Theresa Hanna chg 8/22/2024

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | D2705 | A. BUILDING: _____ B. WING _____ | 07/17/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COUNTRY PLACE SENIOR LIVING OF BREWTON | 905 BELLEVILLE AVENUE BREWTON, AL 36426 |

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| A 000 | Initial Comments<br><br>On July 17, 2024, an unannounced licensure survey was conducted for this 22-bed assisted living facility with a census of 23.<br><br>Complaint LC#20220815012 was investigated and unsubstantiated.<br><br>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, for Assisted Living Facilities (ALF). The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction. | A 000 | | |
| A 302 | 420-5-4-.03 (1) (e) Administration.<br><br>Policies.<br><br>The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:<br><br>(i) Facility responsibility to protect all residents from abuse, neglect, and exploitation.<br><br>(ii) How allegations of abuse, neglect, | A 302 | | |

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| A 302 | Continued From page 1<br>and exploitation will be handled by the facility.<br><br>(iii) Resident confidentiality.<br><br>(iv) Admission and continued stay criteria.<br><br>(v) Discharge criteria and notification procedures for residents and sponsors.<br><br>(vi) Facility responsibility when a resident's personal belongings are lost.<br><br>(vii) What services the facility is capable and not capable of providing.<br><br>(viii) Medication management.<br><br>(ix) Infection control.<br><br>(x) Meal service, timing, menus and food preparation, storage, and handling.<br><br>(xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness.<br><br>(xii) Staffing and conduct of staff while on duty.<br><br>(xiii) Oxygen administration and storage if used in the facility.<br><br>(xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S. | A 302 | | |

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| A 302 | Continued From page 2<br>Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address:<br><br>(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.<br><br>(II) The attire and cleanliness of staff members who prepare, handle, or serve food.<br><br>(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.<br><br>(IV) Food substitutions or alternatives.<br><br>(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.<br><br>(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.<br><br>(VII) Provision of necessary services to any resident requiring adaptive devices to eat.<br><br>(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.<br><br>(IX) Storage of food.<br><br>(X) Procedure for food service in the event of a disaster. Disaster menus shall be | A 302 | | |

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| A 302 | Continued From page 3<br>developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews and record reviews, the facility failed to implement written policies and procedures for the following:<br><br>Findings:<br><br>The facility's policy titled, "MEDICATION ASSISTANCE POLICY & PROCEDURE" revealed, "POLICY: To provide staff assistance with the self-administration of medication to any resident who is aware of his or her medication as defined below. PROCEDURE: 2. Any resident requiring staff assistance with the self-administration of medication must have a reasonable lay person's understanding of the unit dose packaging system in use by the residence such that the resident could likely protect himself or herself from medication errors if unit dose packages are brought to the resident by residence staff ..... 5. Specific procedures for assisting with medications: ..... e. Ask the resident to look at the blister pack and confirm the label. i. Is this your name? ii. Is this your medication? iii. Is it the time you are supposed to take this medication? f. If they respond inappropriately, do not assist with that medication. Call administrator. ..." Refer to deficiency 601, 606, 613 and 614 for additional information.<br><br>The facility's policy titled, "ADMISSION, CONTINUED STAY & DISCHARGE CRITERIA TO INCLUDE RESIDENT REQUIRING SKILLED NURSING CARE POLICY AND PROCEDURE" | A 302 | 420-5-4-03 (1) (e) Administration (A 302)<br><br>1) All staff will follow the Medication Assistance Policy and Procedure.<br><br>2) (07.19.24) Administrator trained and In-Serviced all staff on the current CPSL Medication Assistance Policy and Procedure. Staff will ensure that the Residents are able to protect themselves from a medication error at each opportunity.<br><br>(08.08.24) All staff were In-Serviced by the RN Nurse Educator from Integracare Pharmacy regarding medications and providing medication assistance per ADPH rules and regulations.<br><br>3) (07.30.24) Administrator & Residence Nurse assessed each Resident to ensure that each Resident was aware of their medications and that they could protect themselves from a medication error. Education was complete with all Residents on the current CPSL Medication Assistance Policy and Procedure to identify any other concerns not identified during the survey. No other deficiencies were found.<br><br>4) (08.01.24) All staff, upon new hire training, will be trained by the Administrator or Designee on the current Medication Assistance Policy and Procedure. New hire will demonstrate understanding of the Policy and Procedure prior to Resident contact. Documentation of this training will be maintained in the Administrator's office.<br><br>(08.01.24) All staff will be In-Serviced bi-annually, (February and August) and as needed on the Medication Assistance Policy and Procedure. Documentation of this training will be maintained in the Administrator's office.<br><br>(08.01.24) The Residence Nurse will randomly assess staff on each shift who are assisting the Residents with the medication. These assessments will be completed daily x4 weeks, then weekly x4 weeks, then monthly for x6 months. Documentation of these assessments will be sent to the Administrator, Regional Manager, and the Director of Operations monthly and maintained in the Administrator's office.<br><br>5) (09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager/Administrator visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of | |

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| | | | Operations/Governing Authority and maintained in the Administrator's office.<br><br>(Cont.)<br>(Cont. from Page 4)<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including discharge. | |

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| A 302 | Continued From page 4<br><br>revealed, "... POLICY: Ensure that all residents are qualified to reside in an assisted living residence. PROCEDURE: Admission Criteria 1. All prospective residents shall be screened and approved by the Administrator ... 3.....a. The individual is capable of performing and does perform all tasks related to his or her own care; OR b. The individual is capable of performing some or all tasks related to his or her own care ... 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 tasks, AND the residence staff is capable of providing such assistance and does provide such assistance.....Continued Stay Criteria 3. The licensed nurse will monthly assess the resident's continued ability to safely self-perform the skilled nursing task or direct the nursing staff to safely perform the skilled nursing task. The completion of this monthly assessment will be noted as part of the monthly summary charting written by the residence nurse. ... Discharge Criteria 6. Should the self-performing resident requiring a skilling (skilled) nursing task be unable to direct the residence staff in performing the skilled nursing task, he/she shall have arrangements made by the residence to discharge or transfer him/her to a safe and appropriate placement. The resident will be given a thirty-day (30) discharge notice unless the resident presents a danger to self or others. The resident's skilled need will be addressed by appropriate licensed staff from the time the resident has been assessed to be unable to self-perform the skilled nursing task or unable to direct staff in performing the skilled nursing task until discharge. " Refer to deficiency 604, 606, and 613 for additional information. | A 302 | 420-5-4-03 (1) (e) Administration (A302)<br><br>1) All staff will follow the CPSL Policy and Procedure titled Admission, Continued Stay, and Discharge Criteria to include Resident Requiring Skilled Care.<br><br>2) (07.19.24) Administrator trained and In-Serviced all staff regarding the ADPH Rules and Regulations, CPSL Policy and Procedure titled Admission, Continued Stay, and Discharge Criteria to include Resident Requiring Skilled Care, and Resident's monthly assessments.<br><br>On (07.23.24) RI #2 and RI # 3 were issued a 30-day discharge notice.<br><br>3) On (07.19.24) E1 & E2 assessed all Residents regarding medication awareness. Training & in-service was complete with all staff and Residents to identify any other concerns not identified during the survey, and no other deficiencies were found.<br><br>4) (08.03.24) EI #1 and EI#2 were In-Serviced and trained by the CPSL Regional Manager regarding the ADPH Rules and Regulations, CPSL Policy and Procedure titled Admission, Continued Stay, and Discharge Criteria to include Resident Requiring Skilled Care, and Resident's monthly assessments.<br><br>(08.03.24) Additional support, In-Service, and training was provided to all staff by the Regional Manager covering the assisted living rules and regulations, review of monthly assessment requirements, appropriate care plan interventions, and adequate health supervision for all residents. Documentation of this In-Service and training will be maintained in the Administrator's office.<br><br>(08.01.2024) Administrator will randomly audit, review, & assess 6 Residents, charts, care plans, MAR, and monthly medication awareness assessments per month, x6 months. All audits will be forwarded, upon completion, to the Regional Manager and the Director of Operations.<br><br>5) (09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager/Administrator visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations/Governing Authority and maintained in the Administrator's office.<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including discharge. | |

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| A 303 | Continued From page 5<br><br>420-5-4-.03 (2) (a) Administration.<br><br>The Administrator.<br><br>(a) Responsibility.<br><br>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.<br><br>2. Any individual employed as an administrator shall be properly licensed.<br><br>3. Any individual employed as an administrator shall meet all applicable statutory requirements.<br><br>4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the administrator during absences.<br><br>5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age.<br><br>6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.<br><br>7. The administrator shall ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week.<br><br>8. The administrator shall manage and direct staff activities in a manner that results in | A 303 | Deficiency Number: 420-5-4-.03 (2) (a) (A 303)<br><br>Administrator will perform her duties to ensure the care and safety needs of all Residents are met.<br><br>2) (07.19.24) Administrator trained and In-Serviced all staff regarding resident retention, following physician orders, and healthcare supervision-reporting to the Residence Nurse or Administrator. Documentation of this training was reviewed by the Regional Manager & the Director of Operations and will be maintained in the Administrator's office.<br><br>3) (07.19.24) Administrator and Residence Nurse completed a thorough audit of employee files, MARs, resident charts, care plans, assessments, and training records to identify any other concerns not identified during the survey. No other deficiencies were found.<br><br>4) (08.03.24) In-Service and training was provided to EI#1 and EI #2 by the Regional Manager with a focus given to resident retention, maintenance and retention of records, following physician orders, healthcare supervision, developing and maintaining current care plans, and management of staff. Documentation of this training was reviewed by the Director of Operations and will be maintained in the Administrator's office.<br><br>(08.03) A thorough audit of employee files, MARs, resident charts, care plans, monthly assessments, and training records was complete by the CPSL Regional Manager to identify any other concerns not identified during the survey. No other deficiencies were found.<br><br>(09.01.2024) Administrator will randomly audit x6 Employee Files, x6 Resident Care Plans, and the complete MAR monthly x6 months. All audits will be forwarded, upon completion, to the Regional Manager and the Director of Operations.<br><br>(08.01.24) Monthly In-services, fire drills, temperature log sheets, and all training documentation will be complete monthly and forwarded to Regional Director and Director of Operations for x6 months.<br><br>5) (09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations and maintained in the Administrator's office.<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including discharge. | |
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| A 303 | Continued From page 6<br>maintenance of a neat, clean, orderly, and safe environment and adequate care being provided at all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided, then the facility does not meet this administration and management requirement.<br><br>9. The facility administrator is responsible for ensuring that required training is provided to all staff.<br><br>10. 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.<br><br>11. 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.<br><br>12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan.<br><br>13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the administrator failed to perform her | A 303 | | |

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| A 303 | Continued From page 7<br>duties to ensure the care and safety needs of all residents were met.<br><br>On June 16 - July 17, 2024, a surveyor with the ADPH conducted an onsite survey. Numerous deficient practices were identified.<br><br>Findings:<br><br>The facility did not follow it's own policies and procedures.<br>Refer to deficiency 302 for additional information.<br><br>The facility failed to ensure employees were CPR certified and had completed the required training.<br>Refer to deficiency 405 for additional information.<br><br>Facility staff failed to follow a physician's order for medication administration.<br>Refer to deficiency 601 for additional information.<br><br>Facility staff failed to identify and discharge two residents with care needs which exceeded the capability of the facility's license.<br>Refer to deficiency 606 for additional information.<br><br>Facility failed to follow Resident Identifier (RI)#4's plan of care.<br>Refer to deficiency 611 for additional information.<br><br>Facility staff failed to ensure two residents did not fail a medication test, indicating they were unable to protect themselves from a medication error.<br>Refer to deficiency 613 for additional information.<br><br>Residents were not given the opportunity to utilize the unit dose package system and protect themselves from a medication error.<br>Refer to deficiency 614 for additional information. | A 303 | | |

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| A 303 | Continued From page 8<br><br>Facility staff failed to ensure a freezer temperature did not exceed zero (0) degrees Fahrenheit.<br>Refer to deficiency 702 for additional information.<br><br>Facility staff failed to ensure fire drills were conducted monthly.<br>Refer to deficiency 1101 for additional information. | A 303 | | |
| A 405 | 420-5-4-.04 (6) Personnel.<br><br>(6) Training.<br><br>(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below:<br><br>1. State law and rules on assisted living facilities.<br><br>2. Facility policies and procedures.<br><br>3. Resident rights.<br><br>4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. | A 405 | | |

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| A 405 | Continued From page 9<br>5. Identifying and reporting abuse, neglect, and exploitation.<br>6. Basic first aid.<br>7. Advance directives.<br>8. Protecting resident confidentiality.<br>9. Resident fire and environment safety.<br>10. Special needs of the elderly, mentally ill, and mentally retarded.<br>11. Safety and nutritional needs of the elderly.<br>12. Identifying signs and symptoms of dementia.<br>(b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the | A 405 | Deficiency Number: 420-5-4-.04 (6) Personnel (A 405)<br>1)All staff will have initial training prior to resident contact and CPR certification within 90 days of hire.<br>2) (07.18.24) EI #3 was trained by the Administrator on ADPH Rules & Regulations, Resident Rights, Identifying and Reporting Abuse, Neglect and Exploitation, Basic First Aid, Advance Directives, Protecting Resident Confidentiality, Fire and Environmental Safety, Special Needs of the Elderly, Mentally Ill, & Mentally Retarded, Safety and Nutritional Needs of the Elderly, Identifying Signs and Symptoms of Dementia, Diabetes, and Oxygen Therapy. Documentation of training is maintained in the employee file in the Administrator's office.<br>EI #3 was removed from the schedule. EI #3 may return upon successful completion of an ADPH approved CPR course.<br>3) (07.17.24) All employee files were audited by the administrator immediately to identify any other concerns not identified during the survey and no other deficiencies were found.<br>4) (08.01.24) An 'Employee File Organizational Guide' will be used to ensure that all the required documentation is in place in each staff member's employee file. This check sheet will be placed in the front of each employee file. The Administrator will utilize this check sheet to ensure proper/required documentation is in each employee file. The administrator will submit the completed audit sheet to the Director of Operations upon each new hire for 6 months and will send again after each CPR certificate is received. The administrator will audit all employee files, utilizing the 'Employee File Organization Guide' sheet, once a month for 3 months and then quarterly for the next year. The administrator will forward her audits to the Director of Operations & Regional Manager to ensure compliance with the plan of correction. All audits will be maintained in the administrator's office.<br>5) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations and maintained in the Administrator's office.<br>Cont. | |

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| | | | (Cont. from Page 11)<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including discharge. | |

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| A 405 | Continued From page 10<br><br>American Heart Association or American Red Cross in CPR or AED utilization.<br><br>(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.<br><br>(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure EI#3, a Resident Assistant, was CPR (Cardiopulmonary Resuscitation) certified and trained prior to resident contact to include medication assistance training.<br><br>Findings:<br><br>On the morning of July 17, 2024, EI#3 was asked what training she had completed. EI#3 could not name required training such as the State Rules, Resident Rights, Identifying and reporting abuse, neglect and exploitation, Basic first aid, Advance directives, Protecting resident confidentiality, Resident fire and environment safety, Special needs of the elderly, mentally ill, and mentally retarded, Safety and nutritional needs of the elderly, Identifying signs and symptoms of dementia, Diabetes and Oxygen therapy. EI#3 was asked if she had been trained on abuse or diabetes and she said no.<br><br>A review of EI#3's training summary sheet was signed by the administrator but not by EI#3. No | A 405 | | |

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| A 405 | Continued From page 11<br>CPR certification was provided by EI#3 or the facility.<br><br>On the afternoon of July 17, 2024, EI#3 said she was trained by EI#1 and EI#2, the Licensed Practical Nurse, on medication assistance. EI#3 had admitted to passing medications to Resident Identifier (RI)#4 and RI#5 without giving them the opportunity to utilize the unit dose package system to protect themselves from a medication error. EI#3 had given medications ordered by the physician to be given at 8:00PM to RI#4 with their supper meal. When asked why she gave a bedtime medication with supper, EI#3 said, "I just like to go ahead and give out the medicine."<br><br>No documentation was provided to indicate EI#3 had been trained in medication assistance and the above listed failures indicate she was not trained to safely assist with medications and follow physician's orders. | A 405 | | |
| A 601 | 420-5-4-.06 (1) Care of Residents.<br><br>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.<br><br>(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, | A 601 | | |

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| A 601 | Continued From page 12<br>an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or another emergency call).<br><br>(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. A nurse practitioner or physician's assistant shall not serve as the back-up physician in an assisted living facility.<br><br>(c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who is responsible for the care of the resident and authorized to write orders by facility policy. All verbal orders must be authenticated within such time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order.<br><br>This Rule is not met as evidenced by: | A 601 | 420-5-4-.06 (1) Care of Residents<br><br>1)Staff will follow physician orders for all medications prescribed by the physician when assisting the Residents with medication.<br><br>2) (07.19.24) Administrator In-Serviced & trained all staff on the current CPSL Medication Assistance Policy and Procedure and the ADPH Rules and Regulations with an emphasis on following the MD directions in the MAR.<br><br>3) On (07.19.24) Administrator completed an In-Service with all Staff regarding the Medication Assistance Policy and Procedure and ADPH rules and regulations. All staff verbalized and demonstrated an understanding of policy & procedure. No other deficiencies were found.<br><br>(08.08.24) All staff were In-Serviced by the RN Nurse Educator from Integracare Pharmacy regarding medications and providing medication assistance per ADPH rules and regulations.<br><br>4) (08.01.24) All staff, upon new hire training, will be trained by the Administrator on the current Medication Assistance Policy and Procedure. New hire will verbalize & demonstrate understanding of the Medication Assistance Policy and Procedure prior to Resident contact. Documentation of this training will be maintained in the Administrator's office.<br><br>(08.01.24) All staff will be In-Serviced bi-annually, (February and August) and as needed on the Medication Assistance Policy and Procedure. Documentation of this training will be maintained in the Administrator's office.<br><br>(08.01.24) Residence Nurse will randomly assess staff on each shift who are providing assistance to Residents with the medication. These assessments will be completed daily x4 weeks, weekly x4 weeks, then monthly for 1 year. Assessments will be sent to the Administrator immediately for review.<br><br>5) (09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations and maintained in the Administrator's office.<br><br>Any evidence of non-compliance or continued deficient<br>(Cont.) | |

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| | | | (Cont. from Page 15)<br><br>practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including possible discharge. | |

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| A 601 | Continued From page 13<br><br>Based on interviews and record reviews, EI#3 failed to follow a physician's order for medications prescribed for RI#4.<br><br>Findings:<br><br>RI#4 was admitted to the facility on October 2, 2023, with diagnoses which included depression and history of alcohol abuse. Refer to deficiencies 611, 614 and 615 for more information regarding RI#4.<br><br>Review of RI#4's "Medical Plan of Care" dated September 21, 2023, revealed, "... Routine Medication Orders ... MIRTAZAPINE 15MG (Milligrams) TAB (Tablet) Generic for:REMERON 15MG ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME DX (Diagnosis) DEPRESSION HOUR 8:00 PM ... ONE-DAILY TAB MULT-VIT (MULTIVITAMIN) ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME HOUR 8:00 PM ..."<br><br>Note: MIRTAZAPINE also has an indicated use for Insomnia.<br><br>On the afternoon of July 17, 2024, RI#4 was asked when he/she gets their medications. RI#4 said in the morning and at supper. RI#4 added they are night time meds (medications) but they (Resident Assistants) bring them in a cup to the table when we are eating.<br><br>Later on the afternoon of July 17, 2024, EI#3 was asked when RI#4 gets his/her medications on EI#3's shift. EI#3 said at 7:30(PM) and sometimes at supper. When EI#3 was asked when RI#4 was supposed to get the Multivitamin and Mirtazapine, EI#3 answered 8:00PM. EI#3 said when she initials that an 8:00PM medication was given, it means she gave it to them. When | A 601 | | |

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| A 601 | Continued From page 14<br>asked when she gave the 8:00PM medication, EI#3 said that she could not say when. When asked why she gave the medications with supper that were supposed to be given at bedtime, EI#3 said, "I just like to go ahead and give out the medicine."<br><br>On the afternoon of July 17, 2024, EI#2 was asked when 8:00PM medications should be given. EI#2 answered as early as 7:00PM or until 9:00PM. | A 601 | | |
| A 606 | 420-5-4-.06 (3) (d) Care of Residents.<br><br>(d) Services Beyond Capability of Assisted Living Facility. Whenever a resident requires hospitalization, medical, nursing, or other care beyond the capabilities and facilities of the assisted living facility, arrangements shall be made to discharge the resident to an appropriate setting, or to transfer the resident promptly to a hospital or other health care facility able to provide the appropriate level of care.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to identify and discharge two residents with care needs which exceeded the capability of the facility's license.<br><br>Findings:<br><br>RI#2 was admitted to the facility on November 13, 2023, with diagnoses to include unspecified dementia and major depressive disorder. Refer to | A 606 | | |

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| A 606 | Continued From page 15<br><br>deficiency 613 for more information regarding RI#2.<br><br>On the afternoon of July 16, 2024, RI#2 said he/she did not know how long he/she had lived at the facility. When asked about the activities offered to residents, RI#2 said he/she did not know if they have any and there is no need for them to have things to do. RI#2 said he/she goes to the dining room to eat and if there is something to do he/she will tend to it. When RI#2 was asked to tell the surveyor about medication assistance, RI#2 responded, "Zero. I haven't done that since I've been here. I think I'm doing fine and I don't need anything." RI#2 was asked if he/she takes any medicine. RI#2 answered, "No, I don't think so."<br><br>On the morning of July 17, 2024, EI#3 was observed to assist RI#2 with medications. As EI#3 sits the medication cards down RI#2 asks, "What are you doing?" EI#3 holds a medication card up for RI#2 to read. RI#2 said, "I've never seen all of this. Does it have my name on it? I don't know what this is all about." EI#3 said RI#2 has a memory problem. RI#2 holds a med card and said, "Strange, strange. I don't understand. I'm not sure what is going on and what to do with them. Why is there so many?" EI#3 asked RI#2 if a medication was his/hers and RI#2 counted the pills in the card and asked EI#3 what he/she was supposed to do.<br><br>On the afternoon of July 17, 2024, the surveyor observed EI#2 attempt a medication awareness test that RI#2 failed indicating RI#2's inability to protect themselves from a medication error. Refer to deficiency 613 for more information of the failed medication test. | A 606 | 420-5-4-.06 (3) (d) Care of Residents (A 606)<br><br>1)The facility will identify and discharge Residents with care needs that exceed the capability of the facility's license.<br><br>2) (07.19.24) Administrator provided Inservice and training to Resident Nurse regarding Monthly Assessments, proper care plans, and the identification of Residents with care needs that exceed the capability of the facility's license.<br><br>(07.23.24) RI #2 and RI #3 were issued a 30-day notice. Licensed nurses are administering all medications, per MD order, until discharge.<br><br>3) (07.19.24) EI #1 and EI #2 completed an assessment of all Residents with a Medication Awareness Test and their care plans. No other Residents were found to be unable to protect themselves from a medication error.<br><br>4) (08.01.2024) Administrator will randomly audit/review and assess 6 Residents, charts, care plans, monthly medication awareness, and their monthly nurse assessments x6 months. All audits will be forwarded, upon completion, to the Regional Manager and the Director of Operations.<br><br>5) (09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations and maintained in the Administrator's office.<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including discharge. | |

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| A 606 | Continued From page 16<br><br>RI#3 was admitted to the facility on October 19, 2023 with diagnoses to include unspecified dementia, major depressive disorder, hypertension and osteoarthritis. Refer do deficiency 613 for more information regarding RI#3.<br><br>On the afternoon of July 16, 2024, RI#3 was asked how long he/she had lived at the facility. RI#3 said, "I don't live here." When asked where he/she lived, RI#3 said, "In Montgomery." When RI#3 was asked about how he/she got to the facility, RI#3 answered his/her son brought him/her down here and he/she was just visiting. When asked if he/she identifies their medicines when staff bring them to him/her, RI#3 got confused and said, "I don't understand."<br><br>On the afternoon of July 17, 2024, the surveyor observed EI#2 attempt a medication awareness test that RI#3 failed indicating RI#3's inability to protect themselves from a medication error. Refer to deficiency 613 for more information of the failed medication test. | A 606 | | |
| A 611 | 420-5-4-.06 (4) (a) (b) Care of Residents.<br><br>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.<br><br>(a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times.<br><br>(b) Plan of Care. There shall be a written plan of care developed for each resident prior to | A 611 | | |

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| A 611 | Continued From page 17<br>or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.<br><br>1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:<br><br>2. A listing of the resident's individual needs or problems that require intervention by the facility.<br><br>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.<br><br>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.<br><br>5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept | A 611 | 420-5-4-.06 (4) (a) (b) Care of Residents<br><br>1)Staff will follow and adhere to all Resident care plans.<br><br>2) (07.19.24) EI #1 In-Serviced all staff on the current plans of care for each Resident and current CPSL Medication Assistance Policy and Procedure with an emphasis on following the MD directions/orders on the MAR.<br><br>3) (7.19.24) Administrator & Residence Nurse completed a thorough audit of all resident charts, care plans, & MAR to identify any other concerns not identified during the survey. No other deficiencies were found.<br><br>4) (08.01.2024) Administrator will randomly audit/review and assess 6 Resident charts, care plans, and MAR x6 months. All audits will be forwarded, upon completion, to the Regional Manager and the Director of Operations.<br><br>(08.01.24) Residence nurse will assess the staff compliance with the CPSL medication assistance policy & procedure, MAR, and Care Plans daily x30 days, weekly x6 months, and then monthly for 1 year. The documentation of these staff assessments will be sent to the Administrator, Regional Manager, and the Director of Operations monthly and retained in the Administrator's office.<br><br>5) (09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations and maintained in the Administrator's office.<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including discharge. | |

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| A 611 | Continued From page 18<br>personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.<br><br>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.<br><br>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.<br><br>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.<br><br>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.<br><br>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.<br><br>(vi) Personal Safety. Residents shall be provided assistance with personal safety.<br><br>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview EI#3 failed to follow RI#4's plan of care. | A 611 | | |

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| A 611 | Continued From page 19<br>Findings:<br><br>RI#4 has resided at the facility since October 2, 2023. Refer to deficiencies 601, 614 and 615 for more information regarding RI#4.<br><br>Review of RI#4's plan of care indicated to administer medications as ordered by the physician.<br><br>On the afternoon of July 17, 2024, RI#4 reported his/her bedtime medications were given to him/her at supper<br><br>Later on the afternoon of July 17, 2024, EI#3 reported she gave RI#4's bedtime medications at supper. EI#3 said, "I just like to go ahead and give out the medicine." | A 611 | | |
| A 613 | 420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.<br><br>(5) Medications.<br><br>(a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination.<br><br>(b) A physician order is required for a resident to manage and have custody of his or her own medications. | A 613 | | |

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| A 613 | Continued From page 20<br><br>(c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.<br><br>(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.<br><br>(e) A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview and policy review, the facility failed to ensure RI#2 and RI#3 were able to pass a medication awareness screenings and protect themselves from a medication error.<br><br>Findings: | A 613 | 420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.<br><br>1) Facility will ensure that Residents are able to pass a medication awareness screening to protect themselves from a medication error.<br><br>2) (07.23.24) RI #2 and RI #3 were issued a 30-day discharge notice. Licensed Nurses are administering all medications until discharge.<br><br>3) (07.19.24) Administrator & Residence Nurse completed an assessment of each Resident with a Medication Awareness Test. No other Residents were found to be unable to protect themselves from a medication error.<br><br>4) (08.01.2024) Administrator will randomly audit/review and assess 6 Residents, charts, care plans and their monthly assessments & med awareness screenings x6 months. All audits will be forwarded monthly, upon completion, to the Regional Manager and the Director of Operations.<br><br>(08.01.24) Administrator will randomly assess x6 Residents with the Residence Nurse each month, while in the process of completing monthly assessments, and med awareness screenings. The assessments and supporting documentation will be sent to the Regional Manager and Director of Operations by the end of each month x6 months.<br><br>(08.01.24) The Administrator will remind & review the medication screenings with all staff in monthly staff meetings and all Residents, monthly, during Resident Counsel, for 1 year.<br><br>(08.01.24) Daily observation of assistance with medication administration will be complete and documented by the Residence Nurse daily x4 weeks, then weekly x4 months, and then monthly x1 year. Documentation will be immediately given to the Administrator for review.<br><br>On (08.03.24) Regional Manager In-Serviced EI #1 and EI #2 on the current CPSL policy and procedure, ADPH regulations, medication awareness screenings, and medication errors.<br><br>5) (09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations and maintained in the Administrator's office.<br><br>(Cont.) | |

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| | | | (Cont. from Page 24)<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including discharge. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COUNTRY PLACE SENIOR LIVING OF BREWTON | 905 BELLEVIEW AVENUE BREWTON, AL 36426 |

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| A 613 | Continued From page 21<br><br>RI#2 has resided at the facility since November 13, 2023. Refer to deficiency 606 for more information regarding RI#2.<br><br>On the afternoon of July 17, 2024, the surveyor observed EI#2 attempt a medication awareness test of RI#2 to demonstrate RI#2's ability to protect themselves from a medication error. EI#2 tells RI#2 she has their medicine. RI#2 says, "You mean all this stuff is mine?" EI#2 shows RI#2 a card and RI#2 counts the pills in the (medication) card and looks confused. EI#2 asks RI#2 what the medicine was that he/she had just counted. RI#2 said, "No. That's odd isn't it?" RI#2 was focusing on counting the number of pills, not her name or the name of the medication. RI#2 said, "Why is this all going on?" EI#2 shows RI#2 another card and RI#2 said, "I don't know this name and I don't need glasses." EI#2 shows RI#2 another card. RI#2 said, "Something is going on and driving me crazy." EI#2 shows RI#2 another card and RI#2 responds, "Is this all the same?" EI#2 asks RI#2 what time she would take the medication in the card. RI#2 answered, "No, not really, no certain time." EI#2 asked RI#2 if he/she would take morning medicines at 2:34PM and RI#2 said, "Yes, I don't see why not." EI#2 said RI#2 failed the medication test.<br><br>RI#3 has resided at the facility since October 19, 2023. Refer to deficiency 606 for more information regarding RI#3.<br><br>Later, on the afternoon of July 17, 2024, the surveyor observed EI#2 attempt a medication awareness test of RI#3 to demonstrate RI#3's ability to protect themselves from a medication error. EI#2 asked RI#3 if the cards were theirs and RI#3 said yes. EI#2 asked RI#3 if he/she would take Risperdone marked "Bedtime" in the | A 613 | | |

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| **COUNTRY PLACE SENIOR LIVING OF BREWTON** | **905 BELLEVIEW AVENUE BREWTON, AL 36426** |

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| A 613 | Continued From page 22<br>morning or at bedtime. RI#3 answered, "I don't know. I take them all at night." EI#2 shows RI#3 another medication due to be taken at 8:00AM and asked when RI#3 would take it. Again, RI#3 said he/she takes them all at night. EI#2 said RI#3 failed the medication test. EI#2 was asked if RI#2 or RI#3 could protect themselves from a medication error and she answered no. EI#2 said a nurse would administer medications until discharge and a 30-day notice would be issued. | A 613 | | |
| A 614 | 420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.<br><br>(f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety.<br>(g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:<br><br>1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to | A 614 | | |

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| A 614 | Continued From page 23<br>demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use.<br><br>(6) Assistance with self-administration of medication includes the following practices:<br><br>(a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed.<br><br>(b) Physically assisting a resident by opening or helping to open a container holding medications.<br><br>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.<br><br>(d) Physically bringing a container of medication to a resident.<br><br>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:<br><br>(a) Medication administration as defined in<br>these rules.<br><br>(b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is | A 614 | 420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents. (A 614)<br><br>1)Residents will be given the opportunity to utilize the unit dose package system and protect themselves from a medication error at every opportunity for medication use.<br><br>2) (07.19.24) Administrator provided In-Service and training to all staff on the current CPSL Medication Assistance Policy and Procedure with a focus on ensuring that the Resident identifies each card of medication to protect themselves from a medication error.<br><br>(08.08.24) All staff were In-Serviced by the RN Nurse Educator from Integracare Pharmacy regarding medications and providing medication assistance per ADPH rules and regulations<br><br>3) (07.30.24) Administrator and Residence Nurse assessed each Resident to ensure each Resident could identify their medication cards and understood the medication screening process. Education was complete with all Residents & Staff on the Medication Assistance Policy and Procedure. No other deficiencies were found. .<br><br>4) (08.01.24) All staff, upon new hire training, will be trained by the Administrator or Residence Nurse on the current CPSL Medication Assistance Policy and Procedure. New hire will verbalize and demonstrate understanding of the Policy and Procedure prior to Resident contact. Documentation of this training will be maintained in the Administrator's office.<br><br>(08.01.24) All staff will be In-Serviced bi-annually, (February and August) and as needed on the Medication Assistance Policy and Procedure. Documentation of this training will be maintained in the Administrator's office.<br><br>(08.01.24) The Residence Nurse will randomly assess staff on each shift who are providing assistance to the Residents with their medication. These assessments will be completed daily x4 weeks, weekly x4 weeks, then monthly for x6 months. Documentation of these assessments will be sent to the Administrator, Regional Manager, and the Director of Operations monthly and maintained in the Administrator's office.<br><br>(08.01.24) A laminated copy of the questions to be asked at each medication assistance opportunity will be carried by the staff member in the medication tote.<br><br>(Cont.) | |

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| | | | (Cont. from Pg.28)<br><br>5) (09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations/Governing Authority and maintained in the Administrator's office.<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including possible discharge. | |

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| A 614 | Continued From page 24<br>capable of determining the amount of medication to be given.<br><br>(c) Giving a resident injections of any kind.<br><br>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.<br><br>(e) Placing medications in a feeding tube.<br><br>(f) Giving enemas or suppositories.<br><br>(g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance , the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.<br><br>(h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own | A 614 | | |

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| A 614 | Continued From page 25<br>medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.<br><br>(i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews and interviews, residents were not given the opportunity to utilize the unit dose package system and protect themselves from a medication error.<br><br>Findings: | A 614 | | |

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| A 614 | Continued From page 26<br><br>Residents were not given the opportunity to utilize the unit dose package system:<br><br>During the initial tour of the facility on the afternoon of July 16, 2024, RI#7 was asked if he/she was aware of any residents who might be ineligible to live in the assisted living facility setting. RI#7 said they were not sure and added, "The day nurse puts the resident's medicines in a cup that they take at night and the night shift (staff) brings a cup of medicine to them to take."<br><br>RI#5 has resided at the facility since October 30, 2020. RI#5 was admitted with diagnoses to include congestive heart failure, major depressive disorder, anxiety disorder and Insomnia.<br><br>On the morning of July 17, 2024, EI#3 was asked if she had ever taken a cup of medications to a resident without letting the resident identify the medications. EI#3 said yes she had. When asked why, EI#3 said RI#5 rushes her. EI#3 was asked when a resident should be given medicines without identifying them. EI#3 said never.<br><br>RI#4 has resided at the facility since October 2, 2023. Refer to deficiencies 601, 611 and 615 for more information regarding RI#4.<br><br>On the afternoon of July 17, 2024, RI#4 said the Resident Assistants bring night medications in a cup to the table when they are eating (supper). RI#4 was asked if staff bring the packages and let him/her identify that the medication is theirs before putting the pills in the medication cup. RI#4 said no, staff just bring the cup to the table with the pills in it.<br><br>Later on the afternoon of July 17, 2024, EI#3 was asked why she takes RI#4's 8:00PM medications | A 614 | | |

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| A 614 | Continued From page 27<br>in a cup to the resident without RI#4 identifying them first. EI#3 said it was because she (EI#3) knows RI#4 was supposed to take them. EI#3 was asked if RI#4 was supposed to identify medicines before taking them and she said yes. | A 614 | | |
| A 615 | 420-5-4-.06 (7) (j) Care of Residents.<br><br>(j) All medications administered to residents and all medications self-administered with assistance of facility staff in an assisted living facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the following:<br><br>1. The name of the resident to whom the medication was administered or assisted.<br><br>2. The name of the medication administered or assisted.<br><br>3. The dosage of the medication administered or assisted.<br><br>4. The method of administration or assistance.<br><br>5. The site of injection or application, if the medication was injected or applied.<br><br>6. The date and time of the medication administration or assistance.<br><br>7. Any adverse reaction to the | A 615 | | |

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| A 615 | Continued From page 28<br>medication.<br><br>8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, EI#3 failed to document contemporaneously as she assisted with medications.<br><br>Findings:<br><br>RI#4 has resided at the facility since October 2, 2023. Refer to deficiencies 601, 611 and 614 for more information regarding RI#4.<br><br>Review of RI#4's "Medical Plan of Care" dated September 21, 2023, revealed, "... Routine Medication Orders ... MIRTAZAPINE 15MG (Milligrams) TAB (Tablet) Generic for:REMERON 15MG ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME DX (Diagnosis) DEPRESSION HOUR 8:00 PM ... ONE-DAILY TAB MULT-VIT (MULTIVITAMIN) ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME HOUR 8:00 PM ..."<br><br>On the afternoon of July 17, 2024, RI#4 was asked when he/she gets their medications. RI#4 said in the morning and at supper. RI#4 added they are night time meds (medications) but they (Resident Assistants) bring them in a cup to the table when we are eating supper.<br><br>Later, on the afternoon of July 17, 2024, EI#3 was asked when RI#4 gets his/her medications on EI#3's shift. EI#3 said at 7:30(PM) and | A 615 | 420-5-4-.06 (7) (j) Care of Residents. (A 615)<br><br>1)All staff will document contemporaneously in the MAR when assisting with medications.<br><br>2) (07.19.24) Administrator In-Serviced & trained all staff on the current CPSL Medication Assistance Policy and Procedure with a focus on the staff contemporaneously charting in the MAR when assisting the Residents with medication.<br><br>(08.08.24) All staff were In-Serviced by the RN Nurse Educator from Integracare Pharmacy regarding medications and providing medication assistance per ADPH rules and regulations<br><br>3) (07.30.24) Administrator and Residence Nurse assessed each Staff member to ensure their ability and thorough understanding of contemporaneous charting. No other deficiencies were found.<br><br>4) (08.01.24) All staff, upon new hire training, will be trained by the Administrator or Residence Nurse on the current Medication Assistance Policy and Procedure. New hire will demonstrate understanding of the Policy and Procedure prior to Resident contact. Documentation of this training will be maintained in the Administrator's office.<br><br>(08.01.24) All staff will be In-Serviced bi-annually by the Administrator, (February and August) and as needed on the Medication Assistance Policy and Procedure. Documentation of this training will be sent to the Regional Manager and the Director of Operations upon completion & maintained in the Administrator's office.<br><br>5) (08.01.24) The Residence Nurse will randomly assess staff on each shift who are providing assistance to the Residents with medication to ensure contemporaneous charting in the MAR. These assessments will be completed daily x1 week, weekly x4 weeks, then monthly for 6 months. All assessments will be forwarded immediately to the Administrator for review and maintained in the Administrator's office.<br><br>(09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations and will be maintained in the Administrator's office.<br>(Cont.) | |

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| | | | (Cont. from Page 34)<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including discharge. | |

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| A 615 | Continued From page 29<br>sometimes at supper. When EI#3 was asked when RI#4 was supposed to get the Multivitamin and Mirtazapine, EI#3 answered 8:00PM. EI#3 said when she initials that an 8:00PM medication was given, it means she gave it to them. When asked what time she gave the 8:00PM medication, EI#3 said that she could not say when. EI#3 was asked if she had documented the time she assisted RI#4 with the bedtime medications and she said no. EI#3 was asked if her documentation was accurate and she answered no. | A 615 | | |
| A 702 | 420-5-4-.07 (2) Food Service<br><br>(2) Food Handling Procedures.<br><br>(a) Dish and Utensils Washing, Disinfection, and Storage.<br><br>1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.<br><br>2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:<br><br>(i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or<br><br>(ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with manufacturer's instructions. Utensils and dishes | A 702 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **COUNTRY PLACE SENIOR LIVING OF BREWTON** | **905 BELLEVIEW AVENUE BREWTON, AL 36426** |

| (X4) 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 |
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| A 702 | Continued From page 30<br>shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.<br><br>3. Dishes and utensils shall be allowed to air dry.<br><br>4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.<br><br>5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility.<br><br>(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop may be stored in the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin. | A 702 | 420-5-4-.07 (2) Food Service (A 702)<br><br>1)Facility will ensure freezer temperatures do not exceed (0) degrees Fahrenheit.<br><br>2) (07.17.24) All foods were inspected for thawing. No thawing was observed.<br><br>(07.17.24) Both on-site Freezers were assessed for proper temperature. The second freezer did not exceed (0) degrees Fahrenheit. The freezer foods from the first freezer were evenly distributed to the second freezer to allow for the sufficient room necessary for cold air to circulate and maintain a temperature that did not exceed (0) degrees Fahrenheit in either freezer.<br><br>3) (07.19.24) Administrator checked both freezers and In-Serviced all kitchen staff on proper freezer temperatures per current CPSL Policy and Procedure and the ADPH Rules and Regulations. No other deficiencies were found.<br><br>4) (08.01.24) Staff will document freezer temperatures daily on a log sheet adhered to the front of each freezer. The Administrator will review documentation daily x14 days, & weekly x4weeks, then monthly x6 months. The Administrator will send all documentation of the appropriate freezer temperatures to the Regional Manager and Director of Operations monthly x6 months.<br><br>5) (09.01.24) CPSL Regional Manager will conduct random on-site visits no less than monthly, for 3 months, and then quarterly for the next year. On-site Regional Manager visits will ensure compliance and effectiveness of the plan of correction. All audits and records of monitoring will be sent to the Director of Operations and maintained in the Administrator's office.<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including possible discharge. | |

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| A 702 | Continued From page 31<br>(c) Protection of Food from Contamination.<br><br>1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage back flow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.<br><br>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.<br><br>3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.<br><br>4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.<br><br>5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared.<br><br>6. All food products shall be used by the manufacturer's indicated date or discarded.<br><br>7. Food shall be prepared either in the licensed facility or another location even when | A 702 | | |

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| A 702 | Continued From page 32 | A 702 | | |

that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times.

8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.

9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods).

10. Laundry shall not be brought through the food preparation or service area.

(d) Storage and Service of Milk and Ice Cream.

1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use.

2. Milk and fluid milk products shall be

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| A 702 | Continued From page 33<br>stored in such a manner that bottles or containers, from which the milk or milk product is to be poured or drunk, will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.<br><br>3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.<br><br>(e) Kitchen Garbage and Trash Handling.<br><br>1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.<br><br>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.<br><br>(f) Employees' Cleanliness.<br><br>1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall | A 702 | | |

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| A 702 | Continued From page 34<br>change clothing or wear a clean covering over clothing before handling, preparing, or serving food.<br><br>2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.<br><br>3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.<br><br>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.<br><br>(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.<br><br>(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities.<br><br>(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.<br><br>(k) Laundering of clothing shall not be permitted in food preparation or service areas.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure a freezer temperature did not exceed zero (0) degrees Fahrenheit. | A 702 | | |

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| A 702 | Continued From page 35<br><br>Findings:<br><br>On the evening of July 17, 2024, an observation was made of a kitchen freezer with a temperature of 20 (twenty) degrees Fahrenheit. The freezer was over-filled with frozen food items and this left insufficient room for cold air to circulate. EI#5, a kitchen staff member, said the freezer was over-filled and the temperature was to high. | A 702 | | |
| A1101 | 420-5-4-.11 (1) Fire and Safety<br><br>(1) General.<br><br>(a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place.<br><br>(b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years. | A1101 | | |

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| A1101 | Continued From page 36<br><br>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.<br><br>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.<br><br>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:<br><br>1. Minimizes leaks and spills.<br><br>2. Adequately protects against inappropriate access.<br><br>3. Complies with the requirements of the currently adopted Life Safety Code.<br><br>(f) Fire Alarm and Sprinkler System.<br><br>1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). | A1101 | 420-5-4-.11 (1) Fire and Safety (A1101)<br><br>1)Facility will ensure fire drills are conducted monthly on different shifts.<br><br>2) (07.19.24) Administrator conducted Inservice and training with all staff regarding the CPSL fire safety plan and fire drill report & signatures, with an emphasis on the monthly requirement at varying shifts, days & times each quarter, and retaining the written observations of effectiveness for at least x3 years.<br><br>3) (07.19.24) Administrator reviewed the fire drill logbook, and no other deficiencies were found.<br><br>4) (08.01.24) Fire drills have been conducted in compliance with this rule since May 2024. Administrator will continue to comply and complete monthly fire drills to remain in compliance with this rule.<br><br>(08.01.24) Documentation of each drill with signatures, written observations, along with the monthly monitoring company's report, will be sent to the Regional Director & the Director of Operations every month upon completion and maintained in the Administrator's office.<br><br>(08.01.24) Administrator will send the monthly documentation of the fire drills, including signatures, written observations, and the monitoring company's report to the Regional Manager and Director of Operations every month upon completion x1 year.<br><br>5) The Regional Manager will conduct random on-site visits monthly, for 3 months, and then quarterly for the next year to ensure compliance and effectiveness with the plan of correction. All documentation and monitoring records will be sent to the Director of Operations and maintained in the Administrator's office.<br><br>Any evidence of non-compliance or continued deficient practice will result in additional in-servicing of staff on policies and procedures, changes to the monitoring process, or appropriate discipline, up to and including possible discharge. | |

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| A1101 | Continued From page 37<br><br>2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.<br><br>3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and testing reports shall be maintained in the facility for a period of at least 3 years.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure fire drills were conducted monthly on different shifts.<br><br>Findings:<br><br>A review of the fire drill log revealed no documentation of fire drills conducted for the months of April 2024, December 2023, October 2023 and September 2023.<br><br>On the morning of July 17, 2024, EI#1 acknowledged there was no fire drill documentation for four months. EI#1 was asked why the fire drills were not conducted and she responded she was not sure. | A1101 | | |

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| A1101 | Continued From page 38<br>THERESA HARRISON, REGISTERED NURSE | A1101 | | |