

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P1703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2020
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NAME OF PROVIDER OR SUPPLIER BRENTWOOD RETIREMENT COMMUNITY II	STREET ADDRESS, CITY, STATE, ZIP CODE 2505 ALABAMA AVENUE MUSCLE SHOALS, AL 35661
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A 000	<p>Initial Comments</p> <p>An unannounced complaint investigation was conducted on September 23, 2020 for this 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 13.</p> <p>There was one (1) complaint investigated during this survey. Complaint number 20200923012 was substantiated. A deficiency was cited as a result of the complaint investigation.</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 303	<p>420-5-20-.03 (2) (a) Administration.</p> <p>(2) The Administrator.</p> <p>(a) Responsibility.</p> <p>1. The administrator shall be a direct representative of the governing authority in the management of the specialty care assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties.</p> <p>2. Any individual employed as an administrator shall be properly licensed.</p> <p>3. Any individual employed as an administrator shall meet all applicable statutory requirements.</p>	A 303		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 303	<p>Continued From page 1</p> <p>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. Under no circumstances shall the facility operate without a licensed administrator for greater than 45 days.</p> <p>5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age.</p> <p>6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.</p> <p>7. The administrator shall ensure that adequate personnel are employed and on duty to 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 actually 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</p>	A 303		

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A 303	<p>Continued From page 2</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility administrator failed to ensure the Registered Nurse (RN) was adequately trained in her duties.</p> <p>Findings: Employee Identifier (EI)#3 was hired at the facility on August 17, 2020. EI#3 was a fulltime RN, Director of Nursing (DON) and Care Coordinator for the two 16 bed SCALFs at the facility. Although required training was documented for EI#3 in the employee file, EI#3 stated she was unaware she was to complete assessments when a resident had two falls in 30 days and when a resident had significant weight loss. EI#3 also stated to the surveyor she had not received proper training and was instructed to read the State rules for SCALFs which she had to look up</p>	A 303		

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A 303	Continued From page 3 online. When questioned about EI#3's training, EI#1, Administrator, stated she had arranged for EI#3 to work with another RN at the facility but EI#3 had been resistant to the training. EI#1 did agree the training for EI#3 had not been adequate and made arrangements for additional training.	A 303		
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.	A 604		

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A 604	<p>Continued From page 4</p> <p>(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.</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		

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A 604	<p>Continued From page 5</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 review and interview, the facility RN failed to adequately assess a resident following multiple falls.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged residents were not appropriately assessed following multiple falls.</p>	A 604		

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A 604	<p>Continued From page 6</p> <p>Resident Identifier (RI)#3 was admitted to the facility on September 7, 2020 and had diagnoses which included hypertension, cognitive impairment and pre-diabetes. Following admission to the facility, RI#3 sustained falls on September 14, 2020 and again on September 17, 2020. He currently had sitters due to the falls. No comprehensive assessment, PSMS or Behavior Screening was documented for RI#3 following the falls. EI#3 stated she was not aware the assessments and screenings were required following two falls in 30 days.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A 604		