

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P3719</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORNINGSIDE OF VESTAVIA HILLS - SCALF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2401 COLUMBIANA ROAD BIRMINGHAM, AL 35216</b>
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A 000	<p>Initial Comments</p> <p>On January 11, 2023, an unannounced licensure survey and complaint investigation was conducted for this 24 bed Specialty Care Assisted Living Facility (SCALF) with a census of 15.</p> <p>There were four (4) complaints investigated during this survey. LC#20210810003, LC#20201125021, LC#20201027010 and LC#20201005022 were unsubstantiated. There were no deficiencies cited as a result of the complaint investigations.</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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.</p>	A 000		
A 402	<p>420-5-20-.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 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>	A 402		

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

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A 402	<p>Continued From page 1</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. Specialty care assisted living facilities shall immunize employees in accordance with current recommended Centers for Disease Control and Prevention (CDC) guidelines (<a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a>). Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage.</p> <p>(d) A specialty care 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, an employee was not properly screened prior to resident contact.</p> <p>Findings:</p> <p>Review of employee files on January 11, 2023 revealed Employee Identifier (EI)#15 was hired at the facility on July 25, 2022 and had a tuberculosis skin test administered on July 26, 2022. However, there was no documentation that the skin test was read and negative results obtained. EI#5 confirmed the tuberculosis skin test for EI#15 had not been read. EI#15 was observed working at the facility during the onsite survey.</p>	A 402		

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A 501	Continued From page 2	A 501		
A 501	<p>420-5-20-.05 (1) Records and Reports.</p> <p>(1) General.</p> <p>(a) Responsibility for Records. The administrator shall prepare and file all records, or shall oversee the preparation and filing of records. This duty shall be assigned to other employees in the administrator's absence.</p> <p>(b) All records and reports required by these rules shall be completed in a timely manner, and shall be maintained and filed in an orderly manner within the specialty care assisted living facility premises.</p> <p>(c) Storage and Safety. Provision shall be made for the safe storage of records within the facility. Records shall be stored in a manner to reasonably protect them from water or fire damage. Records shall be safeguarded from unauthorized access.</p> <p>(d) All facility records, including resident medical records, shall be made readily available for review and copying by representatives of the Alabama Department of Public Health upon request.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide records of discharged residents when requested by the surveyor.</p> <p>Findings:</p> <p>On January 10 and 11, 2023, the surveyor requested facility records for two previous</p>	A 501		

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A 501	Continued From page 3  residents, Resident Identifier (RI)#5 and RI#6, from EI#2 and EI#6. On January 11, 2023, EI#2 reported to the surveyor that the entire records for RI#5 and RI#6 could not be located, only the financial information. RI#5 and RI#6 were named in complaints received by the Alabama Department of Public Health in 2020. Current staff were unsure where the records had been stored by previous management.	A 501		
A 602	420-5-20-.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 a specialty care assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination, a physician currently licensed and 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. This examination is not required for a resident of a facility dually licensed as an assisted living facility and as a specialty care assisted living facility in those cases when the resident is transferred from the assisted living unit to the specialty care assisted living unit in the same facility. In addition to any information otherwise required by 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:  1. All of the physician's diagnoses and the resident's baseline weight and vital signs.	A 602		

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A 602	<p>Continued From page 4</p> <p>2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).</p> <p>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.</p> <p>4. Documentation of evaluation for tuberculosis within the previous 12 months.</p> <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"> <li>1. The resident's weight and vital signs.</li> <li>2. Changes in diagnoses.</li> <li>3. Changes in condition.</li> <li>4. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>5. Changes in treatment.</li> </ol>	A 602		

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A 602	<p>Continued From page 5</p> <p>(c) Change of Condition Physical Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, condition, 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"> <li>1. Changes in diagnoses.</li> <li>2. Changes in condition.</li> <li>3. Changes in medications prescribed (name, dosage and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, residents' Medical Examination Records were not documented timely and did not contain all required information.</p> <p>Findings:</p> <p>Review of residents' facility records on January 11, 2023 revealed the following information.</p> <p>RI#1 was admitted to the facility on June 21, 2022 with diagnoses which included memory change,</p>	A 602		

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A 602	<p>Continued From page 6</p> <p>dementia, back pain, hypertension, depression and hyperlipidemia. RI#1's Initial Physical Examination was dated May 3, 2022, greater than 30 days prior to RI#1's admission to the facility. In addition, the statement on RI#1's Initial Physical Examination which read "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" was not marked "yes" or "no" by RI#1's physician.</p> <p>RI#3 was admitted to the facility on May 24, 2021 and had diagnoses which included aortic aneurysm, constipation, hypertension, coronary artery disease and cognitive impairment. RI#3's Annual Physical Examination, dated June 13, 2022, did not contain RI#3's pulse rate.</p> <p>Residents' facility records were reviewed with EI#5 and EI#6 on January 11, 2023 and both agreed these residents' Medical Examination Records were incomplete and/or not completed timely.</p>	A 602		
A 604	<p>420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.</p>	A 604		

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A 604	<p>Continued From page 7</p> <p>Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status.</p> <p>The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments.</p> <p>(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.</p> <p>(c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems:</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each</p>	A 604		

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A 604	<p>Continued From page 8</p> <p>resident.</p> <p>(ii) 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 percent or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned 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>2. Falls (two or more falls within a 30 day period).</p> <p>3. Elopement.</p> <p>4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p>	A 604		

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A 604	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, resident assessments were not documented prior to admission, upon admission and monthly as required.</p> <p>Findings:</p> <p>Review of residents' facility records on January 11, 2023 revealed the following information.</p> <p>RI#1 had resided at the facility since June 21, 2022. Refer to deficiencies 602 and 611 for additional information on RI#1. RI#1 did not have documentation of aphasia screening, PSMS, behavior screening and clinical history within 30 days prior to admission to determine eligibility. In addition, no PSMS and behavior screening were documented for RI#1 upon admission to the facility.</p> <p>RI#2 was admitted to the facility on February 26, 2022 and had diagnoses which included Lewy body dementia, atrial fibrillation, cerebrovascular accident, hypertension and chronic kidney disease stage 3. RI#2 did not have documentation of mental status examination, aphasia screening, behavior screening and clinical history within 30 days prior to admission to determine eligibility. In addition, monthly assessments were not documented for RI#2 until December 2022.</p> <p>RI#3 had resided at the facility since May 24, 2021. Refer to deficiency 602 for additional information on RI#3. RI#3 did not have documentation of mental status examination,</p>	A 604		

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A 604	Continued From page 10  aphasia screening, PSMS, behavior screening and clinical history within 30 days prior to admission to determine eligibility. In addition, no PSMS and behavior screening were documented for RI#3 upon admission to the facility. Also, monthly assessments were not documented for RI#3 from June 2021 until December 2022.  Resident assessments were reviewed with EI#5 and EI#6 on January 11, 2023 and both agreed these residents' assessments were incomplete.	A 604		
A 611	420-5-20-.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. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary.  1. The plan shall at all times reflect the	A 611		

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A 611	<p>Continued From page 11</p> <p>current condition of the resident. All entries on the plan of care shall be accurately dated. 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:</p> <ol style="list-style-type: none"> <li>2. A listing of the resident's individual needs or problems that require intervention by the facility.</li> <li>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</li> <li>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.</li> <li>5. Activities of Daily Living. Residents of a specialty care assisted living facility 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.               <ol style="list-style-type: none"> <li>(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.</li> <li>(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.</li> <li>(iii) Hair. Residents' hair shall be kept clean, neat, and well groomed.</li> </ol> </li> </ol>	A 611		

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A 611	<p>Continued From page 12</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 observations, interviews and record review, a resident's facility care plan had not been updated with appropriate interventions to address the resident's behaviors.</p> <p>Findings:</p> <p>RI#1 had resided at the facility since June 21, 2022. Refer to deficiencies 602 and 604 for additional information on RI#1. Staff reported RI#1 frequently urinated on the floor and would sometimes defecate on the floor. A urine odor was noted in RI#1's room. Staff reported they would frequently toilet RI#1 in an attempt to prevent the behaviors but RI#1 continued to urinate on the floor in various areas of his/her room. This behavior by RI#1 was not addressed on RI#1's facility care plan with appropriate interventions to control the behavior and odors. EI#6 agreed the behavior had not been properly</p>	A 611		

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A 611	Continued From page 13 addressed on RI#1's facility care plan.	A 611		
A1101	<p>420-5-20-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All specialty care 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.</p> <p>(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. 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 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</p>	A1101		

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A1101	<p>Continued From page 14</p> <p>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"> <li>1. Minimizes leaks and spills.</li> <li>2. Adequately protects against inappropriate access.</li> <li>3. Complies with the requirements of the currently adopted Life Safety Code.</li> </ol> <p>(f) Fire Alarm and Sprinkler System.</p> <ol style="list-style-type: none"> <li>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).</li> <li>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.</li> </ol>	A1101		

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A1101	<p>Continued From page 15</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, fire drills and fire alarm/sprinkler inspections were not performed as required.</p> <p>Findings:</p> <p>On January 10, 2023, the surveyor requested fire drill reports for 2021 and 2022 from EI#9, Maintenance Director. On January 11, 2023, EI#9 provided partial documentation of fire drills for the months of November 2022 and December 2022. A fire drill was conducted during the onsite survey on January 10, 2023. On January 11, 2023, EI#9 reported he had been unable to locate additional fire drill documentation. EI#9 had only been employed at the facility for a few weeks at the time of the survey. The facility had been without a maintenance director prior to EI#9's hire.</p> <p>On January 10, 2023, the surveyor also requested fire alarm and sprinkler inspections for 2021 and 2022 from EI#9. On January 11, 2023, the following inspections were provided to the surveyor by EI#5 and EI#9: Fire Alarm inspections on December 20, 2022, August 12, 2022 and September 3, 2020; Sprinkler inspections on January 19, 2022, March 30, 2022, August 12, 2022, September 16, 2021 and September 30, 2020. EI#5 reported they were</p>	A1101		

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A1101	Continued From page 16  unable to locate documentation of fire alarm and sprinkler inspections semi-annually as required.	A1101		
A1203	420-5-20-.12 (5) Physical Environment.  (5) General Building Requirements - 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 shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms.  (d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length 16 mesh screens. Screen doors shall be equipped with self-closing devices.  (e) Emergency Lighting.  1. All specialty care assisted living facilities shall provide an emergency artificial	A1203		

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A1203	<p>Continued From page 17</p> <p>lighting system to adequately illuminate halls, corridors, 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 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. Windows in specialty care facilities may have devices which prevent full opening of the window.</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</p>	A1203		

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A1203	<p>Continued From page 18</p> <p>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 purposes. 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 specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom 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 specialty care assisted living facility shall be at least three feet 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 exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special</p>	A1203		

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A1203	<p>Continued From page 19</p> <p>Requirements portion of this section.</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.</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, day, month, and year of maintenance.</p> <p>2. A visual inspection of each fire extinguisher shall be conducted monthly by a designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. A central electric or electronic call system shall be conveniently</p>	A1203		

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A1203	<p>Continued From page 20</p> <p>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 all 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 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 specialty care assisted living</p>	A1203		

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A1203	<p>Continued From page 21</p> <p>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 specialty care 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 observations and interview, the facility failed to visually inspect each fire extinguisher monthly.</p> <p>Findings:</p> <p>During a tour of the facility on January 10, 2023, the surveyor observed visual inspections of fire extinguishers were not documented on the attached tags for the month of October 2022. El#9 stated he (El#9) had also observed the monthly inspections had not been completed when he (El#9) was hired a few weeks prior to the survey.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A1203		