STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P4520	A. BUILDING: _____ B. WING _____	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITALITY LIVING UPLAND PARK - SCALF	1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806

(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 February 8, 2023, an investigation of care was conducted for this 24 bed Specialty Care Assisted Living Facility (SCALF) with a census of 6. Facility-reported incident number 20230128007 was investigated and deficiencies were cited as a result of the investigation. 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.	A 000		
A 612	420-5-20-.06 (4) (c) (d) (e) (f) Care of Residents. (c) Activity Program. There shall be an activity program designed to meet the individual needs of each resident. The facility shall maintain supplies and equipment as necessary to implement the activity programs. Every day the facility shall provide activities appropriate to residents with dementia. Residents who have wandering behaviors shall have a documented activity program to manage this behavior. (d) Pets residing at the facility or used in activity programs shall be in good health and shall have current vaccinations as required by law. Vaccination certificates, or copies of vaccination certificates, shall be kept on file at the facility to demonstrate compliance with this requirement.	A 612		

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A 612	Continued From page 1 (e) Mail, Telegrams, and Other Communications. 1. Incoming mail, telegrams, and other written communications addressed to the resident shall be delivered to the resident unopened. Outgoing mail shall be promptly delivered to regular postal channels upon receipt from the resident. Residents shall be permitted to receive telephone calls at the facility in complete privacy. 2. Personnel of the facility shall assist residents with communications, such as writing letters or assisting with writing letters, or reading mail out loud if requested to do so. (f) Appointments. Residents shall be assisted in making and keeping appointments. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to develop an activity program with specific interventions to manage a resident's wandering behaviors. Findings: Review of facility records on February 8, 2023 revealed the following information. Resident Identifier (RI)#1 was admitted to the facility on January 19, 2023 with diagnoses which included dementia, bradycardia, hypertension, diabetes mellitus type II and hyperlipidemia. RI#1 used a walker to aide in ambulation. A facility incident report documented RI#1 eloped from the facility	A 612		

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A 612	Continued From page 2	A 612		

on January 28, 2023 by pressing the exit door for 15 seconds which allowed the door lock to release. Refer to deficiency 1201 for additional information on the exit door monitoring.

RI#1's current Service Plan was dated January 30, 2023 and read as follows, "...No behavior issues...Minimal wandering issues. Resident has current or history of wandering that does not jeopardize safety...". On January 28, 2023, RI#1's Service Plan was updated with the following interventions following RI#1's elopement from the facility:

Observe resident every 15 minutes for the remainder of this shift and throughout the night.

Observe resident every 30 minutes x 72 hours.

72 hour charting with vital signs done by licensed nurse and notify md with any concerns.

Monitor vital signs and report abnormal values to Health Care Provider.

Observe/monitor for incidents; report changes to supervisor.

RI#1's facility Service Plan contained no specific activities and interventions for managing RI#1's wandering behaviors and for redirecting RI#1 to prevent another elopement. When interviewed on February 8, 2023, Employee Identifier (EI)#3, Wellness Director and Registered Nurse, and EI#4, Memory Care Director and Licensed Practical Nurse, agreed additional interventions and activities should be added to RI#1's Service Plan to prevent elopements and to keep RI#1 safe. An immediate plan of action to develop activities to prevent RI#1 from wandering was received from EI#1, Administrator, during the onsite survey.

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A1201	Continued From page 3	A1201		
A1201	420-5-20-.12 (1) Physical Environment. (1) Buildings and Grounds. (a) The specialty care assisted living facility including site and grounds must be constructed, arranged, and maintained to ensure the safety of the residents and building occupants. (b) Building Classification. 1. Group specialty care assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), (5), (6), and (8) of AAC Rule 420-5-20.12. 2. Congregate specialty care assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (7), and (8) of AAC Rule 420-5-20-.12. 3. Renovation within the exterior walls of a specialty care assisted living facility shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the classification of license held by the specialty care assisted living facility. 4. Dually licensed facilities. (i) For the purposes of meeting physical facility and building code requirements, a building housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed	A1201		

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A1201	Continued From page 4	A1201		

capacities of both facilities. For the purposes of meeting resident care and administrative requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed capacity of each, and the determination shall not be based on their combined bed capacity.

(ii) When a facility has a portion of a building licensed for specialty care residents, instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions.

(c) Location. Each specialty care assisted living facility established or constructed shall be located so that it is free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance can be reduced to 500 feet when facility is separated by a boarded fence at least 6 feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities.

(d) Local Restrictions. The location and construction of a specialty care assisted living facility shall comply with local zoning, building, and fire ordinances. Evidence to this effect, signed by local fire, building, or zoning officials, may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the

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A1201	Continued From page 5 local county commission through official board action or from the office of the probate judge. (e) Specialty Care assisted living facilities shall be located on publicly maintained streets or roads, and connected with driveways which shall be kept passable at all times. (f) Occupancy. No part of a specialty care assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility. Only residents of the facility shall be permitted to utilize these services. The Department shall approve all plans for occupancy. (g) Basements. The basement shall be considered as a story if it meets criteria established by the codes for a story. (h) The specialty care assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services. (i) Facilities, supplies, and equipment must be maintained in safe operating condition. (j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility building was not maintained in a manner that ensured the safety of all residents. Findings:	A1201		

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A1201	Continued From page 6 On January 28, 2023, the Alabama Department of Public Health received an incident report from the facility which documented the elopement of RI#1 from the facility at 3:45 PM that same day. The report stated RI#1 "...pressed the door for 15 seconds and the door lock released. The alarm did go off but was faint at the nurses station...". RI#1 was observed by staff on the sidewalk outside the building and safely returned inside the facility. On February 8, 2023, an onsite investigation of the incident was conducted at the facility by the Alabama Department of Public Health. The surveyor observed the door where RI#1 reportedly eloped which was located at the outside entrance to the facility from the parking lot. The door was locked. A key pad was located on the wall to the right side of the door and could be used to enter a code and release the door lock. A sign was posted in the center of the door which read, "KEEP PUSHING. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND". A fire drill was conducted by EI#8, Maintenance, later that same day and the door lock released when the fire alarm sounded. EI#4 demonstrated the following to the surveyor. The door was pushed for 15 seconds by EI#4 and the door lock released allowing exit from the building. An alarm sounded from the time the door was initially pushed and continued to sound until reset by EI#4. EI#8 demonstrated the same procedure again to the surveyor later that same day. The surveyor moved to different areas of the facility and was unable to hear the door alarm from the nurses' station. The door alarm could be heard in most hall areas and in the dining area but was faint and could not be heard inside	A1201		

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A1201	Continued From page 7 resident rooms. An immediate plan of action was requested by the surveyor and received from EI#1 to ensure staff were aware when the exit door was opened and to prevent further resident elopements. The plan of action included increasing the volume of the door alarm and obtaining recommendations from the Fire Marshall regarding the possibility of changing the type of lock on the exit door. CONNIE CHERRY, REGISTERED NURSE	A1201		