

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P0803</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NHC PLACE, ANNISTON SCALF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1335 GREENBRIER ROAD ANNISTON, AL 36207</b>
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A 000	<p>Initial Comments</p> <p>An unannounced licensure survey and complaint investigation was conducted for this 80-bed bed Specialty Care Assisted Living Facility (SCALF) with a census of 46 on June 16, 2021.</p> <p>There was one (1) complaint investigated during this survey. Complaint #20210427006 was unsubstantiated. There were no deficiencies cited as a result of the complaint investigation.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.</p>	A 000		
A 602	<p>420-5-20-.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 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 resident is transferred from the assisted living unit</p>	A 602		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 602	<p>Continued From page 1</p> <p>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:</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, 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> </ol>	A 602		

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A 602	<p>Continued From page 2</p> <ol style="list-style-type: none"> <li>2. Changes in diagnoses.</li> <li>3. Changes in condition.</li> <li>4. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>5. Changes in treatment.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Changes in diagnoses.</li> <li>2. Changes in condition.</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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure residents' physical</p>	A 602		

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A 602	<p>Continued From page 3</p> <p>examinations contained required information.</p> <p>Findings:</p> <p>Resident Identifier (RI)#7</p> <p>RI#7 was admitted to the facility on August 27, 2018 and had diagnoses which included chronic venous insufficiency, chronic atrial fibrillation, dementia without behavioral disturbance, history of falls and attention/concentration deficit. RI#7's annual Medical Examination and Plan of Care, dated March 5, 2021, did not contain RI#7's pulse rate.</p> <p>RI#11</p> <p>RI#11 was admitted to the facility on March 13, 2012 and had diagnoses which included dementia, hypertension, gastroesophageal reflux disease, osteoporosis and degenerative arthritis. RI#11's annual Medical Examination and Plan of Care, dated June 1, 2020, did not contain RI#11's weight and vital signs. RI#11's annual Medical Examination and Plan of Care, dated April 2021, did not contain a respiratory rate for RI#11.</p> <p>Employee Identifier (EI)#2 agreed the Medical Examinations were incomplete.</p>	A 602		
A 604	<p>420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care</p>	A 604		

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A 604	<p>Continued From page 4</p> <p>assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.</p> <p>Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status.</p> <p>The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments.</p> <p>(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.</p> <p>(c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems:</p>	A 604		

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A 604	<p>Continued From page 5</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p> <p>(ii) A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician.</p> <p>2. Falls (two or more falls within a 30 day period).</p> <p>3. Elopement.</p> <p>4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p>	A 604		

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A 604	<p>Continued From page 6</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, clinical histories were not completed as required for screening prospective residents prior to admission.</p> <p>Findings:</p> <p>RI#4</p> <p>RI#4 was admitted to the facility on December 3, 2020 and had diagnoses which included cerebrovascular accident, syncope, bradycardia, restless leg syndrome, vertigo and unsteady gait. There was no documentation of a clinical history for RI#4.</p> <p>RI#8</p> <p>RI#8 was admitted to the facility on June 15, 2020 and had diagnoses which included dementia with behavioral disturbance, hypothyroidism, hypercholesterolemia and chronic obstructive pulmonary disease. There was no documentation of a clinical history for RI#8.</p> <p>RI#12</p> <p>RI#12 was admitted to the facility on April 14, 2021 and had diagnoses which included congestive heart failure, coronary artery disease, hypertension, hyperlipidemia, osteoporosis and</p>	A 604		

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A 604	Continued From page 7  stroke syndrome. There was no documentation of a clinical history for RI#12.  On the initial Medical Examination and Plan of Care form for each of these three residents was a section titled Clinical History. However, the section was left blank on each form. EI#2 agreed the required documentation had not been completed.	A 604		
A 616	420-5-20-.06 (5) (i) (j) (k) (l) (m) Care of Residents.  (i) Medications kept under the control or custody of a specialty care assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of the specialty care assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN.  (j) Unless a resident can and does self-manage his or her own medications, a specialty care assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the specialty care assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The specialty care assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and	A 616		

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A 616	<p>Continued From page 8</p> <p>to advise the facility and the prescribing health care provider when these are detected.</p> <p>(k) If controlled substances prescribed for residents of any specialty care assisted living facility are kept in the custody of the specialty care assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any requirements prescribed by the Alabama State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.</p> <p>(l) Medication administration records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than 3 years. They shall be available for inspection and copying on demand by agents of the State Board of Health. They shall</p>	A 616		

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A 616	<p>Continued From page 9</p> <p>be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.</p> <p>(m) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to maintain a resident's medication in unit dose packaging and failed to accurately account for controlled substances kept in the custody of the facility.</p> <p>Findings:</p> <p>RI#12 had resided at the facility since April 14, 2021. Refer to deficiency 604 for additional information on RI#12.</p> <p>On the morning of June 16, 2021, the surveyor and EI#11 completed a count of controlled substances present in the medication cart located in the medication room on the second floor. During the count, the surveyor observed a bottle of pills labeled Temazepam 15 milligrams one by mouth at bedtime for RI#12. EI#11 explained that RI#12's sponsor had the prescription filled for the Temazepam and the facility pharmacy would not repackage the Temazepam into unit dose packaging since the medication was a controlled substance. The count of pills in the bottle was 72.</p>	A 616		

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A 616	Continued From page 10  The count recorded on the narcotics count sheet was 71. The pills were recounted by EI#2 and EI#11 and the count of 72 pills was verified. EI#2 agreed the medication was packaged incorrectly and began an investigation into the incorrect count.	A 616		
A 618	420-5-20-.06 (7) Care of Residents.  (7) Oxygen Therapy.  (a) A resident of a specialty care assisted living facility that requires oxygen therapy shall have oxygen administered only by a physician, RN, or LPN.  (b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift.  1. If a resident receives oxygen therapy in a facility:  2. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition.  3. All oxygen tanks shall be safely maintained and stored.  4. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted.  5. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen.	A 618		

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A 618	<p>Continued From page 11</p> <p>Refer to National Fire Protection Association (NFPA) 99 for Oxygen Storage Requirements.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to properly document oxygen use on a resident's Medication Administration Record (MAR).</p> <p>Findings:</p> <p>RI#10 was admitted to the facility on May 18, 2021 and had diagnoses which included acute hypoxic respiratory failure, acute on chronic systolic congestive heart failure, pulmonary edema, severe deconditioning, isolated systolic hypertension and coronary artery disease. RI#10 had a physician's order for oxygen use. Although the oxygen was listed as a medication on RI#10's MAR, RI#10's oxygen use was not documented on the MAR to include date, time, rate and proper function of the equipment as required. EI#2 agreed the documentation was inadequate.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A 618		