p>(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to properly train all employees in fire safety. This deficient practice affected all 29 residents living in the facility.</p> <p>Findings:</p> <p>On December 01, 2021, at approximately 10:15 AM, the surveyor requested and observed a fire drill demonstration with EI#1, EI#2, EI#3, EI#5, EI#7, and EI#9. The scenario for the fire drill was a fire in the kitchen/dining room area. EI#5 activated the fire alarm and EI#7 was responsible to read the fire alarm panel and communicate the fire location to EI#9 on the B Wing.</p> <p>The surveyor and EI#5 observed that EI#7 misread the fire alarm panel and</p>	A 405		

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A 405	<p>Continued From page 3</p> <p>miscommunicated the fire location to EI#9. EI#9 then told residents on the B Wing to go to the dining room, sending residents into the "area of fire", instead of away from it. The surveyor and EI#5 also observed residents independently going towards the dining room, instead of waiting in the common areas on their perspective wings for direction.</p> <p>EI#5 agreed that additional fire safety training was needed for EI#7 and EI#9.</p> <p>On December 01, 2021, at approximately 11:00 AM, the surveyor with EI#1 interviewed EI#6 regarding how EI#6 would manage a stove fire. EI#6 told the surveyor that EI#6 did not know how to activate the Ansul Suppression system. EI#6 had been working as a cook in the facility for approximately one (1) month.</p>	A 405		
A 504	<p>420-5-4-.05 (3) (d) Records and Reports.</p> <p>(d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate.</p> <p>1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the</p>	A 504		

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A 504	<p>Continued From page 4</p> <p>facility.</p> <p>2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints.</p> <p>3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy.</p> <p>4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time.</p> <p>5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.</p> <p>6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.</p> <p>7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.</p>	A 504		

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A 504	<p>Continued From page 5</p> <p>8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.</p> <p>9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident.</p> <p>10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases.</p> <p>11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.</p> <p>12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.</p> <p>13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file.</p> <p>14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that:</p> <p>(i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care.</p> <p>(ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation; and</p> <p>(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.</p> <p>15. Every resident shall be fully informed, prior to or at the time of admission and at regular</p>	A 504		

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A 504	<p>Continued From page 7</p> <p>intervals during his or her stay, of services available in the facility, and of related charges.</p> <p>16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities.</p> <p>17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area.</p> <p>18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted.</p> <p>19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges.</p> <p>20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to</p>	A 504		

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A 504	<p>Continued From page 8</p> <p>himself or herself or to other residents.</p> <p>21. Every resident shall have the right to wear his or her own clothes, to keep and use his or her own personal possessions including toilet articles except for personal possessions too large to be stored in the resident's room.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours and to freely come and go from the home.</p> <p>24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain all resident records in a confidential manner. This deficient practice affected one resident, and had the potential to affect the remaining 28 residents.</p> <p>Findings:</p> <p>On November 30, 2021, at approximately 8:43 AM, the surveyor observed a form labeled "Follow Up Notes" for RI#3. The notes documented that RI#3 had a "slight fall in the dining room" and was</p>	A 504		

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A 504	Continued From page 9 "weak". RI#3's notes were laying with the documentation visible to anyone walking by the unsupervised cart in the corridor by the common living room on the A Wing. On November 30, 2021, at approximately 2:00 PM, this observation was verified with EI#2 and EI#3.	A 504		
A 601	420-5-4-.06 (1) Care of Residents. (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician. (a) Designation of Attending Physician. 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). (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	A 601		

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A 601	<p>Continued From page 10</p> <p>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 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 have physician orders for medications managed by the resident. This deficient practice had the potential to affect six (6) of 29 residents living in the facility who managed their own medications.</p> <p>Findings:</p> <p>On November 30, 2021, at approximately 8:40 AM, the surveyor observed three unlabeled bottles of medication in RI#1's room. RI#1 told the surveyor that the medications were brought in</p>	A 601		

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A 601	Continued From page 11 by RI#1's sponsor. RI#1 told the surveyor that one bottle had a "sleeping pill", a second bottle contained "vitamins", and the third bottle contained "Ibuprophen". On November 30, 2021, at approximately 2:20 PM, the surveyor verified with EI#2, that RI#1 had three bottles of unlabeled pills in RI#1's room. RI#1 asked the employees and the surveyor, "Why did (EI#2) take my vitamins and medicine that I paid for?" EI#2 tried to explain that the facility needed to see a physician's order for the vitamins and medications. On December 01, 2021, at approximately 10:00 AM, EI#2 told the surveyor that EI#2 had not called RI#1's physician to get orders for the medications that had been taken from RI#1's room on November 30, 2021. EI#2 told the surveyor that RI#1's sponsor had been notified to get a physician's order for the medications and the sponsor had trouble getting in contact with RI#1's doctor.	A 601		
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	A 602		

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A 602	<p>Continued From page 12</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>(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:</p> <ol style="list-style-type: none"> 1. The resident's weight and vital signs. 2. Changes in diagnoses. 	A 602		

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A 602	<p>Continued From page 13</p> <p>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</p> <p>4. Changes in treatment.</p> <p>(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:</p> <ol style="list-style-type: none"> 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. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the initial physician medical examination for all residents was complete. This deficient practice affected two of four resident records reviewed. There were 29 residents living in the facility.</p>	A 602		

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A 602	<p>Continued From page 14</p> <p>Findings:</p> <p>On November 30, 2021, the surveyor reviewed records for RI#1 and RI#2 with EI#2 and EI#3.</p> <p>1. RI#1 was admitted to the facility on September 14, 2021, with diagnoses which included advanced age, and ambulatory difficulty. RI#1's physician medical examination dated September 07, 2021, did not document if RI#1 was free of infectious diseases.</p> <p>2. RI#2 's physician medical examination dated September 28, 2021, did not document if RI#2 was free of infectious diseases.</p> <p>On December, 01, 2021, at approximately 10:30 AM, EI#3 verified the missing documentation on RI#1 and RI#2's medical examinations.</p>	A 602		
A 616	<p>420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.</p> <p>(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.</p> <p>(l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident</p>	A 616		

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A 616	Continued From page 15 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 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	A 616		

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A 616	<p>Continued From page 16</p> <p>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.</p> <p>(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.</p> <p>(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."</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all resident medications were properly labeled.</p> <p>Findings:</p> <p>On November 30, 2021, at approximately 8:45 AM, the surveyor observed three bottles of unlabeled medications in RI#1's room. RI#1 identified a large brown bottle contained Ibuprophen, a smaller brown bottle contained a "sleeping pill", and a white bottle contained vitamins. RI#1 had the Ibuprophen bottle sitting on a table next to RI#1's chair, and the two other unlabeled bottles were stored in a drawer in RI#1's bathroom.</p>	A 616		

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A 616	Continued From page 17 On November 30, 2021, at approximately 3:00 PM, EI#2 took the unlabeled medication bottles from RI#1's room.	A 616		
A 803	420-5-4-.08 (3) Physical Facilities. (3) Resident's Physical Facilities. (a) All resident bedrooms shall have an outside window and shall not be below grade. Window areas shall not be less than one-eighth of the floor area, unless proper lighting, ventilation, and air-conditioning are provided. All assisted living facilities submitted for plan review on or after October 5, 2001, shall ensure that each resident bedroom has at least one outside window with a minimum of 20 feet of clear space to any structure, measured perpendicularly. A peripheral view of the exterior shall be provided from newly constructed bedrooms. (b) Residents bedrooms shall be located so as to minimize the entrance of odors, noise, and other nuisances. (c) Residents bedrooms shall be directly accessible to a main corridor or through no more than one intervening sitting room within the bedroom suite. In no case shall a resident bedroom be used for access to another resident room. (d) Group and Congregate resident bedrooms shall be individually and consistently identified, (numbered, lettered, or named). (e) Bedroom Size. As a minimum, floor area shall be as follows:	A 803		

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A 803	<p>Continued From page 18</p> <ol style="list-style-type: none"> 1. Private bedroom without sitting area: 80 square feet. Double bedroom without sitting area: 130 square feet. 2. Private bedroom with sitting area: 160 square feet. Double bedroom with sitting area: 200 square feet. 3. Bedrooms shall accommodate no more than two residents. 4. Facilities licensed prior to December 25, 1991, are exempt. <p>(f) Bedroom furnishings. The resident has the right to furnish his or her room as he or she so chooses, within the facility's guidelines. If the facility offers to provide some or all of the furniture, as a minimum, bedrooms shall contain the following for each resident:</p> <ol style="list-style-type: none"> 1. A suitable built-in clothes closet or wardrobe with shelving space and clothing pole. 2. A bed with good springs and mattress and sufficient clean bedding. In no case shall a cot or rollaway bed be provided for residents. 3. A dresser or chest of drawers. 4. A bedside table and bed lamp. 5. At least one comfortable chair, preferably an armchair, recliner, or rocker. 6. Window shades, venetian blinds, or other suitable provisions for closing the view from 	A 803		

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A 803	<p>Continued From page 19</p> <p>the window.</p> <p>7. Adequate number of electrical outlets shall be provided. Extension cords, U.L. approved with overload protection capability may be used for light duty appliances and shall not pose a hazard to residents.</p> <p>8. A mirror in the bedroom or bedroom suite, unless contraindicated by a resident's condition.</p> <p>(g) Toilet and Bathing Facilities. As a minimum, the following toilet and bathing facilities shall be provided.</p> <p>1. For all residents' bedrooms, which do not have adjoining toilet and bathing facilities, plumbing fixtures shall be provided within the resident sleeping area according to the following ratio:</p> <p>(i) Bathtubs or showers one per eight beds.</p> <p>(ii) Lavatories one per six beds.</p> <p>(iii) Toilets one per six beds.</p> <p>2. When a semi-private bedroom is provided, the facility shall provide a means of privacy for dressing, bathing, and personal care. When common area bathrooms are provided, there shall be separation by partitions, curtains, or screens to provide for privacy in the baths and toilets.</p> <p>3. Non-skid mats or equal surface treatment and safety hand grips or grab bars</p>	A 803		

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A 803	<p>Continued From page 20</p> <p>shall be provided in tubs, showers, and at each toilet fixture. Grab bars shall be installed in new Group and Congregate facilities to conform to the currently adopted building code.</p> <p>(h) All essential mechanical, electrical, and resident care equipment shall be clean and maintained in safe operating condition.</p> <p>(i) Bed and bath linens shall be clean and in good condition.</p> <p>(j) Housekeeping and maintenance shall provide services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain resident care equipment in safe operating condition.</p> <p>Findings:</p> <p>On November 30, 2021, between approximately 8:30 AM and 11:00 AM, the surveyor observed at least three alcohol sanitizer stations that were empty. The hand sanitizer stations were located by the front entrance, the dining room, and the common living room on B Wing.</p> <p>On December 01, 2021, EI#3 verified that the hand sanitizer stations had been refilled.</p>	A 803		
A 804	<p>420-5-4-.08 (4) Physical Facilities.</p> <p>(4) Food Service Facilities.</p>	A 804		

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A 804	<p>Continued From page 21</p> <p>(a) Floors. Floors in food service areas shall be of such construction as to be easily cleaned, sound, smooth, non-absorbent, without cracks or crevices, and shall be provided with approved and conveniently located facilities for the disposal of floor wash water.</p> <p>(b) Walls and Ceilings. Walls and ceilings of food service areas shall be of tight and substantial construction, and smoothly finished. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows which prevent the entrance of rain or dust during inclement weather.</p> <p>(c) Screens or Outside Openings. Openings to the outside shall be effectively screened, or suitable provisions made equal to screening (such as fly fans). Screen doors shall be equipped with self-closing devices.</p> <p>(d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light.</p> <p>(e) Ventilation. Vent/exhaust hoods, vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Existing recirculating vent hoods in Family facilities may remain in use when filters are cleaned or replaced regularly to prevent excess grease accumulation. Group assisted living facilities with residential stoves may use a residential hood sized for the stove. Commercial exhaust hoods shall be installed when</p>	A 804		

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A 804	<p>Continued From page 22</p> <p>commercial cooking equipment is used. Congregate facilities shall use a commercial exhaust hood system.</p> <p>(f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall include a lavatory and shall be well lighted and ventilated.</p> <p>(g) Hand Washing Facilities. Each Group and Congregate assisted living facility shall provide a hand washing lavatory in the kitchens which shall be equipped with a soap dispenser and a supply of soap, disposable towels, and hot and cold running water through a mixing valve or combination faucet. The use of a common towel and common bar soap is prohibited. Hands shall not be washed in sinks where food is prepared. Existing Group and Congregate facilities that enlarge or renovate kitchens shall install a hand wash sink.</p> <p>(h) Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation for the storage of perishable foods shall be provided. Refrigeration shall be maintained at 41 degrees Fahrenheit or less. All refrigerators shall be provided with thermometers. All refrigerators shall be kept clean.</p> <p>(i) Equipment and Utensil Construction. Equipment and utensils, except single service utensils, shall be so constructed as to be easily cleaned and shall be kept in good repair. No cadmium plated, lead, or readily corrodible utensils or equipment shall be used.</p>	A 804		

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A 804	<p>Continued From page 23</p> <p>(j) Separation of Kitchen from Resident Rooms and Sleeping Quarters. Any room used for sleeping quarters shall be separated from the food service area by a solid wall with no direct openings. Sleeping accommodations shall not be permitted within the food service area.</p> <p>(k) Clean Rooms. Floors, walls, and ceilings of rooms in the food service area shall be clean and free of an accumulation of rubbish, dust, grease, dirt, etc.</p> <p>(l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc.</p> <p>(m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use.</p> <p>(n) Location and Space Requirements. Food service facilities shall be located in a specifically designated area and shall include the following rooms and space: kitchen, dishwashing, food storage, and dining room.</p> <p>(o) Equipment. Minimum equipment in the kitchen shall include the following:</p> <p>1. Range. In a Family or Group assisted living facility, a residential use range is permitted. A Congregate assisted living facility shall have a heavy-duty range suitable for institutional use with double oven, or equivalent.</p>	A 804		

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A 804	<p>Continued From page 24</p> <p>2. Refrigerator. A Family or Group assisted living facility may use a residential refrigerator. A Congregate assisted living facility shall have a heavy duty refrigerator suitable for institutional use.</p> <p>3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods.</p> <p>4. Dishwashing. The dishwashing equipment for Family and Group assisted living facilities shall be either residential type using cold water sanitizers or commercial type with a booster water heater. Dishwashing equipment for all Congregate assisted living facilities shall be commercial type using a booster water heater or an automatic dispensing sanitizing chemical system.</p> <p>5. A three-compartment sink with a booster heater or chemical sanitizing system for the third compartment shall be provided in Congregate assisted living facilities.</p> <p>6. Garbage cans with cover.</p> <p>(p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans, and raised platforms shall be provided and kept clean. Perishable food shall be stored at least six inches above the floor. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water, leakage, or any other source of contamination.</p> <p>(q) Dining Room. A resident dining room,</p>	A 804		

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A 804	<p>Continued From page 25</p> <p>or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed capacity.</p> <p>(r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be provided. Hot water shall be piped to all hand-washing facilities, and to each compartment of all dishwashing and laundry sinks. Water heaters shall be automatic type.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the kitchen/dining equipment and serving areas were properly maintained and sanitary. This deficient practice affected all 29 residents living in the facility.</p> <p>Findings:</p> <p>On November 30, 2021, between approximately 10:36 AM and 11:13 AM, the surveyor observed and photographed the following concerns in the kitchen/dining areas.</p> <ul style="list-style-type: none"> - The screen door between the kitchen and the porch exit was not maintained to close properly in the door frame. - The screen for the top half of the screen door between the kitchen and the porch exit was falling out of the frame and would not prohibit pests from entering the facility when the solid exit door was opened. - The dining room drink station cabinet was wooden and the lacquer finish had not been maintained to promote a sanitary surface. The area of the wooden cabinet below the tea pot was 	A 804		

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A 804	Continued From page 26 stained and could not be properly cleaned. There was an accumulation of tea and dust on the toe kick below the wooden drink station cabinet. The counter top particle board below the tea pot was swollen and stained with tea and could not be properly cleaned. - The water and ice machine was constantly dripping and there was scum floating in the drip tray. - The ceiling above the drink station had peeling paint and exposed drywall between the sprinkler head and the side wall. The peeling paint and exposed drywall covered an area approximately three (3) to four (4) feet long and eight (8) to 12 inches wide. On December 01, 2021, at approximately 12:15 PM, the above observations were verified with EI#1, EI#2, EI#3, and EI#4 and EI#8.	A 804		
A1001	420-5-4-.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	A1001		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2021
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NAME OF PROVIDER OR SUPPLIER HUNTINGDON, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 108 HOMESTEAD VILLAGE FAIRHOPE, AL 36532
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1001	<p>Continued From page 27</p> <p>in no case exceed 110 degrees Fahrenheit.</p> <p>(b) Disposal of Liquid and Human Wastes.</p> <p>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.</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 that 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.</p>	A1001		

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A1001	<p>Continued From page 28</p> <p>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, and toiletry articles. The use of a common towel and 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 that cardboard boxes and kitchen waste were promptly disposed of so as to not attract unwanted pests.</p> <p>Findings:</p> <p>On November, 30, 2021, at approximately 11:11 AM, the surveyor observed and photographed several boxes stored next to a completely full</p>	A1001		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2021
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A1001	Continued From page 29 trash can sitting on a porch outside of the kitchen. The boxes were stacked approximately two to three feet deep, three to four feet high, and five to six feet wide. On Decemebr 01, 2021, at approximately 11:00 AM, The surveyor and EI#3 verified that the area had been cleaned up after reviewing the photograph.	A1001		
A1002	420-5-4-.10 (2) Sanitation and Housekeeping. (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable environment for residents, staff, and the public. (a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies. (b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering. (c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. (d) General Storage. 1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms.	A1002		

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A1002	<p>Continued From page 30</p> <p>2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition.</p> <p>3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that chemicals were properly secured or supervised at all times. The facility also stored flammable chemicals within the facility.</p> <p>Findings:</p>	A1002		

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A1002	<p>Continued From page 31</p> <p>On November 30, 2021, between approximately 8:30 AM and 10:30 AM, the surveyor observed and photographed at least two spray bottles of Clorox liquid with bleach. One bottle was sitting unsupervised on the table in the common area of the A Wing. The second bottle of Clorox Spray with bleach was sitting in an unlocked public bathroom on the B Wing, along with a container of Clorox wipes.</p> <p>On November 30, 2021, at approximately 2:30 PM, the surveyor and EI#3, observed a 7.5 ounce aerosol spray can of "Nail Dryer" sitting on EI#1's desk. The nail dryer label documented that the contents were "Toxic and Flammable". EI#3 had the nail dryer can immediately disposed of in the facility dumpster and had the Clorox spray bottles properly stored.</p> <p>TONYA AVENATTI, REGISTERED NURSE</p>	A1002		