

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P3602 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/29/2023 |
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| NAME OF PROVIDER OR SUPPLIER ROSEWOOD MANOR II | STREET ADDRESS, CITY, STATE, ZIP CODE 1513 COUNTY PARK ROAD SCOTTSBORO, AL 35769 |
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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 |
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| A 000 | <p>Initial Comments</p> <p>On March 29, 2023, an unannounced licensure survey and complaint investigation was conducted for this 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 15.</p> <p>There were two (2) complaints investigated during this survey. LC#20180911007 and LC#20210503003 were unsubstantiated. There were no deficiencies cited as a result of the complaint investigations.</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> | A 000 | | |
| A 402 | <p>420-5-20-.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> | 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>(b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis.</p> <p>(c) Vaccines. Specialty care assisted living facilities shall immunize employees in accordance with current recommended Centers for Disease Control and Prevention (CDC) guidelines (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) A specialty care 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 reviews and interview, newly employed personnel were not properly screened prior to hire and prior to resident contact.</p> <p>Findings:</p> <p>On March 28, 2023, the surveyor reviewed employee files for EI#1, EI#2, EI#6 and EI#9. The physical examinations for EI#6 and EI#9 were only a statement that the employee was free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to residents through normal staff to resident contact. The statements for each employee were signed by EI#1, Registered Nurse (RN). EI#1 informed the surveyor that she (EI#1) documented and signed this statement for newly hired employees based on a negative tuberculosis screening. EI#1 added that the employees were not seen by a</p> | A 402 | | |

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| A 402 | Continued From page 2 physician or nurse practitioner to be examined for infectious skin lesions or diseases. EI#1 stated that the facility will begin having all new employees screened by the facility's medical director. During review of employee files on March 28, 2023, the facility files for EI#1, EI#2 and EI#6 did not contain documentation of screening through the Alabama Department of Public Health Nurse Aide Abuse Registry. EI#1 informed the surveyor that potential employees receive a criminal background check which contains abuse screening but any history of abuse would only be reported if the potential employee had been convicted of a criminal offense. The background check did not include screening through the Nurse Aide Abuse Registry. EI#1 completed a Nurse Aide Abuse Registry screening for all employees during the onsite survey. | A 402 | | |
| A 618 | 420-5-20-.06 (7) Care of Residents. (7) Oxygen Therapy. (a) A resident of a specialty care assisted living facility that requires oxygen therapy shall have oxygen administered only by a physician, RN, or LPN. (b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift. 1. If a resident receives oxygen therapy in a facility: | A 618 | | |

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| A 618 | <p>Continued From page 3</p> <p>2. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition.</p> <p>3. All oxygen tanks shall be safely maintained and stored.</p> <p>4. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted.</p> <p>5. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen.</p> <p>Refer to National Fire Protection Association (NFPA) 99 for Oxygen Storage Requirements.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, a resident's oxygen use was not documented on the resident's Medication Assistance Record (MAR).</p> <p>Findings:</p> <p>Resident Identifier (RI)#4 was admitted to the facility on January 3, 2021 and had diagnoses which included chronic obstructive pulmonary disease, hypertension, chronic diastolic heart failure, rheumatoid arthritis, urge incontinence, depression, chronic respiratory failure with hypoxia and dementia. RI#4 had a physician's order for oxygen at 2 liters per minute. Review of RI#4's MAR on March 29, 2023 revealed an entry which read "OXYGEN THERAPY-Change oxygen tubing on machine and nebulizer on the 10th of every month". There was no documentation of RI#4's oxygen use to include date, time, rate and</p> | A 618 | | |

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| A 618 | Continued From page 4 proper function of the equipment. EI#1 and EI#2 agreed this required information had not been documented. CONNIE CHERRY, REGISTERED NURSE | A 618 | | |