### Statement of Deficiencies and Plan of Correction

**A. Building: ___________________________**

**Provider/Supplier/CLIA Identification Number:** D3759

**Statement of Deficiencies and Plan of Correction**

**(X3) Date Survey Completed:** 07/09/2015

**Multiple Construction B. Wing: ___________________________**

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**Alabama Department of Public Health**

**Name of Provider or Supplier:** GALLERIA WOODS ASSISTED LIVING

**Street Address, City, State, Zip Code:** 3850 GALLERIA WOODS DRIVE, HOOVER, AL 35244

**ID Prefix** | **Tag** | **Provider's Plan of Correction**
---|---|---
A 000 | Initial Comments | A 000

An unannounced probational license survey was conducted on July 9, 2015.

This is a 24 bed Assisted Living Facility with a census of 22 on July 9, 2015.

There were no complaints investigated during this survey.

Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, Assisted Living Facilities (ALF). The deficiencies cited pose a risk or potential risk to residents and require a plan of correction.

- **A 406**
  - 420-5-4-.04 (3) Personnel and Training
  - (3) The Administrator. (a) Responsibility.

1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties. Any individual employed as an administrator shall meet all applicable statutory requirements.

2. There must be an individual authorized in writing to act for the administrator during absences.

3. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting.

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**Laboratory Director's or Provider/Supplier Representative's Signature**

**Title**

**Date**

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**STATE FORM**

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**RDSP11**

If continuation sheet 1 of 14
Alabama Department of Public Health

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER: D3759

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: ____________________________
B. WING: ____________________________

(X3) DATE SURVEY COMPLETED
07/09/2015

NAME OF PROVIDER OR SUPPLIER
GALLERIA WOODS ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
3850 GALLERIA WOODS DRIVE
HOOVER, AL 35244

ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5) COMPLETE DATE

A 406 Continued From page 1

4. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed.

5. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan.

6. The administrator shall ensure that all deficient practices cited by the Department of Public Health are corrected in a timely manner.

(b) The administrator and any individual authorized to act as a substitute shall be at least nineteen years of age.

(c) The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.

This Rule is not met as evidenced by:

Based on observation, interview and record review, the facility administrator failed to safely transfer or discharge a resident who had health and safety needs beyond the capability of the facility to an appropriate setting, failed to ensure plans of care were current and appropriate for all residents and failed to ensure that all deficient practices cited by the Department of Public Health were maintained in a corrected manner.

FINDINGS:

Failure to transfer or discharge a resident who had health and safety needs:
Resident Identifier (RI)#4 was admitted to the facility on August 11, 2014 from an area hospital. RI#4 became ill and was sent out to an area hospital for medical services. RI#4 returned to the facility on August 15, 2014 and required skilled services upon return. Employee Identifier (EI)#1, Karen Lowery, administrator and Licensed Practical Nurse, when questioned, told the surveyor she was aware skilled services were not allowed in the facility. RI#4 required skilled services of thickened liquids and the facility was not licensed to provide skilled care. In fact, interview with EI#1 and record review revealed EI#1 contacted RI#4’s family member on August 17, 2014, telling the family member the facility was not a skilled unit so the family member would have to provide the skilled services for RI#4. Speech therapy records documented the need for the thickened liquids in August and October of 2014 based on specialized testing. Therefore, RI#4 remained in the facility from August 15, 2014 until November 24, 2014 requiring skilled services. This placed RI#4 at significant risk for aspiration and infection.

Failure to ensure plans of care were current and appropriate for all residents:

RI#1 and RI#4 had needs of swallowing difficulties identified by the facility and the physician. EI#1, administrator failed to ensure each resident had appropriate care plans to address these specialized resident needs. This placed both RI#1 and RI#4 at significant risk for aspiration and infection.

Failure to ensure all deficient practices cited by the Department remained corrected:
A 406  Continued From page 3

Two deficiencies were repeated from the survey dated June 27, 2013. Please refer to deficiency numbers 420-5-4-.05(3)(d) Plans of care and 420-5-4-.06(1) Medical Direction and Supervision for additional information regarding these repeated deficiencies.

A 509  420-5-4-.05 (3)(c) Records and Reports

(c) Medical Examination Record. Not more than thirty days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician, who shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician believes is pertinent, the medical examination record shall contain the following:

1. All of the physician's diagnoses, and the resident's baseline weight and vital signs.

2. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact.

3. Medication presently prescribed (name, dosage, and strength of drug, frequency of administration).

4. A physician order is required for a resident to manage and have custody of his or her own medications.
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This Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure that all resident medical examination records contained the required information.

**FINDINGS:**

RI#1 was very emaciated appearing and ambulated with a weak, unsteady gait with the use of a walker. RI#1 was admitted two separate times to the facility. On May 6, 2015, RI#1’s medical examination did not have a documented weight even though the physician documented weight loss as a diagnosis. EI#1, administrator, reviewed the medical exam and agreed the weight was not there.

RI#1 was admitted to the facility a second time on June 1, 2015. The medical examination for this admission did not contain the statement RI#1 was free of signs and symptoms of infectious skin lesions and diseases capable of transmission. EI#1 and EI#2, both Licensed Practical Nurses agreed the information was not there.

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(d) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the medical examination, diagnoses, and recommendations of the resident’s treating physician. The plan of care shall be developed in cooperation with the resident and, if appropriate, the sponsor. It shall document the personal care and services required from the facility by the resident.
### PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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<th>PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER</th>
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<th>DATE SURVEY COMPLETED</th>
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### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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#### A 510

Continued From page 5

A 510 resident. This plan shall be kept current, reviewed and updated when there is any significant change in the resident's condition, after each hospitalization, and at other appropriate times. It shall in all cases be reviewed and updated at least annually by the attending physician. In addition to other items that may be required by the facility's own policies and procedures, it shall contain the following:

1. A listing of the resident's needs or problems that require intervention by the facility, such as behavioral symptoms, weight loss, falls, and therapeutic diets. The facility shall assess the appropriateness of interventions required by each resident monthly. The facility shall on a monthly basis weigh and record the weight of each resident. The facility shall assess residents on a monthly basis and more often when necessary to identify significant changes in health status or behavior to include awareness of medication. Significant change is defined as two or more falls in 30 days or less, a significant weight loss, unmanageable or combative or potentially harmful behaviors, any adverse drug interaction or over sedation or any elopement. A significant weight loss is defined as a 5% or greater weight loss in a period of one month or less, or a 7.5% or greater weight loss in a period of three months or less, or a 10% or greater weight loss in a period of six months or less. Any weight loss shall be considered to be unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician. Any significant change requires immediate implementation and documentation of interventions or reassessment.
### Statement of Deficiencies and Plan of Correction

**A. Building:**

- **Provider/Supplier/CLIA Identification Number:** 
- **Statement of Deficiencies and Plan of Correction:**
- **Date Survey Completed:**

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2. A description of the assistance with activities of daily living required by the resident including bathing, dressing, ambulation, feeding, toileting, grooming, medication assistance, diet and risk to personal safety. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.

This Rule is not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure care plans for all residents were current and updated with appropriate interventions.

THIS DEFICIENCY IS REPEATED FROM THE SURVEY DATED JUNE 27, 2013.

**Findings:**

RI#1 had specialized needs when admitted to the facility for the second time on June 1, 2015 of phlebitis of both arms and left lower leg cellulitis. The physician documented on June 1, 2015 wound care was to be performed. However, wound care interventions were not addressed by the facility on RI#1’s plan of care until June 7, 2015 following an injury RI#1 sustained to her right arm during a fall on June 3, 2015. When asked, EI#1 told the surveyor the wound care ordered on June 1, 2015 would have been performed by home health so the facility did not...
Continued From page 7

address the wound. The facility identified RI#1 as having swallowing difficulties yet failed to appropriately address the problem with interventions for the direct care staff to follow while assisting the resident with day to day care. EI#2, administrative designee and Licensed Practical Nurse, told the surveyor that she had identified the problem but had not care planned the swallowing difficulty as she was not aware once a problem was identified it should be addressed with appropriate interventions for staff to follow.

420-5-4-.05 (3)(f) 4. Records and Reports

4. The report to the Assisted Living Facilities Report Fax line shall be made within 24 hours of the incident and shall include the following:

(i) Facility name and direct phone number;

(ii) Time and date of the report;

(iii) Reporter's name;

(iv) Name of resident(s), staff or visitor involved in the incident;

(v) Names of staff on duty at the time of the incident;

(vi) Date and time of the incident;

(vii) Any injury or injuries to resident(s);

(viii) Action taken by the facility in response to the incident.
**Alabama Department of Public Health**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:**  D3759  

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**B. WING _____________________________**  

NAME OF PROVIDER OR SUPPLIER  
GALLERIA WOODS ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE  
3850 GALLERIA WOODS DRIVE  
HOOVER, AL  35244

**STATE FORM RD6P11**

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| A 518 | Continued From page 8  
This Rule is not met as evidenced by:  
Based on record review and interview, the facility failed to report incidents to the Assisted Living Facilities unit within 24 hours of the incident occurring.  
FINDINGS:  
RI#8 sustained a reportable incident on March 7, 2015, however the incident was not reported by the facility until March 9, 2015. When asked why the report was late, EI#1, administrator, told the surveyor she was unable to recall why the report was late and added the report was only two days late when it was sent to the Unit. | A 518 |  |  |  |  |  |
| A 601 | 420-5-4-.06(1) Care of Residents  
(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.  
(a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local Emergency Medical Services system (911 or an other emergency call). | A 601 |  |  |  |  |  |
(b) Back-up Physician Support. Each assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available.

(c) The use of the word "physician" in these rules shall not be deemed to preclude a properly licensed nurse practitioner or a physician assistant from performing any function in an assisted living facility that otherwise would be required to be performed by a physician so long as that function is within the nurse practitioner's or physician assistant's scope of practice.

This Rule is not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure all residents care was under the direction and supervision of a physician.

THIS DEFICIENCY IS REPEATED FROM THE SURVEY DATED JUNE 27, 2013.

FINDINGS:

RI#1 had physician documentation in the facility record for wound care on June 1, 2015. The facility did not obtain the orders for the wound care nor the location of the wound care. When asked, EI#1, administrator, told the surveyor RI#1's wound had been cared for by home health not the facility so there were no orders.
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**A 601**

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RI#2 was using oxygen at 3 liters per minute continuously during the survey. EI#5, Licensed Practical Nurse, verified the oxygen was 3 liters per minute. Record review revealed the physician's order dated April 23, 2015 was for oxygen at 2 liters as needed three times daily. When asked if the physician had increased the oxygen rate, EI#1 told the surveyor she was sure the physician had increased the rate; however when the surveyor received the physician's order for oxygen at 3 liters per minute, it was dated July 9, 2015.

**A 623**

420-5-4-.06(4)(j) Care of Residents

(j) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents not self-managing medications must use a single pharmacy, but all residents need not use the same pharmacy that is used by other residents, unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission or 30 days prior to the policy taking effect. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected.
This Rule is not met as evidenced by:

Based on observation and interview, the facility maintained medications for three residents in multi dose bottles instead of unit dose packages as required.

**FINDINGS:**

On July 8, 2015, the surveyor observed multi dose bottles of medications for RI#s 4, 6 and 7. EI#s 2 and 5 agreed the medications were not unit dose packaged. EI#1, administrator, told the surveyor the local pharmacies did not package medications in unit dose form.

**420-5-4-.06(6) (b) Care of Residents**

(b) An assisted living facility shall not admit nor once admitted shall it retain a resident's who requires medical or skilled nursing care for an acute condition or exacerbation of a chronic condition which is expected to exceed 90 days unless:

1. The individual is capable of performing and does perform all tasks related to his or her own care; OR

2. The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity BUT the individual has sufficient cognitive ability to direct his or her own care AND the individual is able to direct others and does direct others to provide the physical assistance needed to complete such...
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

- **A. BUILDING:** ______________________
- **(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:** D3759
- **(X2) MULTIPLE CONSTRUCTION**
  - **(A) BUILDING:** ______________________
  - **(B) WING:** ______________________
- **(X3) DATE SURVEY COMPLETED:** 07/09/2015

**NAME OF PROVIDER OR SUPPLIER**

GALLERIA WOODS ASSISTED LIVING

**STREET ADDRESS, CITY, STATE, ZIP CODE**

3850 GALLERIA WOODS DRIVE
HOOVER, AL 35244

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**SUMMARY STATEMENT OF DEFICIENCIES**

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**A 630** Continued From page 12

Tasks, AND the facility staff is capable of providing such assistance and does provide such assistance.

This Rule is not met as evidenced by:

Based on record review and interview, the administrator admitted and retained residents who required medical or skilled services beyond the capabilities of the facility.

**FINDINGS:**

Record review revealed RI#1 was admitted into the facility May 6, 2015 from an area hospital and on the date of hospital discharge had a PICC (peripherally inserted central catheter) line in place. When asked, EI#1, administrator told the surveyor she was unaware RI#1 had a PICC line until she was in the facility and it was too late to deny RI#1 admission. EI#1 told the surveyor she was aware the facility was not licensed for skilled services and the facility had not provided skilled services to RI#1. EI#1 told the surveyor that home health took care of the PICC line from May 6, 2015 until RI#1 was admitted back to the area hospital on May 18, 2015. When asked about the PICC line, EI#2 also told the surveyor RI#1 had a PICC line on her first admission to the facility. Facility documentation by EI#2 revealed on May 6, 2015, RI#1 had a "... Pic (sic) line in place in the right upper inner arm ..." RI#1, however, when interviewed by the surveyor stated she had never entered the facility with a PICC line as it had been removed before she left the hospital in May. When EI#2 was asked why she documented RI#1 had a PICC line in place if it were not there, EI#2 told the surveyor she had documented in error and had not corrected it at...
**STATEMENT OF DEFICIENCIES AND PLAN OFCORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
GALLERIA WOODS ASSISTED LIVING

**STREET ADDRESS, CITY, STATE, ZIP CODE**
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<td>A 630</td>
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<td>the time of occurrence. RI#1 was admitted a second time to the facility on June 1, 2015 from an area hospital and the physician documented RI#1 was not free of infectious diseases. When asked, EI#1, told the surveyor she had been out of the state on June 1, 2015 and her designee EI#2, who is also a Licensed Practical Nurse, had admitted the resident to the facility. When questioned, EI#2 told the surveyor she was the designee but had contacted EI#1 by phone regarding the admission to the facility prior to RI#1 arriving in the facility. Upon further questioning, EI#2 admitted that she had not assessed RI#1 to determine if RI#1 was appropriate to admit to the facility. RI#4 was admitted to the facility on August 11, 2014, became ill and was transferred to an area hospital within a few days but returned to the facility on August 15, 2014 in need of medical and skilled services of thickened liquids. When asked why, EI#1 told the surveyor it must have been a busy day as she had not realized RI#4 returned to the facility in need of thickened liquids. EI#1, administrator, told the surveyor since the facility could not provide skilled services she told the family member they would be responsible for RI#4's skilled care. RI#4 remained in the facility from August 15, 2014 through November 24, 2014 requiring skilled services. SHERRY YOUNG, REGISTERED NURSE</td>
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**STATE FORM**
6999

Health Care Facilities

**STATE FORM RD6P11**

If continuation sheet 14 of 14