STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P3726	A. BUILDING: _____ B. WING _____	10/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONG LEAF AT LIBERTY PARK (SCALF)	3030 LIBERTY PARKWAY VESTAVIA HILLS, AL 35242

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On October 14, 2021, an unannounced licensure survey and complaint investigation was conducted for this 30 bed Specialty Care Assisted Living Facility (SCALF) with a census of 26. There was one (1) complaint investigated during this survey. Complaint #20201201021 was unsubstantiated. There were no deficiencies cited as a result of the complaint investigation. 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.	A 000		
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	A 601		

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A 601	Continued From page 1 emergencies requiring activation of the local EMS system (911 or other emergency call). (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. (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 record review and interviews, the facility failed to follow physician's orders for the	A 601		

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A 601	Continued From page 2 care of a resident. Findings: Resident Identifier (RI)#9 was admitted to the facility on February 4, 2020 and had diagnoses which included atherosclerotic heart disease, chronic ischemic heart disease, hypertension, iron deficiency, vitamin B12 deficiency, anemia, atrial fibrillation, vitamin D deficiency, chronic lymphocytic leukemia, dementia without behavioral disturbance, vascular dementia, diabetes mellitus II and congestive heart failure. RI#9 was admitted to hospice services on August 17, 2021 and passed away at the facility on September 29, 2021. Review of RI#9's facility record on October 14, 2021 revealed the following information, documented on a Physician Office Communication. On September 27, 2021, RI#9's blood pressure was low at 98/52 and a physician's order was obtained which read, "Hold amlodipine and losartan daily until 10/1/2021 when reevaluated by skilled nurse with amedisys. Check BP daily. Notify agency if systolic less than 90 or greater than 180, diastolic less than 50 or greater than 100." RI#9's Medication Administration Record (MAR) for the month of September 2021 was reviewed and revealed documentation RI#9's amlodipine and losartan was administered by Employee Identifier (EI)#9 on September 27, 28 and 29, 2021. An investigation of the above findings was initiated by EI#1 and EI#2 on October 14, 2021. The following findings were reported to the surveyors by EI#1 on October 14, 2021. RI#9's amlodipine and losartan had been administered on September 27, 2021 prior to the time the order	A 601		

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A 601	Continued From page 3 was obtained to hold these medications. The order to hold RI#9's amlodipine and losartan had not been enter into the facility's electronic MAR although EI#4 stated she (EI#4) entered the order into the system. The physician's order to monitor RI#9's blood pressure daily was entered into the electronic system with an effective "Start Date" of "9/28/2021". No blood pressure was documented in RI#9's MAR on September 28, 2021. A blood pressure of "52/66" was documented on RI#9's MAR on September 29, 2021 at "0900" (9:00 AM). EI#9 stated the hospice nurse was notified of RI#9's blood pressure on September 29, 2021 but there was no documentation of this communication in facility records or in hospice records. The facility failed to follow physician's orders to hold RI#9's blood pressure medications and failed to monitor RI#9's blood pressure as ordered. EI#1 and EI#2 agreed physician's orders were not followed for the care of this resident.	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	A 604		

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A 604	Continued From page 4 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 shall document identified care needs and serve as a baseline for the RN plan of care and future assessments. (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. (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: 1. Weight loss: (i) Each month, the facility shall accurately weigh and record the weight of each resident.	A 604		

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A 604	Continued From page 5 (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 attending physician. 2. Falls (two or more falls within a 30 day period). 3. Elopement. 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. 5. Unmanageable, combative, or potentially harmful behavior(s). 6. Any accident with injury. (d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status. (e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.	A 604		

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A 604	Continued From page 6 This Rule is not met as evidenced by: Based on record reviews and interviews, facility Registered Nurses (RNs) failed to complete assessments of residents as required. Findings: RI#4 RI#4 was admitted to the facility on October 13, 2020 and had diagnoses which included Alzheimer's disease, polyneuropathy, hyperlipidemia, benign prostatic hyperplasia, vitamin B deficiency and history of cerebrovascular accident. On June 26, 2021, RI#4 allegedly pushed another resident (RI#1), causing a fall with head and shoulder injuries to RI#1. No comprehensive assessment, PSMS and Behavior Screening was completed by the facility RN for RI#4 following this significant change in RI#4's condition. RI#9 RI#9 was admitted to the facility on February 4, 2020 and passed away at the facility on September 29, 2021. Refer to deficiency 601 for additional information on RI#9. A SCALF RN Assessment and Monthly Wellness Checks form was completed for RI#9 on September 25, 2021 due to falls. The form was signed by EI#12, LPN. The comprehensive assessment was completed by a LPN instead of by a RN as required. RN Signatures Review of resident records on October 13 and 14, 2021 revealed the following information. RI#5 was admitted to the facility on January 27, 2021	A 604		

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A 604	Continued From page 7	A 604		

and had diagnoses which included dementia with behavioral disturbance and depressive disorder. A comprehensive assessment of RI#5 was documented on June 27, 2021 due to bouts of tearfulness and anxiety. RI#6 was admitted to the facility on October 4, 2021 and had diagnoses which included diabetes mellitus II, hypertension, moderate cognitive impairment and osteoporosis. A pre-admission comprehensive assessment of RI#6 was documented on September 15, 2021. A "move-in" comprehensive assessment of RI#6 was documented on October 4, 2021. EI#6, staffing agency RN, signed each of these three assessments for RI#5 and RI#6. However, the handwriting on the comprehensive assessments appeared different than the handwriting of the signature on the assessment forms. Review of staffing agency time sheets revealed EI#6 worked at the facility only on October 7 and 8, 2021.

During a telephone interview, EI#6 stated she (EI#6) agreed to work at the facility on October 7 and 8, 2021 to ensure a RN was in the facility. EI#6 further stated during orientation, on October 7, 2021, EI#4 asked her (EI#6) to sign multiple comprehensive assessment forms which had already been documented. EI#6 stated she (EI#6) did sign the forms but was able to complete assessments of the residents who remained at the facility prior to signing. Documentation on all three comprehensive assessment forms for RI#5 and RI#6 showed the assessments were completed on the dates listed above. EI#6 verified she (EI#6) did not work at the facility on those dates.

During an interview on October 13, 2021, EI#4, Licensed Practical Nurse (LPN), stated she (EI#4) had completed multiple comprehensive assessments of residents since the fulltime

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A 604	Continued From page 8 facility RN had left several weeks prior to the survey. EI#4 also stated she (EI#4) did not sign these forms and would leave the signature line blank. EI#1 and EI#2 agreed the comprehensive assessments should have been completed and documented by a RN.	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 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. 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:	A 611		

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A 611	Continued From page 9 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 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. (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. Residents' 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	A 611		

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A 611	Continued From page 10 shaving or shaved as necessary to keep them 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, record reviews and interviews, the facility RN failed to update a resident's care plan with interventions to address the resident's current care needs and behaviors. Findings: RI#4 was admitted to the facility on October 13, 2020. Refer to deficiency 604 for additional information on RI#4. RI#4 had multiple episodes of agitation and aggressive behaviors at the facility and had been admitted to a geriatric psychiatric facility (November 2020) due to these behaviors. During interviews on October 13 and 14, 2021, facility staff voiced concern that RI#4 would become agitated without warning and could be aggressive toward staff and other residents. On June 26, 2021, RI#4 allegedly pushed another resident (RI#1), causing a fall with head and shoulder injuries to RI#1. No new interventions were documented on RI#4's facility care plan to address these aggressive behaviors and to protect all residents of the facility. No new interventions were documented on the facility care plan until July 1, 2021 when behavioral	A 611		

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A 611	Continued From page 11 health began care of RI#4 at the facility.	A 611		
A1002	420-5-20-.10 (2) Sanitation and Housekeeping. (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, decent, sanitary, and comfortable environment for residents, staff, and the public. (a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies. (b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering. (c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. (d) General Storage. 1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms. 2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition. 3. Basements used for storage shall	A1002		

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A1002	Continued From page 12 meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards. 4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room. 5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a sanitary and decent environment for residents at all times. Findings: On the afternoon of October 13, 2021, the surveyor and EI#16 observed residents' rooms and bathrooms. RI#1's bathroom had feces on the walls, toilet and floor. A soiled washcloth was on the back of the toilet and soiled clothing was lying on the floor. RI#12's bathroom floor was dirty and in need of sweeping and mopping. The toilet and sink were dirty. The bathroom shared by RI#7 and RI#13 was in need of sweeping and	A1002		

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A1002	Continued From page 13 mopping. The floor was dirty and the rug outside the shower was filthy. Multiple areas in the hallways and in the sitting area across from rooms 112 and 113 were in need of vacuuming. EI#1 observed RI#1's bathroom with the surveyor and stated she (EI#1) would notify housekeeping immediately to clean the facility. CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE	A1002		