STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P4501	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF HUNTSVILLE SPECIAL CARE	4801 WHITESPORT CIRCLE HUNTSVILLE, AL 35801

(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	Initial Comments On May 11, 2022, an unannounced complaint investigation was conducted for this 52 bed Specialty Care Assisted Living Facility (SCALF) with a census of 40. There were two (2) complaints investigated during this survey. Intake ID: 20220125005 and Intake ID: 20220504002 were unsubstantiated, however, one (1) deficiency was cited as a result of the complaint investigations. A deficiency was cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practice resulted in the potential for harm to all residents.	A 000		
A 615	420-5-20-.06 (5) (h) Care of Residents. (5) Medications. (h) All medications administered to residents in a specialty care assisted living facility, shall be contemporaneously recorded on a standard medication administration record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration record shall include at least the following: 1. The name of the resident to whom the medication was administered. 2. The name of the medication administered.	A 615		

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A 615	Continued From page 1 3. The dosage of the medication administered. 4. The method of administration. 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assisted. 7. Any adverse reaction to the medication. 8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were documented contemporaneously on the Medication Administration Records (MAR). Findings: On May 11, 2022, the surveyor reviewed Resident Identifier (RI)#1's MAR with Employee Identifier (EI)#1, Administrator. The medications scheduled for 9:00 AM on May 1, 2022, were not initialed as administered by the nurse. EI#1 stated she (EI#1) could not verify if the medications had been given because an agency nurse was working on this shift.	A 615		

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A 615	Continued From page 2 The surveyor also reviewed RI#1's Controlled Substance Inventory Record for Tramadol 50 mg (as needed). EI#6, Licensed Practical Nurse (LPN), signed she (EI#6) removed a Tramadol from inventory on May 1, 2022. EI#6 did not document the time of removal on the inventory record or the time it was administered on the MAR. EI#6 told the surveyor the Tramadol was given but she (EI#6) inadvertently failed to document the time the Tramadol was administered. DEBRA FREEMAN, REGISTERED NURSE	A 615		