

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N5805	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 0101 B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2024
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NAME OF PROVIDER OR SUPPLIER COL ROBERT L HOWARD STATE VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7054 VETERANS PARKWAY PELL CITY, AL 35125
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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
L 000	<p>Initial Comments</p> <p>Regulation 22-21-20, et. seq., Code of Alabama, amended July 30, 2016 Rule 420-5-10, Nursing Facilities K3 Building: 0101 K6 Plan Approval: 06/07/2011 K7 Survey Under: 2012 Existing K8 SNF Locking Devices: Delayed Egress 30 sec.w/Wander Guard (has approval letter from ADPH) Generators: Three Diesel, Generac 400 kW in tandem (installed 2011 w/remote manual stop stations) FACP: Notifier by Honeywell (installed 2011) Smoke Detection: Complete Beds: 174 Census: 173</p> <p>Type of Structure: Per architect's plans and construction type matrix this building is a single story protected noncombustible, Type II(111) with heavy timbers (HT) (glue laminated timber) at roof construction/ceiling. The facility has a complete automatic sprinkler system. The following corridor doors in Bldg. Four do not have not positive latching hardware: Eagles Landing room 4211, Chapel room 4204, Library room 4205, Beauty Salon room 4208, Barber Shop room 4209, Stars & Stripes Cafe room 4210 in accordance with 2000 NFPA 101, 18.3.6.1, exception Number 1: smoke detectors in each room.</p> <p>On the date of this licensure survey, the facility was found not to be in compliance with 420-5-10 and with the applicable provisions of the 2012 NFPA 101 Life Safety Code (LSC), the 2012 NFPA 99 Health Care Facilities Code and the</p>	L 000		

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

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L 000	Continued From page 1 standards referenced by these codes, as observed by the LSC Surveyors while accompanied by the facility maintenance personnel.	L 000		
L 275	<p>420-5-10-.18(4)(a-d) Physical Plant</p> <p>(4) General Requirements - The provisions of this section shall apply to all nursing facilities.</p> <p>(a) Codes.</p> <p>1. Nursing facilities in existence at the time of current code adoption shall comply with the code requirements for an existing building.</p> <p>2. New nursing facilities, additions or alterations shall comply with the currently adopted code requirement for a new building.</p> <p>(b) Renovations within an existing facility shall comply with the applicable codes and requirements for new work.</p> <p>(c) The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at sufficient intervals inside and out.</p> <p>(d) The interior and exterior of the building shall be kept clean and orderly.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to maintain the the means of egress per the requirements of:</p> <p>2012 NFPA 101, 19.2.1, 7.1.6.2, and 7.1.10.1</p> <p>This deficiency affects 2 means of egress.</p> <p>Findings include:</p>	L 275		

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L 275	<p>Continued From page 2</p> <p>During a tour of the facility, the surveyor observed the following:</p> <p>A. A raised crack with a 1" change in elevation of the sidewalk (surface in the means of egress) from 5200 Hall exit door to the public way.</p> <p>B. An air purifier at the exit egress door by Room 5312.</p> <p>A member of the maintenance staff was present when this deficiency was identified.</p> <p>2. Based on observation, the facility failed to maintain the 30-second delayed egress doors per the requirements of:</p> <p>2012 NFPA 101, 19.2.2.2.4 (2), and 7.2.1.6.1.1</p> <p>This deficiency affects three, 30-second delayed egress doors on the East Hall of the American Harbor Wing.</p> <p>Findings include:</p> <p>During a tour of the facility, the surveyor observed the following 30-second delayed egress doors on the East Hall of the American Harbor Wing: the corridor door for the 5100 Hall and the 2 exit egress doors failed to release upon the following:</p> <p>i. Activation of the fire alarm system ii. Loss of power to the fire alarm control panel</p> <p>A member of the maintenance staff was present when this deficiency was identified.</p>	L 275		

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L 275	<p>Continued From page 3</p> <p>3. Based on observation, the facility failed to maintain a 2-hour fire rated horizontal exit per the requirements of:</p> <p>2012 NFPA 101, 19.2.2.5, 7.2.4.3.1, and 8.3.5.1</p> <p>This deficiency affects 1 2-hour fire rated horizontal exit.</p> <p>Findings include:</p> <p>During a tour of the facility, the surveyor observed an unsealed penetration of a 3/4" conduit used as a chase for a blue and white cable above the ceiling over the 90 minute fire rated cross corridor doors in the 2-hour fire rated horizontal exit at the Social Services Administration (suite 4203).</p> <p>A member of the maintenance staff was present when this deficiency was identified.</p> <p>4. Based on observation, the facility failed to maintain the corridor means of egress per the requirements of:</p> <p>2012 NFPA 101, 19.2.3.4 (5) (a)</p> <p>This deficiency affects 1 of 4 exits from the 5300 Hall of the American Harbor Wing.</p> <p>Findings include:</p> <p>During a tour of the facility, the surveyor observed the following fixed furniture in the corridor means of egress was not secured to the wall or the floor:</p> <ul style="list-style-type: none"> i. A chair at Room 5308 ii. A chair at Room 5310 	L 275		

Alabama Department of Public Health

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L 275	<p>Continued From page 4</p> <p>A member of the maintenance staff was present when this deficiency was identified.</p> <p>5. Based on observation, the facility failed to maintain a corridor door per the requirements of:</p> <p>2012 NFPA 101, 19.3.6.3.10</p> <p>This deficiency affects 1 corridor door.</p> <p>Findings include:</p> <p>During a tour of the facility, the surveyor observed the Activities/Multi-Purpose Room - 5501 the corridor door with a self-closing device gets stuck on the floor when fully opened and failed to self-close.</p> <p>A member of the maintenance staff was present when this deficiency was identified.</p> <p>6. Based on observation, the facility failed to maintain the interior wall finish per the requirements of:</p> <p>2012 NFPA 101, 19.3.3.2, and 10.2.8</p> <p>This deficiency affects 1 of 14 smoke compartments.</p> <p>Findings include:</p> <p>During a tour of the facility, the surveyor observed the bottom of the wall separating the Dishwasher Room from the Mop Room in Pantry 5319 was missing a portion of sheetrock (18" by 4'-0") leaving the metal structural members exposed.</p>	L 275		

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L 275	Continued From page 5 A member of the maintenance staff was present when this deficiency was identified.	L 275		