

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D3736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2023
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NAME OF PROVIDER OR SUPPLIER GREENBRIAR AT THE ALTAMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 2831 HIGHLAND AVENUE BIRMINGHAM, AL 35205
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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
A 000	<p>Initial Comments</p> <p>On January 11, 2023, an unannounced licensure and complaint survey was conducted for this 46 bed Assisted Living Facility with a census of 27.</p> <p>There were six (6) complaints investigated during the survey. Intake ID: 20221229014 was substantiated with deficiencies cited. Intake ID: 20220706023, 20210625004, 20210319003, 20191106004, and 20191024021, were unsubstantiated with no deficiencies cited.</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 (ALF). The deficiencies cited pose a risk or potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 405	<p>420-5-4-.04 (6) Personnel.</p> <p>(6) Training.</p> <p>(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:</p> <p>1. State law and rules on assisted living</p>	A 405		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 405	<p>Continued From page 1 facilities.</p> <ol style="list-style-type: none"> 2. Facility policies and procedures. 3. Resident rights. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 10. Special needs of the elderly, mentally ill, and mentally retarded. 11. Safety and nutritional needs of the elderly. 12. Identifying signs and symptoms of dementia. <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</p>	A 405		

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A 405	<p>Continued From page 2</p> <p>American Red Cross. New employees must obtain certification in CPR within 90 days of hire. 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 record reviews and interview, the facility failed to ensure all employees received special needs training.</p> <p>Findings:</p> <p>Resident Identifier (RI)#3 was admitted to the facility on July 26, 2022, with a medical history of end stage renal disease (ESRD) stage 5. RI#3 received hemodialysis three (3) times a week via a shunt in her/his right arm. On January 11, 2023, the surveyor reviewed the employee training records. Employee Identifier (EI)#5, EI#6, and</p>	A 405		

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A 405	Continued From page 3 EI#7, did not have documentation they had been trained about the care of a dialysis resident. EI#2, Director of Nursing (DON), acknowledged the training had not been provided, but she (EI#2) would immediately develop a training class for this special need and present it to the staff.	A 405		
A 601	420-5-4-.06 (1) Care of Residents. (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician. (a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or another emergency call). (b) Back-up Physician Support. Each 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.	A 601		

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A 601	<p>Continued From page 4</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 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, record reviews, and interviews, the facility failed to follow physician orders for medications prescribed.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>On December 29, 2022, the Alabama Department of Public Health received a complaint from a family member that RI#2 did not receive all of his/her medications when going home for the holidays. The surveyor discussed this allegation with EI#1, Administrator, and EI#2, DON, on</p>	A 601		

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A 601	<p>Continued From page 5</p> <p>January 10, 2023. EI#1 and EI#2 stated they were aware of the complaint and acknowledged it did happen on November 23, 2022. EI#2 told the surveyor she (EI#2) had met with the family on November 29, 2022, to discuss the incident and she (EI#2) had developed a corrective action plan to prevent the problem from happening again in the future. EI#2 also said the family was satisfied with the implemented action plan and it had been working successfully since that time.</p> <p>On January 11, 2023, the surveyor completed medication reconciliation for RI#2, and a discrepancy was found. RI#2 was admitted to the facility on September 23, 2022, with a past medical history of hypertension. The Medical Examination Record was dated September 15, 2022, and the physician ordered isosorbide dinitrate 40 mg by mouth twice a day (BID) for prophylaxis (prevention). However, the Medication Administration Records (MAR) and blister cards was isosorbide dinitrate 20 mg tablets. EI#2 acknowledged the medication discrepancy and stated she (EI#2) would immediately contact the physician and ensure RI#2 was receiving the correct dosage of isosorbide dinitrate.</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A 601		