POC Accepted
May 26, 2022
Debbie Freeman, RN
Debra Freeman

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PRINTED: 05/16/2022
FORM APPROVED

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P4501	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF HUNTSVILLE SPECIAL CARE	4801 WHITESPORT CIRCLE HUNTSVILLE, AL 35801

(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	Initial Comments On May 11, 2022, an unannounced complaint investigation was conducted for this 52 bed Specialty Care Assisted Living Facility (SCALF) with a census of 40. There were two (2) complaints investigated during this survey. Intake ID: 20220125005 and Intake ID: 20220504002 were unsubstantiated, however, one (1) deficiency was cited as a result of the complaint investigations. 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practice resulted in the potential for harm to all residents.	A 000		
A 615	420-5-20-.06 (5) (h) Care of Residents. (5) Medications. (h) All medications administered to residents in a specialty care assisted living facility, shall be contemporaneously recorded on a standard medication administration record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration record shall include at least the following: 1. The name of the resident to whom the medication was administered. 2. The name of the medication administered.	A 615		

Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Regina Hornby | TITLE: Executive Director | (X6) DATE: 5/25/2022

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HARBOR CHASE OF HUNTSVILLE SPECIAL CARE	4801 WHITESPORT CIRCLE HUNTSVILLE, AL 35801

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A 615	Continued From page 1 3. The dosage of the medication administered. 4. The method of administration. 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assisted. 7. Any adverse reaction to the medication. 8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were documented contemporaneously on the Medication Administration Records (MAR). Findings: On May 11, 2022, the surveyor reviewed Resident Identifier (RI)#1's MAR with Employee Identifier (EI)#1, Administrator. The medications scheduled for 9:00 AM on May 1, 2022, were not initialed as administered by the nurse. EI#1 stated she (EI#1) could not verify if the medications had been given because an agency nurse was working on this shift.	A 615		

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A 615	Continued From page 2 The surveyor also reviewed RI#1's Controlled Substance Inventory Record for Tramadol 50 mg (as needed). EI#6, Licensed Practical Nurse (LPN), signed she (EI#6) removed a Tramadol from inventory on May 1, 2022. EI#6 did not document the time of removal on the inventory record or the time it was administered on the MAR. EI#6 told the surveyor the Tramadol was given but she (EI#6) inadvertently failed to document the time the Tramadol was administered. DEBRA FREEMAN, REGISTERED NURSE	A 615		

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Plan of Correction

HarborChase of Huntsville Assisted Living
4801 Whitesport Circle
Huntsville, AL 35801

Facility Identification Number: D4527

Name of Administrator: Leigh Ann Hamby

Survey Exit Date: 05/20/2021

Cited Deficiency Number: 420-5-20.06 (5) (h) Care of Residents

On May 11, 2022, the Surveyor Reviewed Resident Identifier (RI)1'a MAR with the Employee Identifier (E1), Administrator. The medications scheduled for 9:00 am on May 1, 2022, were not initialed as administered by the nurse. EI#1 stated she could not verify if the medications were given because an agency nurse was working on this shift. The Surveyor also reviewed RI#1's Controlled Substance Inventory Record for Tramadol 50 mg (as needed). EI#6, Licensed Practical Nurse (LPN) signed she (EI#6) removed a Tramadol from inventory on May 1, 2022. EI#6 did not document the time of removal on the inventory record or the time it was administered on the MAR. EI#6 told the surveyor the Tramadol was given but she (EI#6) inadvertently failed to document the time the Tramadol was administered.

Specific Action:

- On May 18, 2022, the LPNs were in-serviced on the importance of properly documenting and signing for all medications. The HRA Medication Policy was reviewed, and the proper documentation of a Narcotic was also reviewed.

Identifying other Occurrences:
Proper documentation of all medication is paramount to the care of all Residents. The Executive Director will be monitoring over the next 30 days all signatures and narcotic documentation. The check off form will be kept in the Executive Directors office.

System Measures:
The Executive Director, Director of Assisted Living and/or the Director of Memory Care are reviewing MAR documentation. The LPN's will be held accountable for all dispensed medications and their proper documentation.

Monitoring:

The Director of Assisted Living, Director of Memory care and/or the Executive Director, will review the MAR's and Narcotic Sheets for accuracy at shift end.

Meeting/In-service Minutes

Date: 5/18/22	Time: 10:30 am
Director of Meeting/In-service:	Leigh Ann Hanby

Topic of Discussion:

- Nurses MUST sign MAR when dispensing medications
- HRA medication policy
- proper documentation of narcotics

Attendees	Title
Captie Savage	LPN
Yvette Blake	LPN
[illegible] Butler	LPN
[illegible]	LPN
Bettie Davis	LPN
Louise Merriweather	LPN

Manager Check off for Proper Documentation on MAR

LPN Name	Date	Shift	AL or MC	Proper Documentation	Area for Improvement
				(yes or no)	

STANDARD 7.03: MASTER SIGNATURE RECORD

Date Issued: 12/3/12 Date Revised: Date Reviewed: 10/2/17

Protocol:

- Master Signature Record is used to identify initials on the Medication Administration Record.
- Once an associate has been properly trained per state and HRA Guidelines, they may sign the Master Signature Record.
- Prior to supervising medications, the Associate will enter the following once on each Master Signature Record in each Hall Book prior to supervising medication:
  - Date
  - Printed Name
  - Signature
  - Initials
  - Title
- Current Master Signature Records are maintained in the front of the MOR/MAR Book.
- The Director of Resident Care reviews all Master Signature Records monthly and determines when an update is needed.
  - A new Master Signature record form is placed in the front of the Hall Book.

HARBOR RETIREMENT ASSOCIATES
Master Signature Record

Community: ______________________________

Date	Name(print)	Name (signature)	Initial	Title

Distribution Current-Hallbook
Past – Director of Resident Care Office

STANDARD 7.06: MEDICATION STORAGE

Date Issued: 12/1/13 Date Revised: Date Reviewed: 10/2/17

Protocol:

Residents who receive assistance with medication/Central Storage:

- Medications will be centrally stored in a locked medication cart.
- A list of all medications being stored will be kept.
- The area will be free of dampness and abnormal temperature, except medication that requires refrigeration.
- Accessible by staff; staff will have access to keys.
- Kept separately from the medications of other residents and properly closed or seated.
- Controlled substances will be stored in a double locked area in the medication cart.
- Medications that do not fit in the medication cart may be stored in a locked drawer, inside a designated medication storage room maintained by the Director of Resident Care or designee.

STANDARD 7.02: CONTROLLED DRUG RECORD

Date Issued: 12/3/12 Date Revised: Date Reviewed: 10/2/17

Protocol:

- Accounting for scheduled II/III drugs to be taken seriously by all associates who provide medication services.
- The Director of Resident Care should know the residents receiving medication services and taking controlled drugs.
- At least weekly, the Directors of Resident Care will do spot check controlled drugs audits.
- Dispensing pharmacy will identify the medication as a controlled drug on the medication label.
- Dispensing or designated unit dose pharmacy and/or Director of Resident Care or nurse will indicate the medication is a controlled drug on the Medical Administration Record
- Accounting for controlled drugs process:
  - Before assisting the Resident with an identified controlled drug, count the amount in the container (pill counter may be used when the medication is not in a unit dose package — **do not** touch pills with hands); this amount must match the last amount recorded on the Medication Administration Record.
  - When the last amount recorded on the Medication Administration Record does not match the amount in the container: **STOP**, notify Director of Resident Care or nurse, Executive Director and/or Lead Care Manager to facilitate immediate problem solving and complete an **Incident Report.**
  - Executive Director and/or Director of Resident Care/Care Manager conducts an investigation immediately.
  - Recording procedures: Associate will enter amount remaining above his/her initials for a routine time or about time of PRN supervision and initials the Medication Administration Record at the time of medication supervision.
- Using Shift counts as a problem solving tool:
  - A shift count may be implemented as a means to identify and resolve missing or unaccounted for controlled drugs.
  - May request and use a Controlled Drug record from the dispensing pharmacy.

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A 000	Initial Comments On May 12, 2022, an unannounced complaint investigation was conducted for this 58 bed Assisted Living Facility with a census of 37. There were three (3) complaints investigated during this survey. Intake ID: 20220125004, Intake ID: 20220412012, and Intake ID: 20220504003, were unsubstantiated and no deficiencies were cited as a result of the complaint investigations. DEBRA FREEMAN, REGISTERED NURSE	A 000		

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

Lynn Ann Donley — Executive Director — 5/16/22