Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D6312	A. BUILDING: _____ B. WING _____	C 05/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH RIVER VILLAGE, LLC	5810 RICE MINE ROAD NE TUSCALOOSA, AL 35406

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A 000	Initial Comments On May 9, 2022, an unannounced complaint investigation was conducted for this 80 bed Assisted Living Facility (ALF) with a census of 12. There was one complaint investigated during this survey. Complaint #20220422010 was investigated with no deficiencies cited as a result of the complaint investigation. The complaint alleged employees who were not trained in medication assistance were assisting residents with medications due to a staffing shortage at the facility. During the onsite complaint investigation, documentation of medication assistance training was provided for all staff who had assisted with residents' medications. 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 require a plan of correction.	A 000		
A 303	420-5-4-.03 (2) (a) Administration. The Administrator. (a) Responsibility. 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. 2. Any individual employed as an administrator shall be properly licensed.	A 303		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 303	Continued From page 1 3. Any individual employed as an administrator shall meet all applicable statutory requirements. 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. 5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age. 6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character. 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. 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 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. 9. The facility administrator is responsible for ensuring that required training is provided to all staff. 10. The administrator shall ensure that	A 303		

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A 303	Continued From page 2 residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting. 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. 12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan. 13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to authorize, in writing, an administrative designee. Findings: Upon entering the facility, on May 9, 2022 around 11:30 AM, the surveyor was greeted by Employee Identifier (EI)#3, Business Office Manager. EI#3 stated EI#2 was currently the administrator of the facility but was not at the facility at that time. EI#2 arrived at the facility approximately one hour later and informed the surveyor he (EI#2) was not currently the administrator and EI#1 was the administrator. EI#2 was asked who had been	A 303		

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A 303	Continued From page 3 authorized as the administrative designee and he (EI#2) was not sure. EI#1 was not at the facility during the onsite survey. During a telephone conversation on the evening of May 9, 2022, EI#1 informed the surveyor he (EI#1) had become the interim administrator the previous week and EI#3 would be the administrative designee. On May 10, 2022, the surveyor received written documentation that EI#3 was the administrative designee. There was no administrative designee, authorized in writing, at the time of the onsite survey.	A 303		
A 601	420-5-4-.06 (1) Care of Residents. (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician. (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). (b) Back-up Physician Support. Each	A 601		

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A 601	Continued From page 4 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. (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 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to follow physician's orders for a resident's care. Findings:	A 601		

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A 601	Continued From page 5 Resident Identifier (RI)#1 was admitted to the facility on December 30, 2020 with diagnoses which included atrial fibrillation, hypothyroidism, high cholesterol, osteoporosis and insomnia. During an interview on May 9, 2022, EI#10 informed the surveyor of the following events which occurred recently at the facility. RI#1 had fallen at the facility approximately two weeks prior to the survey. Following the fall, RI#1 refused assistance from facility staff with a bath for approximately one week. When RI#1 allowed bath assistance, a large bruise and scabbed area were noted over RI#1's left rib area which RI#1 stated was caused by the fall. RI#1 was complaining of pain in the left rib area. On Saturday, May 7, 2022, RI#1 was taken, by a family member, to a walk-in clinic to see a doctor and received prescriptions for antibiotics and pain medications. The prescriptions had not been filled at the time of the interview. EI#10 explained she (EI#10) was unable to have the prescriptions filled over the weekend because the primary pharmacy used by the facility was mail order and the back-up pharmacy was closed over the weekend. EI#10 was unable to find another pharmacy in the area that would unit dose package the medications over the weekend. EI#10 further explained the prescriptions were at the back-up pharmacy and should be filled that day (May 9, 2022). Review of RI#1's facility record on May 9, 2022 revealed the following information. On May 7, 2022, a physician's order was written for Keflex 500 milligrams three times a day and Tylenol#3 three times a day. The Keflex was ordered for seven days and the Tylenol#3 was ordered for four days with a diagnosis of "rib sprain". RI#1	A 601		

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A 601	Continued From page 6 had not received any of the medications at the time of the chart review on the afternoon of May 9, 2022. The Keflex was picked up from the pharmacy by EI#2 later that afternoon and the Tylenol#3 order was changed to plain Tylenol. RI#1 had not received the medications as ordered by the physician for two days. During an interview with EI#1 on the evening of May 9, 2022, EI#1 stated he (EI#1) would address the issue to prevent a recurrence.	A 601		
A 801	420-5-4-.08 (1) Physical Facilities. (1) Administrative Facilities. Each assisted living facility shall provide office space(s) or administrative office(s). (a) As a minimum, the administrative office(s) shall be provided with a desk, file cabinet, and related office equipment and supplies. (b) Congregate assisted living facilities shall provide separate rooms for administrative and office purposes. (c) Communication Facilities. Each assisted living facility shall have an adequate number of telephones to summon help in case of fire or other emergency, and these shall be located so as to be quickly accessible from all parts of the building. (d) Fire Protection Arrangements. The facility shall have arrangements for fire protection with the nearest available fire department for assistance in case of fire. Each facility shall have a monitoring service for its fire alarm system.	A 801		

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A 801	Continued From page 7 (e) Center Staff Station. New Group and Congregate facilities, and existing Group and Congregate facilities that are enlarged or renovated to accommodate bed increases, shall have a centrally located staff station with call for assistance and fire alarm system annunciation panels. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain a functional system for monitoring its fire alarm system. Findings: On the evening of May 9, 2022 around 5:50 PM, EI#2 initiated the fire alarm system at the request of the surveyor. Following activation of the system, EI#2 contacted the fire alarm monitoring company and the fire department to determine the time a signal was received from the facility's fire alarm system. No signal was received at the monitoring company or the fire department. EI#2 requested an immediate service call from the fire alarm inspection company. A technician arrived at the facility around 7:30 PM and was able to repair the system and restore monitoring that same evening. CONNIE CHERRY, REGISTERED NURSE	A 801		