

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P5905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2021
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NAME OF PROVIDER OR SUPPLIER MEMORY CARE AT SOMERBY AT ST VINCENT'S 119	STREET ADDRESS, CITY, STATE, ZIP CODE 200 ONE NINETEEN BOULEVARD BIRMINGHAM, AL 35242
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A 000	<p>Initial Comments</p> <p>On September 30, 2021, an unannounced licensure survey and complaint investigation was conducted for this 24 bed Speciality Care Assisted Living Facility (SCALF) with a census of 23.</p> <p>There was one (1) complaint investigated during this survey.</p> <p>Intake ID: 20210422006 contained four (4) components that were investigated. Two (2) components of this complaint were substantiated, but deficiencies were not cited based on the SCALF rules. The other two (2) components were unsubstantiated.</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 practice resulted in the potential for harm to all residents and requires a plan of correction.</p>	A 000		
A 402	<p>420-5-20-.04 (3) Personnel.</p> <p>(3) Employee Screening.</p> <p>(a) Prior to any resident contact, such as but not limited to assistance with activities of daily living, newly employed personnel shall have a physical examination certifying that the employee is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to residents through normal staff to resident contact. Employees who develop signs or symptoms of infectious skin lesions or</p>	A 402		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 402	<p>Continued From page 1</p> <p>diseases that would be capable of transmission to residents through normal staff to resident contact shall not be permitted to have resident contact until free from such signs and symptoms.</p> <p>(b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis.</p> <p>(c) Vaccines. Specialty care assisted living facilities shall immunize employees in accordance with current recommended Centers for Disease Control and Prevention (CDC) guidelines (www.cdc.gov/vaccines). Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage.</p> <p>(d) A specialty care assisted living facility shall not hire an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all personnel had a physical examination certifying they were free of signs and symptoms of infectious skin lesions and diseases prior to resident contact.</p> <p>Findings:</p> <p>The surveyor reviewed employee personnel files on September 29, 2021, with Employee Identifier (EI)#7, Director of Business Services. EI#14, Registered Nurse, was a new hire on August 30, 2021, and had daily contact with the residents. EI#14 had a physical examination completed on</p>	A 402		

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A 402	Continued From page 2 August 26, 2021, however, the physician failed to provide a statement certifying EI#14 was free of communicable skin diseases at the time of examination. EI#7 attempted to contact the testing facility, but was unable to obtain the required documentation during the survey.	A 402		
A 403	420-5-20-.04 (4) Personnel. (4) Personnel Records. A specialty care assisted living facility shall maintain a personnel record for each employee. This record shall contain: (a) An application for employment which contains information regarding the employee's education, training, and experience. (b) Verification of current certification or licensure, if applicable. (c) Record of required physical examinations and vaccinations. (d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry. (e) Date of hire. (f) Date of initial resident contact. (g) Date employment ceased. This Rule is not met as evidenced by: Based on record reviews and interviews, the	A 403		

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A 403	Continued From page 3 facility failed to provide verification all employees were not listed on the Alabama Department of Public Health Nurse Aide Abuse Registry. Findings: The surveyor reviewed employee personnel files on September 29, 2021 with Employee Identifier (EI)#7, Director of Business Services. EI#1, Executive Director, date of hire was May 24, 2021. EI#1 had an Abuse Registry Search Results from Tennessee dated April, 22, 2021. However, there was not an abuse registry search for the state of Alabama as required. During the survey, EI#7 verified EI#1 was not found on the Alabama Certified Nurse Aide Registry and documentation was placed in EI#1's file.	A 403		
A 508	420-5-20-.05 (3) (h) Records and Reports. (h) Incident Investigation. When an incident, as defined below, occurs in a specialty care assisted living facility, the facility 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. 1. Incidents which require investigation are: (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	A 508		

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A 508	<p>Continued From page 4</p> <p>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> <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>	A 508		

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A 508	<p>Continued From page 5</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> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p> <p>(iii) When the administrator was notified (date and time).</p> <p>(iv) Circumstances under which the incident occurred.</p> <p>(v) When the incident occurred (date</p>	A 508		

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A 508	<p>Continued From page 6 and time).</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</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</p>	A 508		

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A 508	<p>Continued From page 7</p> <p>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> <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</p>	A 508		

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A 508	<p>Continued From page 8</p> <p>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 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</p>	A 508		

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A 508	<p>Continued From page 9</p> <p>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 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>	A 508		

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A 508	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to investigate an incident (elopement) and report to the Department's Online Incident Reporting System. In addition, the facility failed to report an injury (laceration) resulting in the need for medical attention to the reporting system within 24 hours of the incident.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEYS CONDUCTED ON SEPTEMBER 23, 2015.</p> <p>Findings:</p> <p>Resident Identifier (RI)#5 was admitted to the facility on January 13, 2020, and had diagnoses which included, dementia, pulmonary embolism, pleural effusion, and chronic obstructive pulmonary disease. The Medical Plan of Care on admission noted RI#5, "Has been known to wander." RI#5 had a recent hospitalization on September 9, 2021, for aggressive behavior. On September 29, 2021, the surveyor learned during interviews with staff RI#5 had eloped from the facility. EI#15, Licensed Practical Nurse (LPN), and EI#16, LPN, told they surveyor they were not present and did not observe the incident. EI#16 said she (EI#16) was told RI#5 forced his/her way past the nurse as the memory care door was opened. RI#5 proceeded to run out of the building and run across the street with the nurse chasing after him/her. The nurse was able to bring RI#5 back into the memory care unit unharmed. EI#15 said she (EI#15) could not remember the exact date, but thought it was on a Saturday sometime in December 2020. The surveyor discussed the incident with EI#2, Director of Health Services.</p>	A 508		

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A 508	<p>Continued From page 11</p> <p>El#2 said she (El#2) was aware of the incident and discussed it with the former administrator at the time. El#2 said they did not think it was considered an elopement since the nurse was with RI#5 all the time. The surveyor reviewed the definition of an elopement with El#2 and El#2 agreed it should have been investigated and reported as an elopement.</p> <p>RI#7 was admitted to the facility on December 4, 2020, and had diagnoses which included, depression, GERD, hypertension, recent fracture of left wrist, compression fracture lumbar spine due to falls, and advancing Parkinson's disease. RI#7 was discharged from the facility to a skilled nursing facility in May 2021. During a review of RI#7's records on September, 30, 2021, the surveyor read a "Physician Office Communications" note dated April 9, 2021. The nurse wrote, "Resident has deep cut to left hand. Unsure how it happened." RI#7 was sent to the hospital for stitches and possible tetanus shot. The surveyor reviewed the facility's incident investigation for an injury of unknown origin. However, the injury had not been reported to the Department's Online Incident Reporting System. El#2, Director of Health Services, told the surveyor she (El#2) thought she (El#2) reported the injury to the state but did not have supporting documentation.</p>	A 508		
A 604	<p>420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for</p>	A 604		

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A 604	<p>Continued From page 12</p> <p>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.</p> <p>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.</p> <p>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.</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</p>	A 604		

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A 604	<p>Continued From page 13</p> <p>problems:</p> <ol style="list-style-type: none"> 1. Weight loss: <ol style="list-style-type: none"> (i) Each month, the facility shall accurately weigh and record the weight of each resident. (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. 	A 604		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P5905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2021
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NAME OF PROVIDER OR SUPPLIER MEMORY CARE AT SOMERBY AT ST VINCENT'S 119	STREET ADDRESS, CITY, STATE, ZIP CODE 200 ONE NINETEEN BOULEVARD BIRMINGHAM, AL 35242
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A 604	<p>Continued From page 14</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 record reviews and interviews, the facility's Registered Nurse (RN) failed to perform required assessments</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEYS CONDUCTED ON SEPTEMBER 23, 2015 AND OCTOBER 31, 2018.</p> <p>Findings:</p> <p>Monthly Assessment:</p> <p>RI#5 had been a resident at the facility since January 13, 2020. The surveyor reviewed the records with EI#2, RN, on September 29, 2021. There was no documentation available for monthly assessments from August through December 2020. E#2 explained they had been completed, but could not be retrieved from the old computer system.</p> <p>Assessments for Change in the Residents Health Status:</p> <p>RI#5 eloped from the facility sometime in December 2020. See deficiency 508 for additional information. The RN did not assess the behavior by completing the Comprehensive Assessment (CA), Physical Self Maintenance Scale (PSMS) form, and the Behavior Screening</p>	A 604		

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A 604	Continued From page 15 (BS) form. RI#7 required sutures for a hand laceration due to unknown origin on April 9, 2021. See deficiency 508 for additional information. The record did not contain a CA, PSMS, or BS that should have been completed for an accident with injury. EI#2, RN, Director of Health Services, said she (EI#2) thought the assessments had been completed by the RN, but she (EI#2) was unable to locate all of the discharge file.	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	A 611		

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A 611	<p>Continued From page 16</p> <p>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:</p> <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> (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. 	A 611		

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A 611	<p>Continued From page 17</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 record reviews and interviews, the facility RN failed to update resident's Care Plan (CP) with appropriate interventions.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEYS CONDUCTED ON SEPTEMBER 23, 2015 AND OCTOBER 31, 2018.</p> <p>Findings:</p> <p>RI#5 was admitted to the facility on January 13, 2020. RI# 5 eloped from the facility sometime in December 2020. Refer to deficiency 508 for additional information. The CP did mention RI#5 was an elopement risk, but the interventions were not updated to prevent a similar type of elopement. EI#2, Director of Health Services, agreed the CP had not been appropriately updated.</p>	A 611		

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A 611	Continued From page 18 RI#7 was admitted to the facility on December 4, 2020, and was discharged to a skilled nursing facility in May 2021. RI#7 was found to have a hand laceration that was unwitnessed. Refer to deficiency 508 for additional information. The CP did not mention any safety measures that might prevent any future injuries of this nature. A review of the record revealed RI#7 had 13 falls in four (4) months (December - April 2020). The CP had not been updated since admission on December 4, 2020. The CP did not list any falls or the specific interventions to address each fall. EI#2 told the surveyor the updated CP may be in a discharge file she (EI#2) could not locate during the survey.	A 611		
A 618	420-5-20-.06 (7) Care of Residents. (7) Oxygen Therapy. (a) A resident of a specialty care assisted living facility that requires oxygen therapy shall have oxygen administered only by a physician, RN, or LPN. (b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift. 1. If a resident receives oxygen therapy in a facility: 2. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 3. All oxygen tanks shall be safely maintained and stored.	A 618		

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A 618	<p>Continued From page 19</p> <p>4. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted.</p> <p>5. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen.</p> <p>Refer to National Fire Protection Association (NFPA) 99 for Oxygen Storage Requirements.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to properly document residents' oxygen use on the Medication Administration Record (MAR).</p> <p>Findings:</p> <p>RI#2 had an order for nocturnal oxygen at 2 liters by nasal cannula (NC) for chronic obstructive pulmonary disease (COPD) and chronic respiratory failure. The oxygen usage/order and proper function of the equipment was not written on the September 2021 MAR.</p> <p>RI#3's oxygen order for 2 liters via nasal cannula as needed (PRN) for O2 sats of 92% or less was written on the September 2021 MAR, but it did not include the proper function of the equipment was checked at least once a shift</p> <p>El#2, Director of Health Services, acknowledged the residents' oxygen use was not documented as required.</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A 618		