POC Accepted 10.10.25
Connie Cherry

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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
	P6308	A. BUILDING: _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSINGS AT NORTH RIVER SCALF, THE	200 GEORGE HALL LANE TUSCALOOSA, AL 35406

(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 September 23, 2025, an inspection of care survey was conducted for this 32 bed Specialty Care Assisted Living Facility (SCALF) with a census of 32. There were no complaints investigated during this survey. Facility reported incidents #20250921003 and #20250919009 were investigated during the survey and a deficiency was cited as a result of the 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 and requires a plan of correction.	A 000	/A 604 Care of Residents Step 1: RI #1 PSMS and behavioral screening completed by the Registered Nurse on 9/23/25. RI#2 Comprehensive Assessment, PSMS, and Behavioral Screening was completed by the Registered Nurse on 9/23/25. RI#3 Comprehensive Assessment, PSMS, and Behavioral Screening was completed by the Registered Nurse on 9/23/25. Step 2: An audit conducted 9/30/25 by the Registered Nurse and Regional Nurse to confirm residents had admission required assessments and change of condition assessments in place. Step 3: Education was provided by the Regional Nurse on 9/30/25 on completion of regulatory required assessments. Step 4: All new admission residents and residents with changes of condition will be reviewed in the Weekly At Risk Meeting by the Executive Director / Designee to confirm completed assessments. This will occur for 3 months starting in October and ending in December 2025 and copies of the review will be maintained in the Executive Directors office. Any negative findings will be addressed and taken to Quality Assurance for necessary action.	
A 604	420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen. Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be	A 604		

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A 604	Continued From page 1 completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status. The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments. (b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care. (c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems: 1. Weight loss: (i) Each month, the facility shall accurately weigh and record the weight of each resident. (ii) A significant weight loss is defined as a five percent or greater weight loss in a period of	A 604		

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A 604	Continued From page 2 one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 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. 2. Falls (two or more falls within a 30 day period). 3. Elopement. 4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident. 5. Unmanageable, combative, or potentially harmful behavior(s). 6. Any accident with injury. (d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status. (e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions. This Rule is not met as evidenced by: Based on record reviews and interview, the	A 604		

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A 604	Continued From page 3 facility Registered Nurse (RN) failed to perform required assessments of residents when changes occurred in the residents' behavioral status. Findings: Review of resident records on September 23, 2025 revealed the following information. Resident Identifier (RI)#1 was admitted to the facility in April 2025 and had diagnoses which included cognitive impairment and chronic gout. On September 18, 2025, RI#1 was involved in an incident with another resident of the facility and demonstrated inappropriate behaviors. No comprehensive assessment, PSMS and behavioral screening were completed for RI#1 following this behavior. RI#2 was admitted to the facility in October 2024 and had diagnoses which included vascular dementia, psychotic disturbance, mood disturbance and anxiety. On September 18, 2025, RI#2 was involved in an incident with another resident of the facility and demonstrated inappropriate behaviors. No comprehensive assessment, PSMS and behavioral screening were completed for RI#2 following this behavior. RI#3 was admitted to the facility in July 2025 and had diagnoses which included Alzheimer's disease, hypertension, tachycardia, major depressive disorder, psychosis and insomnia. On September 21, 2025, RI#3 entered another resident's room and was physically aggressive toward the other resident, causing an injury to the other resident. No comprehensive assessment, PSMS and behavioral screening were completed for RI#3 following this aggressive behavior.	A 604		

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A 604	Continued From page 4 On September 23, 2025, the surveyor spoke with Employee Identifier (EI)#3 regarding the assessments for these residents following an inappropriate behavior and change in condition. EI#3 stated she (EI#3) had not completed assessments of these residents following the changes in their behavioral status but would do so that same day. CONNIE CHERRY, REGISTERED NURSE	A 604		