STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P6102	A. BUILDING: _____ B. WING _____	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT VIEW LAKE RETIREMENT VILLAGE	380 MT VIEW LAKE ROAD SYLACAUGA, AL 35150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On October 25, 2022, a licensure survey and complaint investigation was conducted for this 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 10. There were two (2) complaints investigated during this survey. LC#20220302006 and LC#20220310012 were unsubstantiated. There were no deficiencies cited as a result of the complaint investigations. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.	A 000		
A 602	420-5-20-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to a specialty care assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination, a physician currently licensed and 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. This examination is not required for a resident of a facility dually licensed as an assisted living facility and as a specialty care assisted living facility in those cases when the	A 602		

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A 602	Continued From page 1	A 602		

resident is transferred from the assisted living unit to the specialty care assisted living unit in the same 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:

1. All of the physician's diagnoses and the resident's baseline weight and vital signs.

2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).

3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident-to-resident contact.

4. Documentation of evaluation for tuberculosis within the previous 12 months.

(b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent or recommended by the resident's attending physician, the annual physical examination shall contain the following:

1. The resident's weight and vital signs.

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A 602	Continued From page 2 2. Changes in diagnoses. 3. Changes in condition. 4. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 5. Changes in treatment. (c) Change of Condition Physical Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, condition, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following: 1. Changes in diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage and strength of drug, frequency, and route of administration). 4. Changes in treatment. This Rule is not met as evidenced by: Based on record review and interview, a	A 602		

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A 602	Continued From page 3 resident's Annual Physical Examination did not contain required information. Findings: Review of facility records on October 25, 2022 revealed the following information. Resident Identifier (RI)#1 was admitted to the facility on August 6, 2021 with diagnoses which included coronary artery disease, hypertension, dementia and major depressive disorder. RI#1's Initial Physical Examination was completed on August 6, 2021. An Annual Physical Examination was documented for RI#1 on August 5, 2022 but did not contain RI#1's vital signs. Employee Identifier (EI)#1 stated the omitted vital signs were an oversight.	A 602		
A 611	420-5-20-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions	A 611		

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A 611	Continued From page 4 to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary. 1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider. 5. Activities of Daily Living. Residents of a specialty care assisted living facility shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident. (i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested. (ii) Oral Hygiene. Residents shall be	A 611		

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A 611	Continued From page 5 assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips. (iii) Hair. Residents' hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on record reviews and interview, residents' facility care plans did not address the residents' current care needs with appropriate interventions. Findings: Review of facility records on October 25, 2022 revealed the following information. RI#1 had resided at the facility since August 6, 2021. Refer to deficiency 602 for additional information on RI#1. RI#1's facility care plan listed a Need/Problem of "Personal Safety (Falls risk due to blindness)" and "Potential for Falls"	A 611		

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A 611	Continued From page 6 with a date of August 6, 2021. The most recent update under Action/Intervention for these needs was on November 6, 2021 with an entry which read, "2 caregiver standby assistance". RI#1 sustained falls at the facility on March 25, 2022 and October 1, 2022. No additional interventions had been documented to address these falls with appropriate interventions to prevent a recurrence. RI#2 was admitted to the facility on December 9, 2021 with diagnoses which included cerebrovascular disease, vascular dementia with behavioral disturbance, thyroid toxicosis and vitamin B12 deficiency. RI#2's facility care plan listed a Need/Problem of "Personal Safety (Falls Risk)". The most recent update under Action/Intervention for this need was February 16, 2022 which read, "use walker at all times". RI#2 sustained a fall at the facility on May 11, 2022. No additional interventions had been documented to address this fall with appropriate interventions to prevent a recurrence. In addition, RI#2 began home health services for a wound to the buttock on October 21, 2022. The wound and home health services were not addressed on RI#2's facility care plan. On October 25, 2022, EI#1 agreed the residents' care plans did not address all current needs of the residents.	A 611		
A 617	420-5-20-.06 (6) Care of Residents. (6) Disposal of Medications. (a) 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	A 617		

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A 617	Continued From page 7 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, et. seq. Under no circumstances shall expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days. (b) Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name, and strength of the medication and the amount. This statement shall be maintained in a file for at least three years. (c) When medications are destroyed on the premises of the specialty care assisted living facility, a record shall be made and retained for at least three years. This record shall include: the name of the specialty care assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness. This Rule is not met as evidenced by: Based on record review and interview, disposition of a discharged residents' medications was not documented as required. Findings:	A 617		

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A 617	Continued From page 8 Review of resident records on October 25, 2022 revealed the following information. RI#4 was admitted to the facility on December 9, 2021 with diagnoses which included arthralgia, frontotemporal dementia and history of cerebrovascular accident. RI#4 was discharged from the facility to the care of family on April 1, 2022. A Medication Disposition Record was documented for RI#4 on April 8, 2022 but did not contain the name of the specialty care assisted living facility and the prescription numbers of the medications. EI#1 agreed the required information had not been documented. CONNIE CHERRY, REGISTERED NURSE	A 617		