TEXAS
Health and Human Services

Form 3701
October 2020

Preliminary Findings Based on Survey, Inspection or Investigation

Facility/Agency/Program Provider Name	Entrance Date	Exit Date
Athens Assisted Living and Memory Care	2/28/23	3/3/23

Physical Street Address	Purpose of Visit
8579 State Highway 31 West	☐ Survey ☐ Complaint ☒ Other (describe) Initial licensing LSC inspection

City	ZIP Code	County
Athens	75751	Henderson

Facility/Agency/Program Provider Type	Facility ID/Vendor No.
☐ ADC ☐ ALF ☐ HCSSA ☐ SNF/NF ☐ ICF/IID ☐ HCS ☐ TxHmL	707249

Administrator/Manager/Program Director Name	Contract Number and Component Code (HCS/TxHmL only)
Anand Patel	—

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
☒	☐	Smoke barrier walls and smoke compartmentation -
☒	☐	Hazardous areas (including water heater rooms)
☒	☐	Locking arrangement not permitted without certified
☐	☐	Alzheimer's application. Means of egress violations
☒	☐	Hall 400 & 600 air handlers need to shut down on fire alarm.
☒	☐	Texas Accessibility Standards project registration and
☐	☐	compliance
☒	☐	Repair to roof trusses - need evaluation by an engineer
☒	☐	Airflow separation not met for kitchen + laundry
☒	☐	Need physical separation between washer + dryer
☐	☐	sides in laundry. Need laundry policy. (Single Resident use)
☒	☐	New generator for fire pump - documentation needed, remote
☐	☐	annunciator, kill switch, light + receptacle, load bank.
☒	☐	Magnetic locks don't meet LSC requirements or headroom.
☒	☐	Need updated floor plan/evacuation plan
☒	☐	Exhausts not installed, not working, or connected to ducts
☒	☐	FACP - trouble signals + corresponding readout (When power was killed it didn't signal until long time)

Signature – Administrator/Program Director or Designee	Date
Anand	3/3/23

Signature – Team Leader or Surveyor	Date
Michael Possin	3/3/23

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
☒	☐	Fire Department Letter for Fire Response
☒	☐	Damaged/Buckled flooring in R 201
☒	☐	Unprotected glass light bulbs in H500 Housekeeping closet
☒	☐	Corridor Doors not latching
☒	☐	Door closers not close/latch doors to Hazardous Rooms
☒	☐	Smoking Areas - Ashtrays & Disposal - 2 Seperate.
☒	☐	Windows in Bedrooms not operable/window screen
☒	☐	Pest Control - Contract - Ants & Spiders
☒	☐	Exhaust Fans not working
☒	☐	Sprinkler System Maintenance Contract
☒	☐	Sprinkler Task Inspection & Maintenance Contract
☒	☐	Water Temperatures 100 - 120 Between
☒	☐	Emergency Preparedness Plan
☒	☐	As Built Sprinkler Drawings - Calculations, Heads, Pipes, Values
☒	☐	Hydraulic Calculations, Plates, Ferns
☒	☐	Sprinkler Spacing & Coverage & orientation & obstructions
☒	☐	Above ground & Underground test Certificates
☒	☐	Spare 200° Side-wall Sprinkler Heads - None
☒	☐	Access to Areas for Sprinkler inspection - Unknown Coverage
☒	☐	Sprinkler System not tested - workingness System & Damaged valve (Quick Response Green Monitored)
☒	☐	HVAC Ducts crushed & Disconnected
☒	☐	Electric - open Junction Boxes & spliced wires
☒	☐	Supervisory Tamper Switches - Fire Pump room & next door
☒	☐	Emergency Lighting & Levels

Signature – Administrator/Program Director or Designee	Date

Signature – Team Leader or Surveyor	Date
[signature]	3/3/23

* 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	02-28-23	03-03-23

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
☒	☐	Exit discharges have slopes too steep - over 5%
☒	☐	No tool to shut off gas main - Emergency plan (Add to)
☒	☐	Riser for sprinkler system outside of laundry had no hydraulic calculation plate
☒	☐	A junction box behind A dryer in laundry had an uncapped knockout hole
☒	☐	Fire department connection Pinckard was painted over
☒	☐	Courtyard between halls 200 & 300 did not extend to the public way
☒	☐	Water ponded in outside courtyard areas and exit discharge of Hall 400
☒	☐	Breaker panel in dishwashing room had 2 unmarked breakers
☒	☐	Vent hood above range had filters that did not fit tight
☒	☐	Hall 600 red emergency receptacle had open ground and was painted over
☒	☐	Hall 100 red emergency receptacle was broken next to Room 105
☒	☐	Receptacles in Room 606, 107, 300 Living Room, 304, employ Breakroom, Hall 400 mech, 409
☐	☐	↳ main dining, kitchen, Hall 500 next to 510, nurse station were broken
☒	☐	Generator delay to retransfer and cool down for fire pump generator
☒	☐	No hot water in Room 102, Room 107 was 130°F
☒	☐	No emergency lights at main staff station
☒	☐	Control doors at Halls 300 & 100 did not demagnetize when generator ran
☒	☐	No emergency egress lights outside Halls 400 & 200
☐	☐	Dining room (main central) needs 2 exits.
☒	☐	Insufficient illumination levels
☐	☐	Kitchen cooking range - must be located under suppression hood for
☐	☐	coverage and gas line secured. Make up air not working
☒	☐	Life Safety Code
☒	☐	Texas Administrative Code

Signature – Administrator/Program Director or Designee	Date
Signature – Team Leader or Surveyor	**Date**
	03-03-23

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