

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2022
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NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF JASPER ASSISTED LIVING FACII	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 VIKING DRIVE JASPER, AL 35501
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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 November 9, 2022, an unannounced licensure survey and complaint investigation was conducted for this 70 bed Assisted Living Facility (ALF) with a census of 31.</p> <p>There were four (4) complaints investigated during this survey. LC#20181127015, LC#20190903008, LC#20200622020 and LC#202100921021 were investigated and unsubstantiated. No deficiencies were 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 potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 403	<p>420-5-4-.04 (4) Personnel.</p> <p>(4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain:</p> <p>(a) An application for employment which contains information regarding the employee's education, training, and experience.</p> <p>(b) Verification of current certification or licensure, if applicable.</p> <p>(c) Record of required physical examinations and vaccinations.</p> <p>(d) Verification the facility has not hired an individual whose name is on the Alabama</p>	A 403		

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

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A 403	<p>Continued From page 1</p> <p>Department of Public Health Nurse Aide Abuse Registry.</p> <p>(e) Date of hire.</p> <p>(f) Date of initial resident contact.</p> <p>(g) Date employment ceased.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, facility personnel records were incomplete.</p> <p>Findings:</p> <p>On November 8, 2022, the surveyor reviewed employee files for Employee Identifier (EI)#9, EI#10 and EI#11. The three files did not contain a date of initial resident contact. EI#4 stated she (EI#4) was not aware of the requirement for employee files.</p>	A 403		
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</p>	A 405		

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A 405	<p>Continued From page 2</p> <p>listed below:</p> <ol style="list-style-type: none"> 1. State law and rules on assisted living facilities. 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</p>	A 405		

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A 405	<p>Continued From page 3</p> <p>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. 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 interviews, staff did not complete required training in special needs of residents.</p> <p>Findings:</p> <p>Review of employee personnel records on November 8, 2022 revealed EI#3, EI#9, EI#10 and EI#11 did not have documentation of special needs training in diabetes and hospice. Resident</p>	A 405		

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A 405	Continued From page 4 Identifier (RI)#5 and RI#7 had a diagnosis of diabetes mellitus. RI#1 was currently receiving hospice services at the facility. EI#2 and EI#3 agreed the required training had not been completed.	A 405		
A 504	420-5-4-.05 (3) (d) Records and Reports. (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. 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. 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. 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. 4. Every resident shall have the right to unrestricted private communication, including	A 504		

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A 504	<p>Continued From page 5</p> <p>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> <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</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 7</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 8</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 9</p> <p>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 observations and interviews, staff failed to maintain resident rights in providing care by failure to maintain confidentiality of records and failure to follow community standards of care with medication assistance.</p> <p>Findings:</p> <p>Confidentiality of Records</p> <p>On November 8, 2022, around 12:00 noon, the surveyor observed medication assistance by EI#3. EI#3 obtained medications from the medication cart which was located in the hallway by the nurses' station and carried the medications to residents in the dining room. While away from the medication cart, EI#3 left residents' Medication Assistance Records (MARs) open on top of the medication cart. The MARs contained confidential information on each resident. EI#3 agreed confidentiality of resident records was not maintained.</p> <p>Community Standards of Care</p> <p>During breakfast on the morning of November 8,</p>	A 504		

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A 504	<p>Continued From page 10</p> <p>2022, the surveyor was stopped by a resident who was holding a cup of pills and had questions about the medications. The resident was seated at a table with two other residents and stated the "pill lady" had left the medications for he/she to take. No facility staff were in the area at the time. EI#3 came to assist the resident when contacted by the surveyor and acknowledged she (EI#3) had left the medications for the resident to take.</p> <p>During a tour of the facility and interviews with residents on the morning of November 8, 2022, the surveyor observed two residents who had cups of pills in their rooms. Both residents stated the medications had been left by staff that morning for the residents to take.</p> <p>On November 8, 2022, the surveyor discussed with EI#2 and EI#3 the deficient practice of leaving medications with residents and not observing the residents swallow the medications. Both EI#2 and EI#3 agreed the practice was not acceptable.</p>	A 504		
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 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>	A 616		

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A 616	<p>Continued From page 11</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 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</p>	A 616		

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A 616	<p>Continued From page 12</p> <p>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 and interviews, the facility failed to ensure medications in the custody of the facility were properly locked.</p> <p>Findings:</p> <p>On November 8, 2022, around 12:00 noon, the surveyor observed medication assistance by EI#3. EI#3 obtained medications from the medication cart which was located in the hallway by the nurses' station and carried the medications to residents in the dining room. While away from the medication cart, EI#3 left the medication cart</p>	A 616		

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A 616	Continued From page 13 unlocked. Both EI#2 and EI#3 agreed the medication cart should be secured with a lock while unattended.	A 616		
A 617	420-5-4-.06 (8) Care of Residents. (8) Disposal of Medications. 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. 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. 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	A 617		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2022
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF JASPER ASSISTED LIVING FACII		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 VIKING DRIVE JASPER, AL 35501		
(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 617	Continued From page 14 dated by the individual performing the destruction and by at least one witness. This Rule is not met as evidenced by: Based on record review and interview, disposition of medications was not properly documented upon discharge of the resident. Findings: RI#8 was admitted to the facility on July 31, 2022 with diagnoses which included hypertension, kidney disease stage 2, osteoporosis, depression, dementia, hyperlipidemia and cerebrovascular disease. RI#8 was discharged from the facility to go home with family on August 25, 2022. RI#8's medications were released to RI#8's family at the time of discharge. A statement on the Medication Release form for RI#8 listed "2 days routine meds". The form did not include the names of the medications, prescription numbers and strength of the medications. EI#2 and EI#3 agreed the form was incomplete.	A 617		
A 703	420-5-4-.07 (3) Food Service. (3) Dietary Service. (a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in	A 703		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2022
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NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF JASPER ASSISTED LIVING FACI	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 VIKING DRIVE JASPER, AL 35501
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A 703	<p>Continued From page 15</p> <p>accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents.</p> <p>(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals.</p>	A 703		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2022
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A 703	<p>Continued From page 16</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a sufficient quantity of potable water to supply all residents for three days.</p> <p>Findings:</p> <p>On the afternoon of November 8, 2022, the surveyor observed the facility's emergency food and water supply. Sixty-two (62) gallons of water were observed, not enough to supply a gallon a day to each of the 31 residents for three days. EI#8 stated she (EI#8) had used some of the emergency water and had not replaced it. The potable water supply was replaced by EI#2 on that same day.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A 703		