

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2021
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF MADISON	STREET ADDRESS, CITY, STATE, ZIP CODE 49 HUGHES ROAD MADISON, AL 35758
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A 000	<p>Initial Comments</p> <p>On July 20, 2021, an unannounced licensure survey and complaint investigation was conducted for this 46 bed Assisted Living Facility (ALF) with a census of 20.</p> <p>There was one (1) complaint investigated during this survey. Complaint Intake ID 20210615001 was unsubstantiated, however, a deficiency was 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. The deficiencies cited pose a risk or potential risk of harm to the residents and requires a plan of correction.</p>	A 000		
A 401	<p>420-5-4-.04 (1) (2) Personnel.</p> <p>Personnel.</p> <p>(1) An assisted living facility shall ensure personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week.</p> <p>(a) An assisted living facility shall be staffed at all times by at least one individual who has a current certification in cardiopulmonary resuscitation (CPR).</p> <p>(b) An assisted living facility must be staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.</p> <p>(2) Employee Schedule. An assisted living facility shall post a schedule of employees</p>	A 401		

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

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A 401	<p>Continued From page 1</p> <p>indicating names and days and hours scheduled to work. This schedule shall be retained in the facility for 6 months after use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility was not staffed at all times with at least one (1) individual who was currently certified in cardiopulmonary resuscitation (CPR).</p> <p>Findings:</p> <p>On July 20, 2021, the surveyor reviewed the employee work schedule (July 2021) and employee files with Employee Identifier (EI)#2, Business Office Manager. A review of the documents revealed the facility was not always staffed with at least one (1) individual certified in CPR on the 2:00 PM - 10:00 PM evening shift and the 10:00 PM - 6:00 AM night shift. EI#2, informed the surveyor a CPR renewal class was scheduled for August 10, 2021, but she (EI#2) would make immediate arrangements for the uncertified staff to complete the online course (2020 ECC and AHA guidelines). At the conclusion of the survey, EI#2 provided the surveyor with supporting evidence the CPR courses had been completed by the staff on July 20, 2021.</p>	A 401		
A 402	<p>420-5-4-.04 (3) Personnel.</p> <p>(3) Employee Screening.</p> <p>(a) Prior to any resident contact, such as but not limited to assistance with activities of daily living, newly employed personnel shall have a</p>	A 402		

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A 402	<p>Continued From page 2</p> <p>physical examination certifying that the employee is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to residents through normal staff to resident contact. Employees who develop signs or symptoms of infectious skin lesions or diseases that would be capable of transmission to residents through normal staff to resident contact shall not be permitted to have resident contact until free from such signs and symptoms.</p> <p>(b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis.</p> <p>(c) Vaccines. Assisted living facilities shall immunize employees in accordance with current recommended Centers for Disease Control and Prevention (CDC) guidelines (www.cdc.gov/vaccines). Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage.</p> <p>(d) An assisted living facility shall not hire an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all personnel had a physical examination certifying they were free of signs and symptoms of infectious skin lesions and diseases prior to resident contact.</p> <p>Findings:</p>	A 402		

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A 402	Continued From page 3 Review of employee personnel files revealed, EI#4, Director of Resident Services and EI#9, Resident Assistant (RA), did not have a physician statement certifying they were free of infectious diseases. EI#4 and EI#9 had daily contact with residents, but did not have the required documentation on file. EI#2, Business Office Manager, told the surveyor the physical examinations had been done for both employees and she (EI#2) would obtain the documentation.	A 402		
A 403	420-5-4-.04 (4) Personnel. (4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain: (a) An application for employment which contains information regarding the employee's education, training, and experience. (b) Verification of current certification or licensure, if applicable. (c) Record of required physical examinations and vaccinations. (d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry. (e) Date of hire. (f) Date of initial resident contact. (g) Date employment ceased.	A 403		

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A 403	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain personnel files with all the required documents.</p> <p>Findings:</p> <p>Review of employee personnel files revealed the following information was not included:</p> <ul style="list-style-type: none"> - Employment Applications: EI#1 and EI#4 - Date of Initial Resident Contact: EI#1, EI#4, EI#8, EI#9, and EI#10. <p>EI#2 told the surveyor she (EI#2) would add the missing information to the personnel files.</p>	A 403		
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 facility.</p>	A 504		

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A 504	<p>Continued From page 5</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> <p>8. Every resident shall have the right to</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>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 the facility, the facility's management and governing authority, and to any other person</p>	A 504		

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A 504	<p>Continued From page 7</p> <p>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 intervals during his or her stay, of services available in the facility, and of related charges.</p>	A 504		

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A 504	<p>Continued From page 8</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 himself or herself or to other residents.</p>	A 504		

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A 504	<p>Continued From page 9</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 observations, interviews and record reviews, the facility failed to post the required contact information in a conspicuous location in a resident common area.</p> <p>Findings:</p> <p>During the initial tour the morning of July 19, 2021, the surveyor did not see the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities</p>	A 504		

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A 504	Continued From page 10 Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. EI#1, Administrator, informed the surveyor this information was provided to each resident at the time of admission, but acknowledged it was not posted for the residents in a common area. Shortly thereafter, EI#1 showed the surveyor she (EI#1) had posted the required information in a bookcase located in the main lobby.	A 504		
A 604	420-5-4-.06 (3) (a) (b) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments. (b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and procedures, the monthly assessment shall: 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half or greater weight loss in a period of three months or less, or a ten percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned	A 604		

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A 604	<p>Continued From page 11</p> <p>weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician.</p> <p>3. Document identified changes in resident status.</p> <p>4. Assess the appropriateness of each resident's plan of care. Any decline in resident status requires immediate implementation and documentation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete monthly assessments for all residents.</p> <p>Findings:</p> <p>During record reviews on July 20, 2021, the surveyor found the monthly assessments had not been completed for the following residents.</p> <ul style="list-style-type: none"> - Resident Identifier (RI)#6 did not have documentation for March 2021 and April 2021. - RI#7 did not have documentation for March 2021, January through July 2020, and September through December 2019. <p>The surveyor discussed the missing documentation with EI#1 and EI#11, Regional Registered Nurse,. EI#11 told the surveyor the</p>	A 604		

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A 604	Continued From page 12 monthly assessments had been completed by EI#5, Licensed Practical Nurse (LPN), but was unable to locate the documentation during the survey.	A 604		
A 611	420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (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. (b) Plan of Care. There shall be a written plan of care developed for each resident prior to 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. 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	A 611		

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A 611	<p>Continued From page 13</p> <p>following:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>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.</p> <p>5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept 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>	A 611		

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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF MADISON	STREET ADDRESS, CITY, STATE, ZIP CODE 49 HUGHES ROAD MADISON, AL 35758
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A 611	<p>Continued From page 14</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 observations, interviews and record reviews, the facility's Resident Service Plans (RSP) were not updated and did not reflect the current condition of the residents. In addition, the facility did not have a copy of the outside provider's plan of care for all residents.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 26, 2016 THIS DEFICIENCY WAS CITED AS A RESULT OF THE COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>Resident Service Plans:</p> <p>RI#6</p> <p>RI#6 had been a resident at the facility since September 18, 2020. The admitting diagnoses to include; hyperlipidemia, osteoporosis, type 2 diabetes, history of transischemic attacks (TIA), insomnia, stage 3 chronic kidney disease,</p>	A 611		

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A 611	<p>Continued From page 15</p> <p>anemia, heart disease, history of vaginal cancer status post urostomy, depression, and anxiety. The RSP incorrectly listed a "colostomy/ileostomy" on the RSP as a "Focus." There were no goals or interventions on the RSP to address the urostomy. RI#6 was a smoker but this was not mentioned on the RSP. The diagnosis of diabetes was not listed as a "Focus" with "Goals" and appropriate "Interventions" on the RSP. RI#6 had a recent four (4) day hospitalization on July 6, 2021, for dehydration and a urinary tract infection (UTI). The RSP was not updated with this new diagnosis or provide known interventions to help prevent another UTI. EI#4, LPN, informed the surveyor RI#6 had a recent decrease in appetite and a significant weight loss from May 2021 to July 2021, however, this was not included in the RSP. The surveyor reviewed the RSP in detail with EI#4, and she (EI#4) agreed it did not reflect the current condition of RI#6. EI#4 said she (EI#4) would revise the RSP accordingly.</p> <p>RI#7</p> <p>RI#7 was admitted to the facility on August 17, 2019, with a past medical history of the following, vitamin B deficiency, hyperlipidemia, hypertension, heart disease, atrial fibrillation, TIA, seizures, prostate cancer, constipation, and stage 3 chronic kidney disease. RI#7 had a squamous cell carcinoma located on the left scalp confirmed by biopsy on December 11, 2020. On January 12, 2021, the neoplasm was surgical removed (Mohs) at a local dermatology out-patient center. According to the surgeon's report RI#7 tolerated the procedure without difficulty and was provided post-operative instructions to follow. RI# 7 began receiving surgical wound care as ordered from home health on January 13, 2021. The RSP was</p>	A 611		

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A 611	Continued From page 16 not updated to reflect this alteration in skin integrity or the instructions to follow after surgery. RI#7's RSP had not been updated since February 19, 2020. On July 20, 2021, the surveyor discussed the RSP with EI#1, Administrator. EI#1 acknowledged the RSP had not been updated with the appropriate interventions. Home Heath Plan of Care: RI#7 was admitted to the services of home health on January 13, 2021. Home health was ordered by the physician to perform post-operative wound care following surgery of a neoplasm (basal cell carcinoma) on the scalp. The Plan of Care for RI#7 was not in the record. A copy was obtained by EI#1, and placed in the record during the survey.	A 611		
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	A1101		

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A1101	<p>Continued From page 17</p> <p>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.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <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 	A1101		

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A1101	<p>Continued From page 18</p> <p>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).</p> <p>2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.</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 reviews and interviews, the facility failed to conduct monthly fire drills as required.</p> <p>Findings:</p> <p>On July 19, 2021, the surveyor reviewed the facility's monthly fire drill reports for 2020 and 2021 with EI#1, Administrator. EI#1 was unable to</p>	A1101		

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A1101	<p>Continued From page 19</p> <p>produce documentation a fire drill was done in June 2021 (2nd Quarter). EI#1 explained the maintenance director left unexpectedly during that time and she (EI#1) was unable to find the documentation for that month.</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A1101		