

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4544</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MADISON AT THE RANGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10801 COUNTY LINE ROAD</b> <b>MADISON, AL 35758</b>
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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
A 000	<p>Initial Comments</p> <p>On February 23, 2021, an unannounced complaint investigation was conducted for this 82 bed Assisted Living Facility with a census of 25.</p> <p>There was one (1) complaint investigated during this survey. LC#20210218008 was substantiated and a deficiency was cited as a result of the complaint investigation.</p> <p>A deficiency was 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 deficiency cited pose a risk or potential risk of harm to the residents and requires a plan of correction.</p>	A 000		
A1001	<p>420-5-4-.10 (1) Sanitation and Housekeeping.</p> <p>(1) Sanitation.</p> <p>(a) Water Supply.</p> <p>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.</p> <p>2. Water under pressure of not less than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall in no case exceed 110 degrees Fahrenheit.</p>	A1001		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A1001	<p>Continued From page 1</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. Proper and lawful methods for their eradication or control shall be used. Droppings shall be</p>	A1001		

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A1001	<p>Continued From page 2</p> <p>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 interviews and record reviews the facility failed to control an outbreak of insects (gnats).</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint on February 18, 2021, which alleged there were biting gnats throughout the</p>	A1001		

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A1001	<p>Continued From page 3</p> <p>facility and in resident rooms. During interviews on February 22, 2021, the surveyor learned the facility did have a recent problem with gnats in the building.</p> <p>Resident Identifier (RI)#4 informed the surveyor the gnats were in her/his room and she/he had to continually spray all the time.</p> <p>Employee Identifier (EI)#7, Care Associate (CA), told the surveyor the gnats were bad and multiplying. EI#7, CA, said it was because the biohazardous waste (body fluids) had not been picked up from the biohazard room (Room #312).</p> <p>EI#9, Maintenance Director, told the surveyor we (EI#9 and EI#2) should have called the company for pick up of the waste before we did.</p> <p>EI#1, Executive Director, explained to the surveyor shortly after her arrival as the new administrator (January 19, 2021) she learned the biohazardous company had not been picking up the waste as contracted. Upon discovery EI#1, contacted the waste company and ordered an emergency pick up on January 21, 2021. EI#1 also added the gnats were from trash located in a vacant apartment on the 300 hall. The trash was removed and the apartment thoroughly cleaned. A pest control company sprayed for gnats and the problem was eradicated.</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A1001		