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BRIAR GLEN ALZHEIMER'S SPECIAL CARE CENTER	570 SOUTHLAND DRIVE BIRMINGHAM, AL 35226

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A 000	Initial Comments On March 10, 2022, a follow up and licensure survey was conducted for this 90 bed Specialty Care Assisted Living Facility (SCALF) with a census of 38. There were two (2) complaints investigated during this survey. Complaint#20210630010 was unsubstantiated. A portion of Complaint#20210415006 was substantiated. The complaint alleged employees did not answer their radios when other staff members attempted to contact them. This practice had been identified and addressed by Employee Identifier (EI)#3 prior to the survey. There were no deficiencies cited as a result of the complaint investigations. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.	A 000		
A 302	420-5-20-.03 (e) Administration. (e) Policies. 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	A 302		

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A 302	Continued From page 1	A 302		

have bearing on the resident. 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:

(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.

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A 302	Continued From page 2	A 302		

(xiii) Oxygen administration and storage if used in the facility.

(xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall 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:

(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.

(II) The attire and cleanliness of staff members who prepare, handle, or serve food.

(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.

(IV) Food substitutions or alternatives.

(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.

(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.

(VII) Provision of necessary services to any resident requiring adaptive devices to eat.

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A 302	Continued From page 3 (VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs. (IX) Storage of food. (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. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to follow its own policies and procedures for employee personal appearance. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JANUARY 28, 2021. Findings: According to the Employee handbook dated December 2017, "...Long fingernails and false fingernails that could harm a resident are also not permitted... ". The surveyors observed caregivers EI#16 and EI#24 with extremely long fingernails. Both employees assisted with direct resident care. EI#1, Administrator, agreed with the surveyor this was an infection control concern when healthcare workers wear artificial nails. EI#1 said she (EI#1) would immediately inservice the staff.	A 302		

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A 601	Continued From page 4	A 601		
A 601	420-5-20-.06 (1) Care of Residents.	A 601		

(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 other emergency call).

(b) Back-up Physician Support. Each specialty care 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 a specialty care 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

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A 601	Continued From page 5 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 record review and interviews, the facility failed to follow physician's orders for a resident's care. Findings: Review of resident records on March 10, 2022 revealed the following information. Resident Identifier (RI)#2 was admitted to the facility on November 7, 2019 with diagnoses which included dementia, rheumatoid arthritis, osteoarthritis, depression, anxiety, anemia and insomnia. On February 24, 2022 a venous doppler study of RI#2's legs was completed due to discoloration of RI#2's lower legs and inability to feel pulses. The venous doppler findings, documented on February 24, 2022, revealed "deep venous thrombosis left femoral and popliteal veins". A physician's order was obtained on February 25, 2022 for Eliquis (blood thinner) 5 milligrams twice daily as well as a physician's order for RI#2 to see a cardiologist.	A 601		

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A 601	Continued From page 6 Review of RI#2's Medication Administration Record (MAR) on March 10, 2022 revealed Eliquis 5 milligrams twice daily was added to RI#2's MAR on February 25, 2022 and scheduled for 8:00 AM and 4:00 PM. The 4:00 PM dose of Eliquis on February 25, 2022 was initialed by "AT" but circled, indicating the dose was not administered. An entry on RI#2's MAR, dated February 25, 2022 at 5:05 PM, read "Eliquis 5 milligrams...medication unavailable...awaiting medication from pharmacy". There was no documentation on RI#2's MAR indicating the Eliquis was administered until February 27, 2022 at 8:00 AM. When questioned about the Eliquis on March 10, 2022, EI#3 stated the first dose of Eliquis was administered to RI#2 on February 26, 2022. However, EI#3 failed to provide documentation that any Eliquis was administered to RI#2 on February 26, 2022. EI#3 also stated RI#2's Eliquis was delivered to the facility, from the pharmacy, on the evening of February 25, 2022 around 7:00 PM and was available to administer the initial dose at that time. On March 10, 2022, EI#3 stated RI#2's sponsor was notified of the physician's order for RI#2 to see a cardiologist on February 25, 2022. EI#3 also stated RI#2 had not seen the cardiologist at the time of the survey, almost two weeks after RI#2's physician ordered the cardiology consult. EI#3 was unsure if an appointment with the cardiologist had been scheduled for RI#2. RI#2 was diagnosed with a serious medical condition which required immediate treatment to prevent complications. The medication ordered to treat RI#2's medical condition was not administered to RI#2 at the time it was ordered by the physician. A consultation to provide further	A 601		

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A 601	Continued From page 7 evaluation of RI#2's medical condition had not been completed and possibly had not been scheduled. The physician's orders to treat RI#2 were not carried out promptly or not carried out at all, placing RI#2 at increased risk of complications.	A 601		
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		

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A 604	Continued From page 8	A 604		

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.

(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:

1. Weight loss:

(i) Each month, the facility shall accurately weigh and record the weight of each resident.

(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.

2. Falls (two or more falls within a 30 day period).

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A 604	Continued From page 9 3. Elopement. 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. 5. Unmanageable, combative, or potentially harmful behavior(s). 6. Any accident with injury. (d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status. (e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions. This Rule is not met as evidenced by: Based on record reviews and interviews, the Registered Nurse (RN) failed to perform a required assessment of a prospective resident for eligibility THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JANUARY 28, 2021. Findings: RI#6 was admitted to the facility on December 27, 2021, and had diagnoses which included dementia, hypertension, benign prostatic hyperplasia (BPH), transient ischemic attack (TIA), atrial fibrillation, and chronic leg edema. A	A 604		

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A 604	Continued From page 10 comprehensive assessment for RI#6 was not performed to determine facility eligibility for admission. EI#3, RN, told the surveyor the comprehensive assessment was completed by the previous RN (agency RN) on the day of admission. EI#1, Administrator, acknowledged RI#6 was not screened prior to being admitted to the facility.	A 604		
A 618	420-5-20-.06 (7) Care of Residents. (7) Oxygen Therapy. (a) A resident of a specialty care assisted living facility that requires oxygen therapy shall have oxygen administered only by a physician, RN, or LPN. (b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift. 1. If a resident receives oxygen therapy in a facility: 2. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 3. All oxygen tanks shall be safely maintained and stored. 4. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted.	A 618		

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A 618	Continued From page 11 5. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen. Refer to National Fire Protection Association (NFPA) 99 for Oxygen Storage Requirements. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to document a resident's oxygen usage as required. Findings: Review of resident records on March 10, 2022 revealed the following information. RI#8 was admitted to the facility on December 1, 2021 with diagnoses which included acute respiratory failure, probable interstitial lung disease, dementia, seizure disorder, hypertension, hypothyroidism, macular degeneration, osteoporosis and chronic obstructive pulmonary disease. RI#8 had a physician's order for oxygen via nasal cannula at 2-4 liters per minute as needed for oxygen saturation less than 90 per cent. On the morning of March 8, 2022, the following observations were made. Medications were administered to RI#8 and RI#8's oxygen saturation level was obtained by EI#6, Licensed Practical Nurse (LPN). RI#8's oxygen saturation level was 89 per cent. RI#8's breathing was labored at rest and RI#8 was shaking. EI#6 checked RI#8's oxygen equipment and started RI#8's oxygen via nasal cannula at 4 liters per minute. EI#6 then documented RI#8's oxygen saturation level on RI#8's MAR. When questioned about documentation of RI#8's oxygen usage,	A 618		

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A 618	Continued From page 12 EI#6 stated only the oxygen saturation levels were documented, not the oxygen usage. On March 10, 2022, the surveyor discussed RI#8's oxygen usage with EI#1 and EI#3. Both EI#1 and EI#3 agreed the oxygen usage had not been documented on RI#8's MAR as required. CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE	A 618		