

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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| A 000 | <p>Initial Comments</p> <p>On September 10, 2024, an licensure survey was conducted for this twenty-four (24) bed Specialty Care Assisted Living Facility (SCALF) with a census of eighteen (18). Four complaints were investigated (LC20240730006, LC20230824010, LC20230828003 and LC20230918005) deficiencies were cited as a result of the complaints.</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 203 | <p>420-5-20-.02 (3) The License.</p> <p>(3) License. If an applicant submits a timely and complete application accompanied by the appropriate license fee and any supporting documentation that may be required by the Department, and if the Department is satisfied that the applicant likely is willing and capable of compliance with these rules, and if granting such a license would not violate any other state or federal law or regulation, then the Department, as agent for the Board, may grant a license to the applicant. All licenses granted shall expire at midnight on December 31 of the year in which the license is granted. The Department, as agent for the Board, may deny a license. A license shall only be valid at the licensed premises and for the individual or business entity licensed. It is a condition of licensure that the licensee must</p> | A 203 | | |

Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Alabama Department of Public Health

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| A 203 | <p>Continued From page 1</p> <p>continuously occupy the licensed premises and remain open as a specialty care assisted living facility, fully staffed and otherwise capable of admitting and providing specialty care assisted living services. If a facility fails to remain open and staffed as required for a period of 30 days, its license shall become void unless the Department has been notified that services are temporarily suspended for remodeling or minor alterations. If a licensee abandons the licensed premises, the license shall immediately become void.</p> <p>(a) Issuance of License Certificate. The license certificate issued by the State Board of Health shall set forth the name and location of the specialty care assisted living facility, the classification of the specialty care assisted living facility, and the facility's bed capacity.</p> <p>(b) Separate Licenses. Each specialty care assisted living facility shall be separately licensed, regardless of whether it is owned or managed by the same entity as another assisted living facility.</p> <p>(c) Posting of License Certificate. The license certificate shall be posted in a conspicuous place on the licensed premises.</p> <p>(d) License Renewal. Licenses may be renewed by the applicant as a matter of course upon submission of a completed renewal application and payment of the required fee. When the Department has served written notice on the facility of its intent to revoke or downgrade the license, a renewal application shall be filed but does not affect the proposed adverse licensure action.</p> | A 203 | | |

Alabama Department of Public Health

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| A 203 | <p>Continued From page 2</p> <p>(e) Failure to Renew a License. Any licensee who fails to renew a license on or before the close of business on the last business day in December shall be assessed a late fee equal to the amount of the original license fee. A license may only be renewed with the payment of a late fee before the close of business on the last business day in January of the succeeding calendar year. A license which has not been renewed by the end of January has expired and shall be void.</p> <p>(f) Change of Ownership. A specialty care assisted living facility license is not transferrable. In the event that the legal ownership of the right to occupy a facility's premises is withdrawn or transferred to an individual or entity other than the licensee, the facility license shall become void and continued operation of the facility shall be unlawful pursuant to §22-21-22, Code of Ala. 1975, and subject to penalties as provided in §22-21-33, Code of Ala. 1975, unless an application for a change of ownership has been submitted to and approved by the Department prior to the transfer of legal ownership. At least 30 days prior to any proposed change in ownership, the new prospective licensee of a specialty care assisted living facility shall file a change of ownership application with the State Board of Health. An application for change of ownership shall be submitted on the form prescribed by the Department, shall be accompanied by the requisite application fee set forth in §22-21-24, Code of Ala. 1975, and shall be subject to the same requirements and considerations as are set forth above for initial license applications. An application for a change of ownership shall be submitted and signed by the prospective new licensee, or its agent, and</p> | A 203 | | |

Alabama Department of Public Health

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| A 203 | <p>Continued From page 3</p> <p>also either signed by the current licensee or its agent, or accompanied by a court order demonstrating that the current licensee has been dispossessed of the legal right to occupy the premises and that the prospective new licensee has been awarded the legal right to occupy the premises. Upon approval of a change of ownership, the Department shall notify the current licensee and the new license applicant, and shall issue a license certificate to the new licensee.</p> <p>Indicia of ownership of a facility include the right to hire, terminate, and to determine the compensation and benefits paid to the facility's administrator and other staff, the right to receive payment from residents and third parties for services provided by the facility, the right to establish and to change the policies, procedures, and protocols under which the facility operates, and the right to overrule operational decisions made by the facility administrator and other staff.</p> <p>(g) Change in Bed Capacity. A facility may apply for a change in licensed bed capacity by submitting a completed application on a form prescribed by the Department and accompanied by the fee prescribed in §22-21-24, Code of Ala. 1975, together with such other documentation as the Department may require. Upon approval of a change of bed capacity, the Department shall notify the licensee and shall issue a revised license certificate to the licensee, which may be predicated on the return of the old license certificate.</p> <p>(h) Change of Name. A facility may apply for a change of name by submitting a completed application on a form prescribed by the Department. There is no application fee for a</p> | A 203 | | |

Alabama Department of Public Health

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| A 203 | <p>Continued From page 4</p> <p>change of name application. The Department may in its discretion deny an application for a change of name if the Department determines that the proposed name is misleading to the public or that the name is overly similar to the name of an already licensed facility. Separately licensed facilities owned by the same governing authority may have names that are similar to one another and distinguished from one another in some other manner, such as a geographic description. Upon approval of a change of name, the Department shall notify the licensee and shall issue a revised license certificate to the licensee, which may be predicated on the return of the old license certificate.</p> <p>(i) Denial of a License. The Board may deny a license to any applicant on grounds of insufficient evidence of the willingness or ability to comply with §§22-21-20 through 22-21-34, Code of Ala. 1975, or these rules, including the following reasons:</p> <ol style="list-style-type: none"> 1. The applicant or any principal associated with the applicant has violated any provision of §§22-21-20 through 22-21-34, Code of Ala. 1975. 2. The applicant or any principal associated with the applicant has been convicted of engaging in, permitting, aiding, or abetting the commission of an illegal act in any licensed health care facility. 3. The applicant or any principal associated with the applicant has engaged in conduct or practices deemed by the Board to be detrimental to the welfare of the residents of the health care facility. | A 203 | | |

Alabama Department of Public Health

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| A 203 | <p>Continued From page 5</p> <p>4. Conduct and practices deemed detrimental to the welfare of residents of a facility or provide grounds pursuant to this subsection for denial of a license include:</p> <p>(i) The applicant or an agent authorized by the applicant has deliberately falsified any material information or record submitted as part of the application for licensure.</p> <p>(ii) The applicant has changed its corporate name, charter, entity, or its partnership name or composition to avoid the imposition of liens or court action.</p> <p>(iii) The applicant or any principal associated with the applicant has been convicted of engaging in the physical, mental, or sexual abuse or in the financial exploitation of a patient or patients.</p> <p>(iv) The applicant or any principal associated with the applicant has operated a health care facility in Alabama or in any other jurisdiction in a manner that resulted in one or more violations of applicable laws or other requirements and as a result caused death, injury, disability, or serious risk of death, injury, or disability to any resident or patient of the facility and such past conduct causes the Department to reasonably believe that granting a license to the applicant would likely be detrimental to the life, health, or safety of prospective residents of the facility for which licensure is sought.</p> <p>(v) The applicant or any principal associated with the applicant has been convicted of fraud in this or any other jurisdiction.</p> | A 203 | | |

Alabama Department of Public Health

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| A 203 | <p>Continued From page 6</p> <p>(vi) The applicant or any principal associated with the applicant has in the past deliberately falsified records or has otherwise made a deliberate and material misrepresentation of facts to an employee of the Department in an attempt to influence the outcome of a survey or some other regulatory compliance determination by the Department.</p> <p>(vii) The applicant or any principal associated with the applicant has in the past induced or attempted to induce a subordinate employee to falsify records or to otherwise make a deliberate and material misrepresentation of facts to an employee of the Department in an attempt to influence the outcome of a survey or some other regulatory compliance determination by the Department.</p> <p>(viii) The applicant or any principal associated with the applicant is operating, or has in the past operated, an unlicensed health care facility.</p> <p>(ix) The applicant or any principal associated with the applicant has at any time been debarred from participation in the Medicare or Medicaid programs.</p> <p>(x) Other serious misconduct which, in the judgment of the Board, poses a serious risk to patient health or safety.</p> <p>5. An applicant may appeal the denial of a license pursuant to the provisions of the Alabama Administrative Procedure Act, §41-22-1, et seq., Code of Ala. 1975, and the Board's Rules for Hearing of Contested Cases, Chapter 420-1-</p> | A 203 | | |

Alabama Department of Public Health

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| A 203 | <p>Continued From page 7</p> <p>3, Ala. Admin. Code.</p> <p>This Rule is not met as evidenced by: Based on observations, interview and record reviews, the facility failed to obtain approval of a facility name change from the Department prior to displaying the new facility name.</p> <p>Findings:</p> <p>Upon arrival at the facility, on the morning of September 10, 2024, the surveyors observed a large sign at the entrance to the facility parking lot which read "Pioneer Senior Living at Upland Park". Upon entering the facility, a sign at the concierge area read "Welcome to Pioneer". Business cards for staff were available at the front desk with a heading of "Pioneer Senior Living at Upland Park". In addition, multiple forms were provided to the surveyors during the onsite survey which contained the heading "Pioneer Senior Living at Upland Park". The facility name of record at ADPH was Vitality Living Upland Park SCALF.</p> <p>When interviewed, on September 11, 2024, Employee Identifier (EI)#1 stated that she (EI#1) had submitted a request for name change to the Department on August 15, 2024 but had not received notification of approval for the name change or a new license indicating the name change had been approved from the Department. EI#1 agreed that the facility's name change had been implemented prior to notification of approval from the Department.</p> | A 203 | | |

Alabama Department of Public Health

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| A 406 | Continued From page 8 | A 406 | | |
| A 406 | <p>420-5-20-.04 (9) Personnel.</p> <p>(9) 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. An RN shall identify staff training needs and shall provide or arrange for needed training. 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"> 1. State law and rules on specialty care assisted living facilities. 2. Facility policies and procedures. 3. Resident rights. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environmental | A 406 | | |

Alabama Department of Public Health

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| A 406 | <p>Continued From page 9</p> <p>safety.</p> <p>(b) Prior to providing any resident care, all staff shall complete The Dementia Education and Training Act (DETA) Care Series Training developed by the Alabama Department of Mental Health or equivalent training approved by the State Health Officer. All licensed staff shall complete DETA Brain Series Training, The Pharmacological Management of Dementia, and the Dementia Assessment Series provided by the DETA Program or equivalent training approved by the State Health Officer prior to resident contact. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained.</p> <p>(c) All staff who have resident contact shall be able to demonstrate diversional methods and redirection. All staff shall be able to demonstrate an understanding of the implications of caring for residents with agnosia, amnesia, aphasia, and apraxia. All staff shall be able to demonstrate an understanding of the facility's fire and evacuation plan and all other policies regarding safety, including policies for preventing elopements, responding to elopements, and fall prevention.</p> <p>(d) Cardiopulmonary Resuscitation. A specialty care 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 a specialty care 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</p> | A 406 | | |

Alabama Department of Public Health

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| A 406 | <p>Continued From page 10</p> <p>90 days of hire. A specialty care assisted living facility equipped with an automated external defibrillator (AED) 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 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 the American Red Cross in CPR or AED utilization.</p> <p>(e) 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>(f) 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 reviews and interviews, the facility failed to maintain documentation of initial staff training.</p> <p>Findings:</p> <p>Review of employee files on September 10 and 11, 2024 revealed that documentation of training in the following areas was missing from the file for EI#12: State law and rules on specialty care assisted living facilities; Identifying and reporting abuse, neglect and exploitation; Basic first aid; Advance directives; Protecting resident</p> | A 406 | | |

Alabama Department of Public Health

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| A 406 | <p>Continued From page 11</p> <p>confidentiality; Resident fire and environmental safety; Safety and nutritional needs of the elderly; Special needs training in diabetes and oxygen therapy; DETA brain series training. In addition, there was no documentation of training in The Pharmacological Management of Dementia and The Dementia Assessment Series for EI#3, EI#4 and EI#12.</p> <p>During an interview on September 11, 2024, EI#1 stated that SRI had taken over management of the facility on August 1, 2024 and the facility was previously managed by Vitality Senior Living. EI#1 added that, at the time of the change in management, representatives of Vitality Senior Living removed employee files from the facility and were currently refusing to release the information in the employee files to SRI even after notification that a state survey was in progress and the information had been requested by state surveyors. EI#1 also stated that the electronic system used by SRI for training of employees was not the same system that had been used by Vitality; therefore, Vitality training records could not be retrieved electronically by SRI. EI#1 further stated that SRI was in the process of creating new employee files for the current employees to include retraining of all employees.</p> <p>On September 12, 2024, a telephone call was placed to the Regional Vice President of Vitality Senior Living, by the ALF supervisor, to discuss release of employee files to SRI for management of the facility. During a survey of the assisted living facility (ALF) on the same campus, on September 17, 2024, EI#1 stated that she (EI#1) had spoken with the Regional Vice President of Vitality Senior Living on September 12, 2024 and was informed by the Vice President that she (Vice</p> | A 406 | | |

Alabama Department of Public Health

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| A 406 | <p>Continued From page 12</p> <p>President) had been contacted by ADPH. However, the Vice President continued to refuse to release the employee files to SRI, stating that the matter was being reviewed by Vitality's legal department. At the time of the ALF survey, the information from these employee files had not been released to SRI Management.</p> <p>Interviews with staff on September 10 and 11, 2024 revealed that the initial training for these employees was likely completed at the time the employees were hired. However, the training was completed during the time that Vitality Senior Living was managing the facility and documentation of this training had been removed from the facility by Vitality Senior Living and was not provided to SRI Management.</p> | A 406 | | |
| A 504 | <p>420-5-20-.05 (3) (d) Records and Reports.</p> <p>(d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission, of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate.</p> <p>1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility.</p> | A 504 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| A 504 | <p>Continued From page 13</p> <p>2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints.</p> <p>3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy.</p> <p>4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time.</p> <p>5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.</p> <p>6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.</p> <p>7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.</p> <p>8. Every resident shall have the right to</p> | A 504 | | |

Alabama Department of Public Health

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| A 504 | <p>Continued From page 14</p> <p>a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.</p> <p>9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident.</p> <p>10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases.</p> <p>11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.</p> <p>12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person</p> | A 504 | | |

Alabama Department of Public Health

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| A 504 | <p>Continued From page 15</p> <p>without restraint, interference, coercion, discrimination, or reprisal.</p> <p>13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file.</p> <p>14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that:</p> <p>(i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care.</p> <p>(ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation.</p> <p>(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.</p> <p>15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges.</p> | A 504 | | |

Alabama Department of Public Health

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| A 504 | <p>Continued From page 16</p> <p>16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities.</p> <p>17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area.</p> <p>18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted.</p> <p>19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges.</p> <p>20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents.</p> | A 504 | | |

Alabama Department of Public Health

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| A 504 | <p>Continued From page 17</p> <p>21. Every resident shall have the right to wear his or her own clothes, and to keep and use his or her own personal possessions, including toilet articles, except for personal possessions too large to be stored in the resident's room.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours.</p> <p>24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post the most recent state inspection report as required.</p> <p>Findings:</p> <p>When the surveyor entered the facility on the morning of September 10, 2024, the previous state inspection report and corrective action plan was not posted. EI#1 and EI#3 agreed the report was not posted as required.</p> | A 504 | | |

Alabama Department of Public Health

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| A 508 A 508 | Continued From page 18 420-5-20-.05 (3) (h) Records and Reports. (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. 1. Incidents which require investigation are: (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 which medical treatment was sought. (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. (iii) The onset of wandering behavior by any resident who is not fully cognitively intact. (iv) Elopement by a resident. (v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or | A 508 A 508 | | |

Alabama Department of Public Health

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| A 508 | <p>Continued From page 19</p> <p>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> <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</p> | A 508 | | |

Alabama Department of Public Health

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| A 508 | <p>Continued From page 20</p> <p>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> <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> | A 508 | | |

Alabama Department of Public Health

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| A 508 | <p>Continued From page 21</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 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</p> | A 508 | | |

Alabama Department of Public Health

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| A 508 | <p>Continued From page 22</p> <p>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 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> | A 508 | | |

Alabama Department of Public Health

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|--------------------|--|---------------|---|--------------------|
| A 508 | <p>Continued From page 23</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> <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> | A 508 | | |

Alabama Department of Public Health

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| A 508 | <p>Continued From page 24</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> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report to the Department and investigate a reportable incident. In addition, the facility failed to adequately investigate an allegation of abuse.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>Failure to Adequately Investigate an Allegation of Abuse</p> <p>The Alabama Department of Public Health received a complaint that a resident of the facility</p> | A 508 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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| A 508 | <p>Continued From page 25</p> <p>was abused by staff at the facility. The allegation had been investigated by the facility prior to the onsite survey and the two employees involved were terminated. The surveyors were provided with a facility investigation of the incident during the onsite survey. However, the investigation was incomplete.</p> <p>Resident Identifier (RI)#1 was admitted to the facility on April 25, 2024 and had diagnoses which included epilepsy, encephalopathy, dysphagia, heart failure, gastroesophageal reflux disease and traumatic subdural hemorrhage. On the night of July 25, 2024, an incident of verbal and physical abuse of RI#1 was recorded on the video cameras in RI#1's room. The facility investigation of this incident was provided to surveyors as well as the video camera footage. Review of the incident investigation revealed only statements by the three employees who were present at the facility when the abuse occurred. There was no assessment of RI#1 to determine if physical injury occurred during the incident. Also, RI#1 was not interviewed following the incident. During an interview on September 11, 2024, EI#3 agreed the investigation was incomplete.</p> <p>Failure to Report and Investigate an Incident</p> <p>Review of resident records on September 10, 2024 revealed the following information.</p> <p>RI#2 was admitted to the facility on May 30, 2024 and had diagnoses which included Wernicke encephalopathy, dementia, diabetes mellitus type II and hypertension. Refer to deficiencies 604 and 611 for additional information on RI#2. On July 9, 2024, RI#2 was sent to the hospital emergency department following a violent outburst at the facility when RI#2 placed his/her hands on</p> | A 508 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| A 508 | Continued From page 26 another resident's shoulders and shook the resident. During an interview on September 10, 2024, EI#3 confirmed that the incident did occur but was unsure if the incident was reported to ADPH or investigated. No report of the incident was found on the ADPH Online Incident Reporting System (OIRS). EI#3 was unable to locate an incident report or investigation for the incident. | A 508 | | |
| A 602 | 420-5-20-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to a specialty care assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination, a physician currently licensed and 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. This examination is not required for a resident of a facility dually licensed as an assisted living facility and as a specialty care assisted living facility in those cases when the resident is transferred from the assisted living unit to the specialty care assisted living unit in the same 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: 1. All of the physician's diagnoses and the resident's baseline weight and vital signs. | A 602 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| A 602 | <p>Continued From page 27</p> <p>2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).</p> <p>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.</p> <p>4. Documentation of evaluation for tuberculosis within the previous 12 months.</p> <p>(b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a 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"> 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in condition. 4. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 5. Changes in treatment. | A 602 | | |

Alabama Department of Public Health

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| A 602 | <p>Continued From page 28</p> <p>(c) Change of Condition Physical Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, condition, 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"> 1. Changes in diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage and strength of drug, frequency, and route of administration). 4. Changes in treatment. <p>This Rule is not met as evidenced by: Based on record review and interview, documentation of an Annual Medical Examination was not available for one resident.</p> <p>Findings:</p> <p>RI#4 was admitted to the facility on October 31, 2022 and had diagnoses which included mild dementia with behavioral disturbance, gastroesophageal reflux disease, hypertension, hyperlipidemia, diabetes mellitus type II, syncope, atrial fibrillation, arthritis, asthma and anxiety.</p> | A 602 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| A 602 | Continued From page 29 Refer to deficiencies 604, 611 and 621 for additional information on RI#4. Review of RI#4's facility record on September 10, 2024 revealed there was no documentation of an Annual Physical Examination for 2023. EI#3 was unable to locate the annual examination. | A 602 | | |
| 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 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 | A 604 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| A 604 | <p>Continued From page 30</p> <p>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.</p> <p>(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:</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p> <p>(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 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.</p> <p>2. Falls (two or more falls within a 30 day period).</p> | A 604 | | |

Alabama Department of Public Health

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| A 604 | <p>Continued From page 31</p> <p>3. Elopement.</p> <p>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.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, resident assessments were not completed as required.</p> <p>Findings:</p> <p>RI#2</p> <p>RI#2 had resided at the facility since May 30, 2024. Refer to deficiencies 508 and 611 for additional information on RI#2. Review of RI#2's facility record on September 10, 2024 revealed the following information. No clinical history was documented to screen for admission. In addition, RI#2 was sent to the hospital emergency department at least two times due to agitation, on</p> | A 604 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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|--------------------|---|---------------|---|--------------------|
| A 604 | <p>Continued From page 32</p> <p>June 28, 2024 and July 9, 2024. Also, RI#2 began home health in July 2024 for wound care to bilateral lower legs due to cellulitis and wounds. RI#2's Monthly Wellness Reviews for June and July 2024 read, "No significant health changes...cont with current POC". The monthly assessments did not accurately reflect RI#2's current physical and mental condition.</p> <p>RI#4</p> <p>RI#4 had resided at the facility since October 31, 2022. Refer to deficiencies 602 and 611 for additional information on RI#4. Review of RI#4's facility record on September 10 and 11, 2024 revealed the following information. No clinical history was documented for admission screening. In addition, RI#4 was admitted for inpatient psychiatric treatment multiple times due to agitation, combative behaviors and disruptive behaviors. A SCALF Comprehensive RN Assessment was present in RI#4's facility record and read, "post hospital Unity Psych for behaviors". However, the form was not dated and signed and contained very little required information with most pages being left blank. A PSMS and Behavior Screen were filed with this comprehensive assessment and were dated July 16, 2024. A Geriatric Depression Scale, Body Audit Communication Form and Mini-Mental State Examination were also filed with the comprehensive assessment but did not contain a date.</p> <p>RI#5</p> <p>RI#5 had resided at the facility since April 25, 2024. Refer to deficiency 508 for additional information on RI#5. On July 25, 2024, RI#5 was verbally and physically abused by two staff</p> | A 604 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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|--------------------|---|---------------|---|--------------------|
| A 604 | Continued From page 33 members at the facility. Although the employees were immediately terminated, there was no comprehensive assessment, PSMS and Behavior Screening completed to assess RI#5 following this significant change. During interviews on September 10 and 11, 2024 El#3 agreed that residents had not been properly assessed. | A 604 | | |
| 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 | A 611 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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|--------------------|---|---------------|---|--------------------|
| A 611 | <p>Continued From page 34</p> <p>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 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</p> | A 611 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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|--------------------|---|---------------|---|--------------------|
| A 611 | <p>Continued From page 35</p> <p>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> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, residents' facility care plans did not address each of the residents' current care needs with appropriate interventions.</p> <p>Findings:</p> <p>RI#2</p> <p>RI#2 had resided at the facility since May 30, 2024. Refer to deficiencies 508 and 604 for additional information on RI#2. RI#2 was observed during the onsite survey requiring frequent direction/redirection from staff and sometimes resisting staff direction. Review of RI#2's facility record on September 10, 2024 revealed documentation of violent outbursts, agitation and combative behaviors. In addition, RI#2 sustained a fall at the facility on August 17, 2024. RI#2's facility care plan did not address RI#2's behaviors with appropriate interventions to manage the behaviors and did not address RI#2's</p> | A 611 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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|--------------------|---|---------------|---|--------------------|
| A 611 | <p>Continued From page 36</p> <p>fall with appropriate interventions to prevent a recurrence.</p> <p>RI#4</p> <p>RI#4 had resided at the facility since October 31, 2022. Refer to deficiencies 602, 604 and 621 for additional information on RI#4. RI#4 was observed during the onsite survey using a wheelchair for mobility but failing to notify staff for assistance in getting up from the wheelchair. Also, RI#4 frequently failed to cooperate with staff. Review of RI#4's facility record on September 10, 2024 revealed documentation of behaviors such as swinging at staff and hitting staff in the chest. In addition, RI#4 sustained falls at the facility on May 6, 2024 and on August 19, 2024. RI#4's facility care plan did not address RI#4's behaviors with appropriate interventions to manage the behaviors and did not address RI#4's falls with appropriate interventions to prevent a recurrence.</p> <p>During interviews on September 10 and 11, 2024, El#3 agreed the care plans did not address each care need of these residents.</p> | A 611 | | |
| A 615 | <p>420-5-20-.06 (5) (h) Care of Residents.</p> <p>(5) Medications.</p> <p>(h) All medications administered to residents in a specialty care assisted living facility, shall be contemporaneously recorded on a standard medication administration record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration record shall include at least the</p> | A 615 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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| A 615 | <p>Continued From page 37</p> <p>following:</p> <ol style="list-style-type: none"> 1. The name of the resident to whom the medication was administered. 2. The name of the medication administered. 3. The dosage of the medication administered. 4. The method of administration. 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assisted. 7. Any adverse reaction to the medication. 8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to contemporaneously document medication administration.</p> <p>Findings:</p> <p>THIS CITATION IS A RESULT OF THE COMPLAINT INVESTIGATION</p> | A 615 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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| A 615 | Continued From page 38 During review of RI#5's record, it was revealed that the medication administration record was incomplete. There were omissions in documentation for the administration of lacosamide solution (10 mg/mL). It was revealed that administration of the medication for August 7th through 10th, 2024 and August 12th through 22nd, 2024 were not documented. The physician ordered lacosamide solution 10 mg/ml, take 10 ml by mouth twice daily. EI#5 was interviewed on the morning of September 11, 2024 as to the facility's practice of documentation for medication administration. EI#5 stated, "You document administration of medications contemporaneously." EI#5 also said "document as you administer, is the standard." | A 615 | | |
| A 621 | 420-5-20-.06 (9) (b) Care of Residents. (b) Retention. 1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing. 2. A specialty care assisted living facility shall not retain a resident that has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation. 3. A specialty care assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility. | A 621 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| A 621 | <p>Continued From page 39</p> <p>4. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility.</p> <p>5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:</p> <p>(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR</p> <p>(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity but the individual has sufficient cognitive ability to direct his or her own care and the individual is able to direct facility staff and does direct facility staff to provide the physical assistance needed to complete such tasks, and the facility staff is capable of providing such assistance and does provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>6. If a resident of a specialty care assisted living facility is diagnosed with a terminal illness and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may</p> | A 621 | | |

Alabama Department of Public Health

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| A 621 | <p>Continued From page 40</p> <p>lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for specialty care assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.</p> <p>This Rule is not met as evidenced by: Based on observations, interview and record reviews, the facility retained a resident whose PSMS score exceeded the level allowed in a SCALF.</p> <p>Findings:</p> <p>RI#4 had resided at the facility since October 31, 2022. Refer to deficiencies 602, 604 and 611 for additional information on RI#4.</p> <p>During the onsite survey RI#4 was observed using a wheelchair for mobility which RI#4 was able to self-propel. However, RI#4 would try to get out of the wheelchair alone and staff reported RI#4 had fallen while getting up without assistance. RI#4 was frequently uncooperative with redirection provided by staff. Staff reported that RI#4 would attempt to hit caregivers at times and resisted attempts to provide care. On September 11, 2024, RI#4 was observed in the common area where RI#4 had removed his/her</p> | A 621 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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|--------------------|---|---------------|---|--------------------|
| A 621 | <p>Continued From page 41</p> <p>clothing.</p> <p>Review of RI#4's facility record on September 10 and 11, 2024 revealed the following information. RI#4 had falls at the facility on May 6, 2024 and on August 19, 2024. RI#4 had been admitted for inpatient psychiatric treatment at least two times in the past three months due to behaviors. RI#4 had sustained gradual weight loss at the facility in the past few months. A PSMS was completed for RI#4 on August 12, 2024 upon discharge from the inpatient psychiatric facility. The Total Score of RI#4's PSMS was 23 with a 5 in Dressing (Completely unable to dress self and resists efforts of others to help) and a 5 in Bathing (Does not try to wash self and resists efforts to keep him/her clean). Both the Dressing and the Bathing scores were above the level allowed in a SCALF. No 30-day discharge notice had been issued to RI#4 at the time of the onsite survey.</p> <p>When interviewed on September 11, 2024, EI#3 stated that she (EI#3) had been monitoring RI#4 and felt that RI#4 would need a discharge notice soon.</p> | A 621 | | |
| A 702 | <p>420-5-20-.07 (2) Food Service.</p> <p>(2) Food Handling Procedures.</p> <p>(a) Dish and Utensils Washing, Disinfection, and Storage.</p> <p>1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.</p> <p>2. Hand washed repeated service and</p> | A 702 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| A 702 | <p>Continued From page 42</p> <p>multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:</p> <p>(i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or</p> <p>(ii) A cold water sanitizer: A sanitizing solution shall be used in accordance with the manufacturers' instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach or its equivalent or 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.</p> <p>3. Dishes and utensils shall be allowed to air dry.</p> <p>4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.</p> <p>5. The results from the use of</p> | A 702 | | |

Alabama Department of Public Health

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|--------------------|--|---------------|---|--------------------|
| A 702 | <p>Continued From page 43</p> <p>dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility.</p> <p>(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop shall be stored in a holder inside the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.</p> <p>(c) Protection of Food from Contamination.</p> <p>1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage backflow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.</p> <p>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator nor in other areas used for storage of food.</p> <p>3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.</p> <p>4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall maintain at a maximum temperature of 0 degrees Fahrenheit.</p> | A 702 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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|--------------------|--|---------------|---|--------------------|
| A 702 | <p>Continued From page 44</p> <p>Thermometers shall remain in refrigerators and freezers at all times.</p> <p>5. All leftover foods shall be labeled and dated with a "use by date," so that it may be consumed or discarded by that date, which is no more than three days from the date is was prepared.</p> <p>6. All food products shall be used by the manufacturer's indicated date or discarded.</p> <p>7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used so that food is not contaminated in transport and foods that are transported are held and served at the appropriate temperature at all times.</p> <p>8. Hot food shall be maintained at a minimum temperature of 135 degrees Fahrenheit and cold foods at a maximum temperature of 41 degrees Fahrenheit.</p> <p>9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods).</p> | A 702 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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| A 702 | <p>Continued From page 45</p> <p>10. Laundry shall not be brought through the food preparation or service area.</p> <p>(d) Storage and Service of Milk and Ice Cream.</p> <p>1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use.</p> <p>2. Milk and fluid milk products shall be stored in such a manner that bottles or containers from which the milk or milk product is to be poured or drunk will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.</p> <p>3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.</p> <p>(e) Kitchen Garbage and Trash Handling.</p> <p>1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed</p> | A 702 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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|--------------------|--|---------------|---|--------------------|
| A 702 | <p>Continued From page 46</p> <p>from the premises at frequent intervals.</p> <p>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.</p> <p>(f) Employees' Cleanliness.</p> <p>1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.</p> <p>2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.</p> <p>3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.</p> <p>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.</p> <p>(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.</p> <p>(i) Dining in Kitchen. Dining in the</p> | A 702 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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|--------------------|--|---------------|---|--------------------|
| A 702 | <p>Continued From page 47</p> <p>kitchen shall not be permitted in Congregate assisted living facilities.</p> <p>(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.</p> <p>(k) Laundering of clothing shall not be permitted in food preparation or service areas.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post the menu and meal times in the food service area. The facility also failed to protect food from possible contamination.</p> <p>Findings:</p> <p>Postings</p> <p>During a tour of the facility on the morning of September 10, 2024, the surveyor did not see the meal times posted nor the menus posted. EI#7, told the surveyor the menu and meal times are supposed to be in the dining room but confirmed they were not posted.</p> <p>Possible food contamination</p> <p>On the morning of September 10, 2024 it was observed that an opened bottle of lemon juice concentrate was in the dry storage cabinet of the kitchenette. The bottle was clearly marked by the manufacturer that it was to be refrigerated after opening, however, the bottle had not been refrigerated. EI#9 was present and concurred with the surveyor's observation and was given the bottle for proper disposal.</p> | A 702 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| A 901 | <p>420-5-20-.09 (1) (2) Laundry.</p> <p>(1) General.</p> <p>(a) Direction and Supervision. Responsibility for laundry services shall be assigned to an employee.</p> <p>(b) Linen. Linens shall be handled, stored, processed, and transported in a manner consistent with generally accepted infection control practices.</p> <p>(2) Location and Space Requirements.</p> <p>(a) Each specialty care assisted living facility shall have laundering facilities unless commercial laundries are used. An on-site laundry shall be located in a specifically designated area, and there shall be adequate rooms and spaces for sorting, processing, and storage of soiled material. Laundry rooms shall not open directly into resident rooms or food service areas. Domestic washers and dryers which are for the exclusive use of residents may be provided in resident areas, provided they are installed in such a manner that they do not cause a sanitation problem or offensive odors.</p> <p>(b) Each specialty care assisted living facility shall have a system in place to keep clean linen and dirty linen separated and to prevent the re-use of dirty linen before it is cleaned. Dirty linens and clothing shall not be stored, even temporarily, in the area set aside for clean linen.</p> <p>(c) Ventilation of Laundry. Provisions shall be made for proper mechanical ventilation of the laundry, if located within the specialty care assisted living facility. Provisions shall also be</p> | A 901 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| A 901 | <p>Continued From page 49</p> <p>made to prevent the re-circulation of air in commercial equipment laundries into heating and air conditioning systems outside the laundry area.</p> <p>(d) Lint Traps. Adequate, effective, and clean lint traps shall be used in all dryers.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain clean lint traps for all dryers.</p> <p>Findings:</p> <p>During a tour of the main laundry room on the afternoon of September 11, 2024, the surveyor, accompanied by EI#3, observed the lint traps of both laundry dryers were not properly maintained and were full of lint.</p> <p>EI#3 and EI#1 were notified of the findings and agreed the lint was a fire hazard.</p> | A 901 | | |
| A1101 | <p>420-5-20-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All specialty care assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place.</p> <p>(b) Fire Drills. Fire drills shall be</p> | A1101 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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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 |
|--------------------|--|---------------|---|--------------------|
| A1101 | <p>Continued From page 50</p> <p>conducted at least once per month in all facilities at varying times and days and quarterly on each shift. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. <p>(f) Fire Alarm and Sprinkler System.</p> | A1101 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER VITALITY LIVING UPLAND PARK - SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ENTERPRISE WAY NW HUNTSVILLE, AL 35806 |
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|--------------------|--|---------------|---|--------------------|
| A1101 | <p>Continued From page 51</p> <ol style="list-style-type: none"> 1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and Testing reports shall be maintained in the facility for a period of at least 3 years. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to perform and document fire drills as required.</p> <p>Findings:</p> | A1101 | | |

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4520 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/11/2024 |
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|--------------------|--|---------------|---|--------------------|
| A1101 | <p>Continued From page 52</p> <p>Facility fire drill reports were provided by EI#1 and reviewed on September 10, 2024. EI#1 was unable to provide documentation of multiple fire drills. Documentation was missing for the following time periods: July 2024, August 2024, January 2023, May 2023, and November 2023.</p> <p>CONNIE CHERRY, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p> | A1101 | | |