STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P5117	A. BUILDING: _____ B. WING _____	R-C 03/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSINGS AT EASTCHASE MEMORY CARE,	2551 EASTCHASE LANE MONTGOMERY, AL 36117

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A 000	Initial Comments On March 1, 2023, an unannounced probational licensure follow-up survey and complaint investigation was conducted for this 32 bed Specialty Care Assisted Living Facility (SCALF) with a census of 13. There were two (2) complaints investigated during this survey. LC#20220718004 was unsubstantiated. A portion of LC#20220509005 was substantiated and a deficiency was cited as a result of the complaint investigation. 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.	A 000		
A 601	420-5-20-.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,	A 601		

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A 601	Continued From page 1 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 other emergency call). (b) Back-up Physician Support. Each specialty care 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 a specialty care assisted living facility. (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. This Rule is not met as evidenced by:	A 601		

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A 601	Continued From page 2 Based on record reviews and interviews, the facility failed to follow physician's orders for a resident's medications. THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION. Findings: The Alabama Department of Public Health received a complaint which alleged a resident's medications were not administered as ordered by the resident's physician. This complaint was substantiated. Resident Identifier (RI)#8 was admitted to the facility on March 28, 2022 with diagnoses which included hyperlipidemia, major depressive disorder, atherosclerosis, gastroesophageal reflux disease, Alzheimer's disease and cardiovascular disease. RI#8 had physician's orders for the following medications upon admission to the facility: Acetaminophen daily; Aspirin daily; Donepezil every evening; Escitalopram daily; Famotidine twice daily; Memantine Hydrochloride daily; Simvastatin daily; Vitamin C daily; Vitamin D3 daily. Review of RI#8's Medication Administration Record (MAR) for the month of March 2022 revealed no medications were administered to RI#8 on March 28, 29, 30 and 31, 2023. The deficient practice was discussed with Employee Identifier (EI)#1 and EI#3 on February 28, 2023 and no additional documentation was provided to indicate RI#8's medications were administered as ordered.	A 601		

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A 604	Continued From page 3	A 604		
A 604	420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen. Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status. The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments. (b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.	A 604		

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A 604	Continued From page 4 (c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems: 1. Weight loss: (i) Each month, the facility shall accurately weigh and record the weight of each resident. (ii) A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an 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. 2. Falls (two or more falls within a 30 day period). 3. Elopement. 4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident.	A 604		

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A 604	Continued From page 5 5. Unmanageable, combative, or potentially harmful behavior(s). 6. Any accident with injury. (d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status. (e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions. This Rule is not met as evidenced by: Based on record reviews and interview, assessments of residents were not completed as required upon admission. Findings: Review of resident records on February 21, 22 and 23, 2023 revealed the following residents did not have a PSMS and Behavior Screening documented upon admission to the facility: RI#1; RI#4; RI#5. During an interview on the afternoon of February 22, 2023, EI#6, Registered Nurse (RN) stated she (EI#6) had completed the PSMS and Behavior Screenings prior to admission to determine eligibility but did not complete another PSMS and Behavior Screening upon admission of the resident to the facility.	A 604		
A 611	420-5-20-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The	A 611		

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A 611	Continued From page 6 facility shall provide care and services consistent with community standards. (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. (b) Plan of Care. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary. 1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. 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: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 4. A copy of any outside provider's	A 611		

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A 611	Continued From page 7 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. 5. Activities of Daily Living. Residents of a specialty care assisted living facility shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident. (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. (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. (iii) Hair. Residents' hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.	A 611		

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A 611	Continued From page 8	A 611		

This Rule is not met as evidenced by:
Based on record reviews and interview, a resident's care plan was not updated with adequate interventions following elopement of the resident from the facility.

Findings:

RI#4 was admitted to the facility on January 16, 2023 with diagnoses which included dementia, status post hemorrhage of the right frontal lobe, dyslipidemia and urinary tract infections. RI#4 eloped from the facility on February 1, 2023. An incident report documenting the elopement of RI#4 was submitted to the Alabama Department of Public Health on February 2, 2023 and reviewed by a surveyor. The incident report documented RI#4 was missing from the facility for approximately two hours before facility staff discovered RI#4 had eloped. At the request of The Department, a current Care Plan was submitted to the Online Incident Reporting System following receipt of the incident report. The updated Care Plan included an inadequate Elopement Intervention of "...person observing resident every 2 hours daily". This intervention was not accepted by The Department since every two hour checks had not been adequate to prevent elopement of the resident. A new intervention of hourly checks for RI#4 was implemented and was followed during the onsite survey. EI#6 agreed RI#4's Care Plan had not been adequately updated until requested by The Department.

CONNIE CHERRY, REGISTERED NURSE

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