

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D2805	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2022
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NAME OF PROVIDER OR SUPPLIER PADEN RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 255 MURRAY DRIVE GADSDEN, AL 35902
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A 000	<p>Initial Comments</p> <p>On March 30, 2022, an unannounced licensure survey and complaint investigation was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 10.</p> <p>There were four complaints investigated during this survey. Complaint #20190416006, Complaint #20200528008 and Complaint #20201112005 were unsubstantiated. A portion of Complaint #20190604019 was substantiated. The complaint alleged there were medication errors at the facility. Medication errors had already been identified by the facility and addressed with staff training prior to the survey. No deficiencies were cited as a result of the complaint investigations.</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 405	<p>420-5-4-.04 (6) Personnel.</p> <p>(6) Training.</p> <p>(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff</p>	A 405		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 405	<p>Continued From page 1</p> <p>members receive training on the subject matter listed below:</p> <ol style="list-style-type: none"> 1. State law and rules on assisted living facilities. 2. Facility policies and procedures. 3. Resident rights. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 10. Special needs of the elderly, mentally ill, and mentally retarded. 11. Safety and nutritional needs of the elderly. 12. Identifying signs and symptoms of dementia. <p>(b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association</p>	A 405		

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A 405	<p>Continued From page 2</p> <p>or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization.</p> <p>(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, employees did not complete required training.</p> <p>Findings:</p> <p>Initial Training</p> <p>Review of employee files on the afternoon of March 29, 2022 revealed there was no</p>	A 405		

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A 405	<p>Continued From page 3</p> <p>documentation of the following initial training for Employee Identifier (EI)#2: State law and rules on assisted living facilities; identifying and reporting abuse, neglect and exploitation; basic first aid; advance directives; protecting resident confidentiality; resident fire and environmental safety; special needs of the elderly, mentally ill and mentally retarded; safety and nutritional needs of the elderly; identifying signs and symptoms of dementia. When interviewed on the afternoon of March 29, 2022, EI#2 stated she (EI#2) did not remember completing the training upon hire at the facility. EI#2 further stated she (EI#2) had completed the training at another facility prior to hire but the training was not documented in her (EI#2's) employee file at the current facility.</p> <p>Special Needs Training</p> <p>Review of employee files on the afternoon of March 29, 2022 revealed there was no documentation of training in hospice and diabetes for EI#2, EI#3, EI#4 and EI#5. The facility currently had one resident receiving hospice services and one resident with a diagnosis of diabetes mellitus. On the afternoon of March 29, 2022, EI#2 stated this required training had not been completed.</p>	A 405		
A 601	<p>420-5-4-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her</p>	A 601		

Alabama Department of Public Health

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A 601	<p>Continued From page 4</p> <p>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).</p> <p>(b) Back-up Physician Support. Each 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.</p> <p>(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</p>	A 601		

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A 601	<p>Continued From page 5</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow physician's orders for a resident's medications.</p> <p>Findings:</p> <p>Review of resident files on March 30, 2022 revealed the following information. Resident Identifier (RI)#3 was admitted to the facility on August 10, 2020 with diagnoses which included congestive heart failure, hypertension, atherosclerotic heart disease and dementia without behavioral disturbances. RI#3 returned to the facility from the hospital on March 28, 2022 after a brief stay due to dehydration. RI#3 was currently receiving home health services at the facility which included wound care to a skin tear on the right lower leg. Current medication orders for RI#3, dated March 29, 2022 at 11:00 AM (verbal order by home health nurse), were Coreg 3.125 milligrams by mouth two times daily, Norco 5 milligrams/325 milligrams by mouth every four hours as needed for pain, Meloxicam 7.5 milligrams by mouth daily, Triamcinolone 0.05 per cent cream applied two times daily and Tylenol 325 milligrams two tablets by mouth every six hours as needed for pain.</p> <p>Review of RI#3's Medication Administration Record on March 30, 2022 revealed RI#3 received the following medications after return</p>	A 601		

Alabama Department of Public Health

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A 601	Continued From page 6 from the hospital which were not ordered by the physician at the times the medications were given: Coreg 3.125 milligrams on March 28, 2022 at 8:00 PM and on March 29, 2022 at 7:30 AM; Spironolactone 12.5 milligrams on March 28 and 29, 2022 at 8:00 PM; Furosemide 20 milligrams on March 29 and 30, 2022 at 7:30 AM; Meloxicam 7.5 milligrams on March 29, 2022 at 7:30 AM. These medications had been ordered for RI#3 prior to hospitalization but there was no physician's order to resume the medications at the times the medications were given post-hospitalization. EI#2 agreed the medications were not given as ordered by the physician.	A 601		
A 602	420-5-4-.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 an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician 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. 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.	A 602		

Alabama Department of Public Health

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A 602	<p>Continued From page 7</p> <p>2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration).</p> <p>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.</p> <p>4. Documentation of evaluation for tuberculosis within the previous 12 months.</p> <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"> 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. <p>(c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination</p>	A 602		

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A 602	<p>Continued From page 8</p> <p>and result in a change in diagnoses, 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"> 1. New 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. <p>This Rule is not met as evidenced by: Based on record review and interview, a resident's Annual Physical Examination did not contain required information.</p> <p>Findings:</p> <p>Review of resident records on March 30, 2022 revealed the following information. RI#4 was admitted to the facility on June 18, 2020 with diagnoses which included hypertension, atrial fibrillation, hyperlipidemia and hypothyroidism. RI#4's annual Medical Exam and Plan of Care, dated June 15, 2021, did not contain RI#4's vital signs and weight. EI#2 agreed this required information had not been documented.</p>	A 602		

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A 604	<p>420-5-4-.06 (3) (a) (b) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments.</p> <p>(b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and procedures, the monthly assessment shall:</p> <ol style="list-style-type: none"> 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. 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 or greater weight loss in a period of three months or less, or a ten 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. 3. Document identified changes in resident status. 4. Assess the appropriateness of each resident's plan of care. Any decline in resident 	A 604		

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A 604	<p>Continued From page 10</p> <p>status requires immediate implementation and documentation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement and document interventions to address a resident's weight loss.</p> <p>Findings:</p> <p>Review of resident records on March 30, 2022 revealed the following information. RI#2 was admitted to the facility on October 24, 2018 with diagnoses which included chronic obstructive pulmonary disease, hypertension and gastroesophageal reflux disease. RI#2 was admitted to hospice services on August 24, 2021 due to protein calorie malnutrition and failure to thrive. In August 2021, RI#2 sustained a weight loss of 7.4 per cent for one month (134.5 pounds in July 2021 and 124.5 pounds in August 2021). The weight loss was not addressed in RI#2's monthly narrative for August 2021 and there was no documentation interventions were implemented to address the weight loss. EI#2 agreed the weight loss was not addressed.</p>	A 604		
A 617	<p>420-5-4-.06 (8) Care of Residents.</p> <p>(8) Disposal of Medications.</p> <p>1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued</p>	A 617		

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A 617	<p>Continued From page 11</p> <p>or because the resident dies, shall be destroyed 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. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days.</p> <p>2. 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.</p> <p>3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the 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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to properly document disposition of a resident's medications upon discharge from the facility.</p>	A 617		

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A 617	Continued From page 12 Findings: Review of resident records on March 29, 2022 revealed the following information. RI#5 was admitted to the facility on November 16, 2018 with diagnoses which included hemiplegia and hemiparesis following cerebral infarction, dysphagia, dementia, hypertensive heart and chronic kidney disease, hyperlipidemia and anxiety. RI#5 was discharged from the facility on March 30, 2020. A form titled Meds Sent Home at Discharge was documented for RI#5 on March 30, 2020 and listed the medications released by the facility to RI#5. However, the form did not contain the name of the pharmacy and the prescription number for each medication. EI#2 agreed not all required information was documented and immediately prepared a new medication disposition form for use upon discharge of a resident.	A 617		
A 703	420-5-4-.07 (3) Food Service. (3) Dietary Service. (a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents.	A 703		

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A 703	<p>Continued From page 13</p> <p>(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals.</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days.</p>	A 703		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D2805	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2022
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NAME OF PROVIDER OR SUPPLIER PADEN RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 255 MURRAY DRIVE GADSDEN, AL 35902
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A 703	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post meal times in the food service area. In addition, the facility failed to maintain adequate potable water for resident use at the facility.</p> <p>Findings:</p> <p>Meal Time Posting</p> <p>During a tour of the facility on March 29, 2022, no meal times were posted in the food service area. EI#2 agreed the required posting was not present and immediately posted the meal times in the dining room.</p> <p>Potable Water</p> <p>During a tour of the facility on March 29, 2022, EI#2 showed the surveyor the facility's potable water supply which was ten gallons. The water supply was inadequate to supply all ten residents of the facility for three days. EI#1 obtained additional water for the facility during the onsite survey.</p>	A 703		
A1101	<p>420-5-4-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous</p>	A1101		

Alabama Department of Public Health

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A1101	<p>Continued From page 15</p> <p>place.</p> <p>(b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 	A1101		

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NAME OF PROVIDER OR SUPPLIER PADEN RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 255 MURRAY DRIVE GADSDEN, AL 35902
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A1101	<p>Continued From page 16</p> <p>3. Complies with the requirements of the currently adopted Life Safety Code.</p> <p>(f) Fire Alarm and Sprinkler System.</p> <p>1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements).</p> <p>2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.</p> <p>3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and testing reports shall be maintained in the facility for a period of at least 3 years.</p>	A1101		

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A1101	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to perform fire drills monthly as required.</p> <p>Findings:</p> <p>Review of fire drill reports on March 29, 2022 revealed no fire drill was conducted at the facility in January 2022. EI#2 stated she (EI#2) was responsible for fire drills and admitted she (EI#2) missed the fire drill in January.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A1101		