

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P3724	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2024
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NAME OF PROVIDER OR SUPPLIER SPECIALTY CARE AT DANBERRY AT INVERNE	STREET ADDRESS, CITY, STATE, ZIP CODE 235 INVERNESS CENTER DRIVE HOOVER, AL 35242
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A 000	<p>Initial Comments</p> <p>On May 1, 2024, an unannounced licensure survey was conducted for this 24 bed Assisted Living Facility with a census of 21.</p> <p>One complaint was investigated during this survey. LC#20210630005 was unsubstantiated. No deficiencies were written as a result of the complaint investigation.</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 require a plan of correction.</p>	A 000		
A 508	<p>420-5-20-.05 (3) (h) Records and Reports.</p> <p>(h) Incident Investigation. When an incident, as defined below, occurs in a specialty care assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review.</p> <p>1. Incidents which require investigation are:</p> <p>(i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as extensive bruising, pain, or injury that is not consistent with actions necessary in providing day-to-day care to a resident or for</p>	A 508		

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

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A 508	<p>Continued From page 1</p> <p>which medical treatment was sought.</p> <p>(ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid including but not limited to a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office.</p> <p>(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.</p> <p>(iv) Elopement by a resident.</p> <p>(v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.</p> <p>(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.</p> <p>(viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).</p>	A 508		

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A 508	<p>Continued From page 2</p> <p>(ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(xi) An unplanned occurrence that results in media attention.</p> <p>(xii) A medication error, overdose, or over sedation.</p> <p>(xiii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p> <p>(iii) When the administrator was notified (date and time).</p> <p>(iv) Circumstances under which the incident occurred.</p> <p>(v) When the incident occurred (date and time).</p>	A 508		

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A 508	<p>Continued From page 3</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p> <p>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.</p> <p>(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation.</p> <p>(xviii) The entire investigative file shall be made available for inspection and copying by</p>	A 508		

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A 508	<p>Continued From page 4</p> <p>representatives of the Department upon request.</p> <p>(xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies.</p> <p>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.</p> <p>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:</p> <p>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, witnessed, or actual abuse, neglect, or exploitation of a resident or residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file.</p> <p>(iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical</p>	A 508		

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A 508	<p>Continued From page 5</p> <p>damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(vi) An unplanned occurrence that results in media attention.</p> <p>(vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.</p> <p>(viii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(ix) Notifiable diseases and health conditions listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04. shall also be reported by the facility to the State Health Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than three years.</p> <p>(x) Any indication of a malfunction of the sprinkler system, fire alarm system, or a door locking device.</p> <p>4. The report to the Department's Online Incident Reporting System shall include the following:</p> <p>(i) Facility name and direct phone number.</p>	A 508		

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A 508	<p>Continued From page 6</p> <p>(ii) Time and date of the report.</p> <p>(iii) Reporter's name.</p> <p>(iv) Name of resident(s), staff, or visitor(s) involved in the incident.</p> <p>(v) Names of staff on duty at the time of the incident.</p> <p>(vi) Date and time of the incident.</p> <p>(vii) A brief description of the incident.</p> <p>(viii) Any injury or injuries to resident(s).</p> <p>(ix) Action taken by the facility in response to the incident.</p> <p>(i) Vital Statistics Reports. A record shall be kept of all births, deaths, and stillbirths that occur within the specialty care assisted living facility. By the fifth day of each month, the administrator shall make a report of such births, deaths, and stillbirths for the preceding month on such forms as the State Board of Health shall provide to the county health officer, or in counties without a county health officer, to the State Registrar. This report shall be in addition to the official birth, death, and stillbirth certificates. If there are no births, deaths, or stillbirths in any month, a report shall be made stating that fact to the county health officer.</p>	A 508		

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A 508	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure timely submission of incidents required to be reported to the Alabama Department of Public Health.</p> <p>Findings include:</p> <p>The records of reportable incidents were reviewed on May 1, 2024 at approximately 5:15 PM. Employee Identifier (EI)#3, the Registered Nurse (RN)/Wellness Director, reviewed these records with the surveyor. Of the incidents that were reported since the last survey on September 19, 2019, twenty-six reports were not submitted within 24 hours.</p> <p>An interview was conducted with EI#3 on May 1, 2024 at approximately 5:15 PM. EI#3 said incidents should be reported within 24 hours. EI#3 said she came to work at the facility in February of 2024 and did not know why the incidents were not reported within the required time frame.</p>	A 508		
A 605	<p>420-5-20-.06 (3) (f) Care of Residents.</p> <p>(f) Observation. Each specialty care assisted living facility shall provide general observation and health supervision of the residents to identify changes in all residents' health conditions and physical abilities, and awareness of the need for medical attention or nursing services as the changes develop. Whenever a resident requires medical attention, nursing services, or changes in personal care and assistance with activities of daily living provided by the facility, the facility shall arrange</p>	A 605		

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A 605	<p>Continued From page 8</p> <p>for or assist the residents in obtaining necessary services.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to identify changes in the resident's health condition and physical abilities regarding a pressure injury to the right heel of Resident Identifier (RI)#5.</p> <p>Findings include:</p> <p>RI#5 was admitted to the facility on September 10, 2022, with diagnoses of Diabetes Mellitus Type Two, Conductive and Sensorineural hearing loss, Cognitive communication deficit, Unspecified Dementia, Vitamin D Deficiency, and Adverse Effect of other Antihypertensive drugs.</p> <p>On April 30, 2024, at approximately 1:00 PM, a record review of RI#5's physician note revealed , "... Appointment Date/Time 04/24/2024 01:45 PM ... 7. Pressure injury of heel - Right- ... instructed to aggressively offload the right heel ..." A Doctor of Podiatry Medicine signed 04/24/2024.</p> <p>On May 1, 2024 at approximately 9:30 AM the surveyor observed RI#5's right heel that had an open blister appearance, missing top layer of skin. This observation was made with EI#3, the RN/Wellness Director.</p> <p>On May 1, 2024 at approximately 12:45 PM, an</p>	A 605		

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A 605	Continued From page 9 interview was conducted with EI#3. EI#3 said she and the staff were unaware of the pressure injury to RI#5's heel.	A 605		
A 611	420-5-20-.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. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary. 1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. 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: 2. A listing of the resident's individual needs or problems that require intervention by the	A 611		

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A 611	<p>Continued From page 10 facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>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.</p> <p>5. Activities of Daily Living. Residents of a specialty care assisted living facility 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.</p> <p>(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.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Residents' 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>	A 611		

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A 611	<p>Continued From page 11</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 observation, record review and interview, EI#3, the Registered Nurse (RN)/Wellness Director failed to develop resident care plans based on assessments and recommendations of the residents' physician, failed to list residents' needs or problems that required intervention by the facility and failed to list interventions to address identified needs or problems.</p> <p>Findings include:</p> <p>RI#2 RI#2 was admitted to the facility on July 26, 2021, with diagnoses to include Alzheimer's Dementia, Hyperlipidemia, Hypothyroidism, Depression, Osteopenia, Osteoarthritis and repeated falls.</p> <p>An observation was made on April 30, 2024 at approximately 12:00 PM of RI#2 at lunch with weighted utensils and exhibiting hand tremors.</p> <p>A record review of RI#2's care plan was made on May 1, 2024 at approximately 7:00 AM. The care plan did not address RI#2's tremors or the use of weighted utensils.</p> <p>An interview was conducted on May 1, 2024 at</p>	A 611		

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A 611	<p>Continued From page 12</p> <p>approximately 4:15 PM with EI#3. EI#3 said there was no care plan for the weighted utensils or tremors. EI#3 said they should be care planned.</p> <p>RI#3 RI#3 was admitted to the facility on February 19, 2024 with diagnoses to include Alzheimer's Dementia, Sarcopenia, Osteoarthritis, Vitamin B and D deficiencies, and a history of Paranoid Ideation and falling.</p> <p>A review of RI#3's initial medical exam that was conducted on May 1, 2024, at approximately 7:30 AM, revealed, "... Date 2-1-2024 ... LIST RESIDENT NEEDS OR PROBLEMS THAT REQUIRE INTERVENTION (Behavioral Symptoms, Elopement, Weight Loss, Falls, Therapeutic Diets, Decubitis Ulcers, Etc.) 1) elopement 2) weight loss 3) behavioral symptoms ..."</p> <p>The care plan for RI#3 revealed, "... Need ... *Wandering/Elopement risk ... Action *Independent: wandering *Resident is independent regarding wandering ..." The care plan did not identify elopement as a need or problem that required intervention as the initial medical exam indicated. There were no written interventions for the identified elopement risk.</p> <p>An interview was conducted on May 1, 2024 at approximately 4:30 PM with EI#3. EI#3 indicated RI#3's care plan should include elopement, weight loss and behaviors according to the initial medical exam. Regarding the care plan for elopement risk, EI#3 said the indication that RI#3 was independent regarding wandering was incorrect.</p>	A 611		

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A 802 A 802	Continued From page 13 420-5-20-.08 (2) Physical Facilities. (2) Physical Facilities (Drugs and Medicines). (a) Medicine Storage. There shall be a medicine cabinet or storage area in the facility for safekeeping and to avoid contamination of individual medicine and drugs. The medicine storage area shall: 1. Be provided with lock and key and be kept locked when not being used. 2. Have adequate storage space with shelving. 3. Be adequately lighted with artificial illumination. 4. Have proper temperature and humidity levels. (b) Refrigerator. A refrigerator, capable of being secured, and dedicated to medicine and drug storage, shall be required for medicines and drugs, which must be refrigerated. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure two medication rooms remained locked when not in use. Findings include: An observation was made on April 30, 2024 at approximately 10:00 AM of both medication rooms on the Specialty Care unit being unlocked.	A 802 A 802		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P3724	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2024
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NAME OF PROVIDER OR SUPPLIER SPECIALTY CARE AT DANBERRY AT INVERNE	STREET ADDRESS, CITY, STATE, ZIP CODE 235 INVERNESS CENTER DRIVE HOOVER, AL 35242
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A 802	<p>Continued From page 14</p> <p>The half-door outside of the doors was unlocked but by pushing the unlocked door open the half-doors could be unlatched and entry gained to the medication rooms. Medications stored unlocked in the medications included the following: Tylenol, Ibuprofen, Asthma Nex, and Ipratropium Bromide.</p> <p>EI#5, a Licensed Practical Nurse, was observed using the medication carts that had been taken from the rooms.</p> <p>An interview was conducted on April 30, 2024 at approximately 2:00 PM with EI#5. EI#5 said she only closed the med room doors because closing them causes the half-doors outside of them to lock.</p>	A 802		
A1001	<p>420-5-20-.10 (1) Sanitation and Housekeeping.</p> <p>(1) Sanitation.</p> <p>(a) Water Supply.</p> <p>1. If at all possible, all water shall be obtained from a public water supply. If it is impossible to connect to a public water system, the private water supply shall meet the approval of the local County Health Department.</p> <p>2. Water under pressure of not less than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall in no case exceed 110 degrees Fahrenheit.</p>	A1001		

Alabama Department of Public Health

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NAME OF PROVIDER OR SUPPLIER SPECIALTY CARE AT DANBERRY AT INVERNE	STREET ADDRESS, CITY, STATE, ZIP CODE 235 INVERNESS CENTER DRIVE HOOVER, AL 35242
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A1001	<p>Continued From page 15</p> <p>(b) Disposal of Liquid and Human Wastes.</p> <p>1. There shall be installed within the building a properly designed waste disposal system, connecting to all fixtures to which water under pressure is piped.</p> <p>2. All liquid and human waste, including floor wash water and liquid waste from refrigerators, shall be disposed through trapped drains into a public sewer in localities where such system is available.</p> <p>3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed through trapped drains into a sewage disposal system approved by the local County Health Department. The sewage disposal system shall be of a size and capacity based on the number of residents and personnel housed and employed in the institution. Where the sewage disposal system is installed at an existing facility prior to granting of a license, it shall be inspected and approved by the local County Health Department.</p> <p>(c) Premises. The premises shall be kept neat and clean. The property shall be free of rubbish, weeds, ponded water, or other conditions, which may create a health, safety, or sanitation hazard.</p> <p>(d) Control of Insects, Rodents, and other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or control shall be used. Droppings shall be</p>	A1001		

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A1001	<p>Continued From page 16</p> <p>evidence of infestation by pests.</p> <p>(e) Toilet Room Cleanliness. Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, toiletry articles. The use of a common towel and common bar soap is prohibited.</p> <p>(f) Garbage Disposal.</p> <p>1. Garbage must be kept in water-tight suitable containers with tight-fitting covers. Garbage containers must be emptied at frequent intervals and shall be thoroughly cleaned and aired before using again.</p> <p>2. Garbage and waste shall be disposed of in accordance with local and state regulations.</p> <p>(g) Control of Odors. The facility shall be free of objectionable odors.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure water temperatures did not exceed 110 degrees in resident rooms.</p> <p>Findings include:</p> <p>An observation was made on April 30, 2024 at approximately 10:30 AM of water temperatures. Four resident rooms were found with a water temperature of 115 degrees.</p> <p>An interview was conducted on April 30, 2024 at</p>	A1001		

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A1001	Continued From page 17 approximately 10:45 AM with EI#4, the maintenance/plant operations manager. EI#4 said the temperatures had not been monitored. He immediately adjusted the temperature and it was later found at less than 110 degrees. THERESA HARRISON, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE	A1001		