STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D4706	A. BUILDING: _____ B. WING _____	11/15/2022

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COUNTRY PLACE SENIOR LIVING OF HAMILTON	690 NATIONAL AVENUE HAMILTON, AL 35570

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A 000	Initial Comments On November 15, 2022, an unannounced licensure survey and complaint investigation was conducted for this 28 bed Assisted Living Facility (ALF) with a census of 22. There was one complaint investigated during this survey. LC#20220613012 was unsubstantiated with no 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. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.	A 000		
A 405	420-5-4-.04 (6) Personnel. (6) Training. (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: 1. State law and rules on assisted living facilities.	A 405		

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A 405	Continued From page 1 2. Facility policies and procedures. 3. Resident rights. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 10. Special needs of the elderly, mentally ill, and mentally retarded. 11. Safety and nutritional needs of the elderly. 12. Identifying signs and symptoms of dementia. (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.	A 405		

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A 405	Continued From page 2 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 American Heart Association or American Red Cross in CPR or AED utilization. (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. (d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to train all staff members in special needs of residents. Findings: Review of personnel records on November 15, 2022 revealed Employee Identifier (EI)#1, EI#2, EI#4, EI#5 and EI#6 did not have documentation of training in diabetes and hospice services. The facility currently had multiple residents with a diagnosis of diabetes mellitus as well as residents who were currently receiving hospice care at the facility. EI#1 acknowledged the required training in special needs had not been completed.	A 405	1) 420-5-4-.04(6) Personnel 2) The facility will ensure that training in diabetes and hospice services is completed and documented for all existing and incoming staff. 3) The Facility Administrator will audit the list of annual in-services to include training in diabetes and hospice services. 4) Nurse will conduct in-service training on diabetes and hospice services on December 1st for all staff. This training will be included in all future in-services which rotate on a monthly basis.	

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A 611	420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The 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. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the 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. 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: 2. A listing of the resident's individual needs or problems that require intervention by the facility.	A 611	5) Facility Administrator will maintain in-service files with documentation of employee training to include diabetes and hospice services. Training will be completed by December 1, 2022 for all current employees. The Administrator will review in-service files monthly beginning December 5, 2022, to ensure all required training is completed and documented. In-service files are located in the Administrators office.	

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A 611	Continued From page 4 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 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 assisted living facilities 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. Resident's 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.	A 611		

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A 611	Continued From page 5 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain a current care plan for one resident. In addition, community standards of care were not followed in providing medication assistance services to a resident. Findings: Care Plan Review of resident records on November 15, 2022 revealed the following information. Resident Identifier (RI)#2 was admitted to the facility on July 21, 2018 with diagnoses which included chronic obstructive pulmonary disease, diabetes mellitus type II, hypertension and hyperlipidemia. RI#2 had a physician's order for oxygen via nasal cannula at 2 liters per minute as needed. Oxygen use was not included on RI#2's facility care plan to include safety measures and precautions. EI#2 agreed RI#2's oxygen use had been omitted from the care plan. Medication Assistance On the morning of November 15, 2022, the surveyor observed EI#4 assist RI#7 with medications in RI#7's room. After medications were identified by RI#7, the medications were	A 611	1) 420-5-4-.06 (4)(a)(b) Care of Residents 2) The Facility will review all resident records to ensure accuracy and current information is documented. This audit will be completed by the Administrator and Residence Nurse by December 9th, 2022. 3) All resident care plans will be reviewed monthly x3 months and upon any change in resident care. This will be completed by the Administrator and Residence Nurse and documented on the Resident Monthly Assessment Form. This form is located in the resident's file located in the medication room. 4) An order for oxygen has been included on RI#2's care plan and includes safety measures and precautions.	

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A 611	Continued From page 6 removed from packets and placed in a small cup by EI#4. The cup of medication was given to RI#7 who placed the cup on a table and stated the medications would be taken after RI#7 ate breakfast. EI#4 then left the room without observing RI#7 swallow the medications. When discussing this deficient practice on November 15, 2022, EI#1 agreed staff should observe residents swallowing the medications in compliance with community standards of care.	A 611	5) Resident care plans will be reviewed monthly x 3 months by the Administrator and Residence Nurse to ensure they are current and accurate. A copy of the resident care plans will be located in the resident's file in the medication room and a copy will be placed in the care plan book located in the area behind the nurse's station for staff access.	
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 order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.	A 613	1) 420-5-4-.06 (4)(a)(b) Care of Residents 2) The Facility will ensure that all standards of care are followed to include all medications to be administered safety and completely, being properly observed by the attendant. 3) An In-service will be conducted by Residence Nurse on December 1, 2022 covering medication administration safety measures to include observation of completion of medication administration by attendant. 4) Residence Nurse will accompany attendants in random checks monthly x 3 months to identify concerns with compliance in medication administration safety procedures. This will begin December 5, 2022.	

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A 613	Continued From page 7 (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 observations, interviews and record reviews, residents who were unable to correctly utilize the unit dose package system did not have their medications administered by licensed staff. In addition, one resident had Insulin administered by unlicensed sitters. Findings: On the morning of November 15, 2022, EI#4 reported to the surveyor that three residents (RI#1, RI#4 and RI#5) had declined and were unable to recognize medications at times. EI#4 also stated a resident (RI#6) had sliding scale insulin injections ordered but RI#6 refused to self-administer the injections and the injections	A 613	5) The Facility Administrator will review documentation to ensure compliance with this plan of correction beginning the week of December 5, 2022. Records of documentation will be kept in the Facility Administrator office. 1) 420-5-4-.06 (5)(a)(b)(c)(d)(e) Care of Residents 2) Facility will not retain a resident whose level of care exceeds the facility's license.	

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A 613	Continued From page 8 were administered by sitters. EI#4, Caregiver, added that she (EI#4) served as a sitter for RI#6 when not working at the facility and had administered the insulin injections to RI#6. EI#2 provided the surveyor with 30-day discharge notices which had been issued to RI#1, RI#4 and RI#5 on November 1, 2022. Review of resident records on November 15, 2022 revealed the following information. RI#1 was admitted to the facility on September 23, 2021 and had diagnoses which included dementia, hypertension, vascular disease, atrial fibrillation, diabetes mellitus type II and chronic kidney disease. RI#1 received a daily dose of Levemir at bedtime as well as sliding scale insulin before meals. RI#4 was admitted to the facility on December 5, 2021 and had diagnoses which included hypertension, vascular dementia and vitamin B12 deficiency. RI#5 was admitted to the facility on January 6, 2022 and had diagnoses which included dementia, chronic kidney disease, benign prostatic hyperplasia and cognitive communication deficit. RI#6 was admitted to the facility on November 27, 2019 and had diagnoses which included atrial fibrillation, congestive heart failure, bradycardia, diabetes mellitus type II and neuropathy. RI#6 had a physician's order for sliding scale insulin before meals and at bedtime. At the request of the surveyor, medication awareness testing was performed on RI#1, RI#4 and RI#5 by EI#2, Licensed Practical Nurse (LPN). RI#1, RI#4 and RI#5 were approached individually by EI#2 and presented with a medication packet labeled Mickey Mouse and one of their own medication packets. RI#1 and RI#5 required coaching and repeated questioning by EI#2 to determine the medication that was theirs and to state that they (RI#1 and RI#5)	A 613	3) An audit of resident charts and medication awareness tests has been conducted by the Residence Nurse and no additional residents have been identified as unable to recognize medications. 4) 30-day discharge notices have been issued for RI#1, RI#4 and RI#5 as of November 1, 2022. Review of Alabama regulations in regards to appropriate care levels within the ALF has been completed with the Residence Nurse. Medications for RI#1, RI#4 and RI#5 will be administered by a licensed nurse until discharged. In-service will be completed on December 1, 2022 to include the processes for reporting resident declines. Documentation of this training will be maintained in the in-service binder located in the Facility Administrator office. 5) Based on observation, interview and record review, the Facility Administrator will evaluate each resident's care needs monthly x 3 months to ensure compliance with reporting resident declines with appropriate action taken. A checklist of these reviews will be maintained in the Facility	

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A 613	Continued From page 9 would not take the medication labeled Mickey Mouse. In fact, RI#5 stated he/she depended on the staff to bring him/her what he/she should take. RI#4 correctly identified his/her name on one packet and Mickey Mouse on the second packet. However, RI#4 stated he/she would take the medication in the packet labeled Mickey Mouse if it was brought to him/her. On November 15, 2022 around 11:00 AM, EI#2 went to RI#6's room to assist with sliding scale insulin. The current sitter with RI#6 stated he/she had already checked RI#6's fingerstick blood sugar and the result was 194 as observed on the blood glucose monitor. EI#2 presented a chart to RI#6 which contained sliding scale insulin dosages. RI#6 correctly identified 1 unit of Novolin R insulin as the correct dose for a blood sugar of 194. EI#2 then presented RI#6 with the insulin pen and instructed RI#6 to self-administer the insulin dose. The dosage of 1 unit was dialed on the pen by EI#2 and identified by RI#6. RI#6 repeatedly refused to administer the insulin injection. After much encouragement from EI#2, RI#6 administered the insulin injection into the abdomen without difficulty. RI#6's current sitter stated the insulin injections were administered by the sitters who were all unlicensed except the current sitter who was a Registered Nurse (not employed by the facility). On November 15, 2022 around 11:15 AM, EI#2 went to RI#1's room to assist with sliding scale insulin. RI#1's fingerstick blood sugar was checked by EI#2 with a result of 393. RI#1 was presented with a chart which contained sliding scale insulin doses based on the blood sugar result. RI#1 was unable to identify the correct dose of insulin based on the 393 blood sugar. The correct dose of Novolin R insulin 6 units was	A 613	Continued: Administrator office. This review process will begin the week of December 5, 2022.	

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A 613	Continued From page 10 dialed on the insulin pen by EI#2. EI#2 then gave the insulin pen to RI#1 and instructed RI#1 to administer the injection. RI#1 required hands on assistance from EI#2 to push the plunger on the insulin pen to ensure the entire insulin dose was administered. Unlicensed staff continued to assist RI#1, RI#4 and RI#5 with medications as documented on the residents' Medication Assistance Records (MARs) even though the residents were incapable of understanding the facility unit dose medication system and protecting themselves from a medication error. Unlicensed sitters administered insulin injections to RI#6 who refused to self-administer the insulin. A plan was obtained from EI#1 for a nurse to administer medications to these residents until the residents were trained to understand the unit dose medication system or appropriately discharged from the facility. CONNIE CHERRY, REGISTERED NURSE	A 613	Signature: *Norma Denson* Administrator	