

**SPECIALTY CARE ASSISTED LIVING FACILITY DEFICIENCY LOG**

Facility Name:	ID#	Survey Exit Date:
Street Address:	Phone Number:	
City:	Zip Code:	Census:
Last Survey Date:		
Surveyor Name(s)/Title:		
Facility Type: <input type="checkbox"/> Family (2-3 adults) <input type="checkbox"/> Group (4-16 adults) <input type="checkbox"/> Congregate (17 or more)		

The following Deficiency Log represents the “Licensing Standards for Specialty Care Assisted Living Facilities.” Violation of licensure standards are identified on the Deficiency Log by the requirements checked “Not Met.” This log contains a **brief description** of the requirements. **Please Refer to Chapter 420-5-20 for a full description of the licensure rules.**

<b>SPECIALTY CARE ASSISTED LIVING FACILITIES DEFICIENCY LOG CHAPTER 420-5-20- (RULE DESCRIPTION)</b>		Not Met	EI# /RI # Affected
<b>GENERAL</b> (Chapter 420-5-20-.01)		<input type="checkbox"/>	
<b>LICENSE</b> (Chapter 420-5-20-.02)		<input type="checkbox"/>	
<b>ADMINISTRATION</b> (Chapter 420-5-20-.03)		<input type="checkbox"/>	
<i>The Specialty Care Assisted Living Facility Governing Authority</i>			
(1) (a)	A Specialty Care Assisted Living Facility (SCALF) shall have a governing authority; Develop and implement policies... appoint and supervise administrator and day to day operations ...	<input type="checkbox"/>	
(1) (b)	Governing Authority submits information changes to ADPH within 15 days of change.	<input type="checkbox"/>	
(1) (c)	Establish and implement written policies and procedures made available to resident, etc.	<input type="checkbox"/>	
(1) (c) 1.	The facility has a policy on: How allegation of abuse, neglect, and exploitation will be handled.	<input type="checkbox"/>	
(1) (c) 2.	The facility has a policy on: Admission and continued stay criteria.	<input type="checkbox"/>	
(1) (c) 3.	The facility has a policy on: Discharge criteria and notification procedure.	<input type="checkbox"/>	
(1) (c) 4.	The facility has a policy on: Facility responsibility when a resident’s belongings are lost.	<input type="checkbox"/>	
(1) (c) 5.	The facility has a policy on: What services the facility is capable/not capable of providing.	<input type="checkbox"/>	
(1) (c) 6.	The facility has a policy on: Medication administration.	<input type="checkbox"/>	
(1) (c) 7.	The facility has a policy on: Meal services, timing, menu & food preparation, storage & handling.	<input type="checkbox"/>	
(1) (c) 8.	The facility has a policy on: Fire drills, fire alarm system, sprinkler system, fire extinguisher checks and disaster preparedness.	<input type="checkbox"/>	
(1) (c) 9.	The facility has a policy on: Staffing and conduct of staff while on duty.	<input type="checkbox"/>	
(1) (e)	ADPH notified of proposed <b>change in ownership</b> 30 days before change. <b>Administrator</b> change within 15 days.	<input type="checkbox"/>	
(1) (f) & (g)	SCALF adheres to applicable federal, state, and local laws, ordinances and regulations.	<input type="checkbox"/>	
<b>PERSONNEL AND TRAINING</b> (Chapter 420-5-20-.04)			
<i>General</i>			
(1)	SCALF employs sufficient staff and ensures sufficient staff on duty 24 hours a day/ 7 days a week.	<input type="checkbox"/>	
(2)	The administrator of a specialty care assisted living facility must manage and direct the activities of employed staff members in a manner that results in adequate care actually being provided.	<input type="checkbox"/>	
(3)	A SCALF shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe environment at all times.	<input type="checkbox"/>	
(4)	A specialty care assisted living facility that uses locked or delayed egress must be sufficiently staffed to ensure the safe evacuation of residents in the event of a fire or emergency.	<input type="checkbox"/>	
(5)	A SCALF shall develop and implement policies and procedure that address how additional staff will be obtained when needed.	<input type="checkbox"/>	

	<b>SPECIALTY CARE ASSISTED LIVING FACILITIES  DEFICIENCY LOG  CHAPTER 420-5-20- (RULE DESCRIPTION)</b>	Not Met	EI# / RI# Affected
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PERSONNEL AND TRAINING (Chapter 420-5-20-.04 continued)			
<b>Employee Screening</b>			
(5)(a) 1.	Newly employed personnel have a physical exam certifying employee is free of signs and symptoms of infectious skin lesions and diseases prior to contact with residents.	<input type="checkbox"/>	
(5)(a) 2.	Newly employed personnel are evaluated for <b>tuberculosis</b> .	<input type="checkbox"/>	
(5)(a) 3.	Facility's employees are <b>immunized</b> in accordance with current CDC guidelines	<input type="checkbox"/>	
(5)(a) 4.	Staff with signs/symptoms of infectious skin lesion/diseases is not permitted resident contact.	<input type="checkbox"/>	
(5)(a)4.(b)	The facility has not hired an individual whose name is on the ADPH Nurse Aide Abuse Registry.	<input type="checkbox"/>	
(5)(a)4.(c)	The facility maintains a <b>personnel record</b> for each employee. This record contains: An application for employment with employee's education, training experience, date of hire, registration and licensure. - Record of required physical examination and vaccinations. - Date employment ceased.	<input type="checkbox"/>	
(5)(a)4.(d)	An employee schedule is posted indicating names, days and hours scheduled to work.	<input type="checkbox"/>	
(6)	No SCALF member shall serve as legal guardian/conservator or/attorney-in-fact for any resident; solicit/accept control of resident's property; or accept gifts/cash/other items of value from a resident	<input type="checkbox"/>	
<b>The Administrator</b>			
(7)(a) 1.	Administrator: Meets all applicable statutory requirements.	<input type="checkbox"/>	
(7)(a) 2.	In the absence of the <b>administrator, a designee</b> is authorized in writing.	<input type="checkbox"/>	
(7)(a) 3.	The administrator shall ensure that residents who have <b>health or safety needs beyond the capability</b> of the facility will be safely transferred or discharged.	<input type="checkbox"/>	
(7)(a) 4.	Facility will observe each resident for <b>changes in health</b> and physical abilities and obtain appropriate medical attention when needed.	<input type="checkbox"/>	
(7)(a) 5.	The administrator shall ensure that <b>plans of care</b> for all residents are current and appropriate.	<input type="checkbox"/>	
(7)(a) 6.	The administrator shall ensure that all deficient practices cited by the Department of Public Health are corrected in a timely manner.	<input type="checkbox"/>	
(7)(a)6.(b)	The administrator or designee is $\geq$ 19 years of age	<input type="checkbox"/>	
(7)(a)6.(c)	The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.	<input type="checkbox"/>	
(8)	<b>Medical Director.</b> Facility shall have a physician currently licensed in Alabama, responsible for implementation of resident care policies, coordination of medical care, shall participate in quality assurance activities in the facility...	<input type="checkbox"/>	
(9)	Employ at least one RN. Each RN and each LPN employed shall have completed The DETA Brain Series, The Pharmacological Management of Dementia, and The Dementia Assessment Series provided by the Dementia Education and Training Act Program...	<input type="checkbox"/>	
(10)	There shall be a <b>Unit Coordinator</b> who will manage the daily routine operation of the SCALF...	<input type="checkbox"/>	
<b>Training</b>			
(11)(a)	All <b>staff</b> members of a SCALF shall have <b>at least six hours</b> of continuing education.	<input type="checkbox"/>	
(11)(b)	All staff with resident contact, including administrator, shall have <b>initial training</b> prior to resident contact. Initial training shall be followed up with refresher training as necessary in the following areas	<input type="checkbox"/>	
(11)(b)1.	- State law and rules on assisted living and specialty care assisted living facilities.	<input type="checkbox"/>	
(11)(b)2.	- Identifying and reporting abuse, neglect and exploitation.	<input type="checkbox"/>	
(11)(b)3.	- Basic first aid.	<input type="checkbox"/>	
(11)(b)4.	- Advance Directives.	<input type="checkbox"/>	
(11)(b)5.	- Protecting resident confidentiality.	<input type="checkbox"/>	
(11)(b)6.	- Safety and nutritional needs of the elderly.	<input type="checkbox"/>	
(11)(b)7.	- Resident fire and environmental safety.	<input type="checkbox"/>	
(11)(b)8.	- Understanding the Aging Mind.	<input type="checkbox"/>	
(11)(b)9.	- Basic Brain Function.	<input type="checkbox"/>	
(11)(b) 10.	- Common Neuropsychiatric Disorders in the Elderly.	<input type="checkbox"/>	
(11)(b) 11.	- Basic Evaluation of the Dementia Patient.	<input type="checkbox"/>	
(11)(b)12.	- Cognitive Symptoms of Dementia.	<input type="checkbox"/>	
(11)(b)13.	- Psychiatric Symptoms of Dementia.	<input type="checkbox"/>	
(11)(b)14.	- Behavioral Problems Associated with Dementia.	<input type="checkbox"/>	
(11)(b)15.	- End of Life Issues in Dementia.	<input type="checkbox"/>	
(11)(b)16.	- Dementia Other than Alzheimer's	<input type="checkbox"/>	

	<b>SPECIALTY CARE ASSISTED LIVING FACILITIES DEFICIENCY LOG CHAPTER 420-5-20- (RULE DESCRIPTION)</b>	Not Met	EI# / RI# Affected
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PERSONNEL AND TRAINING (Chapter 420-5-20-.04 continued)			
(11)(b)17.	- Research and Dementia.	<input type="checkbox"/>	
(11)(b)18.	- Nutrition and Hydration Needs of the Resident with Dementia to include Feeding Techniques.	<input type="checkbox"/>	
(11)(b)19.	- Safety Needs of Residents with Dementia.	<input type="checkbox"/>	
(11)(c)	Facility shall develop and implement a <b>policy and procedure</b> to ensure all staff no less than <b>six hours continuing education</b> per year.	<input type="checkbox"/>	
(11)(d)	In the event of an <b>unplanned staff shortage</b> , facility may employ a certified nurse aide who has not received the training specified above...	<input type="checkbox"/>	
(11)(e)	All staff shall be able to demonstrate: diversional methods, redirection, understanding of caring for residents with agnosia, amnesia, aphasia and apraxia; understanding of fire and evacuation plan; policies: safety, including policies for preventing elopements, responding to elopements, and fall prevention.	<input type="checkbox"/>	
(11)(f)	A SCALF is staffed at all times by at least one individual with current cardiopulmonary resuscitation ( <b>CPR</b> ) certification.	<input type="checkbox"/>	
(11)(g)(h)	The facility has documented attendance records of staff training...	<input type="checkbox"/>	
RECORDS AND REPORTS (Chapter 420-5-20-.05)			
<b>General</b>			
(1) (a)	Administrator responsible for records.	<input type="checkbox"/>	
(1) (b)	Records are stored in a manner to protect them from water or fire damage & safeguarded from unauthorized access.	<input type="checkbox"/>	
(1) (c)	Resident's care plans and relevant portions of the medical examination/admission <b>record accessible</b> to staff.	<input type="checkbox"/>	
(1) (d)	Maintenance and Filing of Records and Reports.	<input type="checkbox"/>	
(1) (e)	Records shall be kept <b>Confidential</b> .	<input type="checkbox"/>	
(2) (a)	Administrative Records and Documentation.	<input type="checkbox"/>	
(2) (b) 1.	Facility maintains "Disease Reporting" documentation for not less than three years.	<input type="checkbox"/>	
(2) (b) 2.	Facility shall conduct a thorough investigation, take action and maintains Abuse, Neglect or Exploitation investigations for not less than three years.	<input type="checkbox"/>	
(3)	Resident Records: Includes <b>7 required documents</b> ... Advance Directives (must not require or keep resident from executing). Records kept for three years after discharge or death of a resident.	<input type="checkbox"/>	
(3) (a) 1.	Facility has a written financial agreement. Resident signs and is given a copy.	<input type="checkbox"/>	
(3) (a) 2. (i) to (ix)	<b>The Financial agreement</b> includes a list of basic charges, period covered by agreement, services not covered/additional charges, P&P on refunds, termination of agreement, bed-hold policy, statement that facility is not staffed to performed skilled nursing services nor care for severe cognitive impairment resident... reminder of local ombudsman assistance.	<input type="checkbox"/>	
(3) (b)	The facility shall develop a <b>permanent record</b> on admission which contains resident's demographic/important info...	<input type="checkbox"/>	
(3) (c)	The facility has evidence of a " <b>Medical Examination Record</b> " which contains place for resident's diagnoses, statement from MD of resident's health status, medications, MD orders a resident can have custody of his/her medications.	<input type="checkbox"/>	
(3) (d)	The facility develops <b>written plan of care</b> for each resident. Reviewed/updated as needed...	<input type="checkbox"/>	
(3) (d) 1.	Facility shall list resident needs that require intervention (falls, wt loss, behaviors, falls, therapeutic diets)	<input type="checkbox"/>	
(3) (d) 2.	Care plan includes description of assistance required with ADL's. Updated as needed	<input type="checkbox"/>	
(3) (d) 3.	Facility has a written <b>plan to transfer</b> resident when facility unable to meet resident's needs.	<input type="checkbox"/>	
(3) (d) 4.	Facility has procedure to follow for serious illnesses, accident or death... (contact info).	<input type="checkbox"/>	
(3) (d) 5.	Facility has certification and plan of care for <b>outside agencies</b> providing care to residents.	<input type="checkbox"/>	
(3) (f)	Administrator notified with 24 hrs of an <b>incident</b> . Investigation conducted. Intervention...Reported to ADPH.	<input type="checkbox"/>	
(3) (g)	Residents informed of and Rights are conspicuously <b>posted</b> in a resident common area.	<input type="checkbox"/>	
(3) (h)	The facility inventory resident's property valued in excess of \$150. Signed by all parties.	<input type="checkbox"/>	
CARE OF RESIDENTS (Chapter 420-5-20-.06)			
(1) (a)	The medical care of residents shall be under the direction and supervision of a physician.	<input type="checkbox"/>	
(1) (b)	The facility has an agreement with one or more MD to serve as <b>back-up Physician</b> support.	<input type="checkbox"/>	
(2) (a)	Residents <b>are observed for changes</b> in health, abilities and need for medical/nursing services.	<input type="checkbox"/>	
(2) (b)	RN shall consult with the administrator on all issues of resident safety and health and well being.	<input type="checkbox"/>	
(2) (c)	RN shall perform a <b>comprehensive assessment</b> of each resident upon admission, when a significant change in health status, wt loss, behaviors, falls, elopements, adverse drug reaction...	<input type="checkbox"/>	

	<b>SPECIALTY CARE ASSISTED LIVING FACILITIES</b> <b>DEFICIENCY LOG</b> <b>CHAPTER 420-5-20- (RULE DESCRIPTION)</b>	Not Met	EI# / RI # Affected
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CARE OF RESIDENTS (Chapter 420-5-20-.06 continued)		<input type="checkbox"/>	
(2) (d)	RN shall identify resident care problems, doc. Interventions, <b>and monthly assessment</b> of behaviors, wt loss, falls, significant changes, elopements, incidents and medications...	<input type="checkbox"/>	
(2) (e)	RN shall <b>notify</b> resident's attending physician, sponsor or responsible family member if a resident experiences any significant changes...	<input type="checkbox"/>	
(2) (f)	The facility has policy and procedure to ensure residents <b>are free of abuse</b> , neglect & exploitation...when suspected, conducts thorough investigation; take action... Staff trained...	<input type="checkbox"/>	
(2) (g)	The facility follows their policy/procedure to ensure residents requiring <b>services beyond facilities capabilities</b> are discharged or transferred.	<input type="checkbox"/>	
(2) (h)(i)	A SCALF shall not admit nor once admitted shall it retain a resident who requires <b>medical or skilled nursing care</b> which is expected to <b>exceed 90 days</b> ...	<input type="checkbox"/>	
(2) (j)	Residents who are <b>combative</b> , violent, suicidal, or homicidal shall neither be admitted to nor retained in a SCALF.	<input type="checkbox"/>	
(2) (k)	Residents who are <b>abusive to other residents</b> are monitored, and have a plan that addresses the abusive behavior. Action taken to prevent future altercations.	<input type="checkbox"/>	
(2) (l)	Resident on resident altercations (physical, mental, or verbal) & inappropriate sexual <b>behavior shall be reported</b> to the Alabama Department of Public Health within 24 hours if an injury occurs... immediately take all appropriate measures to prevent future occurrences...	<input type="checkbox"/>	
(2) (m)	All residents <b>free from over sedation</b> . If an overdose, adverse medication reaction occurs, report to physician, medical director, sponsor an incident report shall be completed...	<input type="checkbox"/>	
(2) (n)	The facility shall provide care and services consistent with community <b>standards of practice</b> .	<input type="checkbox"/>	
(2) (o)	No form of <b>restraint</b> or seclusion applied to residents of a SCALF except in extreme emergency...	<input type="checkbox"/>	
(2) (p)	Care During Emergency or Illness...	<input type="checkbox"/>	
(2) (q)	Facility shall <b>post telephone numbers</b> of physician, back up physician, and 911 or the local emergency telephone number...	<input type="checkbox"/>	
(2) (r)	A current copy of A Short Practical Guide for Psychotropic Medications in Dementia Patients or the equivalent shall be in each SCALF as a reference guide.	<input type="checkbox"/>	
(2) (s)	Each resident has a physical <b>examination</b> prior to <b>admission</b> and annually in medical record..	<input type="checkbox"/>	
(2) (t)	Each resident evaluated for <b>tuberculosis</b> prior to admission to facility	<input type="checkbox"/>	
(2) (u)	Each resident is <b>immunized</b> in accordance with CDC guideline (flu/pneumonia)	<input type="checkbox"/>	
(2)(v)1.- 5.	The facility follows written policies and procedures governing <b>oxygen administration &amp; storage</b> .	<input type="checkbox"/>	
(2) (v)6.	All staff is <b>trained</b> on P&P regarding safe handling of oxygen & in safety practices during administration.	<input type="checkbox"/>	
(2) (w)	Facility offering laboratory testing complies with <b>CLIA</b> as well as with applicable federal regs.	<input type="checkbox"/>	
<b>Personal Care and Services</b>			
(3) (a)	Facility has an <b>activity program</b> and appropriate supplies and equipment.	<input type="checkbox"/>	
(3) (b)	<b>Pets</b> residing in facility in good health/have current vaccinations. Certificates on file in facility.	<input type="checkbox"/>	
(3) (c)1.	Resident incoming <b>mail</b> /written communication unopened... Resident allowed private calls.	<input type="checkbox"/>	
(3) (c)2.	Staff <b>assist</b> resident with writing letters, reading <b>mail</b> , if requested.	<input type="checkbox"/>	
(3)(d)1.-8.	The facility follows Policy/Procedure for assisting residents with <b>activities of daily living</b> .	<input type="checkbox"/>	
<b>Medications</b>			
(4) (a)	A SCALF resident may have <b>meds administered</b> by individual who is a currently licensed MD or Nurse in Alabama...	<input type="checkbox"/>	
(4) (b)	A SCALF resident can maintain possession <b>and control of and administer</b> his/her medications, IF Aware ...	<input type="checkbox"/>	
(4) (d)	A SCALF resident may <b>be assisted with the self-administration</b> of medication only by an individual who is currently licensed MD or Nurse ...	<input type="checkbox"/>	
(4) (e)	A SCALF resident who is not aware of their medications <b>only administered</b> by an individual who is currently licensed MD or Nurse ...	<input type="checkbox"/>	
(4) (f)	All residents' <b>medications are prescribed</b> by an individual currently licensed to prescribe meds...	<input type="checkbox"/>	
(4) (g)	Medications including <b>OTC</b> are recorded on a standard medication record.	<input type="checkbox"/>	
(4) (h)	<b>MAR</b> includes resident's name, name of med, dosage, route, date/time administered, any ADR, etc.	<input type="checkbox"/>	
(4) (i)	<b>Controlled substances</b> in the SCALF custody is stored under double lock/Other meds under single lock.	<input type="checkbox"/>	
(4) (j)	The facility maintains residents' MAR and MD medication orders for at least <b>three years</b> .	<input type="checkbox"/>	
(4) (k)	All residents' <b>medications are labeled</b> in accordance with rules of AL State Board of Pharmacy.	<input type="checkbox"/>	

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<b>CARE OF RESIDENTS (Chapter 420-5-20-.06 continued)</b>			
(4) (l)1.	Residents' unused controlled and legend <b>meds are destroyed</b> within 30 days... Donated	<input type="checkbox"/>	
(4) (l)2.	Discharged or transferred residents <b>medications are returned</b> to the residents...	<input type="checkbox"/>	
(4) (l)3.	Records of <b>medication destroyed</b> on premises are maintained for at least two years...	<input type="checkbox"/>	
<b>Storage of Medical Supplies and Poisons</b>			
(5) (a)	First Aid Supplies are maintained, accessible and inspected annually.	<input type="checkbox"/>	
(5) (b)	Poisonous or external use substances are kept in a secure area.	<input type="checkbox"/>	
<b>Admission and Retention of Residents with Special Needs</b>			
(6) (a)	Residents <b>screened for admission</b> ; screening includes: clinical history, mental status examination to include aphasia screening, geriatric depression screen, physical functioning screen (PSMS) and behavior screen...	<input type="checkbox"/>	
(6) (b)	The PSMS and Behavior Screening form shall be completed when there is a <b>significant change</b> in the resident.	<input type="checkbox"/>	
(6) (c)	Nothing in these rules shall prohibit a specialty care assisted living facility from admitting or retaining a resident who is eligible for admission to an assisted living facility licensed...	<input type="checkbox"/>	
(7)	The facility has a policy/procedure for arranging or requesting <b>transportation services</b> for residents unable to ride in an upright position.	<input type="checkbox"/>	
<b>FOOD SERVICES (Chapter 420-5-20-.07)</b>			
(1) (a)	Services of a <b>Dietitian</b> are available for any resident who require a therapeutic diet...	<input type="checkbox"/>	
(1) (a)	Dietary services <b>under direction</b> of dietitian, consultant Dietitian or Dietary Manager.	<input type="checkbox"/>	
(1) (a)	The facility <b>provides meals</b> , fluids, and snacks to residents meet Dietary References Intakes ...	<input type="checkbox"/>	
(1) (b)	The Dietitian developed <b>written Policies and Procedures</b> for food handlers... Policies includes	<input type="checkbox"/>	
(1) (b) 1.	- <b>Sanitation</b> of dishes, utensils, and service equipment, and sanitary food preparation/ handling.	<input type="checkbox"/>	
(1) (b) 2.	- The attire and <b>cleanliness of staff</b> member preparing, handling or serving food.	<input type="checkbox"/>	
(1) (b) 3.	- <b>Schedule of meals</b> , between-meal nourishment or snacks, and fluids.	<input type="checkbox"/>	
(1) (b) 4.	- Food substitutions or alternatives.	<input type="checkbox"/>	
(1) (b) 5.	- Implementing dietary plan for any resident with a <b>therapeutic diet</b> or special dietary needs.	<input type="checkbox"/>	
(1) (b) 6.	- Procedure to be followed if resident is <b>nutritionally compromised</b> or is not eating adequately.	<input type="checkbox"/>	
(1) (b) 7.	- Provision of necessary services to residents requiring <b>adaptive devices</b> to eat.	<input type="checkbox"/>	
(1) (b) 8.	- Procedure for food service in the event of a disaster. <b>Disaster menu</b> are developed. Includes how food will be obtained and maintained at safe temperatures if electricity is not available.	<input type="checkbox"/>	
(1) (b) 9.	- Procedure for handling <b>potentially hazardous foods</b> such as meat, milk, ice, and eggs.	<input type="checkbox"/>	
(1) (b) 10.	- Storage of food.	<input type="checkbox"/>	
<b>Food Handling Procedures</b>			
(2) (a) 1.	Wash water is changed. Final rinse water kept clean and clear.	<input type="checkbox"/>	
(2) (a) 2.	Multi-service utensils and dishes are sanitized in water that is at least 171 degrees Fahrenheit or a cold water sanitizer...	<input type="checkbox"/>	
(2) (a) 2.	The facility monitors and documents <b>water temperatures and chemical concentrations</b> . Records kept 3 months	<input type="checkbox"/>	
(2) (a) 3.	The facility has a mechanism for allowing dishes and utensils to air dry.	<input type="checkbox"/>	
(2) (a) 4.	Dishes and utensils are <b>stored in a clean, dry place</b> protected from pests, dust, splashes...	<input type="checkbox"/>	
(2) (a) 5.	Dish machine monitoring and documentation kept on file.	<input type="checkbox"/>	
(2) (b)	Ice is protected from splash, drip, and hand contamination during storage and service... Ice scoop stored in a manner to prevent ice from coming in contact with the handle.	<input type="checkbox"/>	
(2) (c) 1.	Food and <b>food</b> ingredient are <b>stored</b> and handled to protect from pests, dust, etc.; receptacles with lids.	<input type="checkbox"/>	
(2) (c) 2.	<b>Medication</b> , biological, poisons, detergents, and cleaning supplies are <b>not stored</b> with food.	<input type="checkbox"/>	
(2) (c) 3.	Food is not stored on the floor. Food shelving is at least <b>six inches above</b> the floor.	<input type="checkbox"/>	
(2) (c) 4.	Thermometer in <b>refrigerator</b> ; Refrigerator maximum temperature is 41 degrees Fahrenheit.	<input type="checkbox"/>	
(2) (c) 4.	Thermometer in freezer. <b>Freezer</b> maximum temperature is 0 degrees Fahrenheit; frozen solid	<input type="checkbox"/>	
(2) (c) 5.	Leftover food is <b>labeled and dated</b> ; Must be consumed in three days.	<input type="checkbox"/>	
(2) (c) 6.	Potentially hazardous hot foods minimum temperature is 135 degrees Fahrenheit.	<input type="checkbox"/>	
(2) (c) 6.	<b>Potentially hazardous cold foods</b> maximum temperature is 41 degrees Fahrenheit.	<input type="checkbox"/>	
(2) (c) 7.	<b>Transported food</b> is not contaminated and maintained at appropriate temperatures as above.	<input type="checkbox"/>	
(2) (c) 8.	<b>Raw meats</b> stored below and away from vegetables, fruits, & other foods to prevent contamination.	<input type="checkbox"/>	
(2) (c) 9.	Laundry is not brought through the food preparation or service area.	<input type="checkbox"/>	
(2) (d) 1.	Milk and fluid milk products served from <b>original containers</b> except cream for coffee, cereal ...	<input type="checkbox"/>	
(2) (d) 2.	<b>Milk temperature</b> served at temperatures between 41-45 degrees Fahrenheit.	<input type="checkbox"/>	

	<b>SPECIALTY CARE ASSISTED LIVING FACILITIES DEFICIENCY LOG CHAPTER 420-5-20- (RULE DESCRIPTION)</b>	Not Met	EI# / RI# Affected
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FOOD SERVICES (Chapter 420-5-20-.07 continued)		Not Met	EI# / RI# Affected
		<input type="checkbox"/>	
(2) (d) 3.	Ice cream dipper, spatula...cleaned between uses.	<input type="checkbox"/>	
(2) (e)	Kitchen garbage and trash placed in suitable containers <b>with tight fitting lids</b> ; washed/dried	<input type="checkbox"/>	
(2) (f)	Food services employees' clothes are clean. <b>Hair restraint</b> is worn	<input type="checkbox"/>	
(2) (g)	No live fowl or animals in the food service area.	<input type="checkbox"/>	
(2) (h)	Staff does not smoke/spit in the food service area.	<input type="checkbox"/>	
(2) (i)	Dining in kitchen is not permitted in Congregate SCALF...	<input type="checkbox"/>	
(2) (j)	Food is wrapped in <b>new paper</b> , foil, or plastic wrap	<input type="checkbox"/>	
(2) (k)	<b>Laundry separated</b> from food preparation/service area.	<input type="checkbox"/>	
<b>Dietary Service</b>			
(3) (a)	The facility serves no fewer than <b>three meals</b> each 24 hours...	<input type="checkbox"/>	
(3) (b)	The facility has a time schedule for serving meals to residents (five hours apart with $\leq 14$ hrs between the evening meal and breakfast). <b>Time schedule posted with menu</b> . Evening snacks.	<input type="checkbox"/>	
(3) (c)	Menu are <b>planned and written</b> at least one week in advanced with current week's menu posted. Menus kept on file for two weeks. Copies of therapeutic diets are available for residents.	<input type="checkbox"/>	
(3) (d)	<b>Alternate food</b> selection or substitutes available.	<input type="checkbox"/>	
(3) (e)	Facility shall not avoid serving meal by sending Residents to missions, soup kitchens, etc.....	<input type="checkbox"/>	
(3) (f)	The facility has a <b>three days amount</b> of food and potable water available.	<input type="checkbox"/>	
PHYSICAL FACILITIES (Chapter 420-5-20-.08)			
<b>Administrative Facilities</b>			
(1)	The SCALF has office space(s) or administrative office(s).	<input type="checkbox"/>	
(1) (a)	The administrative office has a desk, file cabinet and related office equipment/supplies.	<input type="checkbox"/>	
(1) (b)	<b>Congregate</b> SCALF has separate room for administrative and office purposes	<input type="checkbox"/>	
(1) (c)	There are adequate number of <b>telephones to summon help</b> in case of fire/emergency	<input type="checkbox"/>	
(1) (d)	The facility has arranged <b>fire protection</b> with nearest fire department.	<input type="checkbox"/>	
(1) (d)	The facility has a <b>monitoring service</b> for its fire alarm system.	<input type="checkbox"/>	
(1) (e)	<b>New Group &amp; Congregate</b> SCALF ...have centrally locally staff station with call light & fire alarm panels.	<input type="checkbox"/>	
<b>Physical Facilities (Drugs and Medicines)</b>			
(2) (a)	The facility has a <b>medicine cabinet</b> for safekeeping of individual medicine and drugs...	<input type="checkbox"/>	
(2) (b)	The facility has a secure <b>refrigerator dedicated to medication</b> and drug storage.	<input type="checkbox"/>	
<b>Resident's Physical Facilities</b>			
(3) (a)	All resident bedrooms have an outside window; not below grade...	<input type="checkbox"/>	
(3) (b)	Residents' bedroom located to minimize the entrance to odors, noise and other nuisances.	<input type="checkbox"/>	
(3) (c)	Residents' bedroom has access to a main corridor or through no more than one sitting room.	<input type="checkbox"/>	
(3) (d)	Residents' bedroom are identified (numbered, lettered, named or decorated)	<input type="checkbox"/>	
(3) (d) 1. (i)	Private bedroom without a sitting area is at least 80 square feet. (Facilities licensed prior to 12/25/2001 are exempt.)	<input type="checkbox"/>	
(3) (d) 1. (i)	Double bedroom without sitting area is at least 130 square feet. (Facilities licensed prior to 12/25/2001 are exempt.)	<input type="checkbox"/>	
(3) (d) 1. (ii)	Private bedroom with sitting area is at least 160 square feet. (Facilities licensed prior to 12/25/2001 are exempt.)	<input type="checkbox"/>	
(3) (d) 1. (ii)	Double bedroom with sitting area is at least 200 square feet. (Facilities licensed prior to 12/25/2001 are exempt.)	<input type="checkbox"/>	
(3) (d) 1. (iii)	There are no more than two residents in a bedroom. (Facilities licensed prior to 12/25/2001 are exempt.)	<input type="checkbox"/>	
<b>If the facility provides some or all furniture, the bedroom should contain:</b>			
(3) (e) 1.	- A built-in clothes closet or wardrobe with shelving space and clothing pole.	<input type="checkbox"/>	
(3) (e) 2.	- A bed with good springs and mattress and sufficient clean bedding	<input type="checkbox"/>	
(3) (e) 3.	- A dresser or chest of drawers	<input type="checkbox"/>	
(3) (e) 4.	- A bedside table and bed lamp	<input type="checkbox"/>	
(3) (e) 5.	- One comfortable chair, preferably an armchair or rocker.	<input type="checkbox"/>	
(3) (e) 6.	- Window shades, Venetian blinds, or other provisions for closing the view from the window.	<input type="checkbox"/>	
(3) (e) 7.	- Adequate number of electrical outlets.	<input type="checkbox"/>	

	<b>SPECIALTY CARE ASSISTED LIVING FACILITIES</b> <b>DEFICIENCY LOG</b> <b>CHAPTER 420-5-20- (RULE DESCRIPTION)</b>	Not Met	EI# / RI # Affected
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PHYSICAL FACILITIES (Chapter 420-5-20-.08 continued)		<input type="checkbox"/>	
(3) (e) 8.	- A mirror in the bedroom or bedroom suite	<input type="checkbox"/>	
<b>Resident's bedrooms without adjoining toilet and bathing facilities:</b>			
(3) (f) 1.	- Bathtubs or showers 1 per 8 beds - Lavatories 1 per 6 beds - Toilets 1 per 6 beds	<input type="checkbox"/>	
(3) (f) 2.	Semi private room has a means of providing privacy for dressing and bathing	<input type="checkbox"/>	
(3) (f) 3.	Non-skid mats or equal surface treatment and grab bars provided in tubs, showers, & at toilet.	<input type="checkbox"/>	
(3) (g)	A utility room is provided for each floor. Contains the following: - Paper towel holder with adequate supply of paper towels. - Wall cabinet or shelves - Table or counter - Soap dispenser with soap. - Sink -Space and facilities for cleaning equipment and supplies.	<input type="checkbox"/>	
(3) (h)	All essential mechanical, electrical and resident care equipment are cleaned and in safe operating condition.	<input type="checkbox"/>	
(3) (i)	Bed and bath linens are clean and in good condition.	<input type="checkbox"/>	
(3) (j)	Housekeeping and maintenance service available to maintain sanitary, orderly, comfortable interior.	<input type="checkbox"/>	
<b>Food Service Facilities</b>			
(4) (a)	Floors: easily cleaned, sound, smooth, non-absorbent, without cracks or crevices.	<input type="checkbox"/>	
(4) (b)	Walls and Ceilings: Tight and substantial constructed, and smoothly finished. Roof free of leaks. Exterior door/windows openings prevent entrance of rain or dust.	<input type="checkbox"/>	
(4) (c)	Screens or Outside Openings: Outside opening are screened. Screen doors with self-closing devices.	<input type="checkbox"/>	
(4) (d)	Lighting: Adequate lighting in kitchen, dishwashing area and dining room.	<input type="checkbox"/>	
(4) (d)	Emergency lighting in kitchen and dining area.	<input type="checkbox"/>	
(4) (e)	Ventilation: Vent/exhaust hoods vented to outdoors to remove odors.	<input type="checkbox"/>	
(4) (e)	<b>Group</b> homes with residential stove may have residential hood sized for stove. Commercial exhaust hoods installed when commercial cooking equipment used.	<input type="checkbox"/>	
(4) (e)	<b>Congregate SCALF:</b> Commercial exhaust hood system used.	<input type="checkbox"/>	
(4) (f)	Employee Toilet Facilities: if provided, door does not open into area where food is prepared, stored, displayed or served, or into any room where utensils are washed or stored.	<input type="checkbox"/>	
(4) (f)	Employee Toilet Facilities: if provided, includes a lavatory with soap dispenser & disposable towels; is well lighted and vented.	<input type="checkbox"/>	
(4) (g)	<b>Group and Congregate</b> Facilities have a hand wash sink. Hand-washing Facilities: Hand-washing facilities equipped with soap dispenser, supply of soap, disposable towels, hot & cold running water through a mixing valve or combination faucet. No common towel or common bar soap.	<input type="checkbox"/>	
(4) (h)	Refrigeration Facilities: Refrigeration for storage of perishable foods provided.	<input type="checkbox"/>	
(4) (i)	Equipment & Utensil Construction: Kept clean and in good repair. No cadmium plated, lead or corrodible utensils or equipment used.	<input type="checkbox"/>	
(4) (j)	Food service area separated from sleeping area by a solid wall with no direct opening. No sleeping accommodations within food service area.	<input type="checkbox"/>	
(4) (k)	Floors, wall and ceiling or rooms in food service area cleaned and free of dust, grease, fire, etc.	<input type="checkbox"/>	
(4) (l)	Food service equipment clean and free of dust, grease, dirt, etc.	<input type="checkbox"/>	
(4) (m)	Tables and counters used in food service kept clean. Tablecloth/cloth napkins laundered after use.	<input type="checkbox"/>	
(4) (n)	Food services facilities located in a designated area. Includes kitchen, dishwashing, food storage and dining room.	<input type="checkbox"/>	
<b>Food Service Equipment</b>			
(4) (o) 1.	- Range: <input type="checkbox"/> <b>Group:</b> residential range permitted. <input type="checkbox"/> <b>Congregate:</b> Heavy-duty range	<input type="checkbox"/>	
(4) (o) 2.	- Refrigerator: <input type="checkbox"/> <b>Family or Group:</b> residential refrigerator <input type="checkbox"/> <b>Congregate:</b> Heavy-duty type	<input type="checkbox"/>	
(4) (o) 3.	- Fire Extinguisher: 5 pound type K or other commercial approved.	<input type="checkbox"/>	
(4) (o) 4.	- <b>Congregate:</b> A three-compartment sink with a booster heater or chemical sanitization for third sink	<input type="checkbox"/>	
(4) (o) 5.	- Garbage cans with cover	<input type="checkbox"/>	
(4) (o) 6.	- Dishwashing: <input type="checkbox"/> <b>Family or Group:</b> Either residential using cold water sanitizers or commercial type with booster water heater. <input type="checkbox"/> <b>Congregate:</b> Commercial with booster water heater.	<input type="checkbox"/>	
(4) (p)	Food Storage: Well-ventilated, cool food storage room or pantry with adequate shelving, bins, suitable cans, and raised platforms. Perishable food stored 6 inches above floor....	<input type="checkbox"/>	
(4) (q) 1.	Dining Room is large enough to seat not less than 100 percent of the bed capacity.	<input type="checkbox"/>	
(4) (q) 2.	Dining Room may serve for recreational purposes or group activities.	<input type="checkbox"/>	
(4) (r)	Automatic water heater available for heating water for washing, dishwashing and hand-washing.	<input type="checkbox"/>	

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<b>PHYSICAL FACILITIES (Chapter 420-5-20-.08 continued)</b>			
<b>Recreational</b>			
(5) (a)	The facility has a living and recreational room(s) for private visits and social events	<input type="checkbox"/>	
(5) (a) 1.	Small living room(s): Bedrooms large enough with a furnished sitting area ...	<input type="checkbox"/>	
(5) (a) 2.	Central living or recreational room: A combined dining room with central living or recreational room.	<input type="checkbox"/>	
(5) (a) 2. (ii)	Living and recreational room furnished according to activities offered.	<input type="checkbox"/>	
(5) (b)	Yards and Gardens safe for outside activities.	<input type="checkbox"/>	
(5) (c)	Adequate space is provided for hobbies and leisure activities.	<input type="checkbox"/>	
<b>LAUNDRY (Chapter 420-5-20-.09)</b>			
(1) (a)	An employee is assigned laundry responsibilities.	<input type="checkbox"/>	
(1) (b)	Linen is handled, stored, processed and transported using accepted infection control practices...	<input type="checkbox"/>	
(2) (a)	On site laundering facility unless commercial laundries are used. Space for processing laundry..	<input type="checkbox"/>	
(2) (b)	Facility has a system for keeping clean linen and dirty linen separated...	<input type="checkbox"/>	
(2) (c)	Laundry area has proper ventilation...	<input type="checkbox"/>	
(2) (d)	Dryer has clean lint trap	<input type="checkbox"/>	
<b>SANITATION AND HOUSEKEEPING (Chapter 420-5-20-.10)</b>			
(1) (a) 1.	Water is obtained from a public water supply; Private water supply meets local health dept approval.	<input type="checkbox"/>	
(1) (a) 2.	Hot water accessible to resident does not exceed 110 degrees Fahrenheit.	<input type="checkbox"/>	
(1) (b) 1.	Building contained an installed waste disposal system.	<input type="checkbox"/>	
(1) (b) 2.	Liquid and human waste is disposed of through trapped drains into a public sewer.	<input type="checkbox"/>	
(1) (b) 3.	If no public sewer, human waste disposed of a system approved by local health dept.	<input type="checkbox"/>	
(1) (c)	The premise is neat and clean (free of weeds, rubbish, pond water, etc.)	<input type="checkbox"/>	
(1) (d)	The premise is free of ants, flies, roaches, and other pests...	<input type="checkbox"/>	
(1) (e)	Toilet room's floors, walls, ceilings and fixtures clean and free of objectionable odors	<input type="checkbox"/>	
(1) (e)	Toilet room is free of an accumulation of rubbish, cleaning supplies and toiletry articles.	<input type="checkbox"/>	
(1) (e)	There is evidence use of a common towel and common bar soap is prohibited.	<input type="checkbox"/>	
(1) (f) 1.	Garbage is kept in a water-tight container with tight fitting covers...	<input type="checkbox"/>	
(1) (g)	The facility is free of objectionable odors.	<input type="checkbox"/>	
<b>Housekeeping and Plant Maintenance</b>			
(2) (a)	There is an adequate quantity of housekeeping and maintenance equipment and supplies.	<input type="checkbox"/>	
(2) (b)	Bathtubs and lavatories are clean and in working order...	<input type="checkbox"/>	
(2) (c)	Resident's bedroom is cleaned and dusted and attractive in appearance.	<input type="checkbox"/>	
(2) (d) 1.	The facility has designated storage rooms for broken equipment, supplies, housekeeping items.	<input type="checkbox"/>	
(2) (d) 2.	The facility's attic is not used for storing combustible material.	<input type="checkbox"/>	
(2) (d) 3.	Basements used for storage is constructed in a manner that protects against fire hazards.	<input type="checkbox"/>	
(2) (d) 4.	Flammable materials (gasoline, motor fuel, lighter fluid, etc.) are not stored in the facility.	<input type="checkbox"/>	
<b>FIRE AND SAFETY (Chapter 420-5-20-.11)</b>			
(1) (a)	Evacuation Plan: SCALF has a current written fire control and evacuation plan...	<input type="checkbox"/>	
(1) (a)	Multiple smoke compartments facilities have an evacuation floor plan posted...	<input type="checkbox"/>	
(1) (a)	Written observation of the effectiveness of the fire drill plan file and kept for three years...	<input type="checkbox"/>	
(1) (b)	Fire drills conducted at least once per month, quarterly on each shift...	<input type="checkbox"/>	
<b>PHYSICAL PLANT (Chapter 420-5-20-.12)</b>			
(1) (a) 5. (i)	Building with both a regular ALF and a SCALF classified as a group or congregate facility	<input type="checkbox"/>	
(1) (b)	Location of SCALF is free from undue noise, smoke, dust, or foul odors. Not located next to railroads, freight yards, or disposal plants.	<input type="checkbox"/>	
(1) (a) 1.	<b>Family</b> SCALF shall be planned to serve the types of residents to be admitted and shall comply with the Life Safety Code Chapter for One- and Two-Family Dwellings, and shall comply with sections (1), (2), (3), and (4) of AAC Rule 420-5-20-.12.	<input type="checkbox"/>	
(1) (a) 2.	<b>Group</b> SCALF shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), (5) and (7) of AAC Rule 420-5-20-.12.	<input type="checkbox"/>	
(1) (a) 3.	<b>Congregate</b> SCALF shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (6) and (7) of AAC Rule 420-5-20-.12.	<input type="checkbox"/>	
(1) (a) 4.	Renovation within the exterior walls of a SCALF shall in no case lower the character of the structure below the applicable building requirements for the classification of license held by the SCALF.	<input type="checkbox"/>	



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PHYSICAL PLANT ( <i>Chapter 420-5-20-.12</i> )			
(1) (a) 5.		Dually licensed facilities...Resident care and administrative requirements found in sections 420-5-20-.01 through 420-5-20-.07...Physical facility and building code requirements are found in sections 420-5-20-.08 and higher of these rules, and in sections 420-5-4-.08 and higher of the ALF rules...	<input type="checkbox"/>
(1) (b)		Each SCALF established or constructed is free from undue noises, smoke, dust, or foul odors and shall not be located adjacent to railroads, freight yards, or disposal plants.	<input type="checkbox"/>
(1) (c)		A SCALF shall comply with local zoning, building, and fire ordinances...	<input type="checkbox"/>
(1) (d)		Location of SCALF shall be on streets or roads which can be kept passable at all times.	<input type="checkbox"/>
(1) (e)		The SCALF has a telephone and additional telephones or extension as necessary	<input type="checkbox"/>
(1) (f)		SCALF is not <b>rented, leased, or used for commercial</b> purpose unrelated to services provided by SCALF...	<input type="checkbox"/>
(1) (g) 2.		No resident is housed on any floor that is below ground level.	<input type="checkbox"/>
(2) (b)		The Alabama Department of Public Health shall have access at all times to work for inspection whenever it is in preparation or progress...	<input type="checkbox"/>
General Building Requirements-FAMILY, GROUP AND CONGREGATE			
(3) (a)		The building is <b>structurally sound</b> , free from leaks, excessive moisture, in good repair, and attractive inside & outside. The building interior and exterior is <b>clean and orderly</b> .	<input type="checkbox"/>
(3) (b)		The building <b>interior temperature</b> is in a comfortable range (between 71-81 degrees Fahrenheit).	<input type="checkbox"/>
(3) (c)		Each resident's room has artificial <b>lighting adequate</b> for reading and other uses.	<input type="checkbox"/>
(3) (c)		All entrances, hallways, stairways, inclines, ramps, cellar, attics, storerooms, kitchen, laundries and service units have <b>sufficient artificial lighting</b> to prevent accidents.	<input type="checkbox"/>
(3) (c)		<b>Night lights</b> provided in hallways, stairways, and bathrooms	<input type="checkbox"/>
(3) (d)		All screen doors and non-stationary windows shall be equipped with tight fitting, full length sixteen <b>mesh screens</b> . Screen doors shall be equipped with self-closing devices.	<input type="checkbox"/>
(3) (e)		The SCALF has an <b>emergency lighting system</b> to illuminate halls, corridors and stairwells in an electrical power failure.	<input type="checkbox"/>
(3) (f)		<b>Floors</b> are level, smooth and free of cracks. Floors are kept clean.	<input type="checkbox"/>
(3) (g)		<b>Walls and ceiling</b> constructed soundly... Kept clean and in good repair.	<input type="checkbox"/>
(3) (h)		Non-stationary <b>windows</b> maintained to fit snugly. Capable of easy opening and closing	<input type="checkbox"/>
(3) (i)		Ceiling Height is eight feet or more.	<input type="checkbox"/>
(3) (j)		Handrails: If installed, handrails return to the wall at each end.	<input type="checkbox"/>
(3) (k)		Floor Levels: Differences in floor levels do not prevent resident from navigating safely throughout the facility...	<input type="checkbox"/>
(3) (k)		<b>Ramp</b> available for wheelchair bound residents. Ramps and inclines not steeper than one foot of rise in twelve feet of run; finished with a non-slip surface and shall be provided with handrails on both sides.	<input type="checkbox"/>
(3) (l)		<b>Stairway</b> well lighted, in good repair and have handrails. Nothing stored under stairs.	<input type="checkbox"/>
(3) (m) 1.		<b>New group &amp; congregate facility</b> ): doors to bathrooms connected to bedroom swing into bedroom.	<input type="checkbox"/>
(3) (m) 2.		A master key is accessible to resident's bedroom and bathroom doors.	<input type="checkbox"/>
(3) (m) 3.		<b>Family SCALF</b> , not less than 32 inches wide; <b>Group/Congregated SCALF</b> , doors at least three feet wide.	<input type="checkbox"/>
(3) (m) 4.		Exterior egress doors may prevent free and unhindered egress from the facility...	<input type="checkbox"/>
(3) (n)		The facility's kitchen, laundries, service rooms, toilets and bathrooms ventilated by windows, gravity vents, or mechanical means <b>to prevent odors</b> .	<input type="checkbox"/>
(3) (o)		A fire extinguisher on each floor and special hazard areas (kitchen, laundry, etc.)	<input type="checkbox"/>
(3) (o) 1.		Fire extinguishers maintenance done annually. Recharged by a fire equipment servicing agency.	<input type="checkbox"/>
(3) (o) 2.		There are documented monthly visual inspections for fire extinguisher on the extinguishers tags.	<input type="checkbox"/>
(3) (p)		Call system: <b>No Family SCALF</b> requirement; <b>Group/congregated SCALF</b> , call system in bed/bathrooms.	<input type="checkbox"/>
(3) (q)		SCALF building will comply with current building codes; permanently erected on permanent foundation. No manufactured/mobile homes are permitted.	<input type="checkbox"/>
(3) (r)		Fireplace openings protected with built-in screens, fire doors or glass doors; clean	<input type="checkbox"/>
(3) (s)		Fire Alarm System: A corridor smoke detection system installed on each floor per NFPA 72...	<input type="checkbox"/>
(3) (t) 1.		Problems with the fire alarm system/fire sprinkler system reported to ADPH within 12 hours...	<input type="checkbox"/>
(3) (t) 2.		System outage more than 4 hours, facility evacuated or fire watch established ...	<input type="checkbox"/>
(3) (t) 3.		Fire alarm and sprinkler system inspected semiannually by licensed, trained personnel. Inspection reports maintained in the facility.	<input type="checkbox"/>
(3) (v)		<b>Group &amp; Congregate</b> : Exit Sign placed at each exit. Additional signs in halls/passageway. Exit and directional signs legible by continuous electric illumination	<input type="checkbox"/>

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PHYSICAL PLANT (Chapter 420-5-20-.12 continued)			
<b>Building Requirements-Family SCALF</b>			
(4) (b) 1.	A five pound 20 BC rated fire extinguisher is maintained in the kitchen	<input type="checkbox"/>	
(4) (b) 1.	A five pound 20 ABC rated fire extinguisher is maintained in central locations or hazardous areas such as the laundry or hall(s)	<input type="checkbox"/>	
(4) (b) 2.	A smoke detector tied into the facility's electrical system in all bedrooms, activity room and hallways.	<input type="checkbox"/>	
(4) (c) 1.	Gas heaters are enclosed flame type with automatic flame shut off control/vented outside...	<input type="checkbox"/>	
(4) (c) 2.	No open flame gas heaters	<input type="checkbox"/>	
(4) (c) 3.	Facility has electrical lighting which adheres to local and national electrical codes	<input type="checkbox"/>	
(4) (c) 4.	Mechanical and electrical systems inspected by local building, electrical, plumbing officials or the State Fire Marshall...	<input type="checkbox"/>	
<b>Building Requirement- Group SCALF:</b>			
(5) (b)	Required Fire Exits: At least two exits; no dead-end corridors in excess of twenty feet; Panic hardware shall be installed on all exit doors, except where electrically controlled door hardware is used in accordance with other provisions of these rules.	<input type="checkbox"/>	
(5) (c)	Exit Corridors and passageways shall be at least 36 inches wide.	<input type="checkbox"/>	
(5) (d)	<b>Smoke doors</b> shall be smoke-resistive and installed that they may normally be kept in an open position, but will close automatically upon fire alarm activation...	<input type="checkbox"/>	
(5) (e)	Individual room gas heaters shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside; <b>Open flame heaters and portable space heaters</b> are prohibited.	<input type="checkbox"/>	
<b>Building Requirement-Congregate SCALF</b>			
(6) (c)	Exits-Stairways. Handrails shall be provided on both sides of the stairs. The stairs and handrails shall be kept in good repair.	<input type="checkbox"/>	
(6) (d)	Panic hardware shall be installed on all exit doors, except where electrically controlled door hardware is used in accordance with other provisions of these rules.	<input type="checkbox"/>	
(6) (e)	Corridors and passageways shall be unobstructed and shall not lead through any room or space used for a purpose that may obstruct free passage.	<input type="checkbox"/>	
(6) (f)	In new construction, the temperature of hot water accessible to residents shall be automatically regulated by tempering valves and a circulating pump system,...	<input type="checkbox"/>	
(6) (g)	The use of portable heaters is prohibited.	<input type="checkbox"/>	
<b>Additional Requirements- SCALF</b>			
(7) (b)	Smoke detectors in sleeping rooms and any bedroom suite sitting area...		
(7) (c) 1.	Shall have a secure perimeter in all aspects of the physical plant...exterior walls, fences at least six feet high.		
(7) (c) 2.	Each fenced area will have a gate to a public way ...readily unlockable from either side or automatic means...		
(7) (c) 3.	Outside refuge shall be sufficient size to accommodate all residents at least 50 ft. from building with gate and 15 ft. of space for each resident...		
(7) (c) 5.	Outdoor courtyard completely surrounded by building must have 2 separate remotely located from each other, leading to separate smoke compartments...		
(7) (d)	Locking Exit Doors only on Buildings which are protected through out with an automatic sprinkler connected to the fire alarm system.		
(7) (d) 1.	Delayed egress locks must comply with NFPA 101 Life Safety Code.		
(7) (d) 2.(i)	A Control panel shall be provided at one or more stations with the capability to remotely unlock all exit doors simultaneously and individually.		
(7) (d) 2.(ii)	A key, code, or card release switch shall be provided inside the facility at each locked door, which shall override the locking system...		
(7) (d) 2.(iii)	Locks shall release automatically upon activation of the fire alarm system.		
(7) (d) 2.(iv)	Locks shall release automatically upon loss of electric power controlling the lock.		
(7) (d) 2.(v)	The facility shall provide the residents sponsors with adequate information about the facility's door locking arrangements.		
(7) (d) 2.(vi)	The facility shall assure, at least monthly, that locked or delayed-egress exit doors function properly, in accordance with required fire safety provisions.		

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Print Facility Representative Name/Title

\_\_\_\_\_  
Print Surveyor Name(s)

\_\_\_\_\_  
Facility Representative Signature / Title / Date

\_\_\_\_\_  
Surveyor Signature(s)/Date

SCORE \_\_\_\_\_

ACCEPTABLE

CAUTION

ENFORCEMENT