

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/28/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CROWNE PLACE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3712 DAUPHIN STREET MOBILE, AL 36608</b>
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A 000	<p>Initial Comments</p> <p>On March 28, 2024, an unannounced licensure survey was conducted for this 50 bed Assisted Living Facility (ALF) with a census of 37.</p> <p>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. The deficiencies cited require a plan of correction.</p>	A 000		
A 616	<p>420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.</p> <p>(k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident.</p> <p>(l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply</p>	A 616		

Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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A 616	<p>Continued From page 1</p> <p>for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected.</p> <p>(m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.</p> <p>(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years.</p>	A 616		

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A 616	<p>Continued From page 2</p> <p>They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.</p> <p>(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure medications maintained in the custody of Resident Identifier (RI)#1 were kept in a locked box or in a locked room.</p> <p>Findings include:</p> <p>On March 27, 2024 at approximately 10:45 AM, an observation was made of RI#1's medication dispenser on top of the dresser in front of the television. RI#1 reported he/she does not lock the door when he/she leaves the room.</p> <p>On March 27, 2024 at approximately 2:30 PM, Employee Identifier (EI)#4, a Licensed Practical Nurse (LPN), said the residents that self medicate are supposed to keep their medications in a locked box.</p> <p>On March 28, 2024 at approximately 9:30 AM, RI#1's medical record revealed RI#1 was admitted to the facility on November 17, 2023 with diagnoses to include Diabetes Mellitus type II, Congestive Heart Failure, Right below the knee</p>	A 616		

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A 616	Continued From page 3  Amputation, and Depression. RI#1 signed an agreement to keep medications locked.  On March 28, 2024 at approximately 4:30 PM, EI#2, the Registered Nurse (RN) Manager, said medications kept by residents should be in a locked box or in the locked room if it was single occupancy.	A 616		
A 703	420-5-4-.07 (3) Food Service.  (3) Dietary Service.  (a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents.  (b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.	A 703		

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A 703	<p>Continued From page 4</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals.</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure they had a three day emergency supply of non-perishable food.</p> <p>Findings:</p> <p>On March 28, 2024, at approximately 3:00 PM, a review was made of the facility's "THREE DAY</p>	A 703		
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A 703	<p>Continued From page 5</p> <p>DISASTER MENU".</p> <p>On March 28, 2024, at approximately 3:15 PM, an observation was made of the facility's emergency food supply with EI#3, the Dietary Manager. The facility did not have the indicated amount of non-perishable items.</p> <p>On March 28, 2024, at approximately 4:30 PM, EI#1, the Administrator and EI#2, the RN (Registered Nurse) Manager, said the Disaster Menu items were supposed to be on hand.</p> <p>THERESA HARRISON, REGISTERED NURSE</p>	A 703		