



Preliminary Findings Based on Survey, Inspection or Investigation

| Facility/Agency/Program Provider Name <i>Athens Assisted Living and Memory Care</i> | | Entrance Date <i>2/28/23</i> | Exit Date <i>3/3/23</i> |
|--|--------------------------|---|----------------------------|
| Physical Street Address <i>8579 State Highway 31 West</i> | | Purpose of Visit <input type="checkbox"/> Survey <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Other (describe) <i>Initial licensing LSC inspection</i> | |
| City <i>Athens</i> | | ZIP Code <i>75751</i> | County <i>Henderson</i> |
| Facility/Agency/Program Provider Type <input type="checkbox"/> ADC <input type="checkbox"/> ALF <input type="checkbox"/> HCSSA <input type="checkbox"/> SNF/NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> HCS <input type="checkbox"/> TxHmL | | Facility ID/Vendor No. <i>707249</i> | |
| Administrator/Manager/Program Director Name <i>Anand Patel</i> | | Contract Number and Component Code (HCS/TxHmL only) _____ | |
| This list contains preliminary areas of potential noncompliance with federal and/or state requirements, based on findings from the entrance and exit dates listed above. Note: If the visit was to an assisted living facility, refer to the attached checklists. | | | |
| State | Federal | Brief Description of Potential Noncompliance | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Smoke barrier walls and smoke compartmentation -</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Hazardous areas (including water heater rooms)</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Locking arrangement not permitted without Certified</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Alzheimer's application. Means of egress violations</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Hall 400 & 600 air handlers need to shut down on fire alarm.</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Texas Accessibility Standards project registration and</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>compliance</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Repair to roof trusses - need evaluation by an engineer</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Airflow separation not met for kitchen + laundry</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Need physical separation between washer + dryer</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>sides in laundry. Need laundry policy. (Single Resident use)</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>New generator for fire pump - documentation needed, remote</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>annunciator, kill switch, light + receptacle, load bank.</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Magnetic locks don't meet LSC requirements or headroom.</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Need updated floor plan/evacuation plan</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Exhausts not installed, not working, or connected to ducts</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>FACP - trouble signals + corresponding readout (When power was killed it didn't signal until long time)</i> | |
| Signature - Administrator/Program Director or Designee <i>[Signature]</i> | | Date <i>3/3/23</i> | |
| Signature - Team Leader or Surveyor <i>Michael Pozar</i> | | Date <i>3/3/23</i> | |

Applicant did not meet licensing standards, and is not approved for occupancy.

Continued from the previous page.
Use this sheet if there are additional preliminary areas of potential noncompliance.

| Facility/Agency/Program Provider Name | | Entrance Date | Exit Date |
|---|--------------------------|--|-----------|
| Athens Assisted Living & Memory Care | | 2/28/23 | 3/3/23 |
| This list contains preliminary areas of potential noncompliance with federal and/or state requirements, based on findings from the entrance and exit dates listed above. Note: If the visit was to an assisted living facility, refer to the attached checklists. | | | |
| State | Federal | Brief Description of Potential Noncompliance | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fire Department Letter for Fire Response | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Damaged/Buckled flooring in R 201 | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Unprotected glass light bulbs in H500 Housekeeping closet | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Corridor Doors not latching | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door closers not close/latch doors for Hazardous Rooms | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Smoking Areas - Ashtrays & Disposal - 2 Separate. | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Windows in Bedrooms not operable / window screen | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pest Control - Contract - Ants & Spiders | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exhaust Fans not working | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sprinkler System Maintenance Contract | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sprinkler Tank Inspection & Maintenance Contract | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water Temperatures 100 - 120 Between | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency Preparedness Plan | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | AS Built Sprinkler Drawings - Calculations, heads, pipes, valves | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hydraulic Calculations, Plates, Ferns | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sprinkler Spacing & Coverage & orientation & obstructions | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Above ground & underground test Certificates | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spare 200' side-wall sprinkler heads - none | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Access to Areas for Sprinkler inspection - unknown coverage | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sprinkler System not tested - working system & Damaged valve | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | HVAC Ducts crushed & disconnected | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Electric - open Junction boxes & spliced wires | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supervisory Toner Switches - Fire Pump room & next door | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency Lighting & Levels | |
| Signature - Administrator/Program Director or Designee | | | Date |
| Signature - Team Leader or Surveyor | | | Date |
| [Signature] | | | 3/3/23 |

Quick Review Green horizontal

* Applicant did not meet Licensing Standards
And is not approved for occupancy

Continued from the previous page.
Use this sheet if there are additional preliminary areas of potential noncompliance.

| Facility/Agency/Program Provider Name <i>Athens Assisted Living - MEMORY CARE</i> | | Entrance Date <i>02-28-23</i> | Exit Date <i>03-03-23</i> |
|--|--------------------------|--|------------------------------|
| This list contains preliminary areas of potential noncompliance with federal and/or state requirements, based on findings from the entrance and exit dates listed above. Note: If the visit was to an assisted living facility, refer to the attached checklists. | | | |
| State | Federal | Brief Description of Potential Noncompliance | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Exit discharges HAVE slopes too steep - over 5%</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>No tool to shut off gas MAIN - Emergency plan (Add to)</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Riser for sprinkler system outside of laundry had no hydraulic calculation plate</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>A junction box behind a dryer in laundry had an uncapped knockout hole</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>FIRE DEPARTMENT CONNECTION PLACKARD WAS PAINTED OVER</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Courtyard between halls 200 & 300 did not extend to the public way</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>WATER PONDING IN OUTSIDE COURTYARD AREAS AND EXIT DISCHARGE OF HALL 400</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>BREAKER PANEL IN DISHWASHING ROOM HAD 2 UNMARKED BREAKERS</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>VENT HOOD ABOVE RANGE HAD FILTERS THAT DID NOT FIT TIGHT</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>HALL 600 RED EMERGENCY RECEPTACLE HAD OPEN GROUND AND WAS PAINTED OVER</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>HALL 100 RED EMERGENCY RECEPTACLE WAS BROKEN NEXT TO ROOM 105</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>RECEPTACLES IN ROOM 606, 107, 300 Living Room, 304, EMPLOYE BREAK ROOM, HALL 400 MECH, 409</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>↳ MAIN DINING, Kitchen, HALL 500 NEXT TO SIG, NURSE STATION WERE BROKEN</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>GENERATOR DELAY TO RETRANSFER AND COOL DOWN FOR FIRE PUMP GENERATOR</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>No hot water in Room 102, Room 107 WAS 130°F</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>No emergency lights AT MAIN STAFF STATION</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Control doors AT Halls 300 + 100 did not demagnetize WHEN GENERATOR RAN</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>No emergency egress lights outside HALLS 400 & 200</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Dining room (main central) needs 2 exits.</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Insufficient illumination levels</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Kitchen cooking range - must be located under suppression hood for coverage and gas line secured. Make up air not working</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Life Safety Code</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Texas Administrative Code</i> | |
| Signature - Administrator/Program Director or Designee | | | Date |
| Signature - Team Leader or Surveyor | | | Date <i>03-03-23</i> |

Applicant did not meet licensing standards, and is not approved for occupancy.