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	D4203	A. BUILDING: _____ B. WING _____	12/06/2022

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LIMESTONE MANOR	600 HIGHWAY 31 NORTH ATHENS, AL 35611

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A 000	Initial Comments On December 6, 2022, an unannounced licensure survey was conducted for this 24 bed Assisted Living Facility (ALF) with a census of 22. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a risk or potential risk of harm to the residents and requires a plan of correction.	A 000		
A 601	420-5-4-.06 (1) Care of Residents. (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician. (a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or another emergency call). (b) Back-up Physician Support. Each assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own	A 601		

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A 601	Continued From page 1 attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in an assisted living facility. (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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow physician orders for a medication prescribed. Findings: Resident Identifier (RI)#2 was admitted to the facility on May 10, 2021, with diagnoses to include dyspepsia, hypertension, arthritis,	A 601		

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A 601	Continued From page 2 hyperglycemia, and vertigo. On December 2, 2022, RI#2 was sent to the emergency department (ED) for complaints of not feeling well, sweaty, and clammy. RI#2 was treated with intravenous (IV) fluids and an antibiotic (Keflex) was prescribed by the ED physician. On December 5, 2022, the surveyor reviewed the Medication Administration Record (MAR) and noted the Keflex had not been given as ordered on December 2, 2022. On December 6, 2022, during interviews with Employee Identifier (EI)#2, Lead Resident Assistant (by telephone) and EI#6, Resident Assistant, the surveyor was told the emergency pharmacy request form was not submitted with the order which resulted in the medication not being filled over the weekend.	A 601		
A 602	420-5-4-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following:	A 602		

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A 602	Continued From page 3 1. All of the physician's diagnoses, and the resident's baseline weight and vital signs. 2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration). 3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact. 4. Documentation of evaluation for tuberculosis within the previous 12 months. (b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following: 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment.	A 602		

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A 602	Continued From page 4 (c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following: 1. New diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain all the required baseline information on the Initial Medical Examination. Findings: RI#3 was admitted to the facility on November 27, 2020. The initial Physical Exam was dated November 19, 2020. The physician failed to document RI#3's baseline weight. On December 6, 2022, EI#9, Licensed Practical Nurse (LPN)	A 602		

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A 602	Continued From page 5 acknowledged the weight was not documented on the initial admission exam form.	A 602		
A 611	420-5-4-.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. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated. 1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:	A 611		

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A 611	Continued From page 6 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider. 5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident. (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. (ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips. (iii) Hair. Resident's hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them	A 611		

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A 611	Continued From page 7 clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, residents' care plans were not current and did not contain specific interventions to address the residents' care needs. Findings: RI#2 was admitted to the facility on May 10, 2021, with diagnoses to include dyspepsia, hypertension, arthritis, hyperglycemia, and vertigo. RI#2 was being with treated with a diuretic (spironolactone) four (4) times a week for fluid retention. On May 25, 2022, the physician examined RI#2 and found "leg swelling" and ordered compression stockings to both legs. According to the Resident Care Note dated July 5, 2022, RI#2 was seen by the certified registered nurse practitioner (CRNP) and the compression stocking (TED hose) order was changed to as needed (PRN). The care plan did not mention the leg swelling as a problem to monitor or the need to apply compression hose as an intervention when needed. RI#4 was admitted to the facility on March 28,	A 611		

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A 611	Continued From page 8 2022, with diagnoses of chronic pain, osteoarthritis of hips and knees, hypertension, gout, and insomnia. RI#4 received daily scheduled medications for pain. The care plan did list gout as a problem, however, the care plan did not address the chronic pain with any non-pharmacological methods to help reduce or control RI#4's pain. On December 6, 2022, the Resident Plan of Care expectations were discussed with EI#9, LPN. EI#9 agreed and verbalized understanding. EI#9 said she (EI#9) would review the care plans with EI#1, Administrator, and EI#2, Lead RA.	A 611		
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	A 617		

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A 617	Continued From page 9 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 dated by the individual performing the destruction and by at least one witness. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to properly document release of medications upon discharge of a resident. Findings: RI#6 was admitted to the facility on May 15, 2022, and was discharged to home with family due to a decline in health. The Medication Release form dated August 13, 2022, did not contain the following required information: - Facility Name - Pharmacy Name - Resident's Name - Prescription Number On December, 6, 2022, EI#9, LPN, told the surveyor the Medication Release form used was an outdated form. DEBRA FREEMAN, REGISTERED NURSE	A 617		

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