

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D5207</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORNINGSIDE OF DECATUR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2115 POINT MALLARD DRIVE, SE DECATUR, AL 35601</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>On February 4, 2020, an unannounced licensure survey was conducted for this 60 bed Assisted Living Facility (ALF) with a census of 41.</p> <p>There were no complaints investigated during this survey.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and requires a plan of correction.</p>	A 000		
A 401	<p>420-5-4-.04 (1) (2) Personnel.</p> <p>Personnel.</p> <p>(1) An assisted living facility shall ensure personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week.</p> <p>(a) An assisted living facility shall be staffed at all times by at least one individual who has a current certification in cardiopulmonary resuscitation (CPR).</p> <p>(b) An assisted living facility must be staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.</p> <p>(2) Employee Schedule. An assisted living facility shall post a schedule of employees indicating names and days and hours scheduled to work. This schedule shall be retained in the facility for 6 months after use.</p>	A 401		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 401	Continued From page 1  This Rule is not met as evidenced by: Based on observations, interview, and record reviews, the facility failed to include the hours the employees were working on the the monthly schedules.  Findings:  The employee schedules for the months of January and February 2020 did not include the hours the nurses and resident assistants were scheduled to work. Employee Identifier (EI#1), Administrator, immediately revised the staffing schedule to include the day shift and night shift hours.	A 401		
A 617	420-5-4-.06 (8) Care of Residents.  (8) Disposal of Medications.  1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days.  2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications	A 617		

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A 617	<p>Continued From page 2</p> <p>have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication, and the amount. This statement shall be maintained in a file for at least three years.</p> <p>3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to provide all the required information on the medication disposition forms.</p> <p>Findings:</p> <p>The facility destroyed RI#7's medications on January 16, 2020. However, the method of destruction was not included on the "Medication Disposal Form." EI#1, Administrator, immediately revised the form to include a space to write the method of disposal on the facility form.</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A 617		