

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4527	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2021
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NAME OF PROVIDER OR SUPPLIER HARBOR CHASE OF HUNTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4801 WHITESPORT CIRCLE HUNTSVILLE, AL 35801
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A 000	<p>Initial Comments</p> <p>On May 20, 2021, an unannounced licensure survey and complaint investigation was conducted for this 52 bed Assisted Living Facility (ALF) with a census of 34.</p> <p>There were three (3) complaints investigated during this survey. Complaint Identification (ID)-20190624002, ID- 20191104006, and ID-20201130006, were unsubstantiated with no deficiencies cited as a result of the complaint investigations.</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 risk or potential risk of harm to the residents and requires a plan of correction.</p>	A 000		
A 611	<p>420-5-4-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.</p> <p>(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.</p> <p>(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 be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care</p>	A 611		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 611	<p>Continued From page 1</p> <p>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"> 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: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 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. 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 all needed assistance with activities of daily living to each resident. 	A 611		

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A 611	<p>Continued From page 2</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 observations, record reviews, and interviews, the facility failed to maintain current and appropriate Resident Service Plans (RSP) along with appropriate interventions to address the care and safety needs of all residents.</p> <p>Findings:</p>	A 611		

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A 611	<p>Continued From page 3</p> <p>Resident Identifier (RI)</p> <p>RI#1 was admitted to the facility on April 22, 2020, with diagnoses to include, hypertension, cerebral infarction, atrial fibrillation (A-fib), acute kidney failure, and cerebrovascular disease. On the afternoon of May 19, 2021, the surveyor observed RI#1's lower extremities to be red and edematous. On August 21, 2020, an order was written by the nurse practitioner for compression stockings (knee high small) to be on in the morning (AM) and off in the evening (PM). RI#1 told the surveyor she/he did not wear the compression stockings anymore because they were too hard to put on. The RSP did not mention the compression stockings. An emergency department visit was made on March 8, 2021, due to left leg pain with pitting edema. RI#1 was diagnosed and treated for left lower extremity cellulitis, however, the RSP was not updated with this new diagnosis. Employee Identifier (EI)#3, Licensed Practical Nurse (LPN) agreed the RSP was incomplete and updated RSP with appropriate interventions.</p> <p>RI#2 had been residing at the facility since November 30, 2020. RI#2 had a significant past medical history of depression, anxiety, epilepsy, joint pain, hypothyroidism, and hyperlipidemia. On March 17, 2021, RI# 2 sustained a right femur fracture while transferring from her/his wheelchair to chair. Upon return to the facility from rehabilitation on April 27, 2021, RI#2 was noted to have a significant weight loss (5.4%) as recorded on the monthly assessments. The weight for March 2021 was 184 pounds and the weight for April 2021 was 174 pounds. A review of the weight logs for May 2021 revealed RI#2 lost an additional 2.8 pounds (171.2 pounds). The RSP</p>	A 611		

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A 611	<p>Continued From page 4</p> <p>did not address the weight loss or provide any interventions to prevent further weight loss. EI#3, LPN, explained to the surveyor RI#2's intake was being monitored.</p> <p>RI#4 was admitted to the facility on February 9, 2021, with diagnoses to include, hypertension, hyperlipidemia, mood disorder, and hypothyroidism. On February 12, 2021, RI#4 was diagnosed with hyperkalemia and an order was written to encourage oral fluids. The RSP was not updated to reflect this new diagnosis and intervention.</p> <p>On May 20, 2021, the surveyors discussed the RSP deficiencies with EI#1, Vice President of Health & Wellness, and EI#2, Executive Director. Both EI#1 and EI#2 acknowledged additional training was needed and plans had been made to utilize the newly hired registered nurse and the corporate registered nurse to help with re-training.</p>	A 611		
A 617	<p>420-5-4-.06 (8) Care of Residents.</p> <p>(8) Disposal of Medications.</p> <p>1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days.</p>	A 617		

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A 617	<p>Continued From page 5</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 three years.</p> <p>3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 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 reviews and interviews, the facility failed to provide documentation all medications were destroyed within 30 days after a resident was discharged. In addition, the facility failed to provide all the required information on the medication disposal forms.</p> <p>Findings:</p> <p>Disposal of Medications:</p> <p>RI#5 was discharged to another facility on August 7, 2020, however, there was not a Medication Disposal- Individual Resident form (legend drugs)</p>	A 617		

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A 617	<p>Continued From page 6</p> <p>available for review. EI#1 and EI#2 told the surveyor they could not find the medication disposal binder with the supporting documentation as evidence the medications had been destroyed.</p> <p>Medication Disposal Form:</p> <p>RI#5 had controlled substances destroyed on September 2, 2020. The Controlled Substance Inventory Record was used to document the destruction of Gabapentin. The record did not list the name of the facility or the method of disposal. EI#4, LPN, told the surveyor the facility used Rx Destroyer to waste unused medications.</p> <p>CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE SUSAN OVERTON, REGISTERED NURSE</p>	A 617		