

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P4501</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARBOR CHASE OF HUNTSVILLE SPECIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4801 WHITESPORT CIRCLE HUNTSVILLE, AL 35801</b>
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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 Specialty Care Assisted Living Facility (SCALF) with a census of 38.</p> <p>There were five (5) complaints investigated during this survey. Complaint #20210419003, Complaint #20201109025, Complaint #20200930004 and Complaint #20200727005 were unsubstantiated. Complaint #20210408001 was substantiated and deficiencies were cited as a result of the complaint investigation.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.</p>	A 000		
A 302	<p>420-5-20-.03 (e) Administration.</p> <p>(e) Policies. 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 resident. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies</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>shall cover the following:</p> <ul style="list-style-type: none"> <li>(i) Facility responsibility to protect all residents from abuse, neglect, and exploitation.</li> <li>(ii) How allegations of abuse, neglect, and exploitation will be handled by the facility.</li> <li>(iii) Resident confidentiality.</li> <li>(iv) Admission and continued stay criteria.</li> <li>(v) Discharge criteria and notification procedures for residents and sponsors.</li> <li>(vi) Facility responsibility when a resident's personal belongings are lost.</li> <li>(vii) What services the facility is capable and not capable of providing.</li> <li>(viii) Medication management.</li> <li>(ix) Infection control.</li> <li>(x) Meal service, timing, menus and food preparation, storage, and handling.</li> <li>(xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness.</li> <li>(xii) Staffing and conduct of staff while on duty.</li> <li>(xiii) Oxygen administration and storage if used in the facility.</li> </ul>	A 302		

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A 302	<p>Continued From page 2</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 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,</p>	A 302		

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A 302	<p>Continued From page 3</p> <p>ice, and eggs.</p> <p>(IX) Storage of food.</p> <p>(X) Procedure for food service in the 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 observations, interviews and record reviews, the facility failed to follow its own policies and procedures.</p> <p>Findings:</p> <p>Incident Report and Investigation</p> <p>According to the facility's Abuse, Neglect and Exploitation-Definition/Investigation/Reporting/Prohibition Policy, "...Sexual Abuse is defined as...any sexually oriented behavior between residents that is not fully and freely consented to by both residents involved or any sexually oriented behaviors between residents when either or both residents are incapable of consenting to the behavior because of cognitive impairment...An incident/accident report should be completed...Any state specific notification and forms must be completed...If an incident involves resident on resident contact, both residents should be evaluated for a change of condition. Residents exhibiting aggressive behavior should be considered for continued appropriateness and interventions should be developed to address their behaviors. The resident Assessment and Care Plan should be updated as</p>	A 302		

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A 302	<p>Continued From page 4</p> <p>appropriate...Upon receipt of an allegation of Abuse, Neglect or Exploitation...the Executive Director, or their designee, should conduct a confidential internal investigation of the incident...The investigation should include interviews with potential witnesses, which may include the alleged perpetrator, the alleged victim, staff, other residents and visitors to the residence. Signed statements from each person should be maintained in the file...". The facility failed to report and properly investigate an incident of alleged resident on resident abuse. A resident involved in alleged resident on resident contact was not evaluated for a change of condition. Refer to deficiencies 508 and 604 for additional information.</p> <p>Health Supervision/RN Assessment</p> <p>According to the facility's Health Supervision/Initial Assessment/Form Protocol and Procedure, "...No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen...The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status...The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility...The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in</p>	A 302		

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A 302	<p>Continued From page 5</p> <p>health status or behavior occurs, or if the resident develops any of the following problems:...weight loss...unmanageable, combative, or potentially harmful behavior(s). The facility RN failed to properly screen prospective residents for admission and failed to assess residents as required. Refer to deficiency 604 for additional information.</p> <p>Retention of Residents</p> <p>According to the facility's Admission and Retention of Residents Protocol and Procedure, "...A specialty care assisted living community shall not retain a resident that has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation...". The facility retained a resident with PSMS scores above the level allowed in a SCALF. Refer to deficiency 621 for additional information.</p>	A 302		
A 303	<p>420-5-20-.03 (2) (a) Administration.</p> <p>(2) The Administrator.</p> <p>(a) Responsibility.</p> <p>1. The administrator shall be a direct representative of the governing authority in the management of the specialty care assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties.</p> <p>2. Any individual employed as an administrator shall be properly licensed.</p> <p>3. Any individual employed as an</p>	A 303		

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A 303	<p>Continued From page 6</p> <p>administrator shall meet all applicable statutory requirements.</p> <p>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. Under no circumstances shall the facility operate without a licensed administrator for greater than 45 days.</p> <p>5. The administrator and any individual 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 actually 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</p>	A 303		

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A 303	<p>Continued From page 7</p> <p>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> <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 observations, interviews and record reviews, the facility administrator failed to ensure all previously cited deficient practices were corrected and compliance with SBOH rules for SCALFs was maintained.</p> <p>Findings:</p> <p>On May 17, 2018, the Alabama Department of Public Health conducted a survey at the facility. During that survey, deficiencies were cited for incomplete medication disposition forms, inadequate resident care plans and medication not given according to community standards of care. These same deficiencies were cited during the current survey. Refer to deficiencies 504, 611</p>	A 303		

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A 303	Continued From page 8 and 617 for additional information.	A 303		
A 504	<p>420-5-20-.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 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>	A 504		

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A 504	<p>Continued From page 9</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> <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</p>	A 504		

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A 504	<p>Continued From page 10</p> <p>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 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.</p>	A 504		

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A 504	<p>Continued From page 11</p> <p>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.</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 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</p>	A 504		

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A 504	<p>Continued From page 12</p> <p>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 himself or herself or to other residents.</p> <p>21. Every resident shall have the right to wear his or her own clothes, and 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.</p> <p>24. Every resident shall have the right to</p>	A 504		

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NAME OF PROVIDER OR SUPPLIER  <b>HARBOR CHASE OF HUNTSVILLE SPECIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4801 WHITESPORT CIRCLE HUNTSVILLE, AL 35801</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
A 504	<p>Continued From page 13</p> <p>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 observation, interview, and record review, the facility failed to ensure medications were administered in accordance with established and community health care standards.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 17, 2018.</p> <p>Findings:</p> <p>On May 19, 2021 the surveyor observed Employee Identifier (EI)#5, Licensed Practical Nurse (LPN), administer medications to Resident Identifier (RI)#12 at 10:06 AM and RI#11 at 10:15 AM in the activity area. The surveyor asked EI#5 what time the medications were supposed to be given. EI#5 stated the scheduled time was 9:00 AM. When asked what was the facility's policy for administering medications, EI#5 stated the accepted guideline for medication administration was plus or minus one hour of the scheduled time. EI#5 agreed the medications were administered late.</p>	A 504		
A 508	<p>420-5-20-.05 (3) (h) Records and Reports.</p> <p>(h) Incident Investigation. When an incident, as defined below, occurs in a specialty care assisted living facility, the facility</p>	A 508		

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A 508	<p>Continued From page 14</p> <p>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.</p> <p>1. Incidents which require investigation are:</p> <p>(i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as extensive 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.</p> <p>(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.</p> <p>(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.</p> <p>(iv) Elopement by a resident.</p> <p>(v) Suspected, alleged, confessed, witnessed, or actual abuse 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.</p>	A 508		

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A 508	<p>Continued From page 15</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 to 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 substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p>	A 508		

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A 508	<p>Continued From page 16</p> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <ul style="list-style-type: none"> <li>(i) Names of all residents involved.</li> <li>(ii) Names of all staff involved including person in charge at the time of the incident.</li> <li>(iii) When the administrator was notified (date and time).</li> <li>(iv) Circumstances under which the incident occurred.</li> <li>(v) When the incident occurred (date and time).</li> <li>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</li> <li>(vii) Immediate actions taken.</li> <li>(viii) The extent and description of injury, if any, to the affected resident or residents.</li> <li>(ix) Immediate treatment rendered.</li> <li>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</li> <li>(xi) Names, telephone numbers, and addresses of witnesses.</li> <li>(xii) Date and time relatives or sponsor were notified.</li> <li>(xiii) Out-of-facility treatment.</li> </ul>	A 508		

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A 508	<p>Continued From page 17</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 attention.</p> <p>(ii) Elopement by a resident.</p>	A 508		

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A 508	<p>Continued From page 18</p> <p>(iii) Suspected, alleged, confessed, witnessed, or actual abuse, neglect, or exploitation of a resident or 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> <p>(ix) Notifiable diseases and health conditions listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04. shall also be reported by the facility to the State Health</p>	A 508		

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A 508	<p>Continued From page 19</p> <p>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 three years.</p> <p>(x) Any indication of a malfunction of the sprinkler system, fire alarm system, or a door locking device.</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> <p>(ix) Action taken by the facility in response to the incident.</p> <p>(i) Vital Statistics Reports. A record shall</p>	A 508		

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A 508	<p>Continued From page 20</p> <p>be kept of all births, deaths, and stillbirths that occur within the specialty care assisted living facility. By the fifth day of each month, the administrator shall make a report of such births, deaths, and stillbirths for the preceding month on such forms as the State Board of Health shall provide to the county health officer, or in counties without a county health officer, to the State Registrar. This report shall be in addition to the official birth, death, and stillbirth certificates. If there are no births, deaths, or stillbirths in any month, a report shall be made stating that fact to the county health officer.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an incident of alleged abuse to the Department's Online Incident Reporting System and failed to adequately investigate the incident.</p> <p>Findings:</p> <p>RI#3 was admitted to the facility on March 27, 2019 and had diagnoses which included dementia with behaviors, major cognitive disorder, anxiety, insomnia, cardiomegaly and thrombocytopenia. During the survey, RI#3 was observed frequently wandering aimlessly through the facility with a slow shuffling gait. RI#3 was easily redirected but would quickly return to the wandering behavior. RI#3 had received hospice services at the facility since August 23, 2019 with a terminal diagnosis of Alzheimer's disease.</p> <p>On February 27, 2021, the previous facility</p>	A 508		

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A 508	Continued From page 21  Registered Nurse (RN) documented in the monthly assessment RI#3 had a fall without injury and was touched inappropriately by another resident at the time of the incident. On February 27, 2021, EI#2 documented a comprehensive assessment of RI#3 which read "Resident was found being touched by another resident in an inappropriate way". No incident report was found in the Department's Online Incident Reporting System for this allegation of resident on resident abuse. When questioned about the incident on May 20, 2021, EI#1 stated she (EI#1) was sure the incident had been reported to the Department but was unable to locate documentation of the incident report. Although the incident was addressed on RI#3's facility care plan, EI#1 was unable to provide documentation of a full investigation of the incident.	A 508		
A 601	420-5-20-.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	A 601		

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A 601	<p>Continued From page 22</p> <p>system (911 or other emergency call).</p> <p>(b) Back-up Physician Support. Each specialty care 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 a specialty care 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 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 physician's orders for a resident's care.</p>	A 601		

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A 601	<p>Continued From page 23</p> <p>Findings:</p> <p>RI#2 was admitted to the facility on January 21, 2021 and had diagnoses which included hyperlipidemia, degenerative disc disease, diverticulosis, osteopenia and Alzheimer's disease. RI#2 was ambulatory with a slow gait and frequently held head down.</p> <p>On the morning of May 19, 2021 the surveyor observed medication administration to RI#2 by EI#3, LPN. Prior to administering the medications, EI#3 informed the surveyor she (EI#3) had been crushing RI#2's medications and placing them in pudding due to RI#2 chewing and spitting out pills when given uncrushed. The surveyor asked for the physician's order to crush RI#2's medications and EI#3 stated there was no physician's order but one would be obtained later that day. EI#3 then administered RI#2's medications without crushing the medications. RI#2 chewed the pills and would spit them out. EI#3 would continue to return the pills to RI#2 until all were administered but the process was long and pieces of the pills were spit out. Later that day a physician's order was obtained to crush RI#2's crushable medications.</p> <p>Review of RI#2's facility record on May 20, 2021 revealed a physician's order dated May 11, 2021 for a swallowing study. During an interview with EI#2, RN, on May 18, 2021, EI#2 stated staff and RI#2's spouse had reported they thought RI#2 was having difficulty swallowing so the order for the swallowing study had been obtained from RI#2's physician. EI#2 further stated RI#2 had an office visit with the physician on May 18, 2021 and the physician stated the swallowing study was not needed (per the spouse's report). No</p>	A 601		

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A 601	Continued From page 24  physician's order had been obtained to cancel the swallowing study and the test had not been performed at the time of the survey even though it had been ordered seven days prior to the time surveyors entered the facility.  RI#2's medications had been crushed without a physician's order to crush medications and the swallowing study ordered for RI#2 due to concerns of possible difficulty swallowing had not been completed as ordered.	A 601		
A 604	420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.  (3) Health Supervision.  (a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.  Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status.  The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment	A 604		

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A 604	<p>Continued From page 25</p> <p>shall document identified care needs and serve as a baseline for the RN plan of care and future assessments.</p> <p>(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.</p> <p>(c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems:</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p> <p>(ii) 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 percent or greater weight loss in a period of 3 months or less, or a 10 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</p>	A 604		

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A 604	<p>Continued From page 26</p> <p>attending physician.</p> <p>2. Falls (two or more falls within a 30 day period).</p> <p>3. Elopement.</p> <p>4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility RN failed to complete assessments of residents as required.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health</p>	A 604		

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A 604	<p>Continued From page 27</p> <p>received a complaint which alleged facility RNs were not completing pre-admission assessments of residents. Surveyors were able to substantiate this complaint during the onsite survey. During interviews on May 19 and 20, 2021, EI#1 stated there were some issues with the previous RN at the facility. EI#1 further stated a new fulltime RN had been hired and would receive the training necessary to complete assessments as required.</p> <p>RI#1</p> <p>RI#1 was admitted to the facility on March 10, 2021 and had diagnoses which included Alzheimer's disease, myocardial infarction, degenerative disc disease, chronic kidney disease and heart disease. There was no documentation of a clinical history to screen RI#1 for eligibility. RI#1 was admitted to the hospital from May 11-14, 2021 with altered mental status and was diagnosed with a mass on the lung. No comprehensive assessment, PSMS and behavior screening were documented upon RI#1's return to the facility after this significant change. EI#2, RN, stated she (EI#2) had not assessed RI#1 since return from the hospital.</p> <p>RI#2</p> <p>RI#2 was admitted to the facility on January 21, 2021. Refer to deficiency 601 for additional information on RI#2. No clinical history was documented to screen RI#2 for eligibility in the SCALF. In addition, the mental status examination and aphasia screening to determine RI#2's eligibility for admission were not completed until January 22, 2021, the day after admission to the facility.</p> <p>RI#3</p>	A 604		

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A 604	<p>Continued From page 28</p> <p>RI#3 was admitted to the facility on March 27, 2019. Refer to deficiency 508 for additional information on RI#3. No weight was documented on the monthly assessment for RI#3 in September 2020. In November 2020, RI#3 sustained a significant weight loss of 25 per cent for three months (180 pounds in August 2020 and 135 pounds in November 2020). No comprehensive assessment, PSMS and behavior screening were completed for this significant change.</p> <p>RI#4</p> <p>RI#4 was admitted to the facility on March 4, 2019 and had diagnoses which included syncope, orthostatic hypotension, coronary artery disease, chronic kidney disease stage 3, congestive heart failure, dementia, anxiety, normal pressure hydrocephalus and bradycardia with pacemaker. Staff reported RI#4 frequently resisted care and could be aggressive at times. On March 11, 2021, EI#2 documented in RI#4's monthly assessment, "Resident has had some behaviors-using his cane as a weapon. Continues to have swallowing issues at times". There was no documentation of a comprehensive assessment, PSMS and behavior screening to address the swallowing issues and behaviors.</p> <p>RI#8</p> <p>RI#8 was admitted to the facility on September 30, 2019 with diagnoses to include frontal lobe dementia and intermittent explosive disorder. Record review revealed RI#8 did not have an annual PSMS and behavior screen as required. A PSMS and behavior screen were not completed when there was a significant change in RI#8's</p>	A 604		

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A 604	Continued From page 29  condition (RI#8 sustained a fall with injury on March 4, 2020).  RI#14  RI#14 was admitted to the facility on June 10, 2019 and had diagnoses which included dementia with behavioral disturbance, diabetes mellitus type II, hyperlipidemia and chronic obstructive pulmonary disease. RI#14 was discharged from the facility in April 2021. Multiple behaviors were documented in RI#14's facility record. On February 27, 2021, RI#14 was seen touching another resident inappropriately. No comprehensive assessment, PSMS and behavior screening were documented for this significant change.	A 604		
A 611	420-5-20-.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. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions	A 611		

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A 611	<p>Continued From page 30</p> <p>to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary.</p> <ol style="list-style-type: none"> <li>1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. 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 a specialty care assisted living facility 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.               <ol style="list-style-type: none"> <li>(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.</li> <li>(ii) Oral Hygiene. Residents shall be</li> </ol> </li> </ol>	A 611		

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A 611	<p>Continued From page 31</p> <p>assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Residents' 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, interviews and record reviews, the facility RN failed to maintain care plans which addressed the current care needs of the residents with appropriate interventions.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 17, 2018.</p> <p>Findings:</p> <p>Review of facility care plans revealed the care plans were not signed by the author, making it difficult to determine who had written the entries. During interviews on May 19 and 20, 2021, EI#1</p>	A 611		

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A 611	<p>Continued From page 32</p> <p>stated a new facility RN had been hired and would address the deficiencies with care plans. The following deficiencies were cited during review of the care plans.</p> <p><b>RI#3</b></p> <p>RI#3 had resided at the facility since March 27, 2019. Refer to deficiencies 508 and 604 for additional information on RI#3. In November 2020, RI#3 sustained a significant weight loss of 25 per cent in three months. RI#3's facility care plan was not updated with additional interventions to address the weight loss and prevent a recurrence.</p> <p><b>RI#4</b></p> <p>RI#4 had resided at the facility since March 4, 2019. Refer to deficiency 604 for additional information on RI#4. Interviews with facility staff and review of RI#4's facility record revealed aggression at times toward staff during attempts to toilet and provide care for RI#4. On the morning of May 19, 2021, the surveyor observed two Care Partners attempt to toilet RI#4. Although RI#4 walked to the bathroom without assistance, RI#4 refused to remove clothing and toilet and balled up fists when staff attempted to assist with clothing removal. RI#4 walked out of the room and into the hallway and began walking the halls. On the afternoon of May 19, 2021, EI#2 reported to surveyors she (EI#2) had been hit on the hand by RI#4 using a cane. EI#2 further stated RI#4 was receiving services from Behavioral Health due to behaviors. RI#4's behaviors were not adequately addressed on the facility care plan with specific interventions for staff to use in providing care to RI#4 and in protecting other residents from RI#4's possible aggression.</p>	A 611		

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A 611	<p>Continued From page 33</p> <p><b>RI#5</b></p> <p>RI#5 was admitted to the facility on December 2, 2019 and had diagnoses which included encephalopathy, Alzheimer's disease, diabetes mellitus, hypertension, hypothyroidism and history of falls. RI#5 frequently wandered about the facility at a quick pace and would seek out another resident. In fact, on March 3, 2021, the facility care plan documented RI#5 was walking fast and ran into the wall, causing a fall. Even though RI#5 had a history of wandering and falls, there were inadequate specific interventions on RI#5's facility care plan to address these problems and prevent additional falls or possible elopement.</p> <p><b>RI#6</b></p> <p>RI#6 was admitted to the facility on September 16, 2019 with diagnoses which included dementia, type II diabetes, depression, hypertension, and a history of weight loss. On June 6, 2020, RI#6 was admitted to hospice services due to a decline in their condition. RI#6's care plan did not effectively address the following areas, therefore updated and appropriate interventions were not in place: admission to hospice services and coordination of care; increased fall risk and skin breakdown due to decreased mobility; history of weight loss and assistance with eating.</p> <p><b>RI#7</b></p> <p>RI#7 was admitted on September 4, 2019 with diagnoses to include dementia, atrial fibrillation, generalized anxiety and risk for falls. RI#7's monthly assessment dated April 18, 2021</p>	A 611		

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A 611	Continued From page 34  documented RI#7 becomes agitated at times looking for their purse and sometimes refuses care. RI#7's care plan had not been updated since February 21, 2020 and did not effectively address these ongoing and new behaviors with appropriate interventions.	A 611		
A 617	420-5-20-.06 (6) Care of Residents.  (6) Disposal of Medications.  (a) 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, et. seq. Under no circumstances shall expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days.  (b) 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.  (c) When medications are destroyed on the premises of the specialty care assisted living facility, a record shall be made and retained for at least three years. This record shall include: the name of the specialty care assisted living facility, the method of disposal, the pharmacy, the	A 617		

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A 617	<p>Continued From page 35</p> <p>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 document disposition of medications completely when residents were discharged from the facility.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON MAY 17, 2018.</p> <p>Findings:</p> <p>RI#14</p> <p>RI#14 was admitted to the facility on June 10, 2019 and discharged from the facility with family in April 2021. Refer to deficiency 604 for additional information on RI#14. A Medication Release Form, completed on April 29, 2021, did not contain documentation of the pharmacy and the prescription numbers. EI#1 agreed the form was incomplete.</p> <p>RI#15</p> <p>RI#15 was admitted to the facility on January 28, 2021 and had diagnoses which included chronic kidney disease stage 3, mild cognitive impairment, asthma, muscle weakness, diabetes mellitus, atherosclerotic heart disease, hyperlipidemia and hypertension. RI#15 was discharged from the facility in April 2021. A</p>	A 617		

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A 617	Continued From page 36  Medication Disposal-Individual Resident form, completed on April 29, 2021, did not contain documentation of the pharmacy and the method of destruction. EI#1 agreed the form was incomplete.	A 617		
A 621	420-5-20-.06 (9) (b) Care of Residents.  (b) Retention.  1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing.  2. A specialty care assisted living facility shall not retain a resident that has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation.  3. A specialty care assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.  4. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility.  5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:	A 621		

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A 621	<p>Continued From page 37</p> <p>(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR</p> <p>(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity but the individual has sufficient cognitive ability to direct his or her own care and the individual is able to direct facility staff and does direct facility staff to provide the physical assistance needed to complete such tasks, and the facility staff is capable of providing such assistance and does provide such assistance. 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>6. If a resident of a specialty care assisted living facility is diagnosed with a terminal illness and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for specialty care assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to</p>	A 621		

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NAME OF PROVIDER OR SUPPLIER  <b>HARBOR CHASE OF HUNTSVILLE SPECIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4801 WHITESPORT CIRCLE HUNTSVILLE, AL 35801</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
A 621	<p>Continued From page 38</p> <p>ensure that care needed by a resident is delivered to the resident.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility retained a resident whose PSMS scores exceeded the level allowed in a SCALF.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged the facility retained a resident who did not qualify for the SCALF and who sustained multiple falls. Surveyors were able to substantiate this complaint during the onsite survey.</p> <p>RI#15 had resided at the facility since January 28, 2021 and was discharged from the facility in April 2021. Refer to deficiency 617 for additional information on RI#15. Review of RI#15's facility record on May 20, 2021 revealed the following information.</p> <p>RI#15's facility care plan documented falls on February 4, 17 and 27 and on March 4, 10, 12, 21, 23 (2 falls) and 30. The fall on March 23, 2021 resulted in a fractured humerus.</p> <p>On February 17, 2021, a PSMS was completed by the previous RN at the facility for RI#15. RI#15's PSMS showed a 5 in Dressing (completely unable to dress self and resists efforts of others to help) and a 5 in Grooming</p>	A 621		

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A 621	<p>Continued From page 39</p> <p>(actively negates all efforts of others to maintain grooming). RI#15 continued to maintain a 5 in Dressing and Grooming on the PSMS scores as documented by facility RNs on the following dates: February 27, 2021; March 4, 2021; March 10, 2021; March 21, 2021 and on March 23, 2021. It was also noted RI#15's total PSMS score on each of these dates was 23 which is the maximum allowed in a SCALF.</p> <p>RI#15 was allowed to remain at the facility for two months with a PSMS score which exceeded the level allowed in a SCALF, sustaining multiple falls and a fractured humerus. EI#1 state she (EI#1) was not aware of the high PSMS scores and was unsure if the forms were completed accurately.</p>	A 621		
A1101	<p>420-5-20-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All specialty care assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place.</p> <p>(b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in</p>	A1101		

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A1101	<p>Continued From page 40</p> <p>exiting through all exits required by the Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> <li>1. Minimizes leaks and spills.</li> <li>2. Adequately protects against inappropriate access.</li> <li>3. Complies with the requirements of the currently adopted Life Safety Code.</li> </ol> <p>(f) Fire Alarm and Sprinkler System.</p> <ol style="list-style-type: none"> <li>1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's</li> </ol>	A1101		

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A1101	<p>Continued From page 41</p> <p>room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements).</p> <p>2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.</p> <p>3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and Testing reports shall be maintained in the facility for a period of at least 3 years.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to evacuate residents properly during a fire drill.</p> <p>Findings:</p> <p>On the afternoon of May 19, 2021, surveyors observed a fire drill at the facility. All residents of the first floor were evacuated through a door, leading to the fenced exterior area, which was clearly marked on the sign above the door, "NOT A FIRE EXIT".</p> <p>Review of the fire evacuation routes, posted on</p>	A1101		

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A1101	<p>Continued From page 42</p> <p>the first floor of the facility, revealed three designated evacuation routes: the end doors on each resident hall and the front door of the building. The door used to evacuate the residents was not a designated fire evacuation route.</p> <p>During interviews on the afternoon of May 19, 2021 both EI#1 and EI#7 stated the Fire Marshall had posted the sign which read "NOT A FIRE EXIT". EI#7 stated he (EI#7) thought they could still use the exit for fire drills.</p> <p>CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE SUSAN OVERTON, REGISTERED NURSE</p>	A1101		