STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D3760	A. BUILDING _____ B. WING _____	11/12/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALABAMA LIVING CENTER	2350 SWEENY HOLLOW ROAD BIRMINGHAM, AL 35215

(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 The following complaint was investigated during the survey. Complaint LC#040-2009 was substantiated with deficiencies cited. This is a 44 bed Assisted Living Facility with a census of 18 on November 12, 2009. The facility's survey result is Red with a final score of 68 Deficiencies were cited during this survey for failure to operate the facility 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, Assisted Living Facility (ALF).	A 000		
A 305	420-5-4-.03 (1)(g) Administration (g) Assisted living facilities shall obey all applicable federal state and local laws, ordinances, and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and review of the building inspector's and the fire inspector's reports, the facility's administrator, as a direct representative of the governing authority, failed to manage the facility on a day to day basis in accordance to the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health, Chapter 420-5-4 Alabama Administrative Code, for The Assisted Living Facilities (ALF). This deficient practice affected all eighteen residents living in the facility.	A 305		

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A 305	Continued From page 1 Findings: On November 12, 2009, at 12:25 p.m., during an interview with Employee Identifier (EI) #2, Licensed Practical Nurse (LPN), Director, the surveyor asked EI#2 how often was EI#1, Administrator, in the facility. EI#2 stated that EI#1 was in the facility once a week. EI#2 stated that most of the time EI#1 was at another facility, owned by the same company, where he is also the administrator. EI#2 stated that she and EI#1 communicate daily. The surveyor asked EI#2 if she performed monthly inspections in the facility. EI#2 said, "Yes." The surveyor asked EI#2 did she document what was observed during the inspections. EI#2 said, "No." The surveyor asked EI#2 had she read the last survey statement of deficiencies (2004). She said, "Yes I have and I have tried to fix the ones (deficiencies) that I could." On November 12, 2009, at 12:40 p.m., during an interview with EI#1, Administrator, the surveyor asked EI#1 how often did he visit the facility. EI#1 said, weekly. The surveyor asked EI#1 what did he do during his weekly visits. EI#1 stated that he would walk the halls with EI#2 and check on certain residents. The surveyor asked EI#1 if his supervisor or facility owner knew about the leaks in the building. EI#1 stated that he had spoken with the previous owners, EI#9 and EI#10, about the leaks in the library and the room across from the library. The surveyor asked EI#1 what the previous owners' response was. EI#1 stated that they said they would get the leaks repaired, but they never did. During the same interview, the surveyor asked EI#1 if he ever inspected the food service	A 305		

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A 305	Continued From page 2	A 305		

department. EI#1 stated that the dietitian did that. The surveyor asked EI#1 how often the dietitian did a walkthrough inspection of the food service department. EI#1 stated, "Twice a year." The surveyor asked EI#1 if he performed audits/inspections in the food service departments. He said, "No". The surveyor asked EI#1 what he did with the dietitian's inspection reports. EI#1 stated he would notify the owners of the findings. The surveyor asked for copies of the last two food service inspection reports from the dietitian. EI#1 pulled the reports from the desk drawer where he was sitting and made copies. Copies of the dietitian's last two food service inspections were given to the surveyor.

On November 10, 2009, at 3:15 p.m., the fire inspector entered the facility with the results of his "On-Site Life Safety" walk-through inspection, performed on November 2, 2009. The fire inspector informed EI#2 that he had referenced the 2003 International Fire Code for his findings. The report is as follows:

SECTION 1026
MEANS OF EGRESS FOR EXISTING BUILDINGS

Azalea Terrace: Partially illuminated exit sign.

1026.3 Exit sign illumination. Exit signs shall be internally or externally illuminated. The face of an exit sign illuminated from an external source, shall have an intensity of not less than 5 foot-candles (54 lux). Internally illuminated signs shall provide equivalent luminance and be listed for the purpose.

(B) SECTION 1008
DOORS, GATES AND TURNSTILES

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A 305	Continued From page 3 Magnolia: The panic and fire exit hardware on this door is broken and non functional for its designed purpose. 1008.1.9 Panic and fire exit hardware. Where panic and fire exit hardware is installed, it shall comply with the following: 1. The actuating portion of the releasing device shall extend at least one-half of the door leaf width. 2. A Maximum unlatching force of 15 pounds (67N). SECTION 1026 MEANS OF EGRESS FOR EXISTING BUILDINGS Hallway leading to the office: Partially illuminated Exit Sign. 1026.3 Exit sign illumination. Exit signs shall be internally or externally illuminated. The face of an exit sign illuminated from an external source, shall have an intensity of not less than 5 foot-candles (54 lux). Internally illuminated signs shall provide equivalent luminance and be listed for the purpose. SECTION 508 FIRE PROTECTION WATER SUPPLIES SECTION 605 ELECTRICAL EQUIPMENT, WIRING AND HAZARDS SECTION 906 PORTABLE FIRE EXTINGUISHERS Storage Room (Beneath) Laundry Room Side: Debris blocking the main control valve for the sprinkler system. Breaker box cover not properly	A 305		

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A 305	Continued From page 4 secured. Fire extinguisher blocked by debris. 508.5.4 Obstruction. Posts, fences, vehicles, growth, trash, storage and other materials or objects shall not be placed or kept near fire hydrants, fire department inlet connections or fire protection system control valves in a manner that would prevent such equipment or fire hydrants from being immediately discernible. The fire department shall not be deterred or hindered from gaining immediate access to the fire protection equipment or fire hydrants. 605.6 Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlets boxes. 906.6 Unobstructed and unobscured. Fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers. SECTION 904 ALTERNATIVE AUTOMATIC FIRE-EXTINGUISHING SYSTEMS Kitchen: Cleaning records, Service of system records, Fire extinguisher blocked by debris at the bottom of stairs, Cover missing from power control panel located underneath kitchen area. 904.11.6.3 Cleaning. Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals necessary to prevent the accumulation of grease. Cleanings shall be recorded, and records shall state the extent, time and date of cleaning. Such records shall be	A 305		

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A 305	Continued From page 5 maintained on the premises. 904.11.6.4 Extinguishing system service. Automatic fire-extinguishing systems shall be serviced at least every 6 months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion. 904.11.6.5 Fusible link and sprinkler head replacement. Fusible links and automatic sprinkler heads shall be replaced at least annually, and other protection devices shall be serviced or replaced in accordance with the manufacturer's instructions. 906.6 Unobstructed and unobscured. Fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers. 605.6 Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. During the walkthrough I observed several housekeeping issues in two storage areas. The findings located below the kitchen in a storage area, consisted of several mattresses, clothes binds with debris, many pieces of wood paneling and wooden crates. Also, there were several findings in the storage room located below the laundry room. These findings consisted of numerous ceiling tile stacked on the floor and against the wall, numerous unoccupied wheelchairs, bedside toilets, step ladders and	A 305		

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A 305	Continued From page 6 hand trucks. Please note that the findings listed are just some of the hazards that could delay proper extinguishment of a fire or reaching a patient during an emergency. All storage rooms should be cleaned of any debris and organized so it will not hinder Life Safety in any form... On November 17, 2009, at 10:33 a.m., post survey, The Department of Public Health, ALF Division received, via fax, the building inspector's report of the Life Safety Inspection that was performed on November 2, 2009, at the facility. The following are the building inspector's finding and recommendations: BUILDING Roof leaking in several places Exit doors do not open properly Exit doors in dining room has broken glass Several exit lights have bulbs not working One room has black mold in ceiling Broken light covers in hallways ATTIC Attic needs cleaning out Remove all unused wiring Install sufficient lighting Put all open junctions in proper boxes with covers Protect all exposed Romex cable BASEMENT UNDER LIVING QUARTERS Has black mold on walls Replace wiring Install sufficient lighting Replace Electrical Sub Panels and feeder Check all circuits for correct breaker size Install GFCI protection on all outlets	A 305		

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A 305	Continued From page 7 Smoke detectors need to be mounted to ceiling Basement door with lock needs to be installed MECHANICAL ROOM LOCATED IN BASEMENT Main electrical panel cover was off. (Needs to be re-installed) Junction box cover missing Outlets need GFCI protection Remove wiring not in use Replace Romex wiring Check electrical service for sufficient grounding WATER HEATER IN MECHANICAL ROOM One water heater not working Pop off valves not installed properly Wood and paper stored on top of water heater Fresh air vents not installed properly Scripto lighter was sitting on top of one heater with lighter hanging off another heaters pop-off valve Electrical box cover missing above water heater Basement doors need locks installed Water Heater needs tempering valves installed KITCHEN Dishwasher needs Romex wiring replaced Check outlets for GFCI protection Remove exposed Romex wiring Install quick connect gas line to stove and protection for gas valve BASEMENT BELOW KITCHEN Sewer is backing up in floor Need sufficient lighting Check all circuit loads for correct breaker size Provide GFCI protection Replace all Romex wiring BOILER ROOM Install sufficient lighting	A 305		

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A 305	Continued From page 8 Remove unused wiring Install door and locks EXTERIOR Sign disconnect switch has to be replaced GFCI receptacle installed on sign Photocell needs to be mounted in approved water tight box Wiring on side of building by Front Entrance needs to be removed Check HVAC equipment for proper wire size and breakers The auxiliary power system needs to be checked to see if it meets ICC 2003 International Building Code Sect. 3102.8.2 Corrections need to be made immediately for the safety and health of the residents... Refer to the following deficiencies for additional information: A609 420-5-4-.06(2)(h)(i) The facility failed to ensure that one out of six sampled residents, Resident Identifier (RI)#4, was evaluated for tuberculosis prior to admission. A708 420-5-4-.07(2)(c)4. The facility failed to ensure that refrigerator temperatures were maintained at a temperature no greater than the required maximum temperature of 41degrees Fahrenheit. A807 420-5-4-.08(4)(a) The facility failed to ensure that the floor in the food service area was free from cracks. A817 420-5-4-.08(4)(k)(l)(m) The facility failed to ensure that the food service area floors, walls and equipment were kept clean and free of dust	A 305		

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A 305	Continued From page 9 and grease. A1002 420-5-4-.10(1)(b) The administration failed to ensure the drains for disposal of all liquid waste were kept in working condition so as not to create a health, safety, or sanitation hazard. A1003 420-5-4-.10(1)(c) The administration failed to ensure the facility storage rooms were kept in a condition so as not to create a health, safety, or sanitation hazard. A1009 420-5-4-.10(2)(d) The facility failed to ensure that the basement for storage met acceptable standards for storage and fire safety. A1203 420-5-4-.12(3)(a) The administration failed to ensure that the facility was kept in good repair, free from leaks and moisture. A1219 420-5-4-.12(3)(v)(x) The facility failed to ensure that all exit signs were fully illuminated and all electrical equipment was in accordance with local electrical codes and the NFPA National Electrical Code. A1228 420-5-4-.12(6)(b)(c) The facility failed to ensure that exit doors were properly functioning.	A 305		
A 609	420-5-4-.06(2)(h)(i) Care of Residents (h) Prior to admission, residents shall be evaluated for tuberculosis. (i) Vaccines. Assisted living facilities shall immunize residents in accordance with current recommended CDC guidelines. Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage.	A 609		

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A 609	Continued From page 10 This Rule is not met as evidenced by: Based on review of the facility's records, the facility failed to ensure that one out of six sampled residents, RI#4, was evaluated for tuberculosis prior to admission. This deficient practice has the potential to affect all eighteen residents living in the facility. Findings: On November 12, 2009, at 7:45 a.m., during review of the residents' records, the surveyor noticed on the facility's form titled "Medical Health Statement/Plan of Care" dated May 7, 2009, for RI#4 in the following fields it was documented "TB Test Required: Yes Date Done: February 2009 Results: Negative Pt. (patient) stated/ EV." At 12:15 p.m., the same day, the surveyor asked EI#2 if the facility had documented evidence that RI#4 had been evaluated for tuberculosis prior to admission to the facility. EI#2 stated they only had the resident's word that her TB test was negative. THIS IS A REPEAT DEFICIENCY FROM THE 2004 SURVEY	A 609		
A 708	420-5-4-.07 (2)(c) 4. Food Service 4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degree Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.	A 708		

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A 708	Continued From page 11 This Rule is not met as evidenced by: Based on observation, the facility failed to ensure that refrigerator temperatures were mainatined at a temperature no greater than the required maximum temperature of 41 degrees Fahrenheit. This deficient practice has the potential to affect all eighteen residents living in the facility. Findings: On November 10, 2009, at 8:30 a.m., during tour of the kitchenette, located in the facility, the surveyor observed that the refrigerator temperature was registering 50 degrees Fahrenheit on the themometer located in the refrigerator. The surveyor observed pitchers of juice and cans of nutritional supplements in the refrigerator. EI#2 entered the kitchenette, the surveyor informed her that the temperature in the refrigerator was to high. EI#2 stated they would get another themometer for the refrigerator.	A 708		
A 807	420-5-4-.08 (4) (a) Physical Facilities (4) Food Service Facilities. (a) Floors. Floors in food service areas shall be of such construction as to be easily cleaned, sound, smooth, non-absorbent, without cracks or crevices, and shall be provided with approved and conveniently located facilities for the disposal of floor wash water.	A 807		

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A 807	Continued From page 12 This Rule is not met as evidenced by: Based on observations, the facility failed to ensure that the floor in the food service area was free from cracks. This deficient practice has the potential to affect all eighteen residents living in the facility. Findings: On November 10, 2009, at 12:40 p.m., during the kitchen tour with EI#2, the surveyor observed at least three cracked tiles on the floor across from the stove near the prep table. Pieces of the tile were missing. During review of the dietitian's inspection report for October 22, 2009, the surveyor noticed that the dietitian had documented in her remarks: #31 Floors: Floor with broken spots, repair floor under dish machine.	A 807		
A 817	420-5-4-.08 (4)(k)(l)(m) Physical Facilities (k) Clean Rooms. Floors, walls and ceilings of rooms in the food service area shall be clean and free of an accumulation of rubbish, dust, grease, dirt, etc. (l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc. (m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use. This Rule is not met as evidenced by:	A 817		

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A 817	Continued From page 13 Based on observations, interviews, and review of facility inspection reports, the facility failed to ensure that the food service area floors, walls, and equipment were kept clean and free of dust and grease. This deficient practice has the potential to affect all eighteen residents living in the facility. Findings: On November 10, 2009, during the tour of the food service area with EI#2, the surveyor observed that the walls and cabinets were greasy and felt sticky. The stove was greasy on top, the knobs for the surfaces were coated with grease, the ovens had old burnt food particles in them, and only one side of the double oven was operational. The surveyor observed old food particles and grease buildup on the floor under the stove. The surveyor informed EI#2 that the walls, the cabinets, the stove, and the floor under the stove needed cleaning. The surveyor asked EI#2 if there was a cleaning schedule for the kitchen staff. EI#2 said, "No." The surveyor asked EI#2 how often the dietary staff cleaned the kitchen. EI#2 stated she did not know. On November 12, 2009, at 12:40 p.m., during an interview with EI#1, the surveyor was given the last two dietary inspection reports performed by the facility's dietary consultant. In reviewing the report, the surveyor noticed that the dietary consultant had documented in her report dated February 19, 2009, to clean under the stove. Note: The surveyor noticed on November 10, 2009, nine months later, under the stove still remained uncleaned. During review of the dietary consultant's October	A 817		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 817	Continued From page 14 22, 2009, inspection report, the surveyor noticed there were several remarks documented by the dietitian. The surveyor noticed that the remarks concerning the floor with broken tiles and equipment not working should be repaired or removed from kitchen (refrigerator-freezer). During the surveyor's tour of the dietary department on November 10, 2009, the surveyor noticed that the refrigerator-freezer remained in the kitchen area and had not been repaired.	A 817		
A1002	420-5-4-.10 (1)(b) Sanitation and Housekeeping (b) Disposal of Liquid and Human Wastes. 1. There shall be installed within the building a properly designed waste disposal system, connecting to all fixtures to which water under pressure is piped. 2. All liquid and human waste, including floor wash water and liquid waste from refrigerators, shall be disposed through trapped drains into a public sewer in localities where such system is available. 3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed through trapped drains into a sewage disposal system approved by the local County Health Department. The sewage disposal system shall be of a size and capacity based on the number of residents and personnel housed and employed in the institution. Where the sewage disposal system is installed at an existing facility prior to granting of a license, it shall be inspected and approved by the local County Health Department.	A1002		

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A1002	Continued From page 15 This Rule is not met as evidenced by: Based on review of the November 2, 2009, Life Safety Inspection report by the fire inspector and the building inspector,and observations by the surveyor, the administration failed to ensure the drains for disposal of all liquid waste were kept in working condition so as not to create a health, safety, or sanitation hazard. This deficient practice has the potential to put all eighteen residents living in the facility at risk for harm. Findings: During review of the Life Safety Inspection reports by the fire inspector and the building inspector, the surveyor noticed that the building inspector had documented in his report that the facility's sewer was backing up onto the floor in the basement under the kitchen. On November 10, 2009, at 12:40 p. m., during the tour of the basement under the kitchen with EI#2, the surveyor noticed that the basement floor, around the drain outlet, was wet with what looked like food particles at the drain site. The surveyor noticed a plunger standing against the wall near the drain outlet. The surveyor asked EI#2 were they having problems with the sewer. EI#2 said she did'nt know. The surveyor also smelled an offensive and unpleasant odor in the basement.	A1002		
A1003	420-5-4-.10 (1)(c) Sanitation and Housekeeping (c) Premises. The premises shall be kept neat and clean. The property shall be free of rubbish, weeds, ponded water, or other conditions that	A1003		

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A1003	Continued From page 16 may create a health, safety, or sanitation hazard. This Rule is not met as evidenced by: Based on review of the November 2, 2009, Life Safety Inspection report by the fire inspector and the building inspector, and the surveyor's observations, the administration failed to ensure the facility storage rooms were kept in a condition so as not to create a health, safety, or sanitation hazard. This deficient practice has the potential to put all eighteen residents living in the facility at risk for harm. Findings: During review of the Life Safety Inspection reports by the fire inspector and the building inspector, the surveyor noticed that the building inspector had documented in his report that the facility's attic needs cleaning out. The surveyor noticed in the fire inspector's report that he had documented that the basement, beneath the laundry had debris blocking the main control valve for the sprinkler system. The breaker box cover was not properly secured and the fire extinguisher was blocked by debris. Please note that the findings listed are just some of the hazards that could delay proper extinguishment of a fire or reaching a patient during an emergency. All storage rooms should be cleaned of any debris and organized so it will not hinder Life Safety in any form. On November 10, 2009, at 2:20 p.m., the	A1003		

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A1003	Continued From page 17 surveyor accompanied the building inspector to the basement under the living quarters of the facility. The building inspector pointed out areas of the basement that were cluttered with old items. The surveyor observed Christmas decorations stacked on the wet floor, several old dusty wheelchairs in a corner, several stacks of ceiling tiles stacked on the floor and several bedside commodes stacked together. The inspector showed the surveyor a large stage against one wall of the basement. The surveyor observed that the stage was covered with mold. The surveyor also observed mold on the walls behind and beside the stage. Note: These observations were made eight days after the building and fire inspector's inspections.	A1003		
A1009	420-5-4-.10 (2) (d) Sanitation and Housekeeping (d) General Storage. 1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms. 2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to creat a hazardous condition. 3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards. 4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and	A1009		

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A1009	Continued From page 18 oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that the basements for storage met acceptable standards for storage and fire safety. This deficient practice has the potential to put all eighteen residents at risk for harm living in the facility. Findings: At 12:40 p.m. November 10, 2009, during tour of the kitchen, the surveyor accompanied EI#2 down into the basement under the kitchen. There was very poor lighting in the basement even with the use of a flash light. The surveyor observed that there were old mattresses stacked on the floor, wood crates and many pieces of wall paneling stacked against the walls. The floor was wet and the basement had an offensive odor. At 2:20 p.m. on the same day, the surveyor accompanied the building inspector to the basement under the living quarters of the facility. The building inspector pointed out areas of the	A1009		

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A1009	Continued From page 19 basement that were cluttered with old items. The surveyor observed Christmas decorations stacked on the wet floor, several old dusty wheelchairs in a corner, several stacks of ceiling tiles stacked on the floor and several bedside commodes stacked together. The inspector showed the surveyor a large stage against one wall of the basement. The surveyor observed that the stage was covered with mold. The surveyor also observed mold on the walls behind and beside the stage. On November 12, 2009, at 12:25 p.m., during an interview with EI#2, the surveyor asked EI#2 if she performed monthly walk-through inspections of the facility. EI#2 said, "Yes I do and when EI#1 is here we do it together." The surveyor asked EI#2 if they documented their findings during the walk-through. EI#2 stated, "No we do not, I guess we need to get a check list." The surveyor asked EI#2 if they checked the basements during their walk-through. EI#2 said, "No ma'am." On November 12, 2009, at 1:20 p.m., during an interview with EI#1, the surveyor asked EI#1 if he had inspected the basement in the facility. EI#1 said, "No."	A1009		
A1203	420-5-4-.12 (3)(a) Physical Plant (3) General Building Requirements - Family, 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.	A1203		

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A1203	Continued From page 20	A1203		

This Rule is not met as evidenced by:
Based on observations and interviews, the administration failed to ensure that the facility was kept in good repair, free from leaks and moisture. This deficient practice has the potential to put all eighteen residents living in the facility at risk for harm.

Findings:

On November 10, 2009, at 9:35 a.m., during the tour of the facility, as EI#2 and the surveyor approached the smoke barrier door, EI#2 turned to the surveyor and stated, "I want to let you know that we have some leaks in the facility and the new owners have just started to work on getting them repaired." The surveyor observed at that moment that there was a large wet circle on the carpet under the smoke barrier door. The surveyor observed that the wall behind the barrier door was wet. The surveyor observed that the electrical box and the phone box were located on the wall where the leaking was occurring. The surveyor could see and hear water dripping. The surveyor also observed that the leaking was coming from an opening in the ceiling that the electrical and the telephone wires ran through. EI#2 told the surveyor that contractors were due to come tomorrow, November 11, 2009, and get started on repairing all the leaks.

At 9:45 a.m., continuing with the tour of the facility, the surveyor was introduced by EI#2 to a representative of All Klean Micro Consultant. He stated they were hired by the facility to get rid of the mold and mildew in room 27 and the library. The surveyor was shown the library by EI#2. The

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A1203	Continued From page 21 surveyor observed that the room was cluttered with books and chairs, the ceiling had a large hole in it and the room had a musty odor and was damp. EI#2 stated that the consultant company had put the hole in the ceiling so that they would be able to reach the mold to clear it up. EI#2 told the surveyor that the work on the mold had started on yesterday, November 9, 2009. Continuing on with the tour of the facility, the surveyor noticed a hand written sign on the exit door in the dining room. The sign stated, "Do not use this door." Upon getting closer to the door, the surveyor noticed that the glass (plexiglass) was broken in the door and approximately one half of the glass was missing. The surveyor told EI#2 that she had observed a couple of residents going out of the door this morning onto the porch. EI#7, Regional Manager, entered the dining room as the surveyor was informing EI#2 that the glass needed replacing soon. EI#7 stated they would get on it right away. THIS IS A REPEAT DEFICIENCY FROM THE 2004 SURVEY	A1203		
A1219	420-5-4-.12 (3)(v) (x) Physical Plant (v) Exit Marking. In Group and Congregate 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.	A1219		

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A1219	Continued From page 22 (x) Heating, Lighting, and other Service Equipment. 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. 2. Open flame and portable heaters are prohibited in assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules. 3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code. This Rule is not met as evidenced by: Based on review of the November 2, 2009, Life Safety Inspection report by the fire inspector and the building inspector, the facility failed to ensure that all exit signs were fully illuminated and all electrical equipment was in accordance with local electrical codes and the NFPA National Electrical Code. This deficient practice has the potential to put all eighteen residents living in the facility at risk for harm. Findings: During review of the Life Safety Inspection reports by the fire inspector and the building	A1219		

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A1219	Continued From page 23 inspector, the surveyor noticed that the fire inspector report stated that there was a partially illuminated Exit Sign down the hallway leading to the office. The surveyor noticed that in the building inspector's report, the building inspector had documented that there were several exit lights not working. Upon continued review of the fire inspector's report, the surveyor noticed that the fire inspector had documented under, "unapproved conditions": Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. The surveyor noticed that the building inspector had documented in his report several electrical recommendations. They are listed as the following: Attic: remove all unused wiring, put all open junctions in proper boxes with covers, and protect all exposed Romex cable. Basement under living quarters: Replace wiring, replace electrical sub panels and feeder, check all circuits for correct breaker size, install GFCI protection on all outlets. Mechanical room in basement: Need to re-install main electrical panel cover, was off; replace Romex wiring, check electrical service for sufficient grounding. Water Heater in mechanical room: Electrical box cover missing above water heater. Kitchen: dishwasher needs Romex wiring replaced, check outlets for GFCI protection, remove exposed Romex wiring. Basement: Check all circuit loads for correct breaker size, provide GFCI protection and replace all Romex wiring. Boiler Room: Remove unused wiring. Exterior: Sign disconnect switch has to be replaced, GFCI receptacle installed on sign, photocell needs to be mounted in approved water tight box, wiring on side of building by front entrance needs to be	A1219		

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A1219	Continued From page 24 removed and check HVAC equipment for proper wire size and breakers. On November 10, 2009, at 9:35 a.m., during the tour of the facility, the surveyor observed that there was a large wet circle on the carpet under the smoke barrier door. The surveyor observed that the wall behind the barrier door was wet. The surveyor observed that the electrical box and the phone box were located on the wall where the leaking was occurring. The surveyor could see and hear water dripping. The surveyor also observed that the leaking was coming from an opening in the ceiling that the electrical and the telephone wires ran through. EI#2 told the surveyor that contractors were due to come tomorrow, November 11, 2009, and get started on repairing all the leaks.	A1219		
A1228	420-5-4-.12 (6) (b) (c) Physical Plant (b) Exit doors. Panic hardware shall be installed on all exit doors. (c) Corridors and Passageways. Corridors and passageways shall be unobstructed and shall not lead through any room or space used for a purpose that may obstruct free passage. This Rule is not met as evidenced by: Based on review of the November 2, 2009, Life Safety Inspection report by the fire inspector and building inspector, the facility failed to ensure that exit doors were properly functioning. This deficient practice has the potential to put all eighteen residents living in the facility at risk for	A1228		

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A1228	Continued From page 25 harm. Findings: Upon review of the Life Safety Inspection reports by the fire inspector and building inspector, the surveyor noticed that the fire inspector report documented that the panic and fire exit hardware on the door, located on the Magnolia Hall, was broken and non functional for its designed purpose. The building inspector's report documented, that the exit doors do not open properly.	A1228		