

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D6411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE MANOR I I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 SUNRISE ROAD JASPER, AL 35504</b>
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A 000	<p>Initial Comments</p> <p>On May 22, 2024 an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 14.</p> <p>There was one complaint investigated during this survey. Complaint#20211230010 was unsubstantiated.</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 pose a potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 405	<p>420-5-4-.04 (6) Personnel.</p> <p>(6) Training.</p> <p>(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below:</p> <ol style="list-style-type: none"> <li>1. State law and rules on assisted living facilities.</li> <li>2. Facility policies and procedures.</li> </ol>	A 405		

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

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A 405	<p>Continued From page 1</p> <ol style="list-style-type: none"> <li>3. Resident rights.</li> <li>4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.</li> <li>5. Identifying and reporting abuse, neglect, and exploitation.</li> <li>6. Basic first aid.</li> <li>7. Advance directives.</li> <li>8. Protecting resident confidentiality.</li> <li>9. Resident fire and environment safety.</li> <li>10. Special needs of the elderly, mentally ill, and mentally retarded.</li> <li>11. Safety and nutritional needs of the elderly.</li> <li>12. Identifying signs and symptoms of dementia.</li> </ol> <p>(b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be</p>	A 405		

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A 405	<p>Continued From page 2</p> <p>staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization.</p> <p>(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, staff of the facility were not trained in special needs of the residents.</p> <p>Findings:</p> <p>Review of employee files, on May 22, 2024, revealed the following information. Employee Identifier (EI)#1, EI#2, EI#3, EI#4 and EI#5 did not have documentation of training in diabetes. At least three residents of the facility {Resident Identifier (RI)#1, RI#3 and RI#4} had a diagnosis of diabetes mellitus. EI#1 stated diabetes training had likely not been completed for these employees. On May 23, 2024, EI#1 reported to the surveyors that she (EI#1) had scheduled a training in diabetes for all employees.</p>	A 405		

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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> <ol style="list-style-type: none"> <li>1. All of the physician's diagnoses, and the resident's baseline weight and vital signs.</li> <li>2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>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.</li> <li>4. Documentation of evaluation for tuberculosis within the previous 12 months.</li> </ol> <p>(b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a</p>	A 602		

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A 602	<p>Continued From page 4</p> <p>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 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</li> </ol>	A 602		

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A 602	<p>Continued From page 5</p> <p>(name, dosage, and strength of drug, frequency, and route of administration).</p> <p>4. Changes in treatment.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, a resident's Annual Physical Examination did not contain required information.</p> <p>Findings:</p> <p>Review of resident records, on May 22, 2024, revealed the following information.</p> <p>Resident Identifier (RI)#4 was admitted to the facility on October 8, 2020 and had diagnoses which included diabetes mellitus type II, overactive bladder, vitamin D deficiency, hypertension, hypertensive chronic kidney disease and polyneuropathy. RI#4's Annual Physical Examination, dated April 29, 2024, did not contain RI#4's vital signs. EI#1 agreed the form was incomplete and stated she (EI#1) had difficulty getting the physicians to document vital signs on the examination forms.</p>	A 602		
A 611	<p>420-5-4-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.</p> <p>(a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical</p>	A 611		

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A 611	<p>Continued From page 6</p> <p>examination records and admission records, shall be accessible to the direct care staff at all times.</p> <p>(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 with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.</p> <p>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:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the 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</p>	A 611		

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A 611	<p>Continued From page 7</p> <p>provider.</p> <p>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.</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. 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>	A 611		

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A 611	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview, a resident's Care Plan was inadequate and did not contain required information to effectively implement proper interventions to provide resident safety.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON APRIL 30, 2019.</p> <p>Findings:</p> <p>RI#5 was admitted to facility on February 14, 2024 with diagnoses including bipolar disorder, dementia, anxiety, atrial fibrillation, hypertension, arthritis, acid reflux, stroke and diabetes mellitus II. Review of RI#5's facility care plan, on May 22, 2024 at approximately 3:05 PM, revealed the following information. Fall Interventions only listed "Home Health". No specific or general instructions to the caregiving staff were documented for prevention of falls. During an interview, on May 23, 2024 at approximately 8:00 AM, EI#2 agreed interventions for "Home Health" did not describe what caregivers are to look for and what actions caregivers should take to prevent the resident from falls.</p> <p>CONNIE CHERRY, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p>	A 611		