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PATHWAYS INTENTIONAL MEMORY CARE HUNTSVIL	2004 MAX LUTHER DRIVE HUNTSVILLE, AL 35810

(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	Initial Comments An unannounced licensure survey and complaint investigation was conducted on November 10, 2020, for this 104 bed Specialty Care Assisted Living Facility (SCALF) with a census of 84. There were six (6) complaints investigated during this survey. Complaint number 20200904011 was substantiated with deficiencies cited as a result of the investigation. The following complaint numbers were unsubstantiated with no deficiencies cited after the investigations: LC#099-2018, 20180910012, 20200402001, 20200506004, and 20201014010. 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.	A 000		
A 604	420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents. (3) Health Supervision. (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.	A 604		

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A 604	Continued From page 1	A 604		

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.

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.

(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.

(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:

1. Weight loss:

(i) Each month, the facility shall accurately weigh and record the weight of each resident.

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A 604	Continued From page 2 (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. 2. Falls (two or more falls within a 30 day period). 3. Elopement. 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. 5. Unmanageable, combative, or potentially harmful behavior(s). 6. Any accident with injury. (d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status. (e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.	A 604		

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A 604	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility's Registered Nurses (RNs) failed to complete monthly assessments and weights for all residents. In addition, the RNs failed to perform comprehensive assessments, Physical Self Maintenance Scales (PSMS), and behavior screenings after residents experienced health status changes. Findings: Resident Identifier (RI)#4 Did not have a weight recorded for February 2020. February 2020, monthly assessment was incomplete and was not signed by a RN. Did not have monthly assessments completed for March 2020, June 2020, and July 2020. Had a significant weight loss in September 2020, but the RN indicated there were no health status changes for the month. On July 12, 2020, the nurse communicated to the physician RI#4 had experienced a decline in health by exhibiting increased confusion, decreased mobility, and gait had gotten more unsteady. The physician ordered a urinalysis and blood work (CMP and CBC). The RN did not complete the required assessments to evaluate these changes. RI#7 Did not have monthly assessments completed for June 2020 and July 2020. September 2020, monthly assessment was not signed by a RN. RI#10	A 604		

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A 604	Continued From page 4 Did not have monthly assessments completed for February 2020 and March 2020. June 2020, July 2020, and August 2020, assessments were not signed by a RN. Had a significant weight loss of 5.5% in May 2020. The RN did not complete the required assessments to evaluate this change. RI#14 Did not have a monthly assessment completed for August 2020. RI#15 Did not have monthly assessments completed for July 2020, and August 2020. Had an un-witnessed fall (found on floor) on August 26, 2020, which resulted in a subarachnoid hemorrhage, a fractured radius and ulna (with surgical repair), and a coccyx fracture. The RN did not complete the required assessments for these multiple injuries and surgery. The surveyor discussed the missing documentation with Employee Identifier (EI)#2, Director of Nursing, RN, on November 3, 2020. EI#2 informed the surveyor she (EI#2) had conducted an audit of the medical records after her arrival nine (9) weeks ago and was aware assessments had not been done. EI#2 said she (EI#2) hired three (3) new RN Unit Coordinators (EI#5, EI#6, and EI#7) and a plan of correction had already been put into place.	A 604		
A 611	420-5-20-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards.	A 611		

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(a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times.

(b) Plan of Care. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary.

1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:

2. A listing of the resident's individual needs or problems that require intervention by the facility.

3. A listing of interventions provided by the facility to address the resident's identified needs or problems.

4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for

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A 611	Continued From page 6	A 611		

each resident receiving care from an outside provider.

5. Activities of Daily Living. Residents of a specialty care assisted living facility shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.

(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.

(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.

(iii) Hair. Residents' hair shall be kept clean, neat, and well groomed.

(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.

(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.

(vi) Personal Safety. Residents shall be provided assistance with personal safety.

6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.

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A 611	Continued From page 7 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility's RNs failed to develop appropriate written Resident Service Plans (RSP). Also a copy of the outside provider's plan of care was not available for all residents. In addition, the facility failed to assist all residents with a clean and well-kept personal appearance. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON APRIL 19, 2018. Findings: Resident Service Plans: RI#2 has been a resident at the facility since October 20, 2018. The RSP was updated October 15, 2020. The RSP mentions RI#2 wears dentures and the staff assists with denture care; however, the staff informed the surveyor RI#2 did not wear dentures. EI#2 confirmed RI#2 was admitted with upper and lower dentures but was unsure how long the dentures had been missing. The RSP indicates RI#2 will be shaven by staff as needed but RI#2 was observed in need of a shave from November 2-5, 2020. The RSP states RI#2 ambulates with no assistance; however, a fall occurred on December 28, 2019, and the intervention was for the staff to assist resident with locking and unlocking wheelchair. RI#4 was admitted on September 26, 2018, with diagnoses to include Alzheimer's, history of alcoholism, coronary artery disease (CAD), gastroesophageal reflux disease (GERD), hyperlipidemia, benign prostatic hyperplasia (BPH) insomnia, depression and constipation.	A 611		

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A 611	Continued From page 8 RI#4 had a significant weight loss in September 2020, however, this was not addressed on the RSP with appropriate interventions to prevent further weight loss. RI#6 has been residing at the facility since April 22, 2020. RI#6 had a past medical history of dementia, hypertension, hyperlipidemia, constipation, depression, and lower extremity edema. RI#6 had an order for chopped meats and finger foods. RI#6 was observed eating her/his food with her/his fingers at mealtimes in the dining room. The RSP did not include any interventions to ensure proper hand hygiene was performed before and after meals. RI#6 had stained fingernails with dark brown residue underneath nails from November 2-5, 2020. The RSP noted RI#6 had an "electric razor in room but requires assistance." RI#6 was seen unshaven from November 2-5, 2020. RI#7 was admitted to the facility on March 19, 2020. The new admission Medical Examination and Plan of Care dated February 28, 2020, listed psychogenic dysphagia as a diagnosis, which included daily medication (Depakote) for treatment of the condition. However, this diagnosis was not listed on the RSP with any signs or symptoms for the staff to monitor and report if observed. RI#10 has been a resident at the facility since August 29, 2017. RI#10 had a significant weight loss of 5.5% in May 2020, but this was not noted in the RSP with any new interventions to prevent further weight loss. On October 21, 2020, RI#10 had a fall which resulted in a right sided frontal hematoma. RI#10 was admitted to the hospital for intravenous antibiotics for a urinary tract infection and neurological observation. RI#10	A 611		

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A 611	Continued From page 9	A 611		

returned to the facility on October 23, 2020, but the RSP was not updated. The RSP was dated October 13, 2020.

RI#12 was admitted to the facility on August 16, 2019, with a medical history of diabetes mellitus. The diet order for no added salt and low concentrated sweets was not listed on the RSP.

RI#15 was transferred to the memory care unit from the assisted living facility on January 28, 2020. RI#15 had three (3) "unwitnessed falls" within 20 days. The first was August 26, 2020 (major injuries), the second was September 13, 2020 (no injuries), and the third was September 14, 2020 (no injuries). The falls were noted on the RSP but there were no specific interventions designed by the RN to address each fall or measures put into place to help reduce the risk of similar falls.

During the survey, the RSP expectations were discussed with EI#2, DON, EI#5, RN, and EI#6, RN. The RNs verbalized understanding and updated the RSP accordingly.

Home Health Services Certification and Plan of Care:

RI#15 had been receiving home health services for physical therapy since September 18, 2020. However, there was not a provider's plan of care in RI#15's record. EI#6, RN, contacted the provider and a faxed copy of the certification and plan of care was received by the facility on November 4, 2020, at 13:23 PM.

Personal Appearance:

THIS DEFICIENCY WAS CITED AS A RESULT

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A 611	Continued From page 10 OF A COMPLAINT INVESTIGATION. The Alabama Department of Public Health received a complaint which alleged the resident's were not assisted with daily grooming. During a tour of the facility the surveyor observed several of the male residents were not clean shaven and their fingernails were not clean or trimmed. On November 5, 2020, at 10:36 AM, the surveyor along with EI#2, DON, made observations of the resident's personal appearances. EI#2 agreed the following residents had not been assisted with daily grooming as needed; RI#1 (shave), RI#2 (shave and nails), RI#6 (shave and nails), RI#9 (shave and nails), RI#11 (nails), RI#12 (shave and nails), and RI#13 (shave).	A 611		
A 615	420-5-20-.06 (5) (h) Care of Residents. (5) Medications. (h) All medications administered to residents in a specialty care assisted living facility, shall be contemporaneously recorded on a standard medication administration record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration record shall include at least the following: 1. The name of the resident to whom the medication was administered. 2. The name of the medication administered. 3. The dosage of the medication administered.	A 615		

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A 615	Continued From page 11 4. The method of administration. 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assisted. 7. Any adverse reaction to the medication. 8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the Licensed Practical Nurse (LPN) failed to record the injection site of insulin on the Medication Administration Record (MAR). Findings: On November 3, 2020, at 12:25 PM, the surveyor observed EI#8, LPN, administer three (3) units of insulin (Novolog) subcutaneously in RI#7's right upper arm. EI#8 contemporaneously recorded the insulin administration in the electronic MAR, but the injection site was not indicated on the MAR. EI#8 told the surveyor the MAR does not provide the injection site as an option to be selected. The surveyor discussed this with EI#2, DON, and she (EI#2) said she (EI#2) would contact the pharmacy immediately to have the injection site included on the MAR.	A 615		

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A 803	420-5-20-.08 (3) Physical Facilities.	A 803		

(3) Resident's Physical Facilities.

(a) All resident bedrooms shall have an outside window and shall not be below grade. Window areas shall not be less than one-eighth of the floor area, unless proper lighting, ventilation, and air-conditioning are provided. All specialty care assisted living facilities submitted for plan review on or after October 5, 2001, shall ensure that each resident bedroom has at least one outside window with a minimum of 20 feet of clear space to any structure, measured perpendicularly. A peripheral view of the exterior shall be provided from newly constructed bedrooms. Operable window openings may be restricted to prevent residents from exiting through the windows.

(b) Resident bedrooms shall be located so as to minimize the entrance of odors, noise, and other nuisances.

(c) Residents bedrooms shall be directly accessible to a main corridor or through no more than one intervening sitting room within the bedroom suite. In no case shall a resident bedroom be used for access to another resident's room.

(d) Residents bedrooms shall be individually and consistently identified, (numbered, lettered, or named).

(e) Bedroom Size. As a minimum, floor area shall be as follows:

1. Private bedroom without sitting area: 80 square feet. Double bedroom without sitting

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A 803	Continued From page 13 area: 130 square feet. 2. Private bedroom with sitting area: 160 square feet. Double bedroom with sitting area: 200 square feet. 3. Bedrooms shall accommodate no more than two residents. (f) Bedroom furnishings. The resident has the right to furnish his or her room as he or she so chooses, within the facility's guidelines. If the facility offers to provide some or all of the furniture, as a minimum, bedrooms shall contain the following for each resident: 1. A suitable built-in clothes closet or wardrobe with shelving space and clothing pole. 2. A bed with good springs and mattress and sufficient clean bedding. In no case shall a cot or rollaway bed be provided for residents. 3. A dresser or chest of drawers. 4. A bedside table and bed lamp. 5. At least one comfortable chair, preferably an armchair, recliner, or rocker. 6. Window shades, venetian blinds, or other suitable provisions for closing the view from the window. 7. Adequate number of electrical outlets shall be provided. Extension cords, U.L. approved with overload protection capability may be used for light duty appliances and shall not pose a	A 803		

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A 803	Continued From page 14	A 803		

hazard to residents.

8. A mirror in the bedroom or bedroom suite, unless contraindicated by a resident's condition.

(g) Toilet and Bathing Facilities. As a minimum, the following toilet and bathing facilities shall be provided.

1. For all residents' bedrooms, which do not have adjoining toilet and bathing facilities, plumbing fixtures shall be provided within the resident sleeping area according to the following ratios:

(i) Bathtubs or showers one per eight beds.

(ii) Lavatories one per six beds.

(iii) Toilets one per six beds.

2. When a semi-private bedroom is provided, the facility shall provide a means of privacy for dressing, bathing, and personal care. When common area bathrooms are provided, they shall be separated by partitions, curtains, or screens to provide for privacy in the baths and toilets.

3. Non-skid mats or equal surface treatment and safety handgrips or grab bars shall be provided in tubs, showers, and at each toilet fixture. Grab bars shall be installed in new Group and Congregate facilities to conform to the currently adopted building code.

(h) All essential mechanical, electrical,

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	P4507	A. BUILDING: ______ B. WING ______	11/10/2020

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and resident care equipment shall be clean and maintained in a safe operating condition.

(i) Bed and bath linens shall be clean and in good condition.

(j) Housekeeping and maintenance shall provide services necessary to maintain a sanitary, orderly, and comfortable interior.

This Rule is not met as evidenced by:
Based on observations and interviews the facility failed to clean and maintain all essential resident care equipment.

THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.

Findings:

The Alabama Department of Public Health received a complaint which alleged the resident's wheelchairs were dirty. While touring the ground floor of the facility the surveyor observed an accumulation of hair, dust, and dirt on the wheels of two (2) wheelchairs and one (1) rollator. On November 5, 2020, at 10:36 AM, the surveyor along with EI#2, DON, inspected the equipment together. EI#2 agreed the wheels on the wheelchairs for RI#2 and RI#5 and the wheels on the rollator for RI#3 were dirty and needed cleaning. EI#2 informed the surveyor the equipment was last cleaned on January 22, 2020, by a durable medical equipment company but the company had not returned since COVID restrictions were implemented. EI#1, Executive Director, told the surveyor housekeeping services

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A 803	Continued From page 16 would immediately be assigned the task of cleaning the resident's equipment.	A 803		
A1101	420-5-20-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All specialty care 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 place. (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. 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 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. (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.	A1101		

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(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.

(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:

1. Minimizes leaks and spills.

2. Adequately protects against inappropriate access.

3. Complies with the requirements of the currently adopted Life Safety Code.

(f) Fire Alarm and Sprinkler System.

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).

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.

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A1101	Continued From page 18 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct monthly fire drills as required. Findings: On November 9, 2020, at 9:40 AM, the surveyor reviewed the facility's fire drill reports for 2019, and 2020, with EI#3, Maintenance Director. EI#3 acknowledged there was no documentation for a fire drill due the month of October 2019. EI#3 informed the surveyor he (EI#3) was not in charge of the drills at that time. DEBRA FREEMAN, REGISTERED NURSE	A1101		