ACCEPTED - 07/14/2022

(6)

PRINTED: 06/14/2022
FORM APPROVED

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D0201	A. BUILDING: _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKBRIDGE TERRACE AT WESTMINSTER VILLAGE	500 SPANISH FORT BOULEVARD SPANISH FORT, AL 36527

(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
A 000	Initial Comments On June 08, 2022, an unannounced licensure survey was conducted for this 28 bed Assisted Living Facility with a census of 10. There was one complaint investigated during this survey. LC#202204200011 was substantiated with deficiencies 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 420-5-4, 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	Disclaimer-Preparation and/or execution of this plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law. Oakbridge Terrace Assisted Living Residence at Westminster Village Facility Identification Number:D0201 Administrator: Scott Lindsey Survey Exit Date: 6/8/2022	
A 302	420-5-4-.03 (1) (e) Administration. Policies. 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: (I) Facility responsibility to protect all residents from abuse, neglect, and exploitation.	A 302	A302-Administration-Narcotic Count Sheet 1.Staff has completed late entry on narcotic count sheet for 7-3 shift on 6/8/22. 2. DAL to have one on one in-service with EI#7 to re-educate staff on importance of compliance with signing narcotic count sheet each shift. 3. The narcotic records of current residents were reviewed and no missing signatures found/observed. DAL to in-service nursing staff on importance of compliance with narcotic count sheet each shift. In-services to start 6/17/22 and to be completed by 6/22/22. 4. DAL or designee will audit narcotic count sheets five days a week for 30 days then weekly for 60 days. Audits will be reviewed in monthly QAPI meeting. Audits will be stored in DAL offic	

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: DAL

(X6) DATE: 7.14.22

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A 302	Continued From page 1 (II) How allegations of abuse, neglect, and exploitation will be handled by the facility. (III) Resident confidentiality. (IV) Admission and continued stay criteria. (V) Discharge criteria and notification procedures for residents and sponsors. (VI) Facility responsibility when a resident's personal belongings are lost. (VII) What services the facility is capable and not capable of providing. (VIII) Medication management. (IX) Infection control. (X) Meal service, timing, menus and food preparation, storage, and handling. (XI) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness. (XII) Staffing and conduct of staff while on duty. (XIII) Oxygen administration and storage if used in the facility. (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	A 302		

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A 302	Continued From page 2 outlined by the most current Food and Drug Administration Food Code published by the U.S. 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: (I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling. (II) The attire and cleanliness of staff members who prepare, handle, or serve food. (III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids. (IV) Food substitutions or alternatives. (V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs. (VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food. (VII) Provision of necessary services to any resident requiring adaptive devices to eat. (VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs. (IX) Storage of food.	A 302		

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A 302	Continued From page 3 (X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to to ensure that facility policies and procedures were followed. This deficient practice placed all 10 residents at risk for harm. Findings: On June 08, 2022, at approximately 10:00 AM, the surveyor and EI#7 observed that the narcotic count sheet for the oncoming shift dated June 08, 2022, had not been signed as completed. EI#7 told the surveyor that EI#7 had not signed the controlled medication count sheet that morning as documented evidence that the controlled medications had been counted. The facility policy and procedure documented that controlled medications would be documented in accordance with the applicable law.	A 302		
A 504	420-5-4-.05 (3) (d) Records and Reports. (d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if	A 504	A504- Records and Reports- Resident's Rights 1. RI#1, RI#2, RI#4, RI#5, RI#6 and RI#7 who went to restaurant on 6/8/22 had no reported adverse effects following outing 6/8/22. 2. DAL will have one on one in-service with EI#6 to educate staff on signs of heat exhaustion and dehydration. 3. No other residents participated in outing. DAL will conduct in-service with nursing and activities staff on signs of heat exhaustion and dehydration. In-services to start 6/17/22 and to be completed by 6/22/22. 4. Arrangements will be made and confirmed by the attending staff member for residents participating in restaurant outings to be seated in an air conditioned or ventilated area of the restaurant when temperature is greater than 80 degrees Fahrenheit. DAL or designee will monitor resident condition by observation and resident interview post future outing for two months. The findings will be reported to QAPI Committee.	

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A 504	Continued From page 4 appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate. 1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility. 2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints. 3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy. 4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time. 5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. 6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to	A 504		

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A 504	Continued From page 5 provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions. 7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so. 8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals. 9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident. 10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases. 11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility	A 504		

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A 504	Continued From page 6 providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record. 12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal. 13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file. 14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that: (i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care. (ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without	A 504		

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A 504	Continued From page 7 compensation; and (iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse. 15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges. 16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities. 17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area. 18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted. 19. Every resident shall have the right to	A 504		

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A 504	Continued From page 8 30 days prior written notice to both resident and sponsor of any increase of fees or charges. 20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. 21. Every resident shall have the right to wear his or her own clothes, to keep and use his or her own personal possessions including toilet articles except for personal possessions too large to be stored in the resident's room. 22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings. 23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours and to freely come and go from the home. 24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all residents were provided with a safe environment at all times. This	A 504		

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A 504	Continued From page 9 deficient practice placed six (6) residents at significant risk for harm from a heat related illness. Findings: On June 08, 2022, at approximately 11:30 AM, EI#6 took six (6) residents (RI#1, RI#2, RI#4, RI#5, RI#6, and RI#7) to a local restaurant for lunch. The six residents and EI#6 returned to the facility at approximately 2:00 PM. The surveyor and EI#4 observed the six residents were weak and tired looking upon their return from the lunch outing. The residents ambulated very slowly down the hall to their rooms. As soon as RI#1 entered the facility lobby, RI#1 told EI#6 that RI#1 needed to rest before going to RI#1's room. RI#6 was observed with the agency caregiver in RI#6's room, the agency caregiver told RI#6 "you got overheated, you need to cool off." On June 08, 2022, at approximately 3:00 PM, RI#7 told the surveyor that the residents who went on the lunch outing had been seated "outside and not where they had fans or air conditioning ... It was really hot... I got nauseated sitting there.". RI#7 told the surveyor that RI#7 was 90 years old and went on to tell the surveyor that some of the other (residents) got "wiped out" because of the heat. On June 08, 2022, at approximately 3:30 PM, EI#6 told the surveyor that EI#6 had told the restaurant that the facility would be bringing a group of residents, but did not specify that the group of residents would need to be seated in an air conditioned dining area. The high temperature recorded for Spanish Fort, Alabama on June 08, 2022, was documented by Accuweather.com as 91 degrees Fahrenheit, which did not include the	A 504		

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A 504	Continued From page 10 heat index.	A 504		
A 508	420.5.4-.05 (3) (h) Records and Reports. (h) Incident Investigation. When an incident, as defined below, occurs in an assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review. 1. Incidents which require investigation are: (I) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as bruising, pain, or injury that is not consistent with actions necessary in providing day to day care to a resident or for which medical treatment was sought. (II) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid, including but not limited to: a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office. (III) The onset of wandering behavior by any resident who is not fully cognitively intact. (IV) Elopement by a resident.	A 508	A 508 – Records and Reports – 1. Incident that occurred on 4/14/2022 reported to ADPH on 6/10/2022 by Director of Assisted Living (DAL). 2. Incident records were reviewed for current residents to determine if there were any others in 2022 that met the criteria for reporting to ADPH. None were found. 3. Administrator and DAL were re-trained on reportable events and timeliness of reporting by the Regional Director of Nursing on 6/17/2022. The DAL re-trained nursing staff on the same information between 6/17 and 6/22/2022 with emphasis on notifying DAL immediately of any reportable events. Continued non-compliance will result in re-education or disciplinary action as	

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A 508	Continued From page 11 (v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. (vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules. (vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules. (viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I of Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus). (ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility. (x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident. (xi) An unplanned occurrence that results in media attention. (xii) A medication error, overdose, or over sedation.	A 508	indicated by circumstances. 4. The Director of Assisted Living will review incident reports and nursing documentation 5 days per week to identify any reportable events that may not have been recognized as such by staff and report same as soon as identified. Reportable events are kept in a unique notebook in the DAL office with a log of events indicating date, time and outcome as well as the reports sent to ADPH in date order. Reportable events will be addressed in the QAPI Committee monthly.	

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A 508	Continued From page 12 (xiii) Ingestion by a resident of a toxic substance that requires medical attention. (xiv) Any indication of malfunction of the sprinkler system, or fire alarm system. 2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following: (i) Names of all residents involved. (ii) Names of all staff involved including person in charge at the time of the incident. (iii) When the administrator was notified (date and time). (iv) Circumstances under which the incident occurred. (v) When the incident occurred (date and time). (vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn). (vii) Immediate actions taken. (viii) The extent and description of injury, if any, to the affected resident or residents. (ix) Immediate treatment rendered. (x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.	A 508		

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(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
A 508	Continued From page 13 (xi) Names, telephone numbers, and addresses of witnesses. (xii) Date and time relatives or sponsor were notified. (xiii) Out-of-facility treatment. (xiv) Follow-up care. (xv) Outcome resolution. (xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future. (xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation. (xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request. (xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies. (xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff. 3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:	A 508		

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A 508	Continued From page 14 (i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention as defined in these rules. (ii) Elopement by a resident. (iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file. (iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility. (v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident. (vi) An unplanned occurrence that results in media attention. (vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.	A 508		

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A 508	Continued From page 15 (viii) Ingestion by a resident of a toxic substance that requires medical attention. (ix) Notifiable diseases and health conditions listed in Appendix I of the Alabama Administrative Code Sec. 420-4-1-.04. shall be reported by the facility to the State Health Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than 3 years. (x) Any indication of malfunction of the sprinkler system, or fire alarm system. 4. The report to the Department's Online Incident Reporting System shall include the following: (I) Facility name and direct phone number. (ii) Time and date of the report. (iii) Reporter's name. (iv) Name of resident(s), staff, or visitor(s) involved in the incident. (v) Names of staff on duty at the time of the incident. (vi) Date and time of the incident. (vii) A brief description of the incident.	A 508		

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A 508	Continued From page 16 (viii) Any injury or injuries to resident(s). (ix) Action taken by the facility in response to the incident. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit an online report for a resident incident with injuries and emergency room treatment. This deficient practice placed all 10 residents at risk for significant harm. THIS DEFICIENCY WAS CITED AS A RESULT OF THE COMPLAINT INVESTIGATION. Findings: On June 08, 2022, RI#3's record was reviewed with EI#1 and EI#2. On April 13, 2022, RI#3 had a fall and a few hours after the fall RI#3 reported severe pain to EI#7. RI#3 was sent to the local hospital and diagnosed with a fractured pelvis. EI#2 agreed that RI#3's incident with fractured pelvis was not reported to the ADPH online incident reporting website. EI#2 told the surveyor that EI#2 was not familiar with the ADPH online reporting website.	A 508	A 605 Care of Residents: Physician Orders 1. DAL sent medication order to pharmacy by fax and received fax confirmation. Order for physical therapy was delivered directly to therapy department. Medication arrived as requested. 2. Current residents had their orders reviewed, printed, and provided to their Primary Care Providers for review, amendment and signature to very as current/correct. 3. Licensed nurses were re-trained by DAL on correct procedure for following up on new orders, including faxing orders to pharmacy,	
A 605	420-5-4-.06 (3) (c) Care of Residents. (c) Observation. Each assisted living facility shall provide general observation and health supervision of the residents to identify	A 605		

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A 605	Continued From page 17 changes in all residents' health conditions and physical abilities, and awareness of the need for medical attention or nursing services as the changes develop. Whenever a resident requires medical attention, nursing services, or changes in personal care and assistance with activities of daily living provided by the facility, the facility shall arrange for or assist the residents in obtaining necessary services. This Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure that each resident received adequate health supervision. This deficient practice placed at least one (1) resident at significant risk for harm. THIS DEFICIENCY WAS CITED AS A RESULT OF THE COMPLAINT INVESTIGATION. Findings: On June 08, 2022, at approximately 10:35 AM, the surveyor and EI#7 observed medication and physical therapy orders in RI#8's room. EI#7 told the surveyor that EI#7 did not know anything about the physician orders or why the orders had not been followed up on and filed in RI#8's record. The original physician order forms were left in RI#3's room where they were found. EI#7 went to the nurses office and showed the surveyor a copy of RI#3's medication orders dated June 07, 2022, which had a note on them which documented that the medication orders had been faxed, but there was no fax	A 605	delivering orders to therapy and retaining copies of fax confirmations, and carrying out new orders. In-services were completed by 6/22/2022. Continued non-compliance will be addressed with re-training and/or counseling as indicated by DAL. 4. DAL will monitor compliance with following physician orders processing plan and keeping fax confirmations. An audit tool for that function has been developed, is currently in use. Audits were conducted 5 times per week for 30 days and are currently being monitored weekly for 60 days. The audits are retained by the DAL in a unique binder in the DAL office. Audit results	

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A 605	Continued From page 18 confirmation page attached to the medication orders. There was also no therapy orders for RI#3 or information about what, if anything, had been done with the therapy orders. On June 08, 2022, at approximately 3:35 PM, RI#1's record was reviewed with EI#1 and EI#2. EI#2 told the surveyor and EI#1 that EI#2 could not find any documentation that RI#3's medication and physical therapy orders had been properly managed on June 07, 2022 or June 08, 2022. EI#2 followed up on the medication and therapy orders for RI#3 after the issue was brought to EI#2's attention by the surveyor.	A 605	will be reviewed monthly in QAPI Committee. A 613 – Care of Residents: Review of Medications with Residents. 1. EI #7 was notified of error during date o f survey. Medication error report was completed by EI#7, reviewed and signed by DAL. 2. Review of current residents was completed by DAL. There was no evidence of other residents being affected. 3. DAL has provided re-training to EI#7 related to reviewing medications with residents and correctly verifying same with electronic MAR prior to administration. Staff who pass medications	
A 613	420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents. (5) Medications. (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. (b) A physician order is required for a resident to manage and have custody of his or her own medications. (c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician	A 613		

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A 613	Continued From page 19 order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession. (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. (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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that nurses administered medications in accordance with the Nurse Practice Act. This deficient practice had the potential to affect all 10 residents living in the facility. Findings: On June 08, 2022, at approximately 9:05 AM, the surveyor observed EI#7 took a unit dose package of medications from the medication cart and	A 613	were provided the same training as EI#7 prior to 6/22/2022. The training included strategies for verifying medications for residents who have hearing and/or vision loss. Continued non-compliance will result re-training and/or disciplinary action as indicated, by DAL. 4. DAL/designee will observe med pass of staff members who give medications to check for compliance with policy/regulation weekly for 60 days. Results of observations will be placed in a dedicated binder kept in DAL office and will be presented to QAPI Committee monthly.	

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A 613	Continued From page 20 administered the medications to RI#1. EI#7 told RI#1 what types of medications EI#7 was going to give to RI#1. RI#1's response was "I can't hear you." RI#1 took the medications from EI#7. EI#7 was not observed to compare the medications in the unit dose package to the resident's physician orders or the electronic medication administration record to ensure the correct medications were given to RI#1. EI#7 told the surveyor that EI#7 usually compares the unit dose package to the EMAR before administering the medications to the resident.	A 613	A 615 – Care of Residents – Documentation of Medication Administration 1. Medication error form was completed by EI#7, reviewed and signed by DAL. 2. Review of current residents was completed by DAL. There was no evidence of other residents being affected. 3. DAL provided re-training to staff who pass medications on or before 6/22/2022 regarding correctly reviewing and signing MAR when administering medications per policy. Continued non-compliance will	
A 615	420-5-4-.06 (7) (j) Care of Residents. (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: 1. The name of the resident to whom the medication was administered or assisted. 2. The name of the medication administered or assisted. 3. The dosage of the medication administered or assisted. 4. The method of administration or assistance.	A 615		

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A 615	Continued From page 21 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assistance. 7. Any adverse reaction to the medication. 8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that nurses documented administered medications at the time the medications were given to the residents. This deficient practice had the potential to affect all 10 residents living in the facility. Findings: On June 08, 2022, at approximately 9:05 AM, the surveyor observed EI#7 took a unit dose package of medications from the medication cart and administered the medications to RI#1. RI#1 took the medications from EI#7. EI#7 was not observed to compare the medications in the unit dose package to the resident's physician orders or the electronic medication administration record to ensure the correct medications were given to RI#1. EI#7 was not observed to document that RI#1's medications had been given. EI#7 told the surveyor that all of the other residents had been given their morning medications earlier in the shift.	A 615	result in re-training and/or disciplinary action as indicated. 4. DAL will audit MARs for correct signing of documents for current residents for 60 days and intermittently thereafter. Audits will be kept in a unique binder in the DAL office. Results of audits will be presented to QAPI Committee monthly for two months and as needed thereafter.	

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A 615	Continued From page 22 On June 08, 2022, at approximately 10:00 AM, the surveyor with EI#7 observed that the medications for RI#1, RI#2, RI#4, and RI#7 had not been documented in the residents' EMAR at the time when the medications had been given to each resident. TONYA AVENATTI, REGISTERED NURSE	A 615		