

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D5104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/28/2023
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NAME OF PROVIDER OR SUPPLIER WESLEY GARDENS RETIREMENT CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 TAYLOR ROAD MONTGOMERY, AL 36117
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A 000	<p>Initial Comments</p> <p>On November 28, 2023, an unannounced complaint investigation was conducted in conjunction with a licensure survey for this 56 bed Assisted Living Facility (ALF) with a census of 54.</p> <p>There were two complaints investigated during this survey. LC#202304626012 and LC#20231114005 were investigated. No deficiencies were cited as a result of the investigations.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited placed all 54 residents of the facility at risk of harm and require a plan of correction.</p>	A 000		
A 302	<p>420-5-4-.03 (1) (e) Administration. Policies.</p> <p>The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:</p>	A 302		

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

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A 302	<p>Continued From page 1</p> <ul style="list-style-type: none"> (i) Facility responsibility to protect all residents from abuse, neglect, and exploitation. (ii) How allegations of abuse, neglect, and exploitation will be handled by the facility. (iii) Resident confidentiality. (iv) Admission and continued stay criteria. (v) Discharge criteria and notification procedures for residents and sponsors. (vi) Facility responsibility when a resident's personal belongings are lost. (vii) What services the facility is capable and not capable of providing. (viii) Medication management. (ix) Infection control. (x) Meal service, timing, menus and food preparation, storage, and handling. (xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness. (xii) Staffing and conduct of staff while on duty. (xiii) Oxygen administration and storage if used in the facility. (xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall 	A 302		

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A 302	<p>Continued From page 2</p> <p>develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address:</p> <p>(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.</p> <p>(II) The attire and cleanliness of staff members who prepare, handle, or serve food.</p> <p>(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.</p> <p>(IV) Food substitutions or alternatives.</p> <p>(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.</p> <p>(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.</p> <p>(VII) Provision of necessary services to any resident requiring adaptive devices to eat.</p> <p>(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.</p>	A 302		

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A 302	<p>Continued From page 3</p> <p>(IX) Storage of food.</p> <p>(X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to follow its' own policies for the daily management and operation of the facility.</p> <p>Findings:</p> <p>Monthly assessments The facility policy for assessments every 30 days did not include the need to perform a Medication Awareness Assessment. Refer to deficiency 604 for additional information.</p> <p>Oxygen According to the facility policy titled, "Oxygen Administration" with a 2010 revision date, "...Purpose The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation 1. Verify that there is a physician's order for this procedure. ...2. Review the resident's care plan to assess for any special needs of the resident. ..." Refer to deficiencies 611 and 613 for additional information.</p> <p>Care plans According to the facility policy titled, "Care Planning ... The Director of Resident Health Services and the licensed nursing team is</p>	A 302		

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A 302	Continued From page 4 responsible for the development of resident care plans. ...2. ...person-centered care plans are based on resident assessments. ...". Refer to deficiency 611 for additional information.	A 302		
A 303	420-5-4-.03 (2) (a) Administration. The Administrator. (a) Responsibility. 1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties. 2. Any individual employed as an administrator shall be properly licensed. 3. Any individual employed as an administrator shall meet all applicable statutory requirements. 4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the administrator during absences. 5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age. 6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character. 7. The administrator shall ensure that adequate personnel are employed and on duty to	A 303		

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A 303	<p>Continued From page 5</p> <p>meet the care needs of all residents 24 hours a day, 7 days a week.</p> <p>8. The administrator shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe environment and adequate care being provided at all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided, then the facility does not meet this administration and management requirement.</p> <p>9. The facility administrator is responsible for ensuring that required training is provided to all staff.</p> <p>10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting.</p> <p>11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed.</p> <p>12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan.</p> <p>13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained.</p>	A 303		

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A 303	Continued From page 6 This Rule is not met as evidenced by: Based on observation, interview, and record review, the administrator failed to perform his duties to ensure the care and safety needs of all residents were met. Findings: Monthly assessments did not include Medication Awareness screenings. Refer to deficiency 604 for additional information. Specialty care treatment of oxygen therapy was not directed by a physicians' order. Refer to deficiency 613 for additional information. Care plans did not include needs, interventions and expected outcomes to meet the residents' individual needs. Refer to deficiency 611 for additional information.	A 303		
A 604	420-5-4-.06 (3) (a) (b) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments. (b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and	A 604		

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A 604	<p>Continued From page 7</p> <p>procedures, the monthly assessment shall:</p> <ol style="list-style-type: none"> 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. 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 or greater weight loss in a period of three months or less, or a ten 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. 3. Document identified changes in resident status. 4. Assess the appropriateness of each resident's plan of care. Any decline in resident status requires immediate implementation and documentation of interventions or reassessment of existing interventions. <p>This Rule is not met as evidenced by: The facility failed to ensure medication awareness assessments were completed with the monthly assessments for Resident Identifier (RI)#2, RI#3 and RI#4.</p> <p>Findings:</p>	A 604		

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A 604	<p>Continued From page 8</p> <p>A review of resident records on November 15 and 16, 2023 revealed the following information. RI#2 had resided at the facility since September 1, 2023 and had diagnoses to include chronic hypoxemic respiratory failure, coronary artery disease, gastroesophageal reflux disease, dementia and atrial fibrillation. RI#2 had only one medication awareness assessment and it was dated November 21, 2023.</p> <p>RI#3 had resided at the facility since December 9, 2021 and had diagnoses to include syncope, hypertensive heart disease, vitamin D deficiency, hyperlipidemia and gastroesophageal reflux disease. RI#3 had only one medication awareness assessment and it was dated March 1, 2022.</p> <p>RI#4 had resided at the facility since September 7, 2021 and had diagnoses to include macular degeneration, vitamin D deficiency and osteopenia. RI#4 had only one medication awareness assessment and it was dated February 22, 2022.</p> <p>During an interview before noon on November 16, 2023, EI#2 said RI#4 had only one medication awareness assessment since admission on February 22, 2022. EI#2 did not know why the medication awareness assessments had not been done with the monthly assessments. EI#2 said she was responsible for ensuring they were done.</p>	A 604		
A 611	<p>420-5-4-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent</p>	A 611		

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A 611	<p>Continued From page 9</p> <p>with community standards.</p> <p>(a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times.</p> <p>(b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.</p> <p>1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p>	A 611		

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A 611	<p>Continued From page 10</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 assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of</p>	A 611		

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A 611	<p>Continued From page 11</p> <p>care shall be promptly updated and all changes shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the care plan was current with appropriate interventions to meet the care and safety needs of the residents.</p> <p>Findings:</p> <p>The Plan of care failed to include interventions for management of RI#2's oxygen use, to include interventions for monitoring the flow rate and function/effectiveness of the oxygen or self-administration of medications. Also, the facility failed to ensure RI#1's medications were care planned to include interventions of potential side effects to monitor for.</p> <p>Refer to 604 for further information on RI#2 and RI#1.</p> <p>RI#2 In the morning of November 16, 2023, RI#2's medical record revealed no care plan for use of oxygen therapy or self-administration of medication.</p> <p>In the afternoon of November 16, 2023, EI#2, Director of Resident Health Services, said the concern of no care plan for RI#2's oxygen use and self-administration of medications was the care may not be appropriate.</p>	A 611		

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A 611	Continued From page 12 RI#1 In the morning of November 16, 2023, RI#1's medical record revealed no care plan for RI#1's medications. In the morning of November 16, 2023, EI#2 said the concern of RI#1's medications not being care planned was staff may not know what to monitor for.	A 611		
A 613	420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents. (5) Medications. (a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination. (b) A physician order is required for a resident to manage and have custody of his or her own medications. (c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.	A 613		

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A 613	<p>Continued From page 13</p> <p>(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.</p> <p>(e) A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure oxygen administration was directed by a physician's order.</p> <p>Findings:</p> <p>RI#2 was observed with oxygen via nasal cannula in use beginning November 14, 2023 with no physicians' order in place.</p> <p>RI#2 RI#2 had resided at the facility since September 1, 2022. Refer to deficiency 604 for further information regarding RI#2. In the morning of November 16, 2023 review of the medical record revealed no physicians' order was in place for the</p>	A 613		
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A 613	<p>Continued From page 14</p> <p>administration of the oxygen.</p> <p>El#2, Director of Resident Health Services, received an order for the use of the oxygen on November 16, 2023.</p> <p>During an interview in the afternoon of November 16, 2023, El#2 said a physicians' order is always needed for oxygen use to ensure the oxygen was administered correctly.</p> <p>THERESA HARRISON, REGISTERED NURSE</p>	A 613		