

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D0201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OAKBRIDGE TERRACE AT WESTMINSTER VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 SPANISH FORT BOULEVARD SPANISH FORT, AL 36527</b>
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A 000	<p>Initial Comments</p> <p>On March 27, 2025, an unannounced licensure survey was conducted for this 28 bed Assisted Living Facility (ALF) with a census of 16.</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 require 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 (<a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a>). Any particular</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>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 record review and interview, the facility failed to screen potential employees prior to hire and resident contact.</p> <p>Findings:</p> <p>Review of employee files on the afternoon of March 27, 2025, revealed the following employees were not screened through the Alabama Department of Public Health Nurse Aide Abuse Registry prior to hire: Employee Identifier (EI)#1, the administrator; EI#2, the assisted living director; EI#3, a Licensed Practical Nurse (LPN); and EI#5, an LPN.</p> <p>On the afternoon of March 27, 2025, EI#1 and EI#2 agreed with the findings.</p>	A 402		
A 403	<p>420-5-4-.04 (4) Personnel.</p> <p>(4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain:</p> <p>(a) An application for employment which contains information regarding the employee's education, training, and experience.</p>	A 403		

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A 403	<p>Continued From page 2</p> <p>(b) Verification of current certification or licensure, if applicable.</p> <p>(c) Record of required physical examinations and vaccinations.</p> <p>(d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>(e) Date of hire.</p> <p>(f) Date of initial resident contact.</p> <p>(g) Date employment ceased.</p> <p>This Rule is not met as evidenced by: Based on document review and interview, the facility failed to maintain complete personnel records.</p> <p>Findings: Review of employee files on the afternoon of March 27, 2025, revealed the following missing information. EI#1, EI#2, EI#3 and EI#5 had no employment application in their personnel file. On the afternoon of March 27, 2025, EI#1 and EI#2 agreed with the findings.</p>	A 403		
A 506	420-5-4-.05 (3) (f) Records and Reports.	A 506		

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A 506	<p>Continued From page 3</p> <p>(f) Inventory of Personal Effects.</p> <p>1. Upon admission to the assisted living facility, all personal property of the resident with a value in excess of \$150, as well as any other property designated by the resident, shall be inventoried by the administrator or by a designee of the administrator in the presence of the resident.</p> <p>2. All inventories shall be entered on an Inventory of Personal Effects Record. Inventory forms shall be signed by both the administrator, the resident, or if appropriate, the sponsor. One copy of the inventory shall be filed in the resident's individual file and one copy given to the resident or sponsor.</p> <p>3. In the event the resident has no personal effects, this fact shall be entered on the Inventory of Personal Effects Record.</p> <p>4. Amendments or adjustments shall be made on all copies of the Inventory of Personal Effects Record each time personal property valued in excess of \$150 is brought to the facility, or when personal property is brought to the facility and the resident or sponsor requests that it be added to the Inventory of Personal Effects Record, or when any item on the Inventory of Personal Effects Record is removed from the facility. All amendments shall be signed by the administrator and the resident or sponsor.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	A 506		

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A 506	Continued From page 4  failed to ensure an inventory of personal effects was completed upon admission.  Findings:  Resident Identifier (RI)#1 was admitted to the facility on October 24, 2023, with diagnoses to include macular degeneration, anxiety disorder and atrial fibrillation. RI#1 had no inventory of personal effects.  RI#3 was admitted to the facility on July 25, 2023, with a diagnosis of congestive heart failure, polyneuropathy, and diabetes mellitus. RI#3 had no inventory of personal effects.  On the afternoon of March 27, 2025, EI#1 and EI#2 agreed with the findings.	A 506		
A 507	420-5-4-.05 (3) (g) Records and Reports.  (g) Admission Record. A permanent record shall be developed for each resident upon his or her admission to the facility and updated as necessary to remain current. This record shall be typewritten or legibly written in ink. In addition to any information otherwise required by the facility's policies and procedures, it shall include the resident's:  1. Name.  2. Date of birth.  3. Sex.  4. Marital status.  5. Social security number.	A 507		

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A 507	<p>Continued From page 5</p> <p>6. Veteran status.</p> <p>7. Name, address, and contact information of the resident's sponsor, responsible party, or closest living relative.</p> <p>8. Name, address, and contact information of any person or agency providing assistance to the resident.</p> <p>9. Name, address, and contact information of the resident's attending physician.</p> <p>10. Preferred pharmacy or pharmacist.</p> <p>11. Date of admission.</p> <p>12. Date of discharge.</p> <p>13. Facility, setting, or location to which discharged.</p> <p>14. Date of death.</p> <p>15. Cause of death, if known.</p> <p>16. Religious preferences.</p> <p>17. Information from insurance policies regarding funeral arrangements and burial provisions.</p> <p>18. Written documentation that the facility has devised a plan to transfer the resident to a hospital, nursing home, specialty care assisted living facility, or other appropriate setting if and when the facility becomes unable to meet the resident's needs. The resident's preference, if</p>	A 507		

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A 507	<p>Continued From page 6</p> <p>any, with respect to any particular hospital, nursing home, or specialty care assisted living facility shall be recorded. The facility shall keep written documentation that demonstrates the transfer plan has been thoroughly explained to the resident or sponsor, as appropriate, and that the resident or sponsor understands the transfer plan.</p> <p>19. The written documentation of the procedure to follow in case of serious illness, accident, or death to the resident (including the name and telephone number of the physician to be called, the names and telephone numbers and addresses of family members or sponsor to be contacted, the resident's or, if appropriate, the sponsor's wishes with respect to disposition of personal effects, and the name and telephone number of the funeral home to be contacted).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a plan was devised for transfer of residents to a hospital, specialty care assisted living facility, nursing home or other appropriate setting if and when the facility can no longer meet the residents needs.</p> <p>Findings:</p> <p>RI#1's facility record revealed no documentation of RI#1's preference of hospital, nursing home, specialty care assisted living facility or funeral home arrangements.</p> <p>RI#2 was admitted to the facility on May 16, 2024, with diagnoses to include age-related cognitive</p>	A 507		

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A 507	<p>Continued From page 7</p> <p>decline, atrial flutter and vertigo. RI#2's facility record revealed no documentation of RI#2's preference of hospital, nursing home, specialty care assisted living facility or funeral home arrangements.</p> <p>RI#3's facility record revealed no documentation of RI#3's preference of hospital, nursing home, specialty care assisted living facility or funeral home arrangements.</p> <p>On the afternoon of March 27, 2025, EI#1 and EI#2 agreed with the findings.</p>	A 507		
A 602	<p>420-5-4-.06 (2) (a) (b) (c) Care of Residents.</p> <p>(2) Medical Examination Record.</p> <p>(a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following:</p> <p>1. All of the physician's diagnoses, and the resident's baseline weight and vital signs.</p>	A 602		

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A 602	<p>Continued From page 8</p> <p>2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).</p> <p>3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact.</p> <p>4. Documentation of evaluation for tuberculosis within the previous 12 months.</p> <p>(b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following:</p> <ol style="list-style-type: none"> <li>1. The resident's weight and vital signs.</li> <li>2. Changes in diagnoses.</li> <li>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol> <p>(c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination</p>	A 602		

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A 602	<p>Continued From page 9</p> <p>and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following:</p> <ol style="list-style-type: none"> <li>1. New diagnoses.</li> <li>2. Changes in condition.</li> <li>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an annual physician's examination for a resident. Also, the facility failed to ensure the physician's medical examinations were completed to include all required information.</p> <p>Findings:</p> <p>Annual physician's examination RI#3's facility record review on March 27, 2025, revealed RI#3 did not have an annual physical examination performed for the year of 2024.</p> <p>Incomplete physician's examinations</p>	A 602		

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A 602	Continued From page 10  RI#1's admission physical examination dated October 20, 2023, did not include baseline vital signs and did not include if the resident could manage his/her own medications.  RI#2's admission's physical examination dated May 8, 2024, did not indicate if RI#2 could manage his/her own medications.  RI#3's admission's physical examination dated July 25, 2024, did not include baseline vital signs.  On the afternoon of March 27, 2025, EI#1 and EI#2 agreed with the findings.	A 602		
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	A 611		

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A 611	<p>Continued From page 11</p> <p>with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.</p> <ol style="list-style-type: none"> <li>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:</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 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.               <ol style="list-style-type: none"> <li>(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.</li> <li>(ii) Oral Hygiene. Residents shall be</li> </ol> </li> </ol>	A 611		

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A 611	<p>Continued From page 12</p> <p>assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Resident's 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 record review and interview, the facility failed to develop a current care plan for a resident which should contain interventions to meet the care and safety needs of residents.</p> <p>Findings:</p> <p>RI#1 was admitted with a significant diagnosis of macular degeneration. Review of RI#1's care plan revealed the visual deficit was not care planned to ensure continuity of care.</p> <p>On the afternoon of March 27, 2025, EI#1 and</p>	A 611		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D0201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OAKBRIDGE TERRACE AT WESTMINSTER VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 SPANISH FORT BOULEVARD SPANISH FORT, AL 36527</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 611	Continued From page 13  EI#2 agreed with the findings.  THERESA HARRISON, REGISTERED NURSE	A 611		