

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P5110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/31/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HAVEN MEMORY CARE ON HALCYON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1775 HALCYON BOULEVARD</b> <b>MONTGOMERY, AL 36117</b>
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A 000	<p>Initial Comments</p> <p>On October 31, 2024 an unannounced licensure survey was conducted for this 64 bed Specialty Care Assisted Living Facility (SCALF) with a census of 58.</p> <p>There were four (4) complaints investigated during this survey. LC#20241028001, LC#20221214011, LC#20190903009, LC#20190624015 were unsubstantiated. There were no deficiencies written as a result of the complaint investigation.</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 420-5-20, 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.</p>	A 000		
A 504	<p>420-5-20-.05 (3) (d) Records and Reports.</p> <p>(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 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.</p> <p>1. No resident shall be deprived of any civil or legal rights, benefits, or privileges</p>	A 504		

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

TITLE

(X6) DATE

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A 504	<p>Continued From page 1</p> <p>guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 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.</p> <p>7. Every resident shall have the right to</p>	A 504		

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A 504	<p>Continued From page 2</p> <p>share a room with his spouse if both are residents of the facility and agree to do so.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 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.</p> <p>12. Every resident shall have the right to</p>	A 504		

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A 504	<p>Continued From page 3</p> <p>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.</p> <p>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.</p> <p>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:</p> <p>(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.</p> <p>(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 compensation.</p> <p>(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.</p>	A 504		

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A 504	<p>Continued From page 4</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges.</p> <p>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</p>	A 504		

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A 504	<p>Continued From page 5</p> <p>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.</p> <p>21. Every resident shall have the right to wear his or her own clothes, and 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.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>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.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide resident's with a decent environment by requiring residents to lock their room doors at all times to prevent a resident with unmanageable behaviors from entering their rooms.</p> <p>Findings:</p> <p>On the morning of October, 29, 2024, the</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>surveyor observed a resident asking Employee Identifier (EI)#19 to open the door to his/her room. The surveyor asked EI#19 if all residents' room doors were locked. EI#19 said yes. EI#19 said administration told residents and staff to keep all room doors locked because of a resident who would wander in and out of residents' rooms. The wandering resident would often take items from the other residents. EI#19 was asked if all residents were provided room keys. EI#19 said some had keys but they often forgot them. EI#19 said staff spent a lot of time unlocking room doors. Residents who could not manage possession of a room key were restricted from their rooms until staff could unlock the door.</p> <p>On October 31, 2024, during an interview with EI#1 and EI#17 both admitted resident room doors were locked due to a resident with unmanageable wandering behavior.</p>	A 504		
A 508	<p>420-5-20-.05 (3) (h) Records and Reports.</p> <p>(h) Incident Investigation. When an incident, as defined below, occurs in a specialty care 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.</p> <p>1. Incidents which require investigation are:</p> <p>(i) An accident or injury of known or</p>	A 508		

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A 508	<p>Continued From page 7</p> <p>unknown origin that was unusual or suspicious in nature such as extensive 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.</p> <p>(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.</p> <p>(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.</p> <p>(iv) Elopement by a resident.</p> <p>(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.</p> <p>(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.</p> <p>(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 to Alabama</p>	A 508		

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A 508	<p>Continued From page 8</p> <p>Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).</p> <p>(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.</p> <p>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(xi) An unplanned occurrence that results in media attention.</p> <p>(xii) A medication error, overdose, or over sedation.</p> <p>(xiii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p> <p>(iii) When the administrator was notified (date and time).</p> <p>(iv) Circumstances under which the</p>	A 508		

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A 508	<p>Continued From page 9</p> <p>incident occurred.</p> <p>(v) When the incident occurred (date and time).</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p> <p>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.</p> <p>(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in</p>	A 508		

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A 508	<p>Continued From page 10</p> <p>connection with the investigation.</p> <p>(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.</p> <p>(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.</p> <p>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.</p> <p>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:</p> <p>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, witnessed, or actual abuse, neglect, or exploitation of a resident or 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.</p>	A 508		

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A 508	<p>Continued From page 11</p> <p>(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.</p> <p>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(vi) An unplanned occurrence that results in media attention.</p> <p>(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.</p> <p>(viii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(ix) Notifiable diseases and health conditions listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04. shall also 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 three years.</p> <p>(x) Any indication of a malfunction of the sprinkler system, fire alarm system, or a door locking device.</p> <p>4. The report to the Department's Online Incident Reporting System shall include</p>	A 508		

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A 508	<p>Continued From page 12</p> <p>the following:</p> <ul style="list-style-type: none"> <li>(i) Facility name and direct phone number.</li> <li>(ii) Time and date of the report.</li> <li>(iii) Reporter's name.</li> <li>(iv) Name of resident(s), staff, or visitor(s) involved in the incident.</li> <li>(v) Names of staff on duty at the time of the incident.</li> <li>(vi) Date and time of the incident.</li> <li>(vii) A brief description of the incident.</li> <li>(viii) Any injury or injuries to resident(s).</li> <li>(ix) Action taken by the facility in response to the incident.</li> <li>(i) Vital Statistics Reports. A record shall be kept of all births, deaths, and stillbirths that occur within the specialty care assisted living facility. By the fifth day of each month, the administrator shall make a report of such births, deaths, and stillbirths for the preceding month on such forms as the State Board of Health shall provide to the county health officer, or in counties without a county health officer, to the State Registrar. This report shall be in addition to the official birth, death, and stillbirth certificates. If there are no births, deaths, or stillbirths in any month, a report shall be made stating that fact to the county health officer.</li> </ul>	A 508		

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NAME OF PROVIDER OR SUPPLIER  <b>HAVEN MEMORY CARE ON HALCYON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1775 HALCYON BOULEVARD</b> <b>MONTGOMERY, AL 36117</b>
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A 508	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report an incident as required.</p> <p>Findings:</p> <p>Resident Identifier (RI)#7 was admitted to the facility on December 5, 2023 and had diagnoses which included Alzheimer's disease, chronic kidney disease, hypertension and hypothyroidism. Upon entering the facility on October 29, 2024, surveyors noted RI#7 had bruising around the eye which staff stated was due to a fall. Review of RI#7's facility record, on October 30, 2024, revealed RI#7 sustained a fall at the facility on October 16, 2024 which required treatment at the hospital emergency department. Review of the Department's Online Incident Reporting System (OIRS), on October 30, 2024, revealed no incident report had been submitted to the OIRS when the incident occurred. EI#1 stated that the incident had not been reported and added that she (EI#1) would report the incident on October 30, 2024.</p>	A 508		
A 601	<p>420-5-20-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her</p>	A 601		

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A 601	<p>Continued From page 14</p> <p>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, 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).</p> <p>(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.</p> <p>(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</p>	A 601		

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A 601	<p>Continued From page 15</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow physician orders.</p> <p>Findings</p> <p>RI#5 was admitted to the facility on February 16, 2023, with diagnoses that included iron deficiency anemia, hypothyroidism, diabetes mellitus type 2, hyperlipidemia, dementia with behavioral disturbances, major depressive disorder, anxiety disorder, seizures, sleep apnea, hypertension, chronic ischemic heart disease, cerebral infarction, asthma, gastro-esophageal reflux disease, constipation, osteoarthritis, gout, benign prostatic hyperplasia, and edema. During medication pass on October 29, 2024, at approximately 3:30PM, the surveyor observed EI#8 administer Vitamin C 500 milligram (mg) to RI#5. EI#8 was not able to document the administration of Vitamin C 500mg due to the medication was scheduled for night (6:00PM-11:59PM). According to the annual medical examination dated February 21, 2024, the physician order reads "take one tablet by mouth every evening...schedule daily (night)". EI#8 advised the surveyor that RI#5 requests Vitamin C 500 mg every evening at this time. The surveyor observed that this medication was not scheduled for the evening medication administration time window (3:00PM-5:59PM) but</p>	A 601		

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A 601	Continued From page 16  for night administration time window (6:00PM-11:59PM).  During an interview with EI#1, EI#17 and EI#18 on October 31, 2024 they all agreed with the surveyors findings.	A 601		
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	A 604		

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A 604	<p>Continued From page 17</p> <p>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.</p> <p>(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:</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p> <p>(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.</p> <p>2. Falls (two or more falls within a 30 day period).</p>	A 604		

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A 604	<p>Continued From page 18</p> <p>3. Elopement.</p> <p>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.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility Registered Nurse (RN) failed to complete a comprehensive assessment of a resident as required.</p> <p>Findings:</p> <p>Review of resident records, on October 30, 2024, revealed that RI#7 sustained falls at the facility on October 6, 2024 and on October 16, 2024. A focused assessment of RI#7 was completed by the Licensed Practical Nurse (LPN) on October 16, 2024. However, a comprehensive assessment of RI#7 by the facility RN was not completed until October 29, 2024. On October</p>	A 604		

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A 604	Continued From page 19  30, 2024, EI#17, RN, agreed the comprehensive assessment had not been completed when the two falls in a 30 day period occurred.	A 604		
A 606	420-5-20-.06 (3) (g) Care of Residents.  (g) Services Beyond Capability of Specialty Care Assisted Living Facility. Whenever a resident requires hospitalization, medical, nursing, or other care beyond the capabilities of the specialty care 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.  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to discharge residents, who required a higher level of care, to an appropriate setting.  Findings  RI#2 was admitted to the facility on September 29, 2023. During interviews conducted on October 29, 2024, EI#9 states "staff turns RI#2 every two hours at night", EI#13 states "RI#2 can't get up and is two people assist to get into wheelchair and can't propel himself/herself", EI#15 states "two people assist and RI#2 can't stand or walk", EI#16 states "they have to push RI#2 in the wheelchair". On October 30, 2024, at approximately 12:35 PM, the surveyors observed	A 606		

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A 606	<p>Continued From page 20</p> <p>El#13 and El#15 lift RI#2 from his/her wheelchair and lay RI#2 in the bed. Staff stated they would have to come back and turn RI#2 due to inability to turn himself/herself. During record review on October 31, 2024, at approximately 7:00 AM, the surveyor noted a Physical Self-Maintenance Scale (PSMS) dated October 29, 2024, with a score of four in ambulation.</p> <p>Upon record review on October 31, 2024, at approximately 7:00 AM, the surveyor noted a Physical Self-Maintenance Scale (PSMS) dated October 29, 2024, with a score of four in ambulation. A 90-day discharge notice was observed and dated for October 29, 2024. The surveyors entered the facility on October 29, 2024, at 7:00 AM. A 90 day discharge notice did not ensure RI#2 would be promptly discharged to a healthcare facility able to provide the appropriate level of care.</p> <p>During an interview with El#1, El#17 and El#18 on October 31, 2024, they agreed with the surveyors' findings.</p>	A 606		
A 611	<p>420-5-20-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.</p> <p>(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.</p> <p>(b) Plan of Care. The RN shall develop written plans of care for each resident prior to or</p>	A 611		

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A 611	<p>Continued From page 21</p> <p>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.</p> <ol style="list-style-type: none"> <li>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:</li> <li>2. A listing of the resident's individual needs or problems that require intervention by the facility.</li> <li>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</li> <li>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.</li> <li>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.</li> </ol>	A 611		

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A 611	<p>Continued From page 22</p> <p>(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.</p> <p>(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.</p> <p>(iii) Hair. Residents' hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the RN failed to plan the care of a resident with wandering behavior and weight loss. The RN also failed to ensure all resident care plans were accessible to care staff.</p> <p>Findings:</p>	A 611		

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A 611	<p>Continued From page 23</p> <p>RI#10's admission medical examination, dated August 14, 2024, listed wandering as a problem that required intervention. A review of RI#10's care plan, early in the morning on October 31, 2024, revealed wandering behavior was not identified on the care plan, nor was a recent increase in aggressive wandering behavior. In addition, RI#10 sustained a significant weight loss in September 2024, of five (5) percent of his/her total body weight. The weight loss was not identified on the care plan and there were no interventions to prevent further weight loss.</p> <p>The surveyor also noted that RI#10's care plan was not in the care plan book, accessible to staff as required.</p> <p>Later that same day, EI#17 presented an updated care plan to the surveyor which identified wandering, weight loss and increased behaviors as problems that needed to be addressed with written interventions.</p>	A 611		
A 621	<p>420-5-20-.06 (9) (b) Care of Residents.</p> <p>(b) Retention.</p> <p>1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing.</p> <p>2. A specialty care assisted living facility shall not retain a resident that has a PSMS score greater than 23 or a score of five in feeding,</p>	A 621		

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A 621	<p>Continued From page 24</p> <p>dressing, grooming, bathing or a score of four or five in physical ambulation.</p> <p>3. A specialty care assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.</p> <p>4. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility.</p> <p>5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:</p> <p>(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR</p> <p>(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity but the individual has sufficient cognitive ability to direct his or her own care and the individual is able to direct facility staff and does direct facility staff to provide the physical assistance needed to complete such tasks, and the facility staff is capable of providing such assistance and does provide such assistance. 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.</p> <p>6. If a resident of a specialty care assisted living facility is diagnosed with a terminal illness and requires hospice care, the resident</p>	A 621		

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NAME OF PROVIDER OR SUPPLIER  <b>HAVEN MEMORY CARE ON HALCYON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1775 HALCYON BOULEVARD</b> <b>MONTGOMERY, AL 36117</b>
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A 621	<p>Continued From page 25</p> <p>may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for specialty care assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to discharge a resident who required a higher level of care to an appropriate setting.</p> <p>Findings</p> <p>RI#2 was admitted to the facility on September 29, 2023. During interviews conducted on October 29, 2024, EI#9 states "staff turns RI#2 every two hours at night", EI#13 states "RI#2 can't get up and is two people assist to get into wheelchair and can't propel himself/herself", EI#15 states "two people assist and can't stand or walk", EI#16 states " they have to push him/her in</p>	A 621		

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A 621	Continued From page 26  the wheelchair". On October 30, 2024, at approximately 12:35 PM the surveyors observed EI#13 and EI#15 lift RI#2 from his/her wheelchair and lay RI#2 in the bed. Staff stated they would have to come back and turn RI#2 due to inability to turn himself/herself. During record review on October 31, 2024, at approximately 7:00 AM the surveyor noted a Physical Self-Maintenance Scale (PSMS) dated October 29, 2024, with a score of four in ambulation.  During an interview with EI#1, EI#17 and EI#18 on October 31, 2024, they agreed with the surveyors' findings.	A 621		
A1206	420-5-20-.12 (8) Physical Environment  (8) Additional Requirements for Specialty Care Assisted Living Facilities.  (a) Facilities shall be certified and licensed for housing residents with dementia, and must comply with these special requirements for the physical plant. Facilities should confirm local code requirements, which may vary from those indicated below.  (b) Additional Smoke Detection. Smoke detectors (electrical or system type) shall be provided in the sleeping rooms and any bedroom suite sitting areas, which house dementia residents. These detectors shall initiate at least a local alarm or supervisory signal, through the fire alarm system or call system.  (c) Windows in specialty care facilities may have devices which prevent opening of the window.	A1206		

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A1206	<p>Continued From page 27</p> <p>(d) Areas to Wander and Secure Perimeter.</p> <p>1. Each facility shall have a secure boundary or perimeter to safely accommodate residents in all aspects of its physical plant. Exterior building walls and doors, and walled or fenced outdoor areas may form this boundary. Such walls or fences shall be at least six feet high.</p> <p>2. Each walled or fenced area shall have at least one gate, located along the discharge path of travel from the building egress doors to the public way. Gates shall be readily unlockable from either side by the staff or by automatic means. "Automatic means" shall be in the same manner as locked or delayed-egress exit doors.</p> <p>3. If the facility's emergency plan utilizes fenced or walled outdoor spaces as refuge areas for containment of residents, each refuge area shall be of sufficient size to accommodate all occupants at a distance of not less than 50 feet from the building while providing a net area of 15 square feet per person. A gate shall be located within this refuge area.</p> <p>4. If the facility's emergency plan uses the fenced or walled outdoor spaces merely as areas that are immediately passed through and exited, not as refuge areas for containment of residents, there is no size or area requirement for the fenced or walled spaces.</p> <p>5. An outdoor courtyard, which is completely surrounded by the building, must have at least two separate doorways, located remotely</p>	A1206		

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A1206	<p>Continued From page 28</p> <p>from each other, leading into separate smoke compartments of the building.</p> <p>(e) Locking of Exit Doors. Locks on exit doors of each specialty care assisted living facility, if installed, shall be electrical locked or electrical delayed-egress locking devices. Buildings shall be protected throughout by an approved supervised automatic sprinkler system connected to the fire alarm system.</p> <p>1. Delayed-egress locks must comply with the requirements for "Special Locking Arrangements" found in NFPA 101 Life Safety Code.</p> <p>2. Electrically locked doors shall comply with the following:</p> <p>(i) A control panel shall be provided at one or more stations with the capability to remotely unlock all exit doors, simultaneously. Locks may be arranged to unlock in Specialty Care compartments based on a zoning concept, where each zone is a rated fire or smoke compartment and the locks on all egress doors unlock within the alarmed zone or compartment. This zoning concept is permitted to apply to automatic functions required by the Life Safety Code.</p> <p>(ii) A key, code, or card release switch shall be provided inside the facility at each locked door, which shall override the locking system to allow exiting from the compartment or building.</p> <p>(iii) All locks shall release automatically upon activation of the facility fire detection, or fire sprinkler system, or upon disablement of the fire</p>	A1206		

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A1206	<p>Continued From page 29</p> <p>alarm system.</p> <p>(iv) Locks shall release automatically upon loss of electric power controlling the lock.</p> <p>(v) The facility shall provide the residents sponsors with adequate information about the facility's door locking arrangements.</p> <p>(vi) The facility shall assure, at least monthly, that locked or delayed-egress exit doors function properly, in accordance with required fire safety provisions.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe egress from a fenced courtyard area.</p> <p>Finding</p> <p>During a fire drill conducted on October 30, 2024, the surveyor and EI#4 observed the gate in the courtyard did not release upon activation of the fire alarm. During an interview conducted during the fire drill, EI#4 said the gate had been releasing upon activation of the fire alarm. EI#4 said he/she would get the gate fixed during the survey.</p> <p>On October 31, 2024, EI#4 advised the surveyor that the gate had been repaired. After the repairs were completed, the surveyor observed the gate did release upon activation of the fire alarm.</p> <p>CYNTHIA GRANGER, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE</p>	A1206		

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A1206	Continued From page 30  TROY BLACK, REGISTERED NURSE	A1206		