STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P6307	A. BUILDING: _____ B. WING _____	06/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIDES AT CRIMSON VILLAGE, THE	1410 18TH AVENUE EAST TUSCALOOSA, AL 35404

(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 June 6, 2023, an unannounced licensure survey was conducted for this 48 bed Specialty Care Assisted Living Facility (SCALF) with a census of 39. There was one (1) complaint investigated during this survey. LC#20230517007 was unsubstantiated. There were no deficiencies cited as a result of the complaint investigation. 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	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 completed to screen physical functioning and	A 604		

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A 604	Continued From page 1	A 604		

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 one month or less, or a seven and a half percent

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A 604	Continued From page 2 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 interviews, the facility failed to properly assess residents to	A 604		

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A 604	Continued From page 3 determine facility eligibility prior to admission. Findings: Review of facility records on June 6, 2023 revealed the following information. Resident Identifier (RI)#12 was admitted to the facility on November 24, 2021 and had diagnoses which included diabetes mellitus II, hypertension, congestive heart failure, hyperlipidemia, hypothyroidism and gastroesophageal reflux disease. RI#12 was assessed for facility eligibility by the Registered Nurse (RN) on November 24, 2021. The pre-admission assessment did not include an aphasia screening, a geriatric depression screen and a behavior screen. RI#13 was admitted to the facility on April 21, 2023 and had diagnoses which included hypertension, morbid obesity, degenerative joint disease/osteoarthritis bilateral knees, peripheral edema, dyslipidemia, diabetes mellitus II, chronic systolic and diastolic congestive heart failure, chronic kidney disease stage 3-4 and peripheral arterial disease of the lower extremities. RI#13 was assessed for facility eligibility by the RN on March 23, 2023. The pre-admission assessment did not include a mental status examination, aphasia screening, a geriatric depression screen and a behavior screen. When interviewed about the pre-admission assessments on June 6, 2023, Employee Identifier (EI)#1 agreed the required information had not been completed and stated these residents were Assisted Living Facility (ALF) appropriate but were residing in the SCALF. EI#1 added she (EI#1) had instructed the facility RN that these screenings were required for	A 604		

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A 604	Continued From page 4 pre-admission assessments even for residents who were ALF appropriate. CONNIE CHERRY, REGISTERED NURSE	A 604		