

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D1302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEADOWS OF JACKSON ASSISTED LIVING, T</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>517 COMMERCE STREET JACKSON, AL 36545</b>
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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 December 12, 2023, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 14.</p> <p>A deficiency was 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 deficiency cited placed all 14 residents of the facility at risk of harm and requires a plan of correction.</p>	A 000		
A 402	<p>420-5-4-.04 (3) Personnel.</p> <p>(3) Employee Screening.</p> <p>(a) Prior to any resident contact, such as but not limited to assistance with activities of daily living, newly employed personnel shall have a physical examination certifying that the employee is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to residents through normal staff to resident contact. Employees who develop signs or symptoms of infectious skin lesions or diseases that would be capable of transmission to residents through normal staff to resident contact shall not be permitted to have resident contact until free from such signs and symptoms.</p> <p>(b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis.</p> <p>(c) Vaccines. Assisted living facilities shall immunize employees in accordance with current recommended Centers for Disease Control and Prevention (CDC) guidelines</p>	A 402		

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

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A 402	<p>Continued From page 1</p> <p>(www.cdc.gov/vaccines). Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage.</p> <p>(d) An assisted living facility shall not hire an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>This Rule is not met as evidenced by: Based on review of employee files and an interview, the facility failed to ensure employee screening prior to October 2023 included a physical examination.</p> <p>Findings:</p> <p>The facility did not include a physical examination certifying the employee was free of signs and symptoms of infectious skin lesions and transmissible diseases prior to hire.</p> <p>The facility utilized a 3 page "POST-OFFER HEALTH QUESTIONNAIRE", with an effective date of June 1, 2012, which revealed, "... TO BE FILLED OUT BY APPLICANT FOLLOWING RECEIPT OF A JOB OFFER: The information provided on this form will be used ... to assess your medical capability to do the job for which you have applied; ..." The employee was to circle medical conditions they had or have had. The 3rd page was titled, "TO BE FILLED OUT BY PHYSICIAN IF AN EXAMINATION IS REQUIRED:" It included a statement of "... Further, I have found no indication of any condition which might represent a possible hazard to the health of residents or other</p>	A 402		

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A 402	<p>Continued From page 2</p> <p>employees in the workplace. ...". A space was provided for the date, physician signature, and physicians' address.</p> <p>Employee Identifier (EI)#1's personnel file was found without a screening to ensure EI#1 was free of signs and symptoms of infectious skin lesions and transmissible diseases prior to hire. A "POST-OFFER HEALTH QUESTIONNAIRE" was completed by EI#1 on December 14, 2020. No physician review was made of EI#1 according to page 3 of the QUESTIONNAIRE.</p> <p>EI#2's personnel file was found without a screening to ensure EI#2 was free of signs and symptoms of infectious skin lesions and transmissible diseases prior to hire. A "POST-OFFER HEALTH QUESTIONNAIRE" was completed by EI#2 on June 6, 2022. No physician review was made of EI#2 according to page 3 of the QUESTIONNAIRE.</p> <p>EI#3's personnel file was found without a screening to ensure EI#3 was free of signs and symptoms of infectious skin lesions and transmissible diseases prior to hire. A "POST-OFFER HEALTH QUESTIONNAIRE" was completed by EI#3 on December 5, 2019. No physician review was made of EI#3 according to page 3 of the QUESTIONNAIRE.</p> <p>THERESA HARRISON, REGISTERED NURSE</p>	A 402		