STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D0229	A. BUILDING: _____ B. WING _____	C 08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESERVE AT FAIRHOPE (ALF), THE	730 VOLANTA AVE FAIR HOPE, AL 36532

(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	Initial Comments On August 27, 2025, an unannounced licensure survey and complaint investigation was conducted at the facility. Complaint 20250825020 was investigated. Complaint 20250825020 was substantiated. No deficiencies were cited as a result of the investigation. 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 residents and require a plan of correction.	A 000		
A 302	420-5-4-.03 (1) (e) Administration. Policies. The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following: (i) Facility responsibility to protect all residents from abuse, neglect, and exploitation.	A 302		

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A 302	Continued From page 1 (ii) How allegations of abuse, neglect, and exploitation will be handled by the facility. (iii) Resident confidentiality. (iv) Admission and continued stay criteria. (v) Discharge criteria and notification procedures for residents and sponsors. (vi) Facility responsibility when a resident's personal belongings are lost. (vii) What services the facility is capable and not capable of providing. (viii) Medication management. (ix) Infection control. (x) Meal service, timing, menus and food preparation, storage, and handling. (xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness. (xii) Staffing and conduct of staff while on duty. (xiii) Oxygen administration and storage if used in the facility. (xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall develop written policies and procedures for the guidance of all personnel handling food as	A 302		

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A 302	Continued From page 2 outlined by the most current Food and Drug Administration Food Code published by the U.S. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address: (I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling. (II) The attire and cleanliness of staff members who prepare, handle, or serve food. (III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids. (IV) Food substitutions or alternatives. (V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs. (VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food. (VII) Provision of necessary services to any resident requiring adaptive devices to eat. (VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs. (IX) Storage of food.	A 302		

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A 302	Continued From page 3 (X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available. This Rule is not met as evidenced by: Based on interview and document review, the facility failed to follow its own policies and procedures for management and operation of the facility. Findings: A facility policy titled, "Incident/Accident & Unusual Occurrences" revealed. " ... POLICY: It is the policy of the community to report, investigate and document any incidents that would not normally occur, and which has potential for, or actual, adverse impact on a resident. PROCEDURE: 1. Any incident/accident incurred by a resident while on the community premises is to be reported, investigated and documented. ... b. Notify the physician ... c. Investigate the incident/accident, which includes completion of the Incident Report. ... 4. Report the incident/accident to the Alabama Department of Public Health's Assisted Living Report Hotline within twenty-four hours of the occurrence, ..." Refer to deficiency 508 for additional information. A facility policy titled, "Health Assessments - ALF" revealed, "POLICY: it is required that all residents have a comprehensive assessment performed by the Administrator or designee ... when a significant change in health status or behavior occurs, and when the monthly assessment identifies a specific problem. PROCEDURE: ... 2.	A 302		

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A 302	Continued From page 4 This facility shall require all residents to have a comprehensive assessment ... b. when a significant change in health status or behavior occurs; c. When the monthly assessment identifies a problem in any of the following areas: 1 Weight loss: a) Each month, the facility shall accurately weigh and record the weight of each resident in the Weight Book ... b) A comprehensive assessment and plan of care is required when a resident experience(s) a significant unplanned weight loss. c) Significant weight loss is defined as: i. 5% or greater weight loss in a period of one month or less ii. 7.5% or greater weight loss in a period of 3 months or less iii. 10% or greater weight loss in a period of 6 months or less iv. 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. 3. Plan of Care a. Based on on the individual resident assessment ... the Administrator or designee in conjunction with the facility staff and the resident's sponsor or responsible family member, shall develop appropriate written plans of care to address the specific problems identified and current care plans will be maintained in the Care Plan Book. ... d. The resident's sponsor or responsible family member shall be notified of such changes. ..." Refer to deficiency 604 for additional information. Review of the facility policy titled, "Change in Resident's Condition" revealed, "... POLICY: It is the policy of this facility to report any changes in the resident's condition. PROCEDURE: 1. The administrator shall be responsible for notifying the resident's attending physician when: ... b. There is a significant change in the resident's physical,	A 302		

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A 302	Continued From page 5 ... status. ... 2. The administrator shall be responsible for notifying the resident, his/her next-of-kin, or representative (sponsor), as each case may apply, when: ... b. There is a significant change in the resident's physical, ... status. ... 3. All notifications must be made as soon as practical, but in no case shall such notification exceed twenty-four (24) hours. 4. All changes in the resident's physical condition must be properly recorded in the resident's record. ..." Refer to deficiency 604 for additional information. Review of the facility policy titled, "Monitoring Resident's Nutritional Status: revealed, "... POLICY: To provide guidelines for staff to identify residents' nutritional needs and obtain follow-up by appropriate professionals for resolution of issues and concerns identified to maintain appropriate weight and nutritional status. PROCEDURE: ... 2. When weight loss or intake issues are identified the Administrator will ensure a plan of care is developed to meet the residents' immediate needs. The following steps are to take place as needed. a. A resident interview for problem identification and resolution. b. Consultation with the Dietary Manager for changes to the residents' diet or need of adaptive equipment. c. Consultation with a Dietitian for assessment and intervention identification. d. Consultation with the residents' physician for assessment and interventions. 3. Ongoing assessment and evaluation will take place to ensure interventions are working or need revision. This will be documented on the residents' plan of care and progress notes. ..." Refer to deficiency 604 for additional information. Review of the facility "BEST PRACTICE" with a subject "Significant Weight Change" revealed, "... OBJECTIVE: To effectively identify, document,	A 302		

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A 302	Continued From page 6 provide proper notification(s) and implement appropriate strategies in response to significant weight changes observed in residents. Recognizing that a significant weight change may be an indicator of additional health risks to the resident. PRACTICE: Monthly weights are obtained and documented for each resident. ... Significant weight loss is identified as: 5% or greater in 1 one month or less 7.5% or greater in 3 months or less 10% or greater in 6 months or less When there is a significant weight loss the following actions are recommended: Nurses notifies the physician and the responsible party Based on the physician's recommendations, weekly weight monitoring may be implemented for a period of at least four weeks, with support from the community ..." Refer to deficiency 604 for additional information. Review of the facility "BEST PRACTICE" with a subject "Health Services Evaluations" revealed, "... OBJECTIVE: Health Services Evaluations will be completed and updated to ensure that all resident needs and preferences are known and provided. PRACTICE: ... 7. The Director of Health Services (Wellness Director) will be responsible for making sure that the health services evaluations are up to date and reflect the resident's current needs and preferences. ..." Refer to deficiency 604 for additional information. On the afternoon of August 27, 2025, Employee Identifier (EI)#1, the administrator, agreed policies had not been followed. EI#1 reported she had provided all policies regarding the deficient practices that had been identified.	A 302		
A 508	420.5.4-.05 (3) (h) Records and Reports.	A 508		

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A 508	Continued From page 7 (h) Incident Investigation. When an incident, as defined below, occurs in an assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review. 1. Incidents which require investigation are: (i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as bruising, pain, or injury that is not consistent with actions necessary in providing day to day care to a resident or for which medical treatment was sought. (ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid, including but not limited to: a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office. (iii) The onset of wandering behavior by any resident who is not fully cognitively intact. (iv) Elopement by a resident. (v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental	A 508		

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A 508	Continued From page 8 abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. (vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules. (vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules. (viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I of Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus). (ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility. (x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident. (xi) An unplanned occurrence that results in media attention. (xii) A medication error, overdose, or over sedation. (xiii) Ingestion by a resident of a toxic substance that requires medical attention.	A 508		

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A 508	Continued From page 9 (xiv) Any indication of malfunction of the sprinkler system, or fire alarm system. 2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following: (i) Names of all residents involved. (ii) Names of all staff involved including person in charge at the time of the incident. (iii) When the administrator was notified (date and time). (iv) Circumstances under which the incident occurred. (v) When the incident occurred (date and time). (vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn). (vii) Immediate actions taken. (viii) The extent and description of injury, if any, to the affected resident or residents. (ix) Immediate treatment rendered. (x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified. (xi) Names, telephone numbers, and addresses of witnesses. (xii) Date and time relatives or sponsor	A 508		

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A 508	Continued From page 10 were notified. (xiii) Out-of-facility treatment. (xiv) Follow-up care. (xv) Outcome resolution. (xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future. (xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation. (xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request. (xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies. (xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff. 3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident: (i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention as defined in these rules.	A 508		

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A 508	Continued From page 11 (ii) Elopement by a resident. (iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file. (iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility. (v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident. (vi) An unplanned occurrence that results in media attention. (vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician. (viii) Ingestion by a resident of a toxic substance that requires medical attention.	A 508		

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A 508	Continued From page 12 (ix) Notifiable diseases and health conditions listed in Appendix I of the Alabama Administrative Code Sec. 420-4-1-.04. shall be reported by the facility to the State Health Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than 3 years. (x) Any indication of malfunction of the sprinkler system, or fire alarm system. 4. The report to the Department's Online Incident Reporting System shall include the following: (i) Facility name and direct phone number. (ii) Time and date of the report. (iii) Reporter's name. (iv) Name of resident(s), staff, or visitor(s) involved in the incident. (v) Names of staff on duty at the time of the incident. (vi) Date and time of the incident. (vii) A brief description of the incident. (viii) Any injury or injuries to resident(s). (ix) Action taken by the facility in	A 508		

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A 508	Continued From page 13 response to the incident. This Rule is not met as evidenced by: Based on record review and interview, incidents were not reported timely and one incident was not investigated. Findings: Late Incident Reports Review of the Alabama Department of Public Health Online Incident Reporting System (OIRS), revealed the following resident incidents that were not reported within 24 hours of the occurrence. A fall resulting in a fourteen (14) stitches occurred on December 24, 2024, at 5:00 PM and was reported on December 25, 2024, at 6:49 PM. A fall resulting in swelling to the head and knee pain occurred on October 14, 2024, at 10:00 AM and was reported on October 15, 2025 at 1:02 PM. Incidents Not Investigated Resident Identifier (RI)#4 was admitted to the facility on December 16, 2024. Incident number 20250821012 indicated on August 21, 2025, RI#4 had a fall and sustained an injury of raised area to the back of his/her head. RI#4 was sent for evaluation and treatment at a local hospital. No incident investigation was completed. On the afternoon of August 26, 2025, EI#2, the wellness director, said she thought she had submitted the above listed incidents on time. EI#2 was asked to compare the incident occurrence with the times she had submitted them. EI#2	A 508		

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A 508	Continued From page 14 agreed the incidents were reported late. EI#2 was asked why she had not completed an investigation for incident number 20250821012. EI#2 said no one had ever shown her how to do an investigation. EI#2 acknowledged she had been given the facility policies and procedures. When asked why she did not follow policy and procedure for the investigation, EI#2 said, "I don't know why, I really don't." On the afternoon of August 26, 2025, EI#1 approached the surveyor and provided EI#2's signed acknowledgement of receipt of the facility policies and procedures. EI#1 said EI#2 had a work history that indicated if she (EI#2) did not know something, she would ask. EI#1 added EI#2 was given opportunity to ask questions during her training. EI#1 agreed that the incident reports were late and there was no investigation for one incident.	A 508		
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	A 604		

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	D0229	A. BUILDING: _____ B. WING _____	C 08/27/2025

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A 604	Continued From page 15 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 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. 3. Document identified changes in resident status. 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide adequate health supervision of a resident with significant weight loss. Also, the facility failed to ensure monthly assessments were completed for this resident which they had identified with a significant weight loss. Findings:	A 604		

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A 604	Continued From page 16 Review of the resident record revealed RI#2 had resided at the facility since December 13, 2024. RI#2 was admitted to the facility with diagnoses of Parkinson's disease, hyperlipidemia and arthritis. The facility record indicated in the "Warnings" column of vital signs page that RI#2 had experienced a 6.3% weight loss from July 11, 2025. RI#2 had experienced a 9.4% weight loss from June 5, 2025. RI#2 had experienced a 14.4% weight loss from March 17, 2025. The facility record for RI#2 revealed EI#2 had not completed monthly assessments for RI#2 for the months of May, June and July, 2025, even though this significant weight loss had been identified. Review of the August 22, 2025, monthly assessment completed by EI#2 revealed, "... 1. Has the resident experienced a significant weight change as identified by ADPH standards? a. 5% loss in 1 month or 30 days b. 7.5% loss in 90 days or 3 months c. 10% in 180 days or 6 months d. NA ..." EI#2 had indicated NA when the vital sign warning revealed RI#2 had experienced a 14.4% weight loss since March 17, 2025. The monthly assessment response of NA was false. The facility record revealed there was no documentation of RI#2's significant weight loss. EI#2 and EI#3 had discussed the serious concerns they had, but did not document anything in the facility record. On the afternoon of August 26, 2025, EI#2 said RI#2 had experienced a significant weight loss. EI#2 was asked what she did in response to the significant weight loss. EI#2 would not answer. EI#2 was asked if she had notified the physician and she said no. EI#2 was asked why and she would not answer. When asked who she reported the weight loss to, EI#2 said she had spoken with RI#2's family and they were okay with it. EI#2 added RI#2 was under a lot of stress. EI#2 was	A 604		

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A 604	Continued From page 17 asked if that made it okay not to follow up on RI#2's significant weight loss. EI#2 said no. EI#2 agreed that as a nurse, she should have been concerned with RI#2's significant weight loss. When asked why she did not follow up, she repeated it was because the family was okay with it. On the afternoon of August 26, 2025, EI#1 agreed the significant weight loss had not been addressed. On the afternoon of August 27, 2025, EI#3, a Licensed Practical Nurse, said she weighs residents. EI#3 said she and EI#2 monitor residents with weight loss. When asked how they monitor weight loss EI#3 said they review the results together. EI#3 acknowledged RI#2 had experienced a significant weight loss. EI#3 said the physician was not notified and she did not know why. When asked who made the decision not to notify the physician, EI#3 said no one made the decision per se. EI#3 said she voiced her concerns regarding RI#2's weight loss with EI#2. EI#3 said EI#2 spoke with RI#2's family and nothing else was done to address RI#2's significant weight loss. EI#3 acknowledged the dietitian was not notified. EI#3 was asked what should have been done to address the weight loss. EI#3 said the physician should have been notified, the dietitian should have been notified, the administrator should have been notified and the care plan should have been updated. On the afternoon of August 27, 2025, EI#1 said EI#2 and EI#3 monitor residents' weights. EI#1 said the physician and dietitian should have been notified.	A 604		

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A 611	Continued From page 18	A 611		
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 following: 2. A listing of the resident's individual needs or problems that require intervention by the facility.	A 611		

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A 611	Continued From page 19 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 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. 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. (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. (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. (iii) Hair. Resident's hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be	A 611		

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A 611	Continued From page 20 provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident's care plan reflected the identified significant weight loss. Findings: RI#2 was admitted to the facility December 13, 2024. For additional information regarding RI#2, refer to deficiency 604. RI#2's care plan did not identify or address with care actions, RI#2's significant weight loss. On the afternoon of August 27, 2025, EI#2 acknowledged RI#2 had experienced a significant weight loss and no interventions had been added to the care plan. On the afternoon of August 27, 2025, EI#1 agreed weight loss interventions should have been care planned. THERESA HARRISON, REGISTERED NURSE	A 611		