

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 items on the following Deficiency Log represent the “Licensing Standards for 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 420-5-4 for a full description of the licensure rules.**

ASSISTED LIVING FACILITIES DEFICIENCY LOG		Not Met	EI# /RI # Affected
CHAPTER 420-5-4- (RULE DESCRIPTION)			
	<i>GENERAL</i> (Chapter 420-5-4-.01)	<input type="checkbox"/>	
	<i>LICENSE</i> (Chapter 420-5-4-.02)	<input type="checkbox"/>	
	<i>ADMINISTRATION</i> (Chapter 420-5-4-.03)	<input type="checkbox"/>	
(1)	The Assisted Living Facility Governing Authority	<input type="checkbox"/>	
(1) (a)	An assisted living facility shall have a governing authority (Implement policies... appoint administrator)	<input type="checkbox"/>	
(1) (b)	Governing Authority submits information changes to State Department 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 assistance.	<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)	State Office notified of proposed change in ownership 30 days before change. Administrator change within 15 days.	<input type="checkbox"/>	
(1) (f) & (g)	ALF adheres to applicable federal, state, and local laws, ordinances and regulations.	<input type="checkbox"/>	
	<i>PERSONNEL AND TRAINING</i> (Chapter 420-5-4-.04)	<input type="checkbox"/>	
(1)	ALF employs sufficient staff and ensures sufficient staff on duty 24 hours a day/ 7 days a week.	<input type="checkbox"/>	
	Employee Screening		
(1) (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"/>	
(1) (a) 2.	Newly employed personnel are evaluated for tuberculosis.	<input type="checkbox"/>	
(1) (a) 3.	Facility’s employees are immunized in accordance with current CDC guidelines	<input type="checkbox"/>	
(1) (a) 4.	Staff with signs/symptoms of infectious skin lesion/diseases is not permitted resident contact.	<input type="checkbox"/>	
(1) (b)	The facility has not hired an individual whose name is on the ADPH Nurse Aide Abuse Registry	<input type="checkbox"/>	

ASSISTED LIVING FACILITIES DEFICIENCY LOG CHAPTER 420-5-4- (RULE DESCRIPTION)			Not Met	El# / RI # Affected
(1) (c)		The facility maintains a personnel record for each employee. This record contains: - An application for employment with employee's education, training experience, date of hire and, if applicable, registration and licensure. - Record of required physical examination and vaccinations. - Date employment ceased.	<input type="checkbox"/>	
(1) (d)		An employee schedule is posted indicating names, days and hours scheduled to work.	<input type="checkbox"/>	
(2)		No ALF 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"/>	
		The Administrator		
(3) (a) 1.		Administrator: Meets all applicable statutory requirements.	<input type="checkbox"/>	
(3) (a) 2.		In the absence of the administrator, a designee is authorized in writing.	<input type="checkbox"/>	
(3) (b)		The administrator or designee is \geq 19 years of age	<input type="checkbox"/>	
		Training		
(4) (a)		ALF administrator has at least six hours of continuing education each year.	<input type="checkbox"/>	
		The administrator and residents care staff have initial and refresher training on:	<input type="checkbox"/>	
(4) (b) 1.		- State law and rules on assisted living facilities	<input type="checkbox"/>	
(4) (b) 2.		- Identifying and reporting abuse, neglect and exploitation.	<input type="checkbox"/>	
(4) (b) 3.		- Special needs of the elderly, mentally ill, and mentally retarded.	<input type="checkbox"/>	
(4) (b) 4.		- Basic first aid	<input type="checkbox"/>	
(4) (b) 5.		- Advance Directives	<input type="checkbox"/>	
(4) (b) 6.		- Protecting resident confidentiality	<input type="checkbox"/>	
(4) (b) 7.		- Safety and nutritional needs of the elderly	<input type="checkbox"/>	
(4) (b) 8.		- Resident fire and environmental safety	<input type="checkbox"/>	
(4) (b) 9.		- Identifying signs and symptoms of dementia	<input type="checkbox"/>	
(4) (c)		ALF is staffed at all times by at least one individual current in CPR...	<input type="checkbox"/>	
(4) (d)		The facility has documented attendance records of staff training.	<input type="checkbox"/>	
RECORDS AND REPORTS (Chapter 420-5-4-.05)				
		General		
(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 record accessible to staff.	<input type="checkbox"/>	
(1) (d)		Maintenance and Filing of Records and Reports.	<input type="checkbox"/>	
(1) (e)		Records shall be kept Confidential.	<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 investigations for not less than three years.	<input type="checkbox"/>	
(3)		Resident Records: Includes 7 required documents... 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 given a copy.	<input type="checkbox"/>	
(3) (a) 2. (i) to (viii)		The Financial agreement 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 permanent record on admission which contains resident's demographic/important info...	<input type="checkbox"/>	
(3) (c)		The facility has evidence of a "Medical Examination Record" 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 written plan of care for each resident. Reviewed/updated annually by MD	<input type="checkbox"/>	
(3) (d) 1.		Facility shall assess residents monthly for wt. and significant changes (falls, wt loss, behaviors, over sedation or elopement)	<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 plan to transfer resident when facility unable to meet resident's needs.	<input type="checkbox"/>	

ASSISTED LIVING FACILITIES DEFICIENCY LOG CHAPTER 420-5-4- (RULE DESCRIPTION)			Not Met	El# / RI # Affected
(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 outside agencies providing care to residents.	<input type="checkbox"/>	
(3) (f)		Administrator notified with 24 hrs of an incident. Investigation conducted. Intervention devised.	<input type="checkbox"/>	
(3) (g)		Residents informed of and Rights are conspicuously posted 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 420-5-4-.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 back-up Physician support.	<input type="checkbox"/>	
(2) (a)		Residents are observed for changes in health, abilities and need for medical/nursing services.	<input type="checkbox"/>	
(2) (b)		The facility follows their policy/procedure to ensure residents requiring services beyond facilities capabilities are discharged or transferred.	<input type="checkbox"/>	
(2) (c)		No resident is restrained except in extreme emergency situations...	<input type="checkbox"/>	
(2) (d)		Physician notified of illness or emergency. If death/disability could occur, EMS activated.	<input type="checkbox"/>	
(2) (e) 1.		The facility has posted phone numbers of resident's attending physician, the back-up physician	<input type="checkbox"/>	
(2) (e) 2.		The facility has 911, or the local emergency telephone number posted.	<input type="checkbox"/>	
(2) (f)		The facility has policy and procedure to ensure residents are free of abuse, neglect & exploitation...when suspected, conducts thorough investigation; take action... Staff trained.	<input type="checkbox"/>	
(2) (g)		Each resident has a current annual physical examination in medical record. Weight recorded.	<input type="checkbox"/>	
(2) (h)		Each resident evaluated for tuberculosis prior to admission to facility	<input type="checkbox"/>	
(2) (i)		Each resident is immunized in accordance with CDC guideline (flu/pneumonia)	<input type="checkbox"/>	
(2) (j) 1. - 5.		The facility follows written policies and procedures governing oxygen administration & storage.	<input type="checkbox"/>	
(2) (j) 6.		All staff is trained on P&P regarding safe handling of oxygen & in safety practices during administration.	<input type="checkbox"/>	
(2) (k)		Facility offering laboratory testing complies with CLIA as well as with applicable federal regs.	<input type="checkbox"/>	
Personal Care and Services				
(3) (a)		Facility has an activity program and appropriate supplies and equipment.	<input type="checkbox"/>	
(3) (b)		Pets residing in facility in good health/have current vaccinations. Certificates on file in facility.	<input type="checkbox"/>	
(3) (c) 1.		Resident incoming mail/written communication unopened... Resident allowed private calls.	<input type="checkbox"/>	
(3) (c) 2.		Staff assist resident with writing letters, reading mail, if requested.	<input type="checkbox"/>	
(3) (d) 1. - 8.		The facility follows Policy/Procedure for assisting residents with activities of daily living.	<input type="checkbox"/>	
Medications				
(4) (a)		The facility has Policy/Procedure for resident self-administering his/her own medications.	<input type="checkbox"/>	
(4) (b) 1.		Resident can maintain possession and control of and administer his/her medications	<input type="checkbox"/>	
(4) (b) 2.		Resident has lay person's understanding of unit dose system and can protect self from medication errors.	<input type="checkbox"/>	
(4) (d) 1. - 4.		Unlicensed staff assistance to residents who are aware of their medication limited to...	<input type="checkbox"/>	
(4) (e) 1. - 6.		Unlicensed staff does not administer injections, eye drops..., crushing/splitting pills, mix med with food...	<input type="checkbox"/>	
(4) (f)		A licensed nurse administered severely cognitively impaired residents their medications.	<input type="checkbox"/>	
(4) (g)		All residents' medications are prescribed by an individual currently licensed to prescribe meds...		
(4) (h)		Medications including OTC are recorded on a standard medication record.	<input type="checkbox"/>	
(4) (i)		MAR includes resident's name, name of med, dosage, route, date/time administered, any ADR, etc.	<input type="checkbox"/>	
(4) (j)		The facility has a pharmacy to package residents' medications...	<input type="checkbox"/>	
(4) (k)		Controlled substances in the ALF custody is stored under double lock/Other meds under single lock.	<input type="checkbox"/>	
(4) (l)		The facility maintains residents' MAR and MD medication orders for at least three years.	<input type="checkbox"/>	
(4) (m)		All residents' medications are labeled in accordance with rules of AL State Board of Pharmacy.	<input type="checkbox"/>	
(4) (n) 1.		Residents' unused controlled and legend meds are destroyed within 30 days... Donated	<input type="checkbox"/>	
(4) (n) 2.		Discharged or transferred residents medications are returned to the residents...	<input type="checkbox"/>	
(4) (n) 3.		Records of medication destroyed on premises are maintained for at least two years...	<input type="checkbox"/>	
Storage of Medical Supplies and Poisons				
(5) (a)		First Aid Supplies are maintained, accessible and inspected annually.	<input type="checkbox"/>	
(5) (b)		Poisonous of external use substances are kept in a secure area.	<input type="checkbox"/>	

ASSISTED LIVING FACILITIES DEFICIENCY LOG		Not Met	EI# / RI # Affected
CHAPTER 420-5-4- (RULE DESCRIPTION)			

Admission and Retention of Residents			
(6) (a)		The ALF did not admit or retain a resident who is severely cognitively impaired	<input type="checkbox"/>
(6) (b)		The ALF did not admit or retain a resident requiring medical/skilled care for an acute condition. Or a resident with exacerbation of a chronic condition is not kept in facility exceeding 90 days unless:	<input type="checkbox"/>
(6) (b) 1.		- The individual is capable of performing and does perform all tasks related to own care	<input type="checkbox"/>
(6) (b) 2.		- The individual is incapable of performing tasks of care but is cognitively aware to direct others to provide care.	<input type="checkbox"/>
(6) (c)		The ALF did not admit a resident receiving/in need of hospice upon admission.	<input type="checkbox"/>
(6) (d)		Residents with infectious pulmonary diseases are temporarily denied admission until...	<input type="checkbox"/>
(6) (e)		Residents with infected draining wounds are temporarily denied admission until...	<input type="checkbox"/>
(6) (f)		ALF does not state it is a "SCALF, Dementia Care Facility or Alzheimer Care Facility without a license.	<input type="checkbox"/>
(6) (g)		Egress from the facility is free and is unhindered.	<input type="checkbox"/>
(6) (h)		The ALF did not admit or retain a demented resident who egress from facility is restricted.	<input type="checkbox"/>
(7)		The facility has a policy/procedure for arranging or requesting transportation services for residents unable to ride in an upright position.	<input type="checkbox"/>
FOOD SERVICES (Chapter 420-5-4-.07)			
(1) (a)		Services of a Dietitian are available for any resident who require a therapeutic diet.	<input type="checkbox"/>
(1) (a)		Congregate ALF: Dietary services under direction of dietitian or consultant or Dietary Manager.	<input type="checkbox"/>
(1) (a)		The facility has a procedure/process for providing meals, fluids, and snacks to residents...	<input type="checkbox"/>
(1) (b)		The Dietitian developed written Policies and Procedures for food handlers... Policies includes	<input type="checkbox"/>
(1) (b) 1.		- Sanitation of dishes, utensils, and service equipment, and sanitary food preparation/ handling.	<input type="checkbox"/>
(1) (b) 2.		- The attire and cleanliness of staff member preparing, handling or serving food.	<input type="checkbox"/>
(1) (b) 3.		- Schedule of meals, 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 therapeutic diet or special dietary needs.	<input type="checkbox"/>
(1) (b) 6.		- Procedure to be followed if resident is nutritionally compromised or is not eating adequately.	<input type="checkbox"/>
(1) (b) 7.		- Provision of necessary services to residents requiring adaptive devices to eat.	<input type="checkbox"/>
(1) (b) 8.		- Procedure for food service in the event of a disaster. Disaster menu 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 potentially hazardous foods such as meat, milk, ice, and eggs.	<input type="checkbox"/>
(1) (b) 10.		- Storage of food.	<input type="checkbox"/>
Food Handling Procedures			
(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 50-200 ppm...	<input type="checkbox"/>
(2) (a) 2.		The facility monitor and document water temperatures and chemical concentrations. 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 stored in a clean, dry place 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 food ingredient are stored and handled to protect from pests, dust, etc.; receptacles with lids.	<input type="checkbox"/>
(2) (c) 2.		Medication, biological, poisons, detergents, and cleaning supplies are not stored with food.	<input type="checkbox"/>
(2) (c) 3.		Food is not stored on the floor. Food shelving is at least six inches above the floor.	<input type="checkbox"/>
(2) (c) 4.		Thermometer in refrigerator; Refrigerator maximum temperature is 41 degrees Fahrenheit.	<input type="checkbox"/>
(2) (c) 4.		Thermometer in freezer. Freezer maximum temperature is 0 degrees Fahrenheit; frozen solid	<input type="checkbox"/>
(2) (c) 5.		Leftover food is labeled and dated; 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.		Potentially hazardous cold foods maximum temperature is 41 degrees Fahrenheit.	<input type="checkbox"/>
(2) (c) 7.		Transported food is not contaminated and maintained at appropriate temperatures as above.	<input type="checkbox"/>
(2) (c) 8.		Raw meats 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 original containers except cream for coffee, cereal ...	<input type="checkbox"/>
(2) (d) 2.		Milk temperature served at temperatures between 41-45 degrees Fahrenheit.	<input type="checkbox"/>

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(2) (d) 3.		Ice cream dipper, spatula...cleaned between uses.	<input type="checkbox"/>	
(2) (e)		Kitchen garbage and trash placed in suitable containers with tight fitting lids; washed/dried	<input type="checkbox"/>	
(2) (f)		Food services employees' clothes are clean. Hair restraint 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)		Congregate ALF: Dining in kitchen not permitted	<input type="checkbox"/>	
(2) (j)		Food is wrapped in new paper, foil, or plastic wrap	<input type="checkbox"/>	
(2) (k)		Laundry separated from food preparation/service area.	<input type="checkbox"/>	
		Dietary Service		
(3) (a)		The facility serves no fewer than three meals each 24 hours...	<input type="checkbox"/>	
(3) (b)		The facility has a time schedule for serving meals to residents (five hours apart with ≤ 14 hrs between the evening meal and breakfast). Time schedule posted with menu. Evening snacks.	<input type="checkbox"/>	
(3) (c)		Menu are planned and written at least one week in advanced with current week's menu posted. Menus kept on file for two weeks. Copies of therapeutic diets available for residents.	<input type="checkbox"/>	
(3) (d)		Alternate food selection or substitutes available.	<input type="checkbox"/>	
(3) (e)		Facility shall not avoid serving meal by sending Residents to missions, soup kitchens, ect.....	<input type="checkbox"/>	
(3) (f)		The facility has a three days amount of food and potable water available.	<input type="checkbox"/>	
		PHYSICAL FACILITIES (Chapter 420-5-4-.08)		
		Administrative Facilities		
(1)		The ALF 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"/>	
		Congregate ALF:		
(1) (b)		Have separate room for administrative and office purposes	<input type="checkbox"/>	
(1) (c)		There are adequate number of telephones to summon help in case of fire/emergency	<input type="checkbox"/>	
(1) (d)		The facility has arranged fire protection with nearest fire department.	<input type="checkbox"/>	
(1) (d)		The facility has a monitoring service for its fire alarm system.	<input type="checkbox"/>	
(1) (e)		New Group & Congregate ALF have centrally locally staff station with call & fire alarm panels.	<input type="checkbox"/>	
		Physical Facilities (Drugs and Medicines)		
(2) (a)		The facility has a medicine cabinet for safekeeping of individual medicine and drugs.	<input type="checkbox"/>	
(2) (b)		The facility has a secure refrigerator dedicated to medication and drug storage.	<input type="checkbox"/>	
		Resident's Physical Facilities		
(3) (a)		All resident bedrooms have an outside window.	<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.		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.		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.		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.		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.		There are no more than two residents in a bedroom. (Facilities licensed prior to 12/25/2001 are exempt.)	<input type="checkbox"/>	
		If the facility provides some or all furniture, the bedroom should contain:		
(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"/>	
(3) (e) 8.		- A mirror in the bedroom or bedroom suite	<input type="checkbox"/>	

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	Resident's bedrooms without adjoining toilet and bathing facilities:		
(3) (f) 1. (i) (ii) (iii)	- 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"/>	
	Congregate ALF:		
(3) (g)	A utility room is provided for each floor. Contains the following:	<input type="checkbox"/>	
	- 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"/>	
	Food Service Facilities		
(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)	Group 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)	Congregate ALF: 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)	Hand-washing Facilities: Hand-washing facilities provided in kitchens and bathrooms 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) (g)	Group and Congregate Facilities have a hand wash sink.	<input type="checkbox"/>	
(4) (h)	Refrigeration Facilities: Refrigeration for storage of perishable foods provided.	<input type="checkbox"/>	
(4) (i)	Equipment & Utensil Construction: Kept 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"/>	
	Food Service Equipment		
(4) (o) 1.	- Range: <input type="checkbox"/> Family or Group: residential range permitted. <input type="checkbox"/> Congregate: Heavy-duty range	<input type="checkbox"/>	
(4) (o) 2.	- Refrigerator: <input type="checkbox"/> Family or Group: residential refrigerator <input type="checkbox"/> Congregate: 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.	- Congregate: 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"/> Family or Group: Either residential using cold water sanitizers or commercial type with booster water heater. <input type="checkbox"/> Congregate: 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"/>	

		ASSISTED LIVING FACILITIES DEFICIENCY LOG CHAPTER 420-5-4- (RULE DESCRIPTION)	Not Met	EI# / RI # Affected
		Recreational		
(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"/>	
		LAUNDRY (Chapter 420-5-4-.09)		
(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"/>	
		SANITATION AND HOUSEKEEPING (Chapter 420-5-4-.10)		
		Sanitation		
(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) (f) 2.		The facility is free of objectionable odors.	<input type="checkbox"/>	
		Housekeeping and Plant Maintenance		
(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"/>	
		FIRE AND SAFETY (Chapter 420-5-4-.11)		
(1) (a)		Evacuation Plan: ALF 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"/>	
		PHYSICAL PLANT (Chapter 420-5-4-.12)		
(1) (a) 5. (i)		Building with both a regular ALF and a SCALF classified as a group or congregate facility		
(1) (a) 5. (ii)		Location of ALF is free from undue noise, smoke, dust, or foul odors. Not located next to railroads, freight yards, or disposal plants.	<input type="checkbox"/>	
(1) (b)		Location of ALF shall be on streets or roads which can be kept passable at all times.	<input type="checkbox"/>	
(1) (d)		The ALF has a telephone and additional telephones or extension as necessary	<input type="checkbox"/>	
(1) (f)		No part of an ALF is rented, leased, or used for commercial purpose unrelated to services provided by ALF.	<input type="checkbox"/>	
(1) (g) 2.		No resident is housed on any floor that is below ground level.	<input type="checkbox"/>	

		ASSISTED LIVING FACILITIES DEFICIENCY LOG CHAPTER 420-5-4- (RULE DESCRIPTION)	Not Met	EI# / RI # Affected
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		General Building Requirements-FAMILY, GROUP AND CONGREGATE		
		The building is structurally sound, free from leaks, excessive moisture, in good repair, and attractive inside & outside. The building interior and exterior is clean and orderly.	<input type="checkbox"/>	
(3) (a)		The building interior temperature is in a comfortable range (between 71-81 degrees Fahrenheit).	<input type="checkbox"/>	
(3) (b)		Each resident's room has artificial lighting adequate 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 sufficient artificial lighting to prevent accidents.	<input type="checkbox"/>	
(3) (c)		Night lights 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 mesh screens. Screen doors shall be equipped with self-closing devices.	<input type="checkbox"/>	
(3) (e)		The ALF has an emergency lighting system to illuminate halls, corridors and stairwells in an electrical power failure.	<input type="checkbox"/>	
(3) (f)		Floors are level, smooth and free of cracks. Floors are kept clean.	<input type="checkbox"/>	
(3) (g)		Walls and ceiling constructed soundly... Kept clean and in good repair.	<input type="checkbox"/>	
(3) (h)		Non-stationary windows 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)		Ramp 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)		Stairway well lighted, in good repair and have handrails. Nothing stored under stairs.	<input type="checkbox"/>	
(3) (m) 1.		Doors (new group & congregate facility): 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.		Bedroom doors: In Family ALF , not less than 32" wide / Group/Congregated ALF , doors at least three feet wide.	<input type="checkbox"/>	
(3) (m) 4.		Exterior egress doors do not 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.	<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 fire extinguisher inspections on the extinguishers tags.	<input type="checkbox"/>	
(3) (p)		Call system: No Family ALF requirement; Group/congregated ALF , call system in bed/bathrooms.	<input type="checkbox"/>	
(3) (q)		ALF building is permanently erected on permanent foundation; No manufactured/mobile home.	<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: Where required, a corridor smoke detection system installed each floor.	<input type="checkbox"/>	
(3) (t) 1.		Problems with the fire alarm system/fire sprinkler system reported to ADPH with 12 hours.	<input type="checkbox"/>	
(3) (t) 2.		System outage more than 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)		Exit Marking: Group & Congregate : Exit Sign placed at each exit. Additional signs in halls/passageway. Exit and directional signs legible by continuous electric illumination	<input type="checkbox"/>	
		Building Requirements-Family Assisted Living Facility		
(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"/>	
(5)		Building Requirement- Group ALF:	<input type="checkbox"/>	

		ASSISTED LIVING FACILITIES DEFICIENCY LOG CHAPTER 420-5-4- (RULE DESCRIPTION)	Not Met	El# / R1 # Affected
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(6)		Building Requirement-Congregate ALF:	<input type="checkbox"/>	
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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