

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D3908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/18/2023
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NAME OF PROVIDER OR SUPPLIER HILLTOP #2, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 213 ANA DRIVE FLORENCE, AL 35630
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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 000	<p>Initial Comments</p> <p>On July 18, 2023, an unannounced probational licensure follow-up survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 2.</p> <p>There were no complaints investigated during this survey.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction. The facility is recommended for regular licensure status.</p>	A 000		
A 601	<p>420-5-4-.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 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</p>	A 601		

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

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A 601	<p>Continued From page 1</p> <p>system (911 or another emergency call).</p> <p>(b) Back-up Physician Support. Each 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 an 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 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 record reviews and interviews, the facility failed to follow a physician's order for a resident's medications.</p>	A 601		

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A 601	<p>Continued From page 2</p> <p>Findings:</p> <p>Review of resident records on July 17, 2023 revealed the following information.</p> <p>Resident Identifier (RI)#2 was admitted to the facility on June 29, 2023 and had diagnoses which included hemiplegia with hemiparesis after cerebrovascular accident, visuospatial deficit, anxiety disorder, Crohn's disease, hypothyroidism, hypertension and iron deficiency. RI#2 was out of the facility in a rehabilitation facility at the time of the survey.</p> <p>RI#2's Medical Exam and Plan of Care, dated June 28, 2023, contained a physician's order for Preparation-H cream to be applied to rectum twice daily for three days. The Preparation-H was not documented on RI#2's Medication Assistance Record as being administered on June 28, 29 and 30, 2023. The Preparation-H was documented as given at 9:00 AM on July 1, 2, 3, 4, 5, 6, 7 and 8, 2023 but was documented as given at 9:00 PM on these same dates. This medication had not been administered to RI#2 for the designated number of days (three days total), at the frequency ordered (twice daily) and had not been administered timely (ordered on June 28 and not given on June 29 and 30). Employee Identifier (EI)#1 and EI#2 reviewed RI#2's records and were unable to explain the discrepancies in this medication for RI#2.</p>	A 601		
A 604	<p>420-5-4-.06 (3) (a) (b) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30</p>	A 604		

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A 604	<p>Continued From page 3</p> <p>days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments.</p> <p>(b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and procedures, the monthly assessment shall:</p> <ol style="list-style-type: none"> 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. 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 or greater weight loss in a period of three months or less, or a ten 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. 3. Document identified changes in resident status. 4. Assess the appropriateness of each resident's plan of care. Any decline in resident status requires immediate implementation and documentation of interventions or reassessment of existing interventions. 	A 604		

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A 604	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, a resident's ability to safely self-administer medications with assistance was not documented at least monthly.</p> <p>Findings:</p> <p>Review of resident records on July 17, 2023 revealed the following information.</p> <p>RI#1 was admitted to the facility on July 23, 2019 and had diagnoses which included chronic congestive heart failure, atherosclerotic heart disease, chronic kidney disease stage 3, hyponatremia, diabetes mellitus with retinopathy, hyperlipidemia and muscle weakness. RI#1 was assisted with medications by facility staff. No documentation of RI#1's ability to safely self-administer medications with assistance was found in RI#1's record, including RI#1's Medication Assistance Record and monthly assessments.</p> <p>When interviewed on July 17, 2023, EI#1 stated facility staff asked residents to identify their name on medications each time medications were given. EI#1 added that staff would sometimes bring an incorrect medication to the residents and ask them to identify it to ensure the residents could protect themselves from a medication error. EI#1 agreed that assessments of residents' ability to safely self administer medications with assistance was not currently being documented but added they would begin to document the findings immediately.</p>	A 604		

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A 616	<p>420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.</p> <p>(k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident.</p> <p>(l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected.</p> <p>(m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any requirements prescribed by the State Board of</p>	A 616		

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A 616	<p>Continued From page 6</p> <p>Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.</p> <p>(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.</p> <p>(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p>	A 616		

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A 616	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain a system to account for all controlled substances in its possession at all times.</p> <p>Findings:</p> <p>At the time of the onsite survey, there were two residents of the facility. However, both residents were out of the facility at a rehabilitation center and staff were not available at all times in the facility.</p> <p>On the afternoon of July 17, 2023, the surveyor and EI#1 counted controlled substances in the medication cart. The Shift Change Controlled Substance Inventory Count Sheets were reviewed. Controlled substance counts had not been documented since July 12, 2023 at 7:00 AM and only one signature was present at the time of that count. EI#1 explained that the cart remained locked and the keys to the cart were locked in the memory care building on the same campus since there were currently no residents and staff at the facility. EI#1 added that they would move the medication cart to the memory care building and begin counting controlled substances at the same time the counts were done for the memory care.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A 616		