

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OAKBRIDGE TERRACE AT MAGNOLIA TRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>ONE CROWN CIRCLE HUNTSVILLE, AL 35802</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 6, 2020, an unannounced licensure survey was conducted for this 30 bed Assisted Living Facility (ALF) with a census of 20.</p> <p>There was one complaint investigated during this survey. Complaint #096-2018 was unsubstantiated and no deficiencies were 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 420-5-4, 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.</p>	A 000		
A 305	<p>420-5-4-.03 (2) (c) Administration.</p> <p>(c) Department Notification.</p> <p>1. The licensee of an assisted living facility shall provide written notification of voluntary closure of the facility to the State Board of Health at least 30 days prior to the expected closure date.</p> <p>2. The State Board of Health shall be provided written notification not later than 15 days after any change in administrator.</p> <p>3. The State Board of Health shall be provided written notification not later than 15 days after any change in management company.</p> <p>This Rule is not met as evidenced by:</p>	A 305		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 305	Continued From page 1  Based on record review and interview, the facility failed to notify the State Board of Health of a change in administrator within 15 days.  Findings:  Employee Identifier (EI)#1 became the administrator on February 14, 2019, however the State Board of Health was not notified in writing until February 4, 2020.	A 305		
A 621	420-5-4-.06 (11) (b) Care of Residents.  (b) Retention  1. An assisted living facility shall not allow any resident to return to the assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the facility is licensed to provide or the facility is capable of providing.  2. An assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.  3. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in an assisted living facility.  4. An assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:  (i) The individual is capable of performing and does perform all tasks related to	A 621		

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A 621	<p>Continued From page 2</p> <p>his or her own care; OR</p> <p>(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity BUT the individual has sufficient cognitive ability to direct his or her own care AND the individual is able to direct others and does direct others to provide the physical assistance needed to complete such tasks, AND the facility staff is capable of providing such assistance and does provide such assistance. 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>5. If a resident of an assisted living facility is diagnosed with a terminal illness other than dementia and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.</p>	A 621		

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A 621	<p>Continued From page 3</p> <p>6. All skilled services provided in the facility, such as but not limited to wound care or insertion of a urinary catheter, shall be provided by the staff of properly licensed or certified agencies. Skilled services shall not be delegated to facility staff.</p> <p>7. Residents that develop acute infectious pulmonary disease, such as active tuberculosis, or other diseases capable of transmission to other individuals through normal person-to-person contact shall be immediately transferred to an appropriate level of care until certified by a physician to be free of a contagious condition.</p> <p>8. No assisted living facility shall be operated in whole or in part in a manner that prevents free and unhindered egress from the facility by any of its residents.</p> <p>9. An assisted living facility shall not retain any resident who cannot safely reside in the facility unless his or her egress from the facility is restricted.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure all residents who required skilled nursing care were transferred to an appropriate level of care.</p> <p>Findings:</p> <p>Resident Identifier (RI)#4 had a history of chronic urinary tract infections and required intravenous (IV) antibiotic therapy. RI#4 was allowed to remain in the facility while receiving IV antibiotic</p>	A 621		

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**ONE CROWN CIRCLE  
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A 621	Continued From page 4 therapy.  SUSAN OVERTON, REGISTERED NURSE	A 621		