

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4538</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/15/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MERRILL GARDENS AT MADISON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 BROOKRIDGE DRIVE MADISON, AL 35758</b>
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A 000	<p>Initial Comments</p> <p>On May 15, 2019 an unannounced licensure survey was conducted for this 160 bed Assisted Living Facility (ALF) with a census of 140.</p> <p>There were seven complaints investigated during this survey. LC#20180917016, LC#184-2016, LC#066-2018, LC#061-2018, LC#044-2018, LC#246-2017 and LC#158-2017 were unsubstantiated with no deficiencies 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 risk or potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 302	<p>420-5-4-.03 (1) (e) Administration.</p> <p>Policies.</p> <p>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 residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:</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> <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> <li>(xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall</li> </ul>	A 302		

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A 302	<p>Continued From page 2</p> <p>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, ice, and eggs.</p>	A 302		

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A 302	<p>Continued From page 3</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 observation, interview and record review, the facility failed to ensure all of its policies and procedures were followed.</p> <p>THIS DEFICIENCY IS REPEATED FROM THE OCTOBER 6, 2016 SURVEY.</p> <p>Findings:</p> <p>The facility's "Oxygen Therapy Policy &amp; Procedure" noted "...All oxygen tanks shall be safely maintained and stored. DME shall supply appropriate storage devices for resident oxygen storage...". Observations were all oxygen tanks were not safely stored on May 14, 2019. Refer to deficiency 618 for additional information on oxygen storage.</p> <p>The facility's "Fire Drills, Fire Alarm System, Sprinkler &amp; Fire Extinguisher Checks Policy &amp; Procedure" noted "...Fire drills shall be conducted at least once per month, quarterly on each shift...". The facility failed to follow its policy and procedure in 2018 and again in 2019. Refer to deficiency 1101 for additional information on fire drills.</p>	A 302		
A 303	420-5-4-.03 (2) (a) Administration.	A 303		

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A 303	<p>Continued From page 4</p> <p>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 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 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.</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 being provided at</p>	A 303		

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A 303	<p>Continued From page 5</p> <p>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 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 observation, interview and record review, EI#1, Administrator, failed to adequately fulfill her responsibilities in the day to day operations of the facility.</p>	A 303		

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A 303	<p>Continued From page 6</p> <p>Findings:</p> <p>Required Training to All Staff</p> <p>On May 13, 2019 surveyors observed unlicensed staff provide medication assistance to two different residents. Both instances of medication assistance involved sliding scale insulin. At both observed opportunities for medication assistance the unlicensed caregiver did not ensure the resident could identify their insulin and dosage. The caregiver also failed to allow the residents to direct their own care which included identifying the correct insulin dosage based on blood sugar results and dialing the proper dosage on the insulin pen. Refer to deficiency 614 for additional information on insulin assistance. When interviewed on May 14, 2019 at 8:45 AM, Employee Identifier (EI)#1 stated unlicensed staff were trained to determine what dosage of sliding scale insulin was needed and dial the insulin pen to the correct dosage, then have the resident administer the injection. Unlicensed staff were improperly trained in assisting with insulin injections and were not allowing residents to direct their own care.</p> <p>During a tour of the kitchen on May 14, 2019, multiple training issues were identified. EI#5, Executive Chef, was not properly trained in dish sanitization. Another dietary staff member was not properly trained on diabetic diets. Refer to deficiencies 702 and 703 for additional information on lack of training in the dietary department.</p> <p>Health Observation and Supervision</p> <p>One resident who was identified as safe to self-maintain and self-administer medications</p>	A 303		

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A 303	<p>Continued From page 7</p> <p>was not properly observed and supervised to identify safety and health concerns related to incorrect medication administration. Refer to deficiency 604 for additional information on lack of health observation and supervision.</p> <p>Plans of Care for Residents</p> <p>Numerous resident care plans were not updated with current and appropriate interventions to meet the care needs of the residents. Refer to deficiency 611 for additional information on care plans.</p> <p>Previously Cited Deficiencies Not Corrected</p> <p>A survey was conducted by ADPH at the facility on October 6, 2016. During that survey deficiencies were cited for failure to follow facility policies, inadequate resident care plans and lack of proper health observation and supervision. These same deficiencies were again cited during the current survey.</p>	A 303		
A 306	<p>420-5-4-.03 (2) (d) Administration.</p> <p>(d) Protection.</p> <p>1. An assisted living facility must meet the applicable provisions of federal law and regulations pertaining to nondiscrimination on the basis of race, color, gender, religion, or national origin; nondiscrimination on the basis of handicap; nondiscrimination on the basis of age; protection of human subjects of research; and protection from fraud and abuse. Although federal law and regulations are not normally surveyed and enforced by the State Board of Health in assisted living facilities, serious violations of</p>	A 306		

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A 306	<p>Continued From page 8</p> <p>these provisions of law may nevertheless constitute grounds for adverse licensure action.</p> <p>2. An assisted living facility shall obey all applicable federal, state, and local laws, ordinances, and regulations.</p> <p>3. Licensing of Staff. Staff of the facility shall be currently licensed, certified, or registered in accordance with applicable laws.</p> <p>4. Compliance with Other Laws. An assisted living facility shall comply with laws relating to fire and life safety, sanitation, and communicable and reportable diseases.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to meet all applicable state laws, ordinances and regulations.</p> <p>Findings:</p> <p>During the survey, observations were no Registered Professional Nurse (RN) was in the facility to provide oversight of the Licensed Practical Nurses (LPNs) employed as required by the Alabama Board of Nursing. Interviews with EI#1 revealed the facility did not have an RN to provide the required oversight.</p>	A 306		
A 505	<p>420-5-4-.05 (3) (e) Records and Reports.</p> <p>(e) Financial Agreement.</p> <p>1. Prior to, or at the time of admission, the administrator and the resident or the resident's sponsor shall execute a written financial agreement. This agreement shall be</p>	A 505		

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A 505	<p>Continued From page 9</p> <p>prepared and signed in two or more copies with at least one copy given to the resident, or sponsor, if the resident did not sign the agreement, and one copy retained in the assisted living facility. This document shall be made readily accessible to personnel from the State Board of Health during inspections.</p> <p>2. In addition to any information otherwise required by the facility's policies and procedures this agreement shall contain the following:</p> <p>(i) A complete list of the facility's basic charges (room, board, laundry and personal care and services).</p> <p>(ii) The period covered by the financial agreement.</p> <p>(iii) A list of services not covered under basic charges and for which additional charges will be billed.</p> <p>(iv) The policy and procedures for refunds of any payments made in advance.</p> <p>(v) The provisions governing termination of the agreement by either party.</p> <p>(vi) The facility's bed-hold policy, procedures, and charges.</p> <p>(vii) Documentation that the resident and sponsor understand that the facility is not staffed and not authorized to perform skilled nursing services nor to care for residents with severe cognitive impairment and that the resident and sponsor agree that if the resident should need skilled nursing services or care for a severe</p>	A 505		

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A 505	<p>Continued From page 10</p> <p>cognitive impairment as a result of a condition that is expected to last for more than 90 days, that the resident will be discharged by the facility after prior written notice.</p> <p>(viii) A reminder to the resident or sponsor that the local ombudsman may be able to provide assistance if the facility and the resident or family member are unable to resolve a dispute about payment of fees or monies owed.</p> <p>(ix) Signatures of both parties or authorized representatives.</p> <p>3. Prior to execution of the financial agreement the facility shall ensure that the resident or sponsor fully understands its provisions. In the event that a resident is unable to read the agreement due to illiteracy or infirmity, the administrator shall take special steps to ensure communication of its contents to the resident (for example, by having the administrator or sponsor read the agreement to a vision-impaired or illiterate applicant).</p> <p>This Rule is not met as evidenced by: Based on record review and and interview, the facility failed to execute a financial agreement in accordance with state rules.</p> <p>Findings:</p> <p>On May 15, 2019 the surveyor reviewed RI#4's financial agreement. Under section V.C. {Three (3) Day Notice of Termination} the agreement incorrectly stated "ADPH may grant approval for</p>	A 505		

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A 505	Continued From page 11  the 3-day eviction upon a finding of good cause". The surveyor informed EI#1, Administrator, and EI#3, Vice President of Operations, this statement was not approved by ADPH. Both verbalized understanding and agreed to revise the financial agreements.	A 505		
A 508	420.5.4-.05 (3) (h) Records and Reports.  (h) Incident Investigation. When an incident, as defined below, occurs in an 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 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.  (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.	A 508		

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A 508	<p>Continued From page 12</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 of 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>	A 508		

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A 508	<p>Continued From page 13</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 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>	A 508		

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A 508	<p>Continued From page 14</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 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>	A 508		

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A 508	<p>Continued From page 15</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 as defined in these rules.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation 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. 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>	A 508		

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A 508	<p>Continued From page 16</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 of the Alabama Administrative Code Sec. 420-4-1-.04. shall 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 3 years.</p> <p>(x) Any indication of malfunction of the sprinkler system, or fire alarm system.</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>	A 508		

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A 508	<p>Continued From page 17</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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report and adequately investigate a reportable resident incident.</p> <p>Findings:</p> <p>Resident Identifier (RI)#2 was admitted to the facility on December 29, 2015 and had diagnoses which included arthritis, history of falling, hypertension and kidney disease. RI#2 was admitted to hospice services on March 6, 2019. On March 1, 2019 RI#2 sustained a fall at the facility while being assisted with a shower by a facility caregiver. The fall resulted in RI#2 hitting head on the shower wall and being sent to the emergency room for further evaluation and treatment. EI#1 stated she (EI#1) was sure she had reported the incident to ADPH but was unable to provide documentation of the notification. An incident investigation, completed on March 1, 2019, was inadequate and did not contain actions taken by the facility to prevent the occurrence of similar incidents in the future.</p>	A 508		
A 601	<p>420-5-4-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision.</p>	A 601		

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A 601	<p>Continued From page 18</p> <p>The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(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).</p> <p>(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 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.</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</p>	A 601		

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A 601	<p>Continued From page 19</p> <p>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 ensure all residents' care was under the direction and supervision of a physician.</p> <p>Findings:</p> <p>RI#12 was admitted to the facility on March 2, 2018. The facility assessed RI#12 to be independent with all activities of daily living including self maintaining and self administering medications including medications for a diagnosis of diabetes mellitus. RI#12's medications included oral and injectable medications.</p> <p>On May 13, 2019, at 4:15 PM, EI#4, Resident Care Director and Licensed Practical Nurse, and EI#9, Licensed Practical Nurse, were both unaware RI#12 visited the physician April 19, 2019 and the physician had ordered three changes to the oral and injectable medications. The medications had not been started on May 13, 2019 and RI#4 and 9 were unaware of the fact.</p>	A 601		

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A 602	Continued From page 20	A 602		
A 602	<p>420-5-4-.06 (2) (a) (b) (c) Care of Residents.</p> <p>(2) Medical Examination Record.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. All of the physician's diagnoses, and the resident's baseline weight and vital signs.</li> <li>2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>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.</li> <li>4. Documentation of evaluation for tuberculosis within the previous 12 months.</li> </ol> <p>(b) Annual Physical Examination. In addition to the admission physical examination,</p>	A 602		

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A 602	<p>Continued From page 21</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. The resident's weight and vital signs.</li> <li>2. Changes in diagnoses.</li> <li>3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>1. New diagnoses.</li> <li>2. Changes in condition.</li> <li>3. Changes in medications prescribed</li> </ol>	A 602		

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A 602	<p>Continued From page 22</p> <p>(name, dosage, and strength of drug, frequency, and route of administration).</p> <p>4. Changes in treatment.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, required information was not documented on residents' initial medical examination records.</p> <p>Findings:</p> <p>RI#3</p> <p>RI#3 was admitted to the facility on April 17, 2018. The initial Medical Health Statement was dated March 29, 2018 and contained no diagnoses. EI#4, Resident Care Director, was unable to locate documentation of any initial diagnoses for RI#3.</p> <p>RI#5</p> <p>RI#5 was admitted to the facility on October 15, 2016. The initial Medical Health Statement was dated September 19, 2016. There was no documentation of initial diagnoses for RI#5 on the initial Medical Health Statement.</p>	A 602		
A 604	<p>420-5-4-.06 (3) (a) (b) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments.</p>	A 604		

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A 604	<p>Continued From page 23</p> <p>(b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and procedures, the monthly assessment shall:</p> <ol style="list-style-type: none"> <li>1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance.</li> <li>2. Accurately weigh and record the weight of each resident. 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 or greater weight loss in a period of three months or less, or a ten 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.</li> <li>3. Document identified changes in resident status.</li> <li>4. Assess the appropriateness of each resident's plan of care. Any decline in resident status requires immediate implementation and documentation of interventions or reassessment of existing interventions.</li> </ol> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide health supervision to all residents and failed to ensure</p>	A 604		

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A 604	<p>Continued From page 24</p> <p>monthly assessments were accurate and contained all of the required resident health information.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 6, 2016.</p> <p>Findings:</p> <p>RI#12 was admitted to the facility on March 2, 2018. RI#12 had diagnoses including diabetes mellitus and legal blindness. The facility assessed RI#12 as being independent with medication administration including injectable medications and all other activities of daily living including blood glucose testing and results.</p> <p>The facility's monthly assessment dated April, 30, 2019 documented "... 4-30-19 Resident independent (with) ADL's (activities of daily living) and med (medication) management ... No issues x 30 days. No (changes) for plan of care ... ." This entry was signed by EI#7, Licensed Practical Nurse.</p> <p>The monthly assessment did not identify RI#12 was seen by the physician on April 19, 2019 with orders for one new diabetic injectable and two new oral diabetic medications to replace the prior medications. On May 13, 2019, the facility continued to be unaware that changes had been ordered by the physician to help manage RI#12's diabetes diagnosis and RI#12 had not started any of the three new medications. RI#12 stated to the surveyor she had diabetes and told the surveyor about the changes on May 13, 2019. However the facility did not identify the changes or assess the plan of care for appropriate measures prior between April 19, 2019 and May 13, 2019. RI#12's fingerstick blood glucose test performed</p>	A 604		

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A 604	Continued From page 25  in the surveyors' presence on May 13, 2019 was high with a reading of 417 per glucometer. RI#12 stated the last hemoglobin A1c test (a measurement of the prior three months average of glucose levels when tested) had been an 8 at the MD appointment.  On May 14, 2019, labs ordered by the physician revealed RI#12's hemoglobin A1c level was 8.5 and was noted to be high with lab normals ranging from 4.8 to 5.6. The blood glucose measurement by the lab on May 14, 2019 was 278 and was noted to be high with the normals ranging from 70-99.	A 604		
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	A 611		

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A 611	<p>Continued From page 26</p> <p>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.</p> <ol style="list-style-type: none"> <li>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:</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 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.               <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> </ol> </li> </ol>	A 611		

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A 611	<p>Continued From page 27</p> <p>(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.</p> <p>(iii) Hair. Resident's 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 observation, interview and record review, the facility failed to develop and evaluate written plans of care that adequately addressed residents' current care and safety needs with appropriate interventions to address these needs. In addition, the facility care plans were not accessible to direct care staff at all times.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 6, 2016.</p> <p>Findings:</p> <p>RI#2</p>	A 611		

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A 611	<p>Continued From page 28</p> <p>RI#2 was admitted to the facility on December 29, 2015. Refer to deficiency 508 for additional information on RI#2. On March 1, 2019 RI#2 fell while being assisted with a shower, hitting head on shower wall. RI#2 was sent to the emergency room for evaluation following the fall. RI#2's facility care plan contained a form titled Temporary Care Plan-Non Injury Fall dated March 1, 2019. Although the facility identified a resident care safety issue, no interventions were documented on the form to prevent a recurrence of the incident.</p> <p>RI#3</p> <p>RI#3 was admitted to the facility on April 17, 2018. Refer to deficiency 602 for additional information on RI#3. EI#4 reported RI#3 developed a wound on May 8, 2019 and was evaluated by home health for wound care on May 10, 2019. The wound was not addressed on RI#3's facility care plan. In addition, RI#3 self-administered medications which was not addressed on the facility care plan. EI#4 agreed these care needs had not been addressed.</p> <p>RI#4</p> <p>RI#4 was admitted to the facility on November 30, 2018 and had diagnoses which included multiple sclerosis, difficulty walking, seizures and hypertension. RI#4 used a walker or a power wheelchair for mobility. RI#4 sustained multiple falls at the facility which included January 19, 24 and 26, 2019 and April 9, 2019. During review of the record on May 15, 2019 the surveyor and EI#4 did not find interventions to address the multiple falls. Later that day EI#4 brought care plan addendums and updates which addressed</p>	A 611		

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A 611	<p>Continued From page 29</p> <p>these falls to the surveyor, stating the forms had been mistakenly thinned from RI#4's facility record. When asked if these care plan forms had been available to care staff EI#4 stated they had not.</p> <p>RI#5</p> <p>RI#5 was admitted to the facility on October 15, 2016. RI#5's current diagnoses included congestive heart failure, atrial fibrillation, aortic stenosis and hypertension. RI#5 had a pacemaker. RI#5 was admitted to hospice services on March 11, 2019 with a hospice diagnosis of heart failure and oxygen therapy as needed. All pertinent diagnoses were not addressed on the plan of care, therefore appropriate interventions for the care staff to follow were not in place.</p> <p>RI#6</p> <p>RI#6 was admitted to the facility on March 20, 2017 with diagnoses which included diabetes mellitus, arthritis, hypertension and colectomy. RI#6 was alert, oriented and could direct their care. RI#6 had a history of bilateral knee replacement, left rotator cuff repair, and a fractured left femur. RI#6 had a history of falls (December 1, 2018, December 9, 2018, March 5, 2019 and April 26, 2019) and was an insulin dependent diabetic with an insulin pump. Review of RI#6's plan of care revealed pertinent diagnoses and problems were not adequately addressed with appropriate interventions in place for care staff to follow.</p> <p>RI#7</p> <p>RI#7 was admitted to the facility on January 25,</p>	A 611		

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A 611	<p>Continued From page 30</p> <p>2017 with diagnoses which included heart disease, congestive heart failure, atrial fibrillation and hypertension. RI#7 was alert, oriented and independent with care. RI#7 sustained a fall on November 28, 2018 and fractured their right shoulder. There was no documentation on RI#7's plan of care addressing this fall with interventions for prevention of reoccurrence. A wound to RI#7's buttocks was identified on December 21, 2018 and home health services was ordered to provide the care. These problem areas were not adequately addressed with appropriate interventions in place for the care staff to follow.</p> <p>RI#8</p> <p>RI#8 was admitted to the facility on August 27, 2016 with diagnoses which included Type II diabetes mellitus, chronic kidney disease, bradycardia, congestive heart failure and bilateral lower extremity edema. RI#8 had a pacemaker and a history of falls. RI#8's pacemaker was not addressed on the plan of care. RI#8 sustained three falls within 30 days (February 2, 2019, February 4, 2019 and February 26, 2019) and had another fall in April 2019. There was no documentation RI#8's plan of care was updated and modified after these falls with interventions to prevent reoccurrence. RI#8 was diagnosed with a urinary tract infection (UTI) on April 25, 2019 and prescribed antibiotics. Antibiotic therapy was addressed on the plan of care; however, the care plan was not updated to address signs and symptoms of UTI for care staff to follow for prevention of reoccurrence. RI#8's plan of care did not adequately address management of diabetes and insulin therapy with appropriate interventions in place for the care staff to follow.</p> <p>RI#12</p>	A 611		

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A 611	<p>Continued From page 31</p> <p>RI#12 was admitted to the facility on March 2, 2018. On May 15, 2019, a review of RI#12's record noted the facility's "Temporary Care Plan -Blank" dated March 1, 2019 documented RI#12 was to be observed for " ... signs and symptoms of hypo/hyperglycemia." for diabetes management. No signs and symptoms were documented on the plan of care for the direct care staff to know what they needed to report to the nurses. This plan of care also noted the resident monitored their own blood sugar and treated or managed their own medications. EI#4, Licensed Practical Nurse, stated she would find the current plan of care after the surveyor asked if this was the current plan of care and how did care staff know what to observe if the signs and symptoms were not listed.</p> <p>EI#7, Licensed Practical Nurse, later that afternoon brought the surveyor a plan of care dated May 13, 2019 and signed by EI#7 as being the new updated plan of care for RI#12. There were signs and symptoms listed to observe RI#12 for and to report to the nurses on this plan of care. EI#7 was asked when the report was documented and stated on May 13, 2019. When asked where the plan of care had been between May 13 and 15 when it was presented to the surveyor, EI#7 stated it had been on her personal desk. EI#7 admitted to the surveyor the plan of care had not been available to the direct care staff when she was not at her desk those two days as the care staff did not have access to the office where her desk was located. This plan of care had not been updated to note the facility nurses were now managing RI#12's medications and blood sugar testing.</p>	A 611		

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A 613	Continued From page 32	A 613		
A 613	<p>420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(5) Medications.</p> <p>(a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination.</p> <p>(b) A physician order is required for a resident to manage and have custody of his or her own medications.</p> <p>(c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.</p> <p>(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.</p> <p>(e) A resident who is incapable of recognizing his or her name, or understanding</p>	A 613		

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A 613	<p>Continued From page 33</p> <p>the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure visually impaired residents were provided a unique identifier to protect themselves from medication errors.</p> <p>Findings:</p> <p>During observation of medication assistance on May 15, 2019, the surveyor observed RI#7 and RI#8, both whom were visually impaired, had the same medication identifiers on their medication cards for name identification. EI#7, Licensed Practical Nurse (LPN), stated all residents with a visual impairment used the same identifier and showed the surveyor a sheet of clear, raised gems used in identifying resident medications. EI#9, LPN, and EI#10, LPN, stated they understood the need for each resident to have unique and different identifiers to prevent medication error. EI#1, Administrator, later told the surveyor the name identifiers were corrected and each resident had different identifiers.</p>	A 613		
A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.	A 614		

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A 614	<p>Continued From page 34</p> <p>(f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety.</p> <p>(g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:</p> <p>1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use.</p> <p>(6) Assistance with self-administration of medication includes the following practices:</p> <p>(a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed.</p>	A 614		

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A 614	<p>Continued From page 35</p> <p>(b) Physically assisting a resident by opening or helping to open a container holding medications.</p> <p>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.</p> <p>(d) Physically bringing a container of medication to a resident.</p> <p>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:</p> <p>(a) Medication administration as defined in these rules.</p> <p>(b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given.</p> <p>(c) Giving a resident injections of any kind.</p> <p>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.</p> <p>(e) Placing medications in a feeding tube.</p> <p>(f) Giving enemas or suppositories.</p>	A 614		

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A 614	<p>Continued From page 36</p> <p>(g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. 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>(h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. 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>(i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or</p>	A 614		

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A 614	<p>Continued From page 37</p> <p>her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. 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>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents were able to direct their care and protect themselves from medication errors during medication assistance. The facility also failed to ensure all residents were able to self-manage medications without creating an unreasonable risk to safety.</p> <p>Findings:</p> <p>RI#1</p> <p>RI#1 was admitted to the facility on November 12, 2015 and had diagnoses which included hypertension, diabetes mellitus, arthritis and coronary artery disease. RI#1 required sliding scale insulin three times daily. On May 13, 2019 at 4:00 PM the surveyor observed EI#12, Caregiver, assist RI#1 with sliding scale insulin. EI#12 scanned the patch which was currently on RI#1's arm and obtained a blood sugar reading of 357 which required 10 units of insulin per the physician's order. EI#12 then dialed RI#1's insulin</p>	A 614		

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A 614	<p>Continued From page 38</p> <p>pen to 10 units, applied a needle and handed the pen to RI#1, stating "you are getting 10 units". RI#1 administered the insulin in the abdomen without identifying name or dosage on the pen. EI#12 failed to ensure RI#1 was capable of identifying the medication and dosage and directing the care provided.</p> <p>RI#8</p> <p>RI#8 was admitted to the facility on August 27, 2016 with diagnoses which included Type II diabetes mellitus. On May 13, 2019 at 2:25 PM, the surveyor observed EI#12, Caregiver, assist RI#8 with sliding scale insulin. EI#12 removed the insulin pen from the medication cart and asked RI#8 what was the blood sugar reading. RI#8 responded "192". EI#12 stated "you get 2 units". EI#12 applied a needle on the insulin pen, dialed up the amount of insulin to be given and handed RI#8 the insulin pen for administration. RI#8 was not given the opportunity to identify the name on the insulin pen and identify the insulin. EI#12 failed to ensure RI#8 was capable of identifying the medication and dosage and directed the care provided.</p> <p>RI#12</p> <p>On May 13, 2019, at 4:15 PM, the surveyor accompanied EI#9, Licensed Practical Nurse, into RI#12's room. RI#12 complained of chest and arm pain. RI#12 stated they had diabetes and heart problems and had not taken any morning medications today. EI#9 called EI#4 to the room to assist with RI#12. RI#12 was unable to tell which medications set up in the medication planner by their family member were the correct ones to remove from the planner as they would be taking the medications again that night. RI#12</p>	A 614		

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NAME OF PROVIDER OR SUPPLIER  <b>MERRILL GARDENS AT MADISON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 BROOKRIDGE DRIVE MADISON, AL 35758</b>
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A 614	Continued From page 39  stated they did their own insulin and fingerstick blood glucose readings. On May 13, 2019, at 5:00 PM, the surveyor asked EI#9 if RI#12 was safe in self administration of medications to include oral and injectable medications as RI#12 was legally blind and required assistance with medications. EI#9 admitted RI#12 was not able to safely self-medicate.	A 614		
A 615	420-5-4-.06 (7) (j) Care of Residents.  (j) All medications administered to residents and all medications self-administered with assistance of facility staff in an assisted living facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the following:  1. The name of the resident to whom the medication was administered or assisted.  2. The name of the medication administered or assisted.  3. The dosage of the medication administered or assisted.  4. The method of administration or assistance.  5. The site of injection or application, if	A 615		

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A 615	<p>Continued From page 40</p> <p>the medication was injected or applied.</p> <p>6. The date and time of the medication administration or assistance.</p> <p>7. Any adverse reaction to the medication.</p> <p>8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication.</p> <p>This Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure all required information was on the Medication Administration Record for all residents.</p> <p>Findings:  The facility started administering RI#12's medications on May 14, 2019. EI#9's printed name was not on the Medication Administration Record copy on May 15, 2019, when received by the surveyor.</p>	A 615		
A 618	<p>420-5-4-.06 (9) Care of Residents.</p> <p>(9) Oxygen Therapy.</p> <p>(a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have</p>	A 618		

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A 618	<p>Continued From page 41</p> <p>oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged.</p> <p>(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 unless oxygen therapy is self-managed by the resident.</p> <p>(c) If a resident receives oxygen therapy in a facility:</p> <ol style="list-style-type: none"> <li>1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition.</li> <li>2. All oxygen tanks shall be safely maintained and stored.</li> <li>3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted.</li> <li>4. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen.</li> </ol> <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 observation, interview and record review, the facility failed to ensure all residents were able to direct their oxygen therapy requirement and that all oxygen tanks were safely</p>	A 618		

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A 618	Continued From page 42  stored.  Findings:  On May 14, 2019, the surveyor accompanied EI#2, Administrative Designee and Business Office Manager, to RI#13's room. RI#13 had oxygen supplies including a concentrator that takes room air and compresses it to provide oxygen. The flow meter was set on 2 liters per minute and was on. RI#13 was unaware of the amount of oxygen they were to be getting. Four small oxygen bottles were stored in a manner that was not safe. The surveyor requested the bottles be stored safely. EI#2 stated the supplying company would be called to provide safe storage.	A 618		
A 702	420-5-4-.07 (2) Food Service  (2) Food Handling Procedures.  (a) Dish and Utensils Washing, Disinfection, and Storage.  1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.  2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:  (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or	A 702		

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A 702	<p>Continued From page 43</p> <p>(ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with manufacturer's instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.</p> <p>3. Dishes and utensils shall be allowed to air dry.</p> <p>4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.</p> <p>5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility.</p> <p>(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop may be stored in the ice bin in a</p>	A 702		

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A 702	<p>Continued From page 44</p> <p>manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.</p> <p>(c) Protection of Food from Contamination.</p> <p>1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage back flow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.</p> <p>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.</p> <p>3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.</p> <p>4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.</p> <p>5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared.</p> <p>6. All food products shall be used by the</p>	A 702		

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A 702	<p>Continued From page 45</p> <p>manufacturer's indicated date or discarded.</p> <p>7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times.</p> <p>8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.</p> <p>9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods).</p> <p>10. Laundry shall not be brought through the food preparation or service area.</p> <p>(d) Storage and Service of Milk and Ice Cream.</p> <p>1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a</p>	A 702		

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A 702	<p>Continued From page 46</p> <p>readily cleanable container approved for such use.</p> <p>2. Milk and fluid milk products shall be stored in such a manner that bottles or containers, from which the milk or milk product is to be poured or drunk, will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.</p> <p>3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.</p> <p>(e) Kitchen Garbage and Trash Handling.</p> <p>1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.</p> <p>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.</p> <p>(f) Employees' Cleanliness.</p> <p>1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair</p>	A 702		

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A 702	<p>Continued From page 47</p> <p>restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.</p> <p>2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.</p> <p>3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.</p> <p>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.</p> <p>(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.</p> <p>(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities.</p> <p>(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.</p> <p>(k) Laundering of clothing shall not be permitted in food preparation or service areas.</p> <p>This Rule is not met as evidenced by:</p>	A 702		

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A 702	<p>Continued From page 48</p> <p>Based on observation, interview and record review, the facility failed to ensure all records for cold water sanitization of dishes using quaternary ammonium solutions were completed as required. The facility also failed to ensure all records for sanitization of dishes using heat were completed.</p> <p>Findings:</p> <p>On May 14, 2019, during a tour of the kitchen, the surveyor asked EI#5, Executive Chef, how the dishes and cooking utensils were sanitized. EI#5 showed the surveyor a three compartment sink where cooking items too large to be sanitized by the heated machine were washed, rinsed and immersed in a cold quaternary ammonium solution. The recordings for May of 2019 did not have any temperatures of the water recorded. EI#5 stated he was unaware water temperatures should be recorded with the parts per million of the sanitizing solution. However the poster on the wall over the three compartment sink noted the temperature should be 75 degrees with the cold water sanitization. The parts per million of the sink had been recorded for May 1, but had been blacked over to where it was not legible. No parts per million were recorded for May 12, 2019 for any of the three meals and none were recorded on May 14, 2019 for the evening meal.</p> <p>The rinse temperature of the heat method machine was not recorded for lunch or dinner or dinner or supper for May 1. No rinse temperatures of the machine were recorded for May 2, 2019. The rinse temperature for May 3 at dinner or supper was 170 degrees Fahrenheit; this is below 171 degrees. The rinse temperatures were not recorded on May 8 and 9 for the dinner or supper meal.</p>	A 702		

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A 703	<p>420-5-4-.07 (3) Food Service.</p> <p>(3) Dietary Service.</p> <p>(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 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>	A 703		

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A 703	<p>Continued From page 50</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> <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, interview and record review, the facility failed to have a three day supply of non-perishable food as required. The facility also failed to ensure all dietary staff were aware of residents who required a no concentrated sweets diet and that alternate or substitute food selections for diabetics were available.</p> <p>Findings:  On May 15, 2019, the surveyor accompanied by EI#5, Executive Chef, inventoried the non-perishable foods for emergency use. There was not enough non-perishable food to feed all residents three meals per day for three days. EI#5 agreed more non-perishable food was needed for the 140 residents currently residing in the facility. The food supply did not meet the three day emergency menu as the foods on the menu</p>	A 703		

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A 703	Continued From page 51  were not in the food supply.  RI#12 was on a list of no concentrated sweet diets posted on the wall in the kitchen where meals were prepared and plated. EI#14, Head of Dietary Servers, showed the surveyor where the diets were posted. EI#14 had been employed two months and was not aware RI#12 was on the list for no concentrated sweets. EI#14 was also unaware there were sugar free desserts other than gelatin that could be offered to diabetic residents in place of concentrated sweets for desserts.	A 703		
A 804	420-5-4-.08 (4) Physical Facilities.  (4) Food Service Facilities.  (a) Floors. Floors in food service areas shall be of such construction as to be easily cleaned, sound, smooth, non-absorbent, without cracks or crevices, and shall be provided with approved and conveniently located facilities for the disposal of floor wash water.  (b) Walls and Ceilings. Walls and ceilings of food service areas shall be of tight and substantial construction, and smoothly finished. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows which prevent the entrance of rain or dust during inclement weather.  (c) Screens or Outside Openings. Openings to the outside shall be effectively screened, or suitable provisions made equal to	A 804		

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A 804	<p>Continued From page 52</p> <p>screening (such as fly fans). Screen doors shall be equipped with self-closing devices.</p> <p>(d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light.</p> <p>(e) Ventilation. Vent/exhaust hoods, vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Existing recirculating vent hoods in Family facilities may remain in use when filters are cleaned or replaced regularly to prevent excess grease accumulation. Group assisted living facilities with residential stoves may use a residential hood sized for the stove. Commercial exhaust hoods shall be installed when commercial cooking equipment is used. Congregate facilities shall use a commercial exhaust hood system.</p> <p>(f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall include a lavatory and shall be well lighted and ventilated.</p> <p>(g) Hand Washing Facilities. Each Group and Congregate assisted living facility shall provide a hand washing lavatory in the kitchens which shall be equipped with a soap dispenser and a supply of soap, disposable towels, and hot and cold running water through a mixing valve or combination faucet. The use of a common towel and common bar soap is prohibited. Hands shall not be washed in sinks where food is prepared. Existing Group and</p>	A 804		

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A 804	<p>Continued From page 53</p> <p>Congregate facilities that enlarge or renovate kitchens shall install a hand wash sink.</p> <p>(h) Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation for the storage of perishable foods shall be provided. Refrigeration shall be maintained at 41 degrees Fahrenheit or less. All refrigerators shall be provided with thermometers. All refrigerators shall be kept clean.</p> <p>(i) Equipment and Utensil Construction. Equipment and utensils, except single service utensils, shall be so constructed as to be easily cleaned and shall be kept in good repair. No cadmium plated, lead, or readily corrodible utensils or equipment shall be used.</p> <p>(j) Separation of Kitchen from Resident Rooms and Sleeping Quarters. Any room used for sleeping quarters shall be separated from the food service area by a solid wall with no direct openings. Sleeping accommodations shall not be permitted within the food service area.</p> <p>(k) Clean Rooms. Floors, walls, and ceilings of rooms in the food service area shall be clean and free of an accumulation of rubbish, dust, grease, dirt, etc.</p> <p>(l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc.</p> <p>(m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use.</p>	A 804		

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A 804	<p>Continued From page 54</p> <p>(n) Location and Space Requirements. Food service facilities shall be located in a specifically designated area and shall include the following rooms and space: kitchen, dishwashing, food storage, and dining room.</p> <p>(o) Equipment. Minimum equipment in the kitchen shall include the following:</p> <ol style="list-style-type: none"> <li>1. Range. In a Family or Group assisted living facility, a residential use range is permitted. A Congregate assisted living facility shall have a heavy-duty range suitable for institutional use with double oven, or equivalent.</li> <li>2. Refrigerator. A Family or Group assisted living facility may use a residential refrigerator. A Congregate assisted living facility shall have a heavy duty refrigerator suitable for institutional use.</li> <li>3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods.</li> <li>4. Dishwashing. The dishwashing equipment for Family and Group assisted living facilities shall be either residential type using cold water sanitizers or commercial type with a booster water heater. Dishwashing equipment for all Congregate assisted living facilities shall be commercial type using a booster water heater or an automatic dispensing sanitizing chemical system.</li> <li>5. A three-compartment sink with a booster heater or chemical sanitizing system for</li> </ol>	A 804		

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A 804	<p>Continued From page 55</p> <p>the third compartment shall be provided in Congregate assisted living facilities.</p> <p>6. Garbage cans with cover.</p> <p>(p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans, and raised platforms shall be provided and kept clean. Perishable food shall be stored at least six inches above the floor. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water, leakage, or any other source of contamination.</p> <p>(q) Dining Room. A resident dining room, or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed capacity.</p> <p>(r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be provided. Hot water shall be piped to all hand-washing facilities, and to each compartment of all dishwashing and laundry sinks. Water heaters shall be automatic type.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure all food service equipment was free of dust, grease and dirt.</p> <p>Findings:</p> <p>On May 14 and May 15, 2019 during tours of the kitchen a buildup of old grease, dust and food</p>	A 804		

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A 804	Continued From page 56  debris was observed on the commercial gas cook top and the inside and outside of the holding oven. Grease and dust was also observed in the commercial hood over the cook top. El#5 agreed the items required cleaning.	A 804		
A1101	420-5-4-.11 (1) Fire and Safety  (1) General.  (a) Fire Safety and Emergency Plan. All 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.  (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 of Group and Congregate facilities. 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 exiting through all exits required by the currently adopted 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.  (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	A1101		

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A1101	<p>Continued From page 57</p> <p>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 room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements).</li> <li>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</li> </ol>	A1101		

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A1101	<p>Continued From page 58</p> <p>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 record review and interview, the facility failed to perform fire drills as required.</p> <p>Findings:</p> <p>Facility fire drill reports were provided by EI#6 and reviewed on May 15, 2019. EI#6 was unable to provide documentation of a fire drill on second shift in the third quarter of 2018. While reviewing the fire drill documentation the surveyor learned the facility was attempting to do "joint drills" with the other facility located in a separate building on the same campus. EI#6 explained the "joint drills" as a fire drill which was done at the same time for the Assisted Living Facility and Speciality Care Assisted Living Facility. On January 31, 2019 the facility performed a "joint drill" instead of a designated fire drill for the Assisted Living Facility.</p> <p>SHERRY YOUNG, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE SUSAN OVERTON, REGISTERED NURSE</p>	A1101		

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