

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/20/2023
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NAME OF PROVIDER OR SUPPLIER KELLEY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 109 CHANEY STREET ENTERPRISE, AL 36331
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A 000	<p>Initial Comments</p> <p>This is a 16 bed Specialty Care Assisted Living Facility (SCALF) with 16 residents on September 20, 2023.</p> <p>A probational licensure follow-up survey was conducted to determine if the facility was in compliance with the Plan of Correction (POC) accepted by the Alabama Department of Public Health (ADPH), on December 12, 2022.</p> <p>There was one (1) complaint investigated during this survey. LC#20220428007 was investigated and no deficiencies were cited 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> <p>The facility was determined to be in substantial compliance with the accepted POC at this time and is recommended for regular licensure status.</p>	A 000		
A 406	<p>420-5-20-.04 (9) Personnel.</p> <p>(9) Training.</p> <p>(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. An RN shall identify staff training needs and shall provide or arrange for needed training. In addition</p>	A 406		

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

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A 406	<p>Continued From page 1</p> <p>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:</p> <ol style="list-style-type: none"> 1. State law and rules on specialty care assisted living facilities. 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 environmental safety. <p>(b) Prior to providing any resident care, all staff shall complete The Dementia Education and Training Act (DETA) Care Series Training developed by the Alabama Department of Mental Health or equivalent training approved by the State Health Officer. All licensed staff shall complete DETA Brain Series Training, The Pharmacological Management of Dementia, and</p>	A 406		

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A 406	<p>Continued From page 2</p> <p>the Dementia Assessment Series provided by the DETA Program or equivalent training approved by the State Health Officer prior to resident contact. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained.</p> <p>(c) All staff who have resident contact shall be able to demonstrate diversional methods and redirection. All staff shall be able to demonstrate an understanding of the implications of caring for residents with agnosia, amnesia, aphasia, and apraxia. All staff shall be able to demonstrate an understanding of the facility's fire and evacuation plan and all other policies regarding safety, including policies for preventing elopements, responding to elopements, and fall prevention.</p> <p>(d) Cardiopulmonary Resuscitation. A specialty care 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 a specialty care 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 specialty care 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</p>	A 406		

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A 406	<p>Continued From page 3</p> <p>Association or the American Red Cross in CPR or AED utilization.</p> <p>(e) 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.</p> <p>(f) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to provide required special needs training for staff.</p> <p>Findings:</p> <p>On the afternoon of September 19, 2023, the surveyors reviewed employee files. Seven of seven employees whose files were reviewed had not been trained in diabetes. The facility currently had residents with a diagnosis of diabetes. Employee Identifier (EI)#3 stated she (EI#3) assisted with employee training and admitted diabetic training had likely not been completed.</p>	A 406		
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</p>	A 504		

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A 504	<p>Continued From page 4</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 5</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 7</p> <p>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> <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</p>	A 504		

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A 504	<p>Continued From page 8</p> <p>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 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:</p>	A 504		

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A 504	<p>Continued From page 9</p> <p>Based on observations and interviews, the facility failed to maintain personal dignity and privacy for every resident at all times.</p> <p>Findings:</p> <p>During a tour of the facility, on the afternoon of September 19, 2023, the surveyors observed multiple residents' rooms were connected to a neighboring resident's room by a shower room with two doors. Each resident room connected to a personal bathroom (toilet and sink) through a single door. The personal bathroom then connected to the shared shower room through a second door. The two doors in each shower room led to each resident's personal bathroom and then into the resident's bedroom. The following shower room doors were observed to be unlocked during the tour of the facility on the afternoon of September 19, 2023: both shower room doors between Resident Room 101 and Resident Room 103; both shower room doors between Resident Room 102 and Resident Room 104.</p> <p>Interviews with multiple staff, on September 18-20, 2023, revealed the following information. All shower room doors were to be kept locked at all times unless staff were present and assisting one of the residents with a shower. The doors to the shower rooms were to be checked by facility staff periodically each day to ensure the doors remained locked. Residents were attended by a staff member during showers.</p> <p>Shower door locks were checked multiple times by surveyors on September 19-20, 2023 and observed to be unlocked. When unlocked, the shower doors allowed entrance from one resident's room to the neighboring resident's</p>	A 504		

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A 504	Continued From page 10 room without having to enter the facility hallway. Failure to keep the shower doors locked created a lack of privacy and personal dignity for each resident. On the afternoon of September 18, 2023, the surveyors asked EI#1 about the shower rooms and door locks. EI#1 stated the facility did not have a policy for the shower room door locks but added that staff members were trained to keep the doors locked and to check the door locks at least each shift to ensure the doors remained locked. EI#1 agreed that failure to keep the shower doors locked created a lack of privacy and personal dignity for the residents. On September 20, 2023, EI#1 informed the surveyors that a policy had been created for management of the shower room door locks and all staff would be trained on the new policy.	A 504		
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.	A1206		

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A1206	<p>Continued From page 11</p> <p>(c) Windows in specialty care facilities may have devices which prevent opening of the window.</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</p>	A1206		

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A1206	<p>Continued From page 12</p> <p>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 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</p>	A1206		

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A1206	<p>Continued From page 13</p> <p>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 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 observations and interviews, the gate leading from the fenced area to the public way was not readily unlockable from either side.</p> <p>Findings:</p> <p>On the afternoon of September 19, 2023, the surveyors and EI#6, Maintenance, observed the outside secure perimeter behind the facility. The area was surrounded by a wooden fence which contained one gate leading to the public way. The gate did not unlock by automatic means but contained a single lock on the inside of the gate. EI#6 stated the lock was a "breakaway lock" but was unsure if staff had been trained on how to release the lock. The gate was unlockable only from the inside. There was no means to unlock</p>	A1206		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/20/2023
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NAME OF PROVIDER OR SUPPLIER KELLEY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 109 CHANEY STREET ENTERPRISE, AL 36331
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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
A1206	<p>Continued From page 14</p> <p>the gate from the outside. EI#6 agreed the gate was not unlockable from either side. On the morning of September 20, 2023, the surveyors were shown updated coded locks on the outside gate which could be released from either side. EI#6 stated all staff were being trained that day on the code for the locks.</p> <p>THERESA HARRISON, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE</p>	A1206		