

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2019
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NAME OF PROVIDER OR SUPPLIER BROOKDALE HAMPTON COVE	STREET ADDRESS, CITY, STATE, ZIP CODE 6379 HIGHWAY 431 SOUTH HAMPTON COVE, AL 35763
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A 000	<p>Initial Comments</p> <p>This is a 50 bed Specialty Care Assisted Living Facility (SCALF) with a census of 46 on March 13, 2019.</p> <p>There were five (5) complaints investigated during this survey. LC#081-2016, LC#251-2017, LC#257-2017, and LC#093-2018 were unsubstantiated with no related deficiencies cited. LC#266-2017 was substantiated and 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 requires a plan of correction.</p>	A 000		
A 506	<p>420-5-20-.05 (2)(b)(1) Records and Reports</p> <p>(b) Reports. The following reports shall be made by a specialty care assisted living facility.</p> <p>1. Disease Reporting. Notifiable diseases and health listed in Appendix I to Alabama Administrative Code Section 420-4-1-.04 shall 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 also report notifiable diseases and health conditions to the Division of Health Care Facilities. 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>	A 506		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 506	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an outbreak of a contagious disease (scabies) to all of the appropriate agencies within 24 hours of the presumptive diagnosis (Code 420-4-1-.04).</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health (ADPH) received a complaint on October 27, 2017 from a resident's family member reporting there was a scabies outbreak in the facility. During interviews with staff members the surveyor learned some of the residents did test positive for scabies in the fall of 2017. On March 13, 2019, the surveyor asked to review the facility's contagious disease outbreak investigation. The file contained a report titled, "An Outbreak of Scabies at an Assisted Living Facility in Madison County, Alabama - September 2017 (AL1709SCB-45a)." Based on the documentation from the Madison County Area Investigator the administrator reported within a timely fashion. However, the facility did not report the outbreak to the Division of Health Care Facilities (ALF Online Incident Reporting System) within 24 hours of the presumptive diagnosis.</p> <p>On March 13, 2019 at 5:09 PM, the surveyor discussed the above findings with Employee Identifier (EI)#1, Administrator. EI#1 explained he (EI#1) thought he (EI#1) had reported the incident to the right department.</p>	A 506		

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A 538	<p>420-5-20-.05 (3)(g) 18. Records and Reports</p> <p>All state inspection reports and any resulting corrective action plan from the past 12 months shall be posted in a prominent location. If there has been no inspection in the past 12 months, then the results of the most recent inspection and any resulting corrective action plan, shall be posted.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post the last state inspection report and corrective action plan from the previous survey (June 22, 2016) in a prominent location.</p> <p>Findings:</p> <p>During the initial tour of the facility on March 12, 2019 at 10:35 AM, the surveyor did not see the state inspection report or the corrective action plan posted. EI#1 said the documents were supposed to be in a binder on the table in the front entrance but they had been removed. The missing documents were posted by the end of the day.</p>	A 538		
A 633	<p>420-5-20-.06 (4)(l) Care of Residents</p> <p>Disposal of Medications.</p> <p>1. Controlled substances and legend drugs dispensed to residents, that are unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days, except unused legend drugs may be donated to a charitable clinic pursuant to Alabama</p>	A 633		

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A 633	<p>Continued From page 3</p> <p>Administrative Code Chapter 420-11-1, et. seq.</p> <p>2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication and the amount. This statement shall be maintained in a file for at least two years. Discontinued medications shall not be stored or housed in the facility.</p> <p>3. When medication is destroyed on the premises of the assisted living facility, a record shall be made and filed for at least two years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed destroy legend drugs within thirty (30) days after a resident was discharged from the facility. In addition, the facility failed to provide all the required information on the medication disposal form.</p> <p>Findings:</p> <p>Resident Identifier (RI)#10 was discharged to a long term care facility on March 31, 2018. RI#10's unused medications were not destroyed until July</p>	A 633		

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A 633	Continued From page 4 9, 2018 (greater than 30 days). The Medication Disposal Form was incomplete. The form did not include the name of the pharmacy or the reason for disposal. Also, the Registered Nurse (RN) did not obtain a signature of the witness certifying the destruction was done on this date (July 9, 2018). El#1 acknowledged the missing information on the medication disposal form. El#1 thought the RN must have used an outdated form.	A 633		
A 703	420-5-20-.07 (2)(a) Food Services (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (A) 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 (B) 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 for 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer	A 703		

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A 703	<p>Continued From page 5</p> <p>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 serviceware (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 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>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to monitor and document water temperatures and chemical concentrations in the three (3) compartment sink and sanitizing buckets prior to washing.</p> <p>Findings:</p> <p>On March 12, 2019 at 2:34 PM, the surveyor toured the kitchen with EI#6, Dining Services Director. EI#6 informed the surveyor the sanitizing solution (Quaternary) was automatically</p>	A 703		

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A 703	Continued From page 6 dispensed in the three (3) compartment sink. However, the dietary staff did not record the water temperatures or the chemical concentration prior to washing. The surveyor asked EI#6 to test the parts per million (PPM). The Quaternary solution was equal to 200 PPM in the three (3) compartment sink. DEBRA FREEMAN, REGISTERED NURSE	A 703		