

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P0503	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2022
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NAME OF PROVIDER OR SUPPLIER OLIVE HOME INC ONEONTA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 SECOND AVENUE EAST ONEONTA, AL 35121
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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 September 28, 2022, an unannounced licensure survey and complaint investigation was conducted for this 34 bed Specialty Care Assisted Living Facility (SCALF) with a census of 30.</p> <p>There were four (4) complaints investigated during this survey. LC#20220912019, LC#20210420002 and LC#20200922009 were unsubstantiated and no deficiencies were cited as a result of the complaint investigations. LC#20220825021 was unsubstantiated. 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 420-5-20, 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 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 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>	A 604		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 604	<p>Continued From page 1</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> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p>	A 604		

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A 604	<p>Continued From page 2</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> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p>	A 604		

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A 604	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, residents were not screened as required prior to admission.</p> <p>Findings:</p> <p>Clinical Histories</p> <p>Review of resident records, on September 27 and 28, 2022, revealed Resident Identifier (RI)#1, RI#2 and RI#5 did not have clinical histories documented to screen for facility eligibility. The deficient practice was discussed with Employee Identifier (EI)#1, EI#2 and EI#3 on the afternoon of September 28, 2022 and all agreed the clinical histories should have been included in pre-admission assessments of prospective residents.</p> <p>Comprehensive Assessment</p> <p>The Alabama Department of Public Health received a complaint which alleged the facility failed to assess RI#8's feet even though RI#8 had a history of toe amputation and severe diabetes. Although the complaint was unsubstantiated, the following deficient practice was cited as a result of the complaint investigation.</p> <p>Review of resident records, on September 27, 2022, revealed the following information. RI#8 was admitted to the facility on January 21, 2022 with diagnoses which included diabetes mellitus, depression and mild cognitive impairment. A comprehensive assessment, PSMS, Behavior Screen, aphasia screening, mini-mental examination, geriatric depression scale and</p>	A 604		

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A 604	Continued From page 4 clinical history were documented for RI#8, on January 21, 2022, upon admission to the facility. None of these required screenings were documented for RI#8 prior to admission to the facility. RI#8 had a toe amputation prior to admission to the facility, on January 10, 2022, and was admitted to the facility in need of wound care for a surgical wound. During discussion of RI#8, on September 27, 2022, EI#2 stated he (EI#2) had assessed RI#8 prior to admission and the pre-admission assessment of RI#8 was done prior to amputation of RI#8's toe. EI#2 was not a licensed nurse. RI#8 was not assessed within 30 days prior to admission by the facility registered nurse (RN) or care coordinator to determine RI#8's eligibility for admission to the facility.	A 604		
A 620	420-5-20-.06 (9) (a) Care of Residents (9) Admission and Retention of Residents. Residents admitted to and retained in specialty care assisted living facilities must meet all eligibility and continued stay requirements specified in these rules. (a) Admission. 1. A specialty care assisted living facility shall not admit any individual who: (i) Is receiving or requires skilled nursing care. (ii) Has a wound that requires care beyond basic first aid. (iii) Has unmanageable behaviors or behaviors that may be dangerous to themselves or others.	A 620		

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A 620	<p>Continued From page 5</p> <p>(iv) Has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing, or a score of four or five in physical ambulation.</p> <p>(v) Is receiving or in need of hospice services.</p> <p>(vi) Is diagnosed with an active acute infectious pulmonary disease, such as influenza or active tuberculosis, or with other diseases capable of transmission to other individuals through normal person-to-person contact.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility admitted a resident in need of skilled nursing care for a surgical wound.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged the facility failed to assess RI#8's feet even though RI#8 had a history of toe amputation and severe diabetes. Although the complaint was unsubstantiated, the following deficient practice was cited as a result of the complaint investigation.</p> <p>Review of facility records and hospital records revealed the following information. RI#8 was admitted to the facility on January 21, 2022 and transferred from the facility to the hospital on July 27, 2022 due to elevated temperature and low oxygen saturation. Refer to deficiency 604 for</p>	A 620		

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A 620	<p>Continued From page 6</p> <p>additional information on RI#8. Prior to admission to the facility, on January 10, 2022, RI#8 had an amputation of the right great toe.</p> <p>A comprehensive assessment, documented by the facility RN, on January 21, 2022, upon admission to the facility, read "...first ray amputation and receiving...home health...". RI#8's facility Care Plan, dated January 21, 2022, read "...Resident has been ordered home health in facility to start on 01/25/22. Wound care from amputation. Skilled nurse to see resident for dressing changes and wound care for amputation performed prior to admission. Monitor area for additional dressing changes. Monitor for S/S of infection. Report any unusual VS or drainage to CRNP and Home Health Agency...". RI#8 was seen by the physician on January 25, 2022 and a note from the physician on that date read "...home health wound care...".</p> <p>Review of home health records, on September 27, 2022, revealed RI#8 was admitted to home health services on January 26, 2022 with the following wound care orders, "...Skilled nurse to perform wound care to incision site located anterior edge of right foot, cleanse mild soap and water, apply xeroform gauze, gauze, rolled gauze and secure with ace wrap cover, using clean/aseptic technique. Wound care three times weekly and PRN...".</p> <p>RI#8 was admitted to the facility in need of skilled nursing services for wound care beyond basic first aid to a surgical incision. During discussion of RI#8, on September 28, 2022, EI#1, EI#2 and EI#3 verbalized understanding that RI#8 did not meet the requirements for admission to a SCALF due to the wound and need for skilled nursing care.</p>	A 620		

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A 620	Continued From page 7 CONNIE CHERRY, REGISTERED NURSE	A 620		