STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D0803	A. BUILDING: _____ B. WING _____	12/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN WOODS ASSISTED LIVING	655 GARDNER DRIVE, SOUTHEAST JACKSONVILLE, AL 36265

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On December 1, 2021, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 12. There were no complaints investigated during this survey. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.	A 000		
A 601	420-5-4-.06 (1) Care of Residents. (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician. (a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or another emergency call). (b) Back-up Physician Support. Each	A 601		

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A 601	Continued From page 1 assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in an assisted living facility. (c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who is responsible for the care of the resident and authorized to write orders by facility policy. All verbal orders must be authenticated within such time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to follow a physician's order for a resident's medication. Findings:	A 601		

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A 601	Continued From page 2 Resident Identifier (RI)#2 was admitted to the facility on September 14, 2019 and had diagnoses which included diabetes mellitus, congestive heart failure, hypertension, coronary artery disease, hyperlipidemia, osteoarthritis, depression and anxiety. RI#2 was currently being followed by behavioral health, at the facility, for schizoaffective disorder, anxiety and insomnia. On November 12, 2021, an order was written for RI#2, by the Certified Registered Nurse Practitioner (CRNP), for Depakote 250 milligrams twice daily. On the morning of December 1, 2021, the surveyor observed medication assistance by Employee Identifier (EI)#3. When presented with the morning dose of Depakote, RI#2 refused the medication. RI#2 informed the surveyor he/she had refused the medication since it was ordered. EI#1 and EI#3 confirmed the medication had been refused by RI#2. When asked if the physician or CRNP had been notified, EI#1 stated they had not been notified but added they would be notified when the CRNP visited again later that week. Even though RI#2 refused the ordered medication, the physician's order was not followed and the physician/CRNP had not been notified that the medication was not taken by RI#2.	A 601		
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	A 613		

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A 613	Continued From page 3	A 613		

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.

(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.

(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.

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A 613	Continued From page 4	A 613		

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to provide licensed personnel to administer medications to a resident who was unable to protect herself/himself from a medication error.

Findings:

RI#4 was admitted to the facility on September 29, 2021 and had diagnoses which included major depressive disorder, dementia, atherosclerotic heart disease, hypertension, diabetes mellitus II, cognitive communication deficit, kidney failure and hypothyroidism. RI#4 had unstable blood sugars and required sliding scale insulin three times a day to manage the blood sugars. RI#4 also developed wounds to the posterior heels on October 6, 2021 and was currently receiving home health services to manage the wounds. A 30-day discharge notice had been issued to RI#4 on November 12, 2021 due to a decline in health status and the need for a higher level of care.

A Monthly Resident Medication Awareness Tool was completed for RI#4 on November 27, 2021 by EI#1. The form documented RI#4 was confused and required coaching to identify if the medication was offered at an acceptable time. The form also documented additional training was needed.

The surveyor observed medication assistance by EI#4 on the afternoon of November 30, 2021 and by EI#3 on the morning of December 1, 2021. EI#2, Regional Nurse, was also present during medication assistance. On both days, RI#4 was

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A 613	Continued From page 5 able to identify the name on medications. However, RI#4 required coaching to correctly check own fingerstick blood sugar, identify the dose of sliding scale insulin and dial the correct dose on the insulin pen. EI#3 and EI#4 reported RI#4 had previously required coaching by staff to complete fingerstick blood sugars and insulin injections and some days were worse than others. EI#1 stated a nurse should have been provided for oversight of RI#4's medications and immediately scheduled a nurse to be available at each opportunity for medication assistance. CONNIE CHERRY, REGISTERED NURSE	A 613		