

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRANDVIEW AT REDSTONE VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12000 TURNMEYER DRIVE HUNTSVILLE, AL 35803</b>
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A 000	<p>Initial Comments</p> <p>On June 12, 2019 an unannounced licensure survey was conducted for this 58 bed Assisted Living Facility (ALF) with a census of 49.</p> <p>There were two complaints investigated during this survey. LC#287-2017 and LC#20180829006 were investigated and unsubstantiated.</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 pose a potential risk of harm to all residents and require a plan of correction.</p>	A 000		
A 302	<p>420-5-4-.03 (1) (e) Administration.</p> <p>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> <p>(i) Facility responsibility to protect all residents from abuse, neglect, and exploitation.</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> <p>(ii) How allegations of abuse, neglect, and exploitation will be handled by the facility.</p> <p>(iii) Resident confidentiality.</p> <p>(iv) Admission and continued stay criteria.</p> <p>(v) Discharge criteria and notification procedures for residents and sponsors.</p> <p>(vi) Facility responsibility when a resident's personal belongings are lost.</p> <p>(vii) What services the facility is capable and not capable of providing.</p> <p>(viii) Medication management.</p> <p>(ix) Infection control.</p> <p>(x) Meal service, timing, menus and food preparation, storage, and handling.</p> <p>(xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness.</p> <p>(xii) Staffing and conduct of staff while on duty.</p> <p>(xiii) Oxygen administration and storage if used in the facility.</p> <p>(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</p>	A 302		

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A 302	<p>Continued From page 2</p> <p>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> <p>(IX) Storage of food.</p> <p>(X) Procedure for food service in the</p>	A 302		

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A 302	<p>Continued From page 3</p> <p>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 observation, interview and record review, the facility's own policies were not followed for the management and operation of the facility.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON NOVEMBER 17, 2016.</p> <p>Findings:</p> <p>Medication Assistance</p> <p>The facility's Medication Assistance Policy and Procedure reads "...Residents needing assistance may receive sliding scale insulin per physician order and with the resident's direction to a licensed nurse...". During observation of insulin assistance on June 11, 2019, Resident Identifier (RI)#4 did not direct the care provided. Refer to deficiency 614 for additional information.</p> <p>The policy also reads "...No transferring between containers is allowed. Medications for each resident must be stored in the original prescription containers/unit dose package." During observation of the medication refrigerator on June 11, 2019, with Employee Identifier (EI)#5, an Insulin Pen was observed on the bottom of the refrigerator. The pen had been removed from the container with the prescription information. Refer to deficiency 616 for additional information.</p>	A 302		

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A 302	Continued From page 4  Medication Match Back  The facility's Medication Assistance Policy and Procedure reads "...At the end of each month the night nurse matches all current MARs with Physician orders...Outcome of this process is then sent to the Pharmacy for appropriate refills and new MARs for the next month...With each delivery of new medications they are matched to the MAR for validations that all meds. are received". The facility failed to accurately perform medication match back. Refer to deficiencies 504 and 601 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	A 303		

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A 303	<p>Continued From page 5</p> <p>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 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>	A 303		

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A 303	<p>Continued From page 6</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 observation, interview and record review, EI#1, Administrator, failed to manage the day to day operations of the facility responsibly and in a manner which provided safety for all residents. In addition, EI#1, Administrator, failed to ensure previously cited deficiencies were corrected and compliance with SBOH rules for assisted living facilities was maintained.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON NOVEMBER 17, 2016.</p> <p>Findings:</p> <p>EI#1 had been Administrator at the facility since September 2017. A previous survey was conducted by ADPH at the facility on November 17, 2016. During that survey, deficiencies were cited for failure to follow the policies in place at the facility, failure of the administrator to correct previously cited deficiencies, failure to maintain current and appropriate resident care plans, failure to allow residents the opportunity to identify their medication at every opportunity for medication use and failure to secure all medications. These same deficiencies were again cited during the current survey. The</p>	A 303		

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A 303	Continued From page 7  surveyors also identified resident care and safety issues which affected all residents. These issues included failure to identify and properly address and report a resident elopement, failure to properly train staff and failure to follow physicians' orders for residents' care. In fact, one resident had received incorrect medication for 10 months, until the error was identified by the surveyor on June 12, 2019. Although a policy was in place at the facility to monitor medications and verify with physicians' orders, the system had not been followed by facility staff and the resident had not been protected from these multiple medication errors. EI#1 also failed to ensure EI#7, Licensed Practical Nurse (LPN), obtained appropriate medical attention for a resident when needed. These deficient practices placed all residents of the facility at significant risk of harm.	A 303		
A 405	420-5-4-.04 (6) Personnel.  (6) Training.  (a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below:  1. State law and rules on assisted living facilities.	A 405		



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A 405	<p>Continued From page 8</p> <ol style="list-style-type: none"> <li>2. Facility policies and procedures.</li> <li>3. Resident rights.</li> <li>4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.</li> <li>5. Identifying and reporting abuse, neglect, and exploitation.</li> <li>6. Basic first aid.</li> <li>7. Advance directives.</li> <li>8. Protecting resident confidentiality.</li> <li>9. Resident fire and environment safety.</li> <li>10. Special needs of the elderly, mentally ill, and mentally retarded.</li> <li>11. Safety and nutritional needs of the elderly.</li> <li>12. Identifying signs and symptoms of dementia.</li> </ol> <p>(b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire.</p>	A 405		

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A 405	<p>Continued From page 9</p> <p>An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization.</p> <p>(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure all staff were able to demonstrate training in required areas.</p> <p>Findings:</p> <p>EI#5, LPN, did not exhibit training in state law and rules, facility policies and procedures, resident rights, protecting resident confidentiality and safety needs of the residents when EI#5 did not allow residents to identify their medications, left medications with residents without observing the medications being swallowed and left resident information unsecured on top of the medication cart during the survey.</p>	A 405		

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A 405	<p>Continued From page 10</p> <p>El#6, LPN, did not exhibit training in the same areas when El#6 observed RI#7 elope from the facility and failed to report it to El#5, Nurse Manager/LPN, and El#1, Administrator.</p> <p>El#7, LPN, did not exhibit training in the same areas when El#7 failed to send RI#12 out for medical treatment for a wound sustained in the facility. El#7 provided RI#12 with skilled nursing services in the facility. El#7 cleansed the wound and applied steri-strips to the wound to secure the edges.</p> <p>Facility LPNs did not exhibit training in facility policies and procedures when they failed to perform adequate match back of pharmacy-delivered medications with residents' Medication Administration Records (MARs) and with physicians' orders.</p>	A 405		
A 504	<p>420-5-4-.05 (3) (d) Records and Reports.</p> <p>(d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate.</p> <p>1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the</p>	A 504		

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A 504	<p>Continued From page 11</p> <p>facility.</p> <p>2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints.</p> <p>3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy.</p> <p>4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time.</p> <p>5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.</p> <p>6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.</p> <p>7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.</p>	A 504		

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A 504	<p>Continued From page 12</p> <p>8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.</p> <p>9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident.</p> <p>10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases.</p> <p>11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.</p> <p>12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of</p>	A 504		

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A 504	<p>Continued From page 13</p> <p>the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.</p> <p>13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file.</p> <p>14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that:</p> <p>(i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care.</p> <p>(ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation; and</p> <p>(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.</p> <p>15. Every resident shall be fully informed, prior to or at the time of admission and at regular</p>	A 504		

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A 504	<p>Continued From page 14</p> <p>intervals during his or her stay, of services available in the facility, and of related charges.</p> <p>16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities.</p> <p>17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area.</p> <p>18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted.</p> <p>19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges.</p> <p>20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to</p>	A 504		

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A 504	<p>Continued From page 15</p> <p>himself or herself or to other residents.</p> <p>21. Every resident shall have the right to wear his or her own clothes, to keep and use his or her own personal possessions including toilet articles except for personal possessions too large to be stored in the resident's room.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours and to freely come and go from the home.</p> <p>24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a safe and decent environment as well as appropriate health care consistent with established and recognized standards within the community was maintained for all residents. The facility also failed to ensure every resident's right to confidential treatment of personal and medical records was maintained.</p> <p>Findings:  Safe and Decent Environment/Established and Recognized Community Standards</p>	A 504		



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A 504	<p>Continued From page 16</p> <p>During the morning medication time on June 11, 2019, while observing EI#5 assist RI#5 with a medication at 10:00 AM, the surveyor observed a small round peach pill on RI#5's night stand behind RI#5's clock. RI#5 stated they did not know when the pill was left there. EI#5 stated it may have been the night before as it looked like a pill for blood pressure. On June 11, 2019, at 10:20 AM, EI#5 told the surveyor EI#5 had identified the pill as Lisinopril 10 milligrams and EI#5 was going to offer RI#5 another one even though no one knew what day the medication had been left on the night stand. EI#4 came into the room as the surveyor asked EI#5 if this was the standard of nursing practice, protocol and policy for medications found at bedside. EI#5 did not answer. EI#4 told EI#5 and the surveyor the doctor would be called and the doctor would decide the action to take. EI#5 did not adhere to established and recognized standards of nursing practice to notify the physician.</p> <p>RI#7 eloped from the facility on April 14, 2019. EI#6, LPN, failed to take proper steps to ensure RI#7 had a safe and decent environment even though EI#6 documented in RI#7's record RI#7 was very confused and exhibited wandering behavior. EI#6 notified RI#7's sponsor who took RI#7 out of the facility for a few hours and then returned RI#7 to the facility. EI#6 failed to report the elopement and wandering behavior to EI#1 or EI#4.</p> <p>RI#10 failed to receive medication ordered by the physician since admission to the facility on August 2, 2018 until the error was identified by the surveyor on June 12, 2019. In fact, facility staff were unsure what medications were ordered for RI#10 when questioned on June 12, 2019. The</p>	A 504		

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A 504	<p>Continued From page 17</p> <p>facility failed to clarify conflicting orders with RI#10's physician and failed to adequately review RI#10's MAR with RI#10's Physician's Orders to ensure the orders matched. For 10 months RI#10 received medications daily at the facility which did not match the medications and dosages ordered by RI#10's physician. A facility policy which required a monthly "match back" of each resident's current MAR with physician's orders was not adequately followed by the facility to ensure the medications were correct. In addition, a Medical Exam/Plan of Care for RI#10 dated September 26, 2018 ordered an LPN to assist/supervise RI#10's medications. On June 11, 2019 the surveyor observed a Med Tech (unlicensed) assisting RI#10 with morning medications. RI#10 was repeatedly provided incorrect medications without utilization of an LPN to assist with the medications or compliance with a facility policy to prevent medication errors. A safe environment was not provided to RI#10 at all times and health care provided to RI#10 was not consistent with established and recognized standards within the community. Refer to deficiencies 302 and 601 for additional information on RI#10 and facility policies.</p> <p>Confidentiality</p> <p>The right to confidentiality of personal and medical records was not maintained during the morning medication time on June 11, 2019, when EI#5, LPN, left the controlled substance book and used medication pouches containing the resident's and medication names unsecured on the med cart when the cart was in the hallway and EI#5 was in resident's room with the door to the hallway closed.</p>	A 504		

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A 508 A 508	Continued From page 18 420.5.4-.05 (3) (h) Records and Reports.  (h) Incident Investigation. When an incident, as defined below, occurs in an assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review.  1. Incidents which require investigation are:  (i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as bruising, pain, or injury that is not consistent with actions necessary in providing day to day care to a resident or for which medical treatment was sought.  (ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid, including but not limited to: a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office.  (iii) The onset of wandering behavior by any resident who is not fully cognitively intact.  (iv) Elopement by a resident.  (v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or	A 508 A 508		

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A 508	<p>Continued From page 19</p> <p>residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.</p> <p>(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.</p> <p>(viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I of Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).</p> <p>(ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(xi) An unplanned occurrence that results in media attention.</p> <p>(xii) A medication error, overdose, or over sedation.</p> <p>(xiii) Ingestion by a resident of a toxic</p>	A 508		

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A 508	<p>Continued From page 20</p> <p>substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p> <p>(iii) When the administrator was notified (date and time).</p> <p>(iv) Circumstances under which the incident occurred.</p> <p>(v) When the incident occurred (date and time).</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p>	A 508		

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A 508	<p>Continued From page 21</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p> <p>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.</p> <p>(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation.</p> <p>(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.</p> <p>(xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies.</p> <p>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.</p> <p>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:</p> <p>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical</p>	A 508		

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A 508	<p>Continued From page 22</p> <p>attention as defined in these rules.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file.</p> <p>(iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(vi) An unplanned occurrence that results in media attention.</p> <p>(vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.</p> <p>(viii) Ingestion by a resident of a toxic substance that requires medical attention.</p>	A 508		

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A 508	<p>Continued From page 23</p> <p>(ix) Notifiable diseases and health conditions listed in Appendix I of the Alabama Administrative Code Sec. 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 maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than 3 years.</p> <p>(x) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>4. The report to the Department's Online Incident Reporting System shall include the following:</p> <p>(i) Facility name and direct phone number.</p> <p>(ii) Time and date of the report.</p> <p>(iii) Reporter's name.</p> <p>(iv) Name of resident(s), staff, or visitor(s) involved in the incident.</p> <p>(v) Names of staff on duty at the time of the incident.</p> <p>(vi) Date and time of the incident.</p> <p>(vii) A brief description of the incident.</p> <p>(viii) Any injury or injuries to resident(s).</p>	A 508		



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A 508	<p>Continued From page 24</p> <p>(ix) Action taken by the facility in response to the incident.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to conduct an investigation for an elopement and failed to report the same incident as required to the Department's Online Incident Reporting System.</p> <p>Findings:</p> <p>El#6, LPN, documented in RI#7's record on April 14, 2019 at 10:40 AM, "Resident is very confused ... walked outside the front entrance ... was easily redirected. Called (sponsor's name) to talk to RI#7 ... (Sponsor's name) returned (RI#7 to the facility) at 6:00 PM." Documentation dated April 14, 2019, at 9:50 PM noted RI#7 had been wandering toward the exit doors and main lobby with the staff continuing to redirect RI#7. RI#7 became upset refusing to go to RI#7's room. The elopement was not reported to El#4, LPN and Nurse Manager, El#1, Administrator, or to RI#7's physician until June 11, 2019, when the surveyor brought RI#7's elopement to the attention of El#s 1 and 4. The elopement was not reported to the Department.</p>	A 508		
A 601	<p>420-5-4-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her</p>	A 601		

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A 601	<p>Continued From page 25</p> <p>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).</p> <p>(b) Back-up Physician Support. Each 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.</p> <p>(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</p>	A 601		

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A 601	<p>Continued From page 26</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow physicians' orders for resident's care, failed to clarify physicians' orders for medications and failed to ensure medications sent by the pharmacy matched physicians' orders for the resident.</p> <p>Findings:</p> <p>RI#10 was admitted to the facility on August 2, 2018 and had diagnoses which included hypertension, allergies, diabetes mellitus II, gastroesophageal reflux disease, hyperlipidemia and edema. On June 11, 2019 at 7:30 AM the surveyor observed EI#8, Med Tech (unlicensed) assist RI#10 with morning medications. RI#10 received Aspirin 81 milligrams, Plavix 75 milligrams, Cardura 4 milligrams, Jalyn 0.5/0.4 milligrams, Nexium 40 milligrams, Allegra 180 milligrams, Cozaar 50 milligrams, Metformin 500 milligrams, Toprol XL 25 milligrams, Lovaza 1 gram and Triamterene/HCTZ 37.5/25 milligrams.</p> <p>On June 12, 2019 the surveyor reviewed RI#10's facility record and MAR for comparison of medications documented on RI#10's MAR with physicians' orders. The following discrepancies were noted. Cardura 2 milligrams twice daily was ordered for RI#10 on July 30, 2018 and again on September 26, 2018; Cardura 4 milligrams twice daily was given to RI#10 since August 2, 2018. Nexium 40 milligrams twice daily was ordered for</p>	A 601		

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A 601	<p>Continued From page 27</p> <p>RI#10 on July 30, 2018 and again on September 26, 2018; Nexium 40 milligrams once daily was given to RI#10 since August 2, 2018. Metformin 500 milligrams twice daily was ordered for RI#10 on July 30, 2018 and again on September 26, 2018; Metformin 500 milligrams once daily was given to RI#10 since August 2, 2018. Lovaza 1 gram was given to RI#10 twice daily since August 2, 2018; there was no physician's order for this medication. Triamterene-HCTZ (Hydrochlorothiazide) 37.5-25 milligrams was given to RI#10 once daily since August 2, 2018; there was no physician's order for this medication. Vytorin 10-10 milligrams was ordered for RI#10 once daily at bedtime on July 30, 2018 and again on September 26, 2018; there was no documentation this medication was ever given to RI#10. Chlorthalidone 25 milligrams 1/2 tablet once daily was ordered for RI#10 on July 30, 2018 and again on September 26, 2018; there was no documentation this medication was ever given to RI#10. Norvasc 5 milligrams once daily was ordered for RI#10 on July 30, 2018 and again on September 26, 2018; there was no documentation this medication was ever given to RI#10.</p> <p>El#4 contacted the facility's pharmacy on June 12, 2019 to inquire about orders for these multiple medication discrepancies. The pharmacy was unable to provide physician's orders to match the above listed medications given to RI#10 from August 2, 2018 until June 12, 2019. El#3 explained there was a policy in place at the facility for match back of current MARs with physicians' orders to be completed monthly by the night shift nurse for verification of correct medications. The facility currently did not have a night shift nurse and there was no indication the duty had been assigned to other nurses. El#3 was unsure if the</p>	A 601		

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A 601	Continued From page 28  match back audits had been completed monthly as required by the facility policy. Documentation of the monthly audits was not provided when requested by the surveyor. In addition, RI#10's most recent Medical Exam/Plan of Care dated September 26, 2018 contained a signed physician's order for an LPN (licensed) to assist/supervise RI#10 with medications. RI#10's medication assistance observed by the surveyor on June 11, 2019 was provided by a Med Tech who was unlicensed. The facility failed to provide an LPN as ordered for RI#10's medication assistance. For 10 months the facility failed to follow physicians' orders for RI#10's medications, placing RI#10 at extreme risk for medical complications due to repeated medication errors. An immediate plan of action to correct this deficient practice was requested by the surveyor and provided by the facility.	A 601		
A 602	420-5-4-.06 (2) (a) (b) (c) Care of Residents.  (2) Medical Examination Record.  (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the	A 602		

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A 602	<p>Continued From page 29</p> <p>following:</p> <ol style="list-style-type: none"> <li>1. All of the physician's diagnoses, and the resident's baseline weight and vital signs.</li> <li>2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact.</li> <li>4. Documentation of evaluation for tuberculosis within the previous 12 months.</li> </ol> <p>(b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following:</p> <ol style="list-style-type: none"> <li>1. The resident's weight and vital signs.</li> <li>2. Changes in diagnoses.</li> <li>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol>	A 602		

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A 602	<p>Continued From page 30</p> <p>(c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following:</p> <ol style="list-style-type: none"> <li>1. New diagnoses.</li> <li>2. Changes in condition.</li> <li>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview, residents' Medical Examination Records were not completed as required.</p> <p>Findings:</p> <p>Twelve of twelve resident records reviewed did not contain the resident's baseline temperature on the initial physical examination form. In fact, there was not designated space on the forms to record this required vital sign. EI#1 and EI#3 agreed the required information was not documented.</p>	A 602		

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A 604	<p>420-5-4-.06 (3) (a) (b) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(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.</p> <p>(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 procedures, the monthly assessment shall:</p> <ol style="list-style-type: none"> <li>1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance.</li> <li>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.</li> <li>3. Document identified changes in resident status.</li> <li>4. Assess the appropriateness of each resident's plan of care. Any decline in resident status requires immediate implementation and</li> </ol>	A 604		



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A 604	Continued From page 32  documentation of interventions or reassessment of existing interventions.  This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure monthly assessments were accurate and identified changes in all resident's status.  Findings:  RI#6's facility monthly assessments did not identify behaviors as areas of change for RI#6.  RI#7's facility monthly assessments did not identify confusion and an elopement as areas of change for RI#7.  RI#12's facility monthly assessments did not identify falls as areas of change for RI#12.	A 604		
A 611	420-5-4-.06 (4) (a) (b) Care of Residents.  (4) Personal Care and Services. The facility shall provide care and services consistent with community standards.  (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.  (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	A 611		

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A 611	<p>Continued From page 33</p> <p>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> <ol style="list-style-type: none"> <li>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:</li> <li>2. A listing of the resident's individual needs or problems that require intervention by the facility.</li> <li>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</li> <li>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.</li> <li>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</li> </ol>	A 611		

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A 611	<p>Continued From page 34</p> <p>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 care shall be promptly updated and all changes shall be documented.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility did not ensure all resident's plans of care were updated to identify each resident's problems and list interventions for direct care staff to follow to provide care to the residents.</p>	A 611		

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A 611	<p>Continued From page 35</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON NOVEMBER 17, 2016.</p> <p>Findings:</p> <p>RI#2</p> <p>RI#2's facility plan of care identified RI#2 was a fall risk. However, there were no interventions for the staff to follow to prevent falls. RI#2 was identified by the physician as a risk for weight loss. The facility plan of care did not list weight loss as a problem or list any interventions for the staff to follow to prevent weight loss.</p> <p>RI#6</p> <p>R#6's facility record documented RI#6 had behaviors identified by numerous staff members starting February 10, 2019. The last entry on RI#6's facility plan of care was that outside services for behaviors were discontinued May 24, 2019. The intervention for facility staff to "continue to redirect" RI#6 was not effective on June 11, 2019. RI#6 was exhibiting some of the behaviors identified and was not able to be "redirected" at the time. RI#6 was also identified as having urgency to go to the bathroom on April 8, 2019 and again on May 15, 2019. The plan of care did not include for staff to respond when RI#6 requested assistance to transport to the bathroom or that staff should respond to RI#6's requests to have assistance to the dining room and medication room.</p> <p>RI#7</p> <p>RI#7's facility record identified RI#7 was very</p>	A 611		

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A 611	Continued From page 36  confused and eloped from the facility on April 14, 2019. The facility's plan of care did not identify elopement was a safety problem and did not list any interventions to provide a safe environment for RI#7. The plan of care identified RI#7 was at risk for falls and to encourage RI#7 to use their walker when ambulating. On June 11, 2019, observations were RI#7 was waked up for the morning medications, RI#7's walker was 6 to 8 feet away from the bed and EI#5 did not offer the walker to RI#7 or remind RI#7 to use the walker for ambulation when RI#7 stood up from the bed and walked into another room off the bedroom.	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	A 613		

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A 613	<p>Continued From page 37</p> <p>medications that are self-administered by residents and approved by the physician for resident possession.</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 observation, record review and interview, the facility failed to have physician's orders for all resident's medications.</p> <p>Findings:</p> <p>Observations during the morning medication time on June 11, 2019 were EI#5, LPN, administered Mucinex to RI#1. The facility did not have a physician's order for the Mucinex 600 milligrams that had been given at least twice daily in the facility from June 1, 2019 through June 10, 2019. EI#4, LPN, could not find a current order for the medication. RI#1's MAR for June of 2019</p>	A 613		

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A 613	Continued From page 38  documented on page three to give one tablet every 12 hours at 8:00 AM and 7:00 PM. On page seven the MAR documented to give one every 12 hours as needed.	A 613		
A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.  (f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety. (g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:  1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use.  (6) Assistance with self-administration of medication includes the following practices:	A 614		

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A 614	<p>Continued From page 39</p> <p>(a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed.</p> <p>(b) Physically assisting a resident by opening or helping to open a container holding medications.</p> <p>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.</p> <p>(d) Physically bringing a container of medication to a resident.</p> <p>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:</p> <p>(a) Medication administration as defined in these rules.</p> <p>(b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given.</p> <p>(c) Giving a resident injections of any kind.</p>	A 614		



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A 614	<p>Continued From page 40</p> <p>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.</p> <p>(e) Placing medications in a feeding tube.</p> <p>(f) Giving enemas or suppositories.</p> <p>(g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this</p>	A 614		

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A 614	<p>Continued From page 41</p> <p>assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, a resident failed to direct the care when receiving an insulin injection. In addition, the facility failed to ensure all residents were offered the opportunity to demonstrate their ability to correctly utilize the unit dose package system at every medication use.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON NOVEMBER 17, 2016.</p> <p>Findings:  Failure of Resident to Direct Care</p>	A 614		

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A 614	<p>Continued From page 22</p> <p>RI#4 was admitted to the facility on February 6, 2017 and had a diagnosis of diabetes mellitus II. On June 11, 2019 at 11:50 AM, the surveyor observed EI#5 complete a fingerstick blood sugar on RI#4 and administer a sliding scale insulin injection to RI#4 based on the results of the blood sugar test. After the reading of 231 was obtained for the fingerstick blood sugar, RI#4 correctly identified the insulin pen. EI#5 then went into a separate room and checked RI#4's MAR to determine the correct dosage of sliding scale insulin to be given. EI#5 returned to the room where RI#4 was seated and informed RI#4 the dose to be given was 13 units. RI#4 was not presented with a copy of the sliding scale insulin orders to identify the correct dose and did not identify the dose prior to the insulin injection being given by EI#5. When asked, EI#5 stated they used to have a copy of the sliding scale insulin order in the medication room for RI#4 to use but she (EI#5) was unsure what happened to it.</p> <p>Resident Not Given Opportunity to Identify Medication</p> <p>During the morning medication time on June 11, 2019, RI#s 3 and 7 were not given the opportunity to demonstrate their ability to utilize the unit dose system in use by the facility by EI#5, LPN.</p>	A 614		
A 616	<p>420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.</p> <p>(k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in</p>	A 616		

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A 616	<p>Continued From page 43</p> <p>unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident.</p> <p>(l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected.</p> <p>(m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at</p>	A 616		

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A 616	<p>Continued From page 44</p> <p>least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.</p> <p>(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.</p> <p>(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure all medications in the custody of the facility were stored using at least a single lock at all times. The facility also failed to ensure all medications were labeled in accordance with the Alabama State Board of Pharmacy.</p>	A 616		

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A 616	<p>Continued From page 45</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON NOVEMBER 17, 2016.</p> <p>Findings:</p> <p>Medication Not Secured</p> <p>On June 11, 2019 at 11:50 AM the surveyor observed EI#5, LPN, assist RI#4 with insulin administration. After completing a fingerstick blood sugar on RI#4, EI#5 removed RI#4's insulin pen from the refrigerator and placed it on the counter in the medication room where RI#4 was seated in a wheelchair. EI#5 then left the medication room and went into another room to check the insulin dosage required for RI#4, leaving RI#4 in the medication room with the insulin pen unsecured. The insulin pen could not be visualized from the second room which EI#5 entered. EI#4 agreed the insulin was not secured as required.</p> <p>Medication Not Properly Labeled</p> <p>During the medication time the morning of June 11, 2019, a Humulin Insulin Pen was observed on the bottom shelf of the facility's medication refrigerator. The pen did not contain a pharmacy label with the required information. EI#4 and EI#5 both told the surveyor the container with the appropriate label must have been discarded.</p>	A 616		
A1203	<p>420-5-4-.12 (5) Physical Environment.</p> <p>(5) General Building Requirements - Family, Group, and Congregate.</p> <p>(a) Structural Soundness and Repair.</p>	A1203		

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A1203	<p>Continued From page 46</p> <p>The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly.</p> <p>(b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit.</p> <p>(c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms.</p> <p>(d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length insect screens. Screen doors shall be equipped with self-closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All assisted living facilities shall provide emergency artificial lighting to adequately illuminate halls, corridors, kitchens, dining areas, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p>	A1203		

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A1203	<p>Continued From page 47</p> <p>(f) Floors.</p> <p>1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish.</p> <p>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.</p> <p>(g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair.</p> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily.</p> <p>(i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes.</p> <p>(j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30-36 inches above the floor and returned to the wall at each end.</p> <p>(k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purpose. All walls and doors under stairs</p>	A1203		



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A1203	<p>Continued From page 48</p> <p>shall meet the same fire rating as the stairwell.</p> <p>(l) Doors.</p> <p>1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms shall swing into the bedroom.</p> <p>2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location.</p> <p>3. Resident bedroom and other exit access doors in each assisted living facility shall be at least three feet wide. Bedroom doors in Family assisted living facilities shall not be less than 32 inches wide.</p> <p>4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other special locking arrangements are permitted only in specialty care assisted living facilities.</p> <p>5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down. Exit doors of Family facilities may swing inward.</p> <p>(m) Ventilation. The building shall be well-ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms</p>	A1203		

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A1203	<p>Continued From page 49</p> <p>shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility.</p> <p>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.</p> <p>1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance.</p> <p>2. A visual inspection of each fire extinguisher shall be conducted monthly by designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. Except in Family facilities, a central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard.</p> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(q) Fireplaces and inserts, shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens, or doors.</p>	A1203		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRANDVIEW AT REDSTONE VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12000 TURNMEYER DRIVE HUNTSVILLE, AL 35803</b>
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(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
A1203	<p>Continued From page 50</p> <p>(r) Exit marking. In Group and Congregate facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power.</p> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation.</p> <p>2. Open flame and portable heaters are prohibited in assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</p> <p>3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the stairway landings were not used for storage.</p>	A1203		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRANDVIEW AT REDSTONE VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12000 TURNMEYER DRIVE HUNTSVILLE, AL 35803</b>
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(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
A1203	<p>Continued From page 51</p> <p>Findings:</p> <p>On June 11, 2019, the stairway located by room 4228 and across from the mechanical room on second floor had a large garbage can stored on the second floor landing of the three floor facility. El#4, LPN, removed the can stating it should not be stored in the stairway landing.</p> <p>SHERRY YOUNG, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE SUSAN OVERTON, REGISTERED NURSE</p>	A1203		