

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P6305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/14/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PATHWAYS MEMORY CARE OF TUSCALOOSA SPECI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5001 OLD MONTGOMERY HIGHWAY EASTSIDE, AL 35404</b>
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A 000	<p>Initial Comments</p> <p>On July 14, 2022, an unannounced licensure survey and complaint investigation was conducted for this 56 bed Specialty Care Assisted Living Facility (SCALF) with a census of 35.</p> <p>There were five (5) complaints investigated during this survey. LC#20200507008, LC#20220405004 and LC#20220615018 were unsubstantiated. A portion of LC#20200321001 was substantiated and a deficiency was cited as a result of the complaint investigation. LC#20220630007 was substantiated with no deficiencies 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 406	<p>420-5-20-.04 (9) Personnel.</p> <p>(9) 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. An RN shall identify staff training needs and shall provide or arrange for needed training. 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 members receive training on the subject matter</p>	A 406		

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

TITLE

(X6) DATE

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A 406	<p>Continued From page 1</p> <p>listed below:</p> <ol style="list-style-type: none"> <li>1. State law and rules on specialty care assisted living facilities.</li> <li>2. Facility policies and procedures.</li> <li>3. Resident rights.</li> <li>4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.</li> <li>5. Identifying and reporting abuse, neglect, and exploitation.</li> <li>6. Basic first aid.</li> <li>7. Advance directives.</li> <li>8. Protecting resident confidentiality.</li> <li>9. Resident fire and environmental safety.</li> </ol> <p>(b) Prior to providing any resident care, all staff shall complete The Dementia Education and Training Act (DETA) Care Series Training developed by the Alabama Department of Mental Health or equivalent training approved by the State Health Officer. All licensed staff shall complete DETA Brain Series Training, The Pharmacological Management of Dementia, and the Dementia Assessment Series provided by the DETA Program or equivalent training approved by the State Health Officer prior to resident contact. Documentation of all staff training to include</p>	A 406		

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A 406	<p>Continued From page 2</p> <p>attendance records and any required post-test or evaluations shall be maintained.</p> <p>(c) All staff who have resident contact shall be able to demonstrate diversional methods and redirection. All staff shall be able to demonstrate an understanding of the implications of caring for residents with agnosia, amnesia, aphasia, and apraxia. All staff shall be able to demonstrate an understanding of the facility's fire and evacuation plan and all other policies regarding safety, including policies for preventing elopements, responding to elopements, and fall prevention.</p> <p>(d) Cardiopulmonary Resuscitation. A specialty care assisted living facility 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 CPR. All employees of a specialty care 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. A specialty care 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 the American Red Cross in CPR or AED utilization.</p> <p>(e) If the facility admits or retains</p>	A 406		

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A 406	<p>Continued From page 3</p> <p>residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(f) 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 reviews and interviews, staff were not trained in special needs of residents.</p> <p>Findings:</p> <p>Review of employee files on July 12, 2022 revealed Employee Identifier (EI)#1, EI#3, EI#4, EI#10 and EI#13 had not received training in diabetes and hospice. Two residents of the facility were currently receiving hospice services and multiple residents had a diagnosis of diabetes.</p> <p>During an interview on July 12, 2022, EI#1 and EI#5 stated diabetes and hospice training had not been completed for employees but would be incorporated into initial training.</p>	A 406		
A 504	<p>420-5-20-.05 (3) (d) Records and Reports.</p> <p>(d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission, of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights</p>	A 504		

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A 504	<p>Continued From page 4</p> <p>fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate.</p> <ol style="list-style-type: none"> <li>1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility.</li> <li>2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints.</li> <li>3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy.</li> <li>4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time.</li> <li>5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.</li> <li>6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian</li> </ol>	A 504		

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A 504	<p>Continued From page 5</p> <p>authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.</p> <p>7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.</p> <p>8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.</p> <p>9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident.</p> <p>10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases.</p> <p>11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.</p> <p>12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.</p> <p>13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file.</p> <p>14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that:</p> <p>(i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care.</p> <p>(ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless</p>	A 504		

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A 504	<p>Continued From page 7</p> <p>the service is to be performed without compensation.</p> <p>(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.</p> <p>15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges.</p> <p>16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities.</p> <p>17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area.</p> <p>18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted.</p>	A 504		

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A 504	<p>Continued From page 8</p> <p>19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges.</p> <p>20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents.</p> <p>21. Every resident shall have the right to wear his or her own clothes, and to keep and use his or her own personal possessions, including toilet articles, except for personal possessions too large to be stored in the resident's room.</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours.</p> <p>24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file.</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility failed to post the state inspection report and</p>	A 504		

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A 504	<p>Continued From page 9</p> <p>resulting corrective action plan in a prominent location. In addition, the facility failed to post required names, telephone numbers and addresses of agencies and resources in a conspicuous location of a resident common area.</p> <p>Findings:</p> <p>During a tour of the facility on July 11, 2022, the surveyor was unable to locate the most recent state inspection report and corrective action plan. EI#1, Administrator, informed the surveyor the inspection report was not posted. EI#1 further stated she (EI#1) did not have a copy of the most recent corrective action plan that was written prior to her (EI#1's) arrival at the facility. At the request of the surveyor a copy of the corrective action plan was emailed to EI#1 from the assisted living department.</p> <p>Also, on July 11, 2022, the surveyor was unable to locate postings of the name, telephone number and address of the Department's Bureau of Health Provider Standards, the local Ombudsman, the Department of Human Resources and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. EI#1 acknowledged this information was posted on the assisted living unit in the same building but was not posted in the SCALF.</p>	A 504		
A 508	<p>420-5-20-.05 (3) (h) Records and Reports.</p> <p>(h) Incident Investigation. When an incident, as defined below, occurs in a specialty care assisted living facility, the facility</p>	A 508		

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A 508	<p>Continued From page 10</p> <p>administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review.</p> <p>1. Incidents which require investigation are:</p> <p>(i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as extensive bruising, pain, or injury that is not consistent with actions necessary in providing day-to-day care to a resident or for which medical treatment was sought.</p> <p>(ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid including but not limited to a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office.</p> <p>(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.</p> <p>(iv) Elopement by a resident.</p> <p>(v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.</p>	A 508		

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A 508	<p>Continued From page 11</p> <p>(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.</p> <p>(viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).</p> <p>(ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(xi) An unplanned occurrence that results in media attention.</p> <p>(xii) A medication error, overdose, or over sedation.</p> <p>(xiii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p>	A 508		

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A 508	<p>Continued From page 12</p> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <ul style="list-style-type: none"> <li>(i) Names of all residents involved.</li> <li>(ii) Names of all staff involved including person in charge at the time of the incident.</li> <li>(iii) When the administrator was notified (date and time).</li> <li>(iv) Circumstances under which the incident occurred.</li> <li>(v) When the incident occurred (date and time).</li> <li>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</li> <li>(vii) Immediate actions taken.</li> <li>(viii) The extent and description of injury, if any, to the affected resident or residents.</li> <li>(ix) Immediate treatment rendered.</li> <li>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</li> <li>(xi) Names, telephone numbers, and addresses of witnesses.</li> <li>(xii) Date and time relatives or sponsor were notified.</li> <li>(xiii) Out-of-facility treatment.</li> </ul>	A 508		

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NAME OF PROVIDER OR SUPPLIER  <b>PATHWAYS MEMORY CARE OF TUSCALOOSA SPECI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5001 OLD MONTGOMERY HIGHWAY EASTSIDE, AL 35404</b>
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A 508	<p>Continued From page 13</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p> <p>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.</p> <p>(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation.</p> <p>(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.</p> <p>(xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies.</p> <p>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.</p> <p>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:</p> <p>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention.</p> <p>(ii) Elopement by a resident.</p>	A 508		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P6305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/14/2022</b>
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A 508	<p>Continued From page 14</p> <p>(iii) Suspected, alleged, confessed, witnessed, or actual abuse, neglect, or exploitation of a resident or residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file.</p> <p>(iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(vi) An unplanned occurrence that results in media attention.</p> <p>(vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.</p> <p>(viii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(ix) Notifiable diseases and health conditions listed in Appendix I to Alabama Administrative Code Sec. 420-4-1-.04. shall also be reported by the facility to the State Health</p>	A 508		

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A 508	<p>Continued From page 15</p> <p>Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than three years.</p> <p>(x) Any indication of a malfunction of the sprinkler system, fire alarm system, or a door locking device.</p> <p>4. The report to the Department's Online Incident Reporting System shall include the following:</p> <p>(i) Facility name and direct phone number.</p> <p>(ii) Time and date of the report.</p> <p>(iii) Reporter's name.</p> <p>(iv) Name of resident(s), staff, or visitor(s) involved in the incident.</p> <p>(v) Names of staff on duty at the time of the incident.</p> <p>(vi) Date and time of the incident.</p> <p>(vii) A brief description of the incident.</p> <p>(viii) Any injury or injuries to resident(s).</p> <p>(ix) Action taken by the facility in response to the incident.</p> <p>(i) Vital Statistics Reports. A record shall</p>	A 508		

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A 508	<p>Continued From page 16</p> <p>be kept of all births, deaths, and stillbirths that occur within the specialty care assisted living facility. By the fifth day of each month, the administrator shall make a report of such births, deaths, and stillbirths for the preceding month on such forms as the State Board of Health shall provide to the county health officer, or in counties without a county health officer, to the State Registrar. This report shall be in addition to the official birth, death, and stillbirth certificates. If there are no births, deaths, or stillbirths in any month, a report shall be made stating that fact to the county health officer.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report a case of potential health importance to the Department's Online Incident Reporting System (OIRS) within 24 hours of the diagnosis (Code 420-4-1-.04).</p> <p>Findings:</p> <p>Review of the OIRS, by the surveyor, on July 11, 2022 revealed no positive cases of COVID-19 had been reported by the facility for the month of June 2022. On July 11, 2022, the surveyor was informed, by EI#3 and EI#4, there had been multiple cases of COVID-19 recently at the facility. A list of positive COVID-19 cases at the facility was provided to the surveyor by EI#1. The list revealed sixteen (16) positive COVID-19 cases in the SCALF for the month of June 2022. EI#1 stated the positive cases had not been reported to the OIRS as required.</p>	A 508		

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A 601	Continued From page 17	A 601		
A 601	<p>420-5-20-.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 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 other emergency call).</p> <p>(b) Back-up Physician Support. Each specialty care 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 a specialty care 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</p>	A 601		

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A 601	<p>Continued From page 18</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, facility staff failed to follow physicians' orders for administration of residents' medications and for a resident's care.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>Resident Identifier (RI)#1</p> <p>Review of resident records on July 14, 2022 revealed the following information. RI#1 was admitted to the facility on August 12, 2016 and had diagnoses which included vascular dementia, hypertension, history of cerebrovascular accident, peripheral vascular disease, congestive heart failure and depression with anxiety. Refer to deficiencies 602 and 611 for additional information on RI#1. On February 16, 2022, the physician ordered compression socks during</p>	A 601		

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A 601	<p>Continued From page 19</p> <p>waking hours for RI#1 "to promote venous return". RI#1 was observed up and about in the wheelchair on July 11, 12 and 13, 2022 without compression socks.</p> <p>When asked about the compression socks on July 14, 2022, EI#3 stated RI#1 had probably refused the socks and agreed a physician's order should be obtained to discontinue the socks.</p> <p>RI#12</p> <p>The Alabama Department of Public Health received a complaint which alleged RI#12 did not receive Lasix (fluid pill) as ordered when swelling occurred, resulting in RI#12 being admitted to the hospital. Surveyors were able to substantiate the complaint during the onsite survey.</p> <p>Review of resident records on July 12 and 13, 2022 revealed the following information. RI#12 was admitted to the facility on August 21, 2019 and had diagnoses which included dementia, hypertension, atrial fibrillation, congestive heart failure, coronary artery disease and hyperlipidemia. RI#12 was discharged from the facility on June 29, 2020. Lasix 20 milligrams daily was ordered for RI#12 upon admission to the facility. On January 7, 2020, a Physician Communication to RI#12's physician read, "Resident has swelling to ankles and feet. Resident is already taking 20 mg. of Lasix. Resident's daughter stated that doctor prescribed a higher dose of Lasix when this occurs. Please review and advise". On January 8, 2020, RI#12's physician responded as follows, "May take extra 20 mg. Lasix every am as needed if feet are more swollen than usual". After RI#12's physician was notified of the swelling and a physician's order was obtained for additional Lasix, the increased</p>	A 601		

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A 601	<p>Continued From page 20</p> <p>dose of Lasix was never administered to RI#12, according to documentation on the Medication Administration Record (MAR). RI#12 was admitted to the hospital on March 18, 2020 due to exacerbation of congestive heart failure.</p> <p>During interviews on July 13, 2022, both EI#1 and EI#2 agreed RI#12's medication had not been administered as ordered by the physician.</p> <p>RI#14</p> <p>Review of resident records on July 12 and 13, 2022 revealed the following information. RI#14 was admitted to the facility on September 7, 2021 with diagnoses which included vascular dementia, coronary artery disease, hyperlipidemia, hypertension, pre-diabetes, bradycardia, bipolar disorder and psychosis. RI#14 was admitted to the hospital on June 24, 2022 and passed away in the hospital on July 5, 2022. Documentation on RI#14's MAR for June 2022 revealed numerous doses of RI#14's medications were not administered due to RI#14's refusal, RI#14 sleeping or the medication not being available. These medications included: Amlodipine (14 missed doses); Aspirin (14 missed doses); Atorvastatin (4 missed doses); Clopidogrel (13 missed doses); Docusate Sodium (13 missed doses); Furosemide (14 missed doses); Imdur (13 missed doses); Carvedilol (17 missed doses); Metoprolol (13 missed doses); Sertraline (12 missed doses); Tamsulosin (12 missed doses); Vitamin D3 (12 missed doses); Melatonin (3 missed doses); Invega (4 missed doses); Aricept (3 missed doses); Depakote (4 missed doses); Sertraline (12 missed doses). No documentation was found to indicate RI#14's physician was notified of all missed doses of RI#14's medications.</p>	A 601		

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A 601	Continued From page 21  During interviews on July 13, 2022, both EI#1 and EI#2 agreed RI#14's medications had not been administered as ordered by the physician and there was not documentation that RI#14's physician was aware of the omitted doses of medications.	A 601		
A 602	420-5-20-.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 a specialty care assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination, a physician currently licensed and 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. This examination is not required for a resident of a facility dually licensed as an assisted living facility and as a specialty care assisted living facility in those cases when the resident is transferred from the assisted living unit to the specialty care assisted living unit in the same 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.  2. Medication presently prescribed	A 602		

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A 602	<p>Continued From page 22</p> <p>(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"> <li>1. The resident's weight and vital signs.</li> <li>2. Changes in diagnoses.</li> <li>3. Changes in condition.</li> <li>4. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration).</li> <li>5. Changes in treatment.</li> </ol> <p>(c) Change of Condition Physical Examinations. Changes in the resident's</p>	A 602		

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A 602	<p>Continued From page 23</p> <p>condition that require a physician examination and result in a change in diagnoses, condition, 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"> <li>1. Changes in diagnoses.</li> <li>2. Changes in condition.</li> <li>3. Changes in medications prescribed (name, dosage and strength of drug, frequency, and route of administration).</li> <li>4. Changes in treatment.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, residents' Medical Examination Records did not contain required information.</p> <p>Findings:</p> <p>Review of residents' records on July 13 and 14, 2022 revealed the following deficiencies.</p> <p>RI#1 had resided at the facility since August 12, 2016. Refer to deficiencies 601 and 611 for additional information on RI#1. RI#1's Annual Physical Examination, dated April 15, 2022, did not contain RI#1's vital signs.</p>	A 602		

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A 602	<p>Continued From page 24</p> <p>RI#2 was admitted to the facility on March 9, 2022 with diagnoses which included diabetes, coronary artery disease, dementia, macrocytic anemia and thrombocytopenia. Refer to deficiency 604 for additional information on RI#2. RI#2's Initial Physical Examination, dated March 7, 2022, did not contain RI#2's vital signs.</p> <p>RI#3 was admitted to the facility on July 22, 2021 with diagnoses which included vascular dementia without behavioral disturbance, ischemic stroke, frequent falls, prostate cancer, poor personal hygiene and dehydration. Refer to deficiencies 604 and 612 for additional information on RI#3. RI#3's Annual Physical Examination, dated June 15, 2022, did not contain RI#3's vital signs.</p> <p>When interviewed on July 14, 2022, EI#3 agreed these Medical Examination Records were incomplete.</p>	A 602		
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> <p>Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the</p>	A 604		

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NAME OF PROVIDER OR SUPPLIER  <b>PATHWAYS MEMORY CARE OF TUSCALOOSA SPECI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5001 OLD MONTGOMERY HIGHWAY EASTSIDE, AL 35404</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 604	<p>Continued From page 25</p> <p>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> <p>(ii) A significant weight loss is defined as</p>	A 604		

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A 604	<p>Continued From page 26</p> <p>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> <p>This Rule is not met as evidenced by:</p>	A 604		

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A 604	<p>Continued From page 27</p> <p>Based on record reviews and interviews, facility nurses failed to adequately assess residents to determine facility eligibility and when significant changes occurred in residents' status.</p> <p>Findings:</p> <p>Review of resident records on July 13 and 14, 2022 revealed the following information.</p> <p>RI#2 had resided at the facility since March 9, 2022, following an elopement from the assisted living facility in the same building. Refer to deficiency 602 for additional information on RI#2. No clinical history, mental status examination, aphasia screening, depression screen, PSMS, behavior screen and comprehensive assessment were documented for RI#2 to determine facility eligibility. A PSMS and behavior screen were not documented for RI#2 upon admission to the facility.</p> <p>RI#3 had resided at the facility since July 22, 2021. Refer to deficiencies 602 and 612 for additional information on RI#3. No clinical history, aphasia screening, depression screen, PSMS, behavior screen and comprehensive assessment were documented for RI#3 to determine facility eligibility. Monthly assessments of RI#3 for January, February, March, April and May 2022 were documented by a Licensed Practical Nurse (LPN), not by a Registered Nurse (RN) as required.</p> <p>RI#4 was admitted to the facility on April 8, 2021 with diagnoses which included cerebral infarction, diabetes II with hyperglycemia, vascular dementia, ischemic heart disease and hyperlipidemia. Refer to deficiencies 611 and 612 for additional information on RI#4. No monthly</p>	A 604		

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A 604	<p>Continued From page 28</p> <p>assessments of RI#4 had been documented since February 2022.</p> <p>RI#5 was admitted to the facility on July 9, 2011 and had diagnoses which included acute respiratory failure with hypoxia, renal insufficiency, pulmonary embolism, adrenal adenoma, hypertension, hyperlipidemia, coronary artery disease, osteoarthritis and adjustment disorder. RI#5 was currently receiving hospice services at the facility. Monthly assessments of RI#5 were documented for 2022 but the entries were not signed and it was unknown if the entries were documented by a RN. RI#5 sustained a significant weight loss of 9 percent in July 2022 (155 pounds in June 2022 and 140.9 pounds in July 2022). No comprehensive assessment, PSMS and behavior screen were documented for RI#5 when this significant change occurred.</p> <p>RI#6 was admitted to the facility on August 26, 2021 and had diagnoses which included severe dementia, severe hearing loss, mild depression, vitamin deficiency, hyperlipidemia, vertigo and speech deficit. Refer to deficiency 612 for additional information on RI#6. No aphasia screening, depression screen, clinical history, PSMS, behavior screen and comprehensive assessment were documented to determine RI#6's facility eligibility. Monthly assessments of RI#6 were documented but the entries were not signed and it was unknown if the assessments were completed by a RN.</p> <p>RI#7 was admitted to the facility on November 23, 2021 and had diagnoses which included alcohol-induced dementia with behavioral disturbance, hypertension, low back pain, hyperlipidemia and anemia. Refer to deficiency 611 for additional information on RI#7. RI#7</p>	A 604		

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A 604	<p>Continued From page 29</p> <p>tested positive for COVID-19 at the facility on June 16, 2022. No comprehensive assessment, PSMS and behavior screen were documented for this significant change.</p> <p>RI#8 was admitted to the facility on March 23, 2022 and had diagnoses which included dementia and angina. Refer to deficiencies 611 and 612 for additional information on RI#8. RI#8 eloped from the facility on April 25, 2022. No comprehensive assessment, PSMS and behavior screen were documented when this significant change occurred.</p> <p>RI#10 was admitted to the facility on March 31, 2022 with diagnoses which included acute cystitis, acute respiratory failure with hypoxia, encephalopathy, dementia, bradycardia, primary thrombocytopenia and sepsis. RI#10 passed away on July 8, 2022. Documentation in RI#10's facility record revealed RI#10 sustained falls at the facility on June 7, 2022 and again on June 13, 2022 (two falls in less than 30 days). In addition, RI#10 tested positive for COVID-19 at the facility on June 16, 2022. No comprehensive assessment, PSMS and behavior screen were documented when these significant changes occurred.</p> <p>The inadequate assessment and health supervision of residents was discussed with EI#1, EI#2 and EI#3 on July 14, 2022. EI#1 stated EI#3, RN, and EI#4, RN, were newly hired at the facility and planned to bring the facility to compliance with residents' assessments.</p>	A 604		
A 611	<p>420-5-20-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The</p>	A 611		

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A 611	<p>Continued From page 30</p> <p>facility shall provide care and services consistent with community standards.</p> <p>(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.</p> <p>(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.</p> <p>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:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's</p>	A 611		

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A 611	<p>Continued From page 31</p> <p>certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(iii) Hair. Residents' hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p>	A 611		

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A 611	<p>Continued From page 32</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, facility RNs failed to maintain resident care plans which contained interventions to meet the current care needs of the residents.</p> <p>Findings:</p> <p>RI#1 had resided at the facility since August 12, 2016. Refer to deficiencies 601 and 602 for additional information on RI#1. RI#1 was observed throughout the onsite survey using a wheelchair for mobility. RI#1 would ambulate short distances but primarily used the wheelchair. RI#1's facility care plan, dated November 4, 2021, read "...Transfers/Ambulation-Resident ambulated with the use of a walker...". A second care plan entry under "Falls" read "...Resident/staff was educated on the importance of utilizing rolling walker...". RI#1's care plan did not address the use of a wheelchair. A physician's order for RI#1, dated February 16, 2022, read "Patient has clinical signs of chronic venous stasis disease. Recommend compression socks during waking hours to promote venous return...". The use of compression socks was not listed on RI#1's facility care plan and RI#1 was not observed wearing compression socks during the onsite survey. In addition, RI#1 tested positive for COVID-19 at the facility on June 26, 2022. RI#1's facility care plan was not updated with appropriate interventions following these significant changes in condition.</p> <p>RI#4 had resided at the facility since April 8, 2022. Refer to deficiencies 604 and 612 for</p>	A 611		

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A 611	<p>Continued From page 33</p> <p>additional information on RI#4. Documentation in RI#4's facility record revealed RI#4 sustained falls at the facility on February 25, 2022, on May 2, 2022 and on June 24, 2022. RI#4's facility care plan had not been updated from January 21, 2022 until June 25, 2022. The intervention on June 25, 2022 read "...Staff to monitor resident's gait/balance to evaluate need for PT/OT referral...". No specific interventions were documented and implemented following each fall to prevent a recurrence.</p> <p>RI#7 had resided at the facility since November 23, 2021. Refer to deficiency 604 for additional information on RI#7. RI#7 tested positive for COVID-19 at the facility on June 16, 2022. This significant change in condition was not addressed on RI#7's facility care plan. In addition, RI#7 was seen constantly during the onsite survey with another resident. On July 11, 2022, EI#3 reported to the surveyor that facility staff had to monitor RI#7 closely because RI#7 believed RI#7 and the other resident were partners and the two residents had been found in RI#7's room, attempting to get into bed. This behavior was not addressed on RI#7's facility care plan.</p> <p>The care plan deficiencies were discussed with EI#1 and EI#3 on July 14, 2022. EI#1 stated EI#3, RN, and EI#4, RN, were newly hired and would address the care plan issues to bring the facility to compliance.</p>	A 611		
A 612	<p>420-5-20-.06 (4) (c) (d) (e) (f) Care of Residents.</p> <p>(c) Activity Program. There shall be an activity program designed to meet the individual needs of each resident. The facility shall maintain</p>	A 612		

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A 612	<p>Continued From page 34</p> <p>supplies and equipment as necessary to implement the activity programs. Every day the facility shall provide activities appropriate to residents with dementia. Residents who have wandering behaviors shall have a documented activity program to manage this behavior.</p> <p>(d) Pets residing at the facility or used in activity programs shall be in good health and shall have current vaccinations as required by law. Vaccination certificates, or copies of vaccination certificates, shall be kept on file at the facility to demonstrate compliance with this requirement.</p> <p>(e) Mail, Telegrams, and Other Communications.</p> <p>1. Incoming mail, telegrams, and other written communications addressed to the resident shall be delivered to the resident unopened. Outgoing mail shall be promptly delivered to regular postal channels upon receipt from the resident. Residents shall be permitted to receive telephone calls at the facility in complete privacy.</p> <p>2. Personnel of the facility shall assist residents with communications, such as writing letters or assisting with writing letters, or reading mail out loud if requested to do so.</p> <p>(f) Appointments. Residents shall be assisted in making and keeping appointments.</p> <p>This Rule is not met as evidenced by:</p>	A 612		

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A 612	<p>Continued From page 35</p> <p>Based on observations, interviews and record reviews, no specific activity program was designed and documented for each resident who demonstrated wandering behaviors.</p> <p>Findings:</p> <p>Interviews with facility staff and observations during the onsite survey revealed several current residents demonstrated wandering behaviors and two residents (RI#3 and RI#8) had eloped from the facility. RI#4 and RI#6 were observed frequently wandering about the facility. Although elopement risk had been identified as a problem on residents' care plans, there was no documentation in these residents' facility records of a specific activity program for staff to follow to redirect the residents and prevent elopement. During an interview on July 14, 2022, EI#3 verbalized understanding of the need for specific documented interventions to address wandering behaviors and stated interventions would be developed for each individual resident.</p>	A 612		
A 702	<p>420-5-20-.07 (2) Food Service.</p> <p>(2) Food Handling Procedures.</p> <p>(a) Dish and Utensils Washing, Disinfection, and Storage.</p> <p>1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.</p> <p>2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the</p>	A 702		

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A 702	<p>Continued From page 36</p> <p>following methods:</p> <p>(i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or</p> <p>(ii) A cold water sanitizer: A sanitizing solution shall be used in accordance with the manufacturers' instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach or its equivalent or 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.</p> <p>3. Dishes and utensils shall be allowed to air dry.</p> <p>4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.</p> <p>5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above,</p>	A 702		

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A 702	<p>Continued From page 37</p> <p>as documented in material provided from the manufacturer and kept on file at the facility.</p> <p>(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop shall be stored in a holder inside the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.</p> <p>(c) Protection of Food from Contamination.</p> <p>1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage backflow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.</p> <p>2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator nor in other areas used for storage of food.</p> <p>3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.</p> <p>4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall maintain at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.</p>	A 702		

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NAME OF PROVIDER OR SUPPLIER  <b>PATHWAYS MEMORY CARE OF TUSCALOOSA SPECI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5001 OLD MONTGOMERY HIGHWAY EASTSIDE, AL 35404</b>
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A 702	<p>Continued From page 38</p> <p>5. All leftover foods shall be labeled and dated with a "use by date," so that it may be consumed or discarded by that date, which is no more than three days from the date is was prepared.</p> <p>6. All food products shall be used by the manufacturer's indicated date or discarded.</p> <p>7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used so that food is not contaminated in transport and foods that are transported are held and served at the appropriate temperature at all times.</p> <p>8. Hot food shall be maintained at a minimum temperature of 135 degrees Fahrenheit and cold foods at a maximum temperature of 41 degrees Fahrenheit.</p> <p>9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods).</p> <p>10. Laundry shall not be brought through the food preparation or service area.</p>	A 702		

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A 702	<p>Continued From page 39</p> <p>(d) Storage and Service of Milk and Ice Cream.</p> <p>1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use.</p> <p>2. Milk and fluid milk products shall be stored in such a manner that bottles or containers from which the milk or milk product is to be poured or drunk will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.</p> <p>3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.</p> <p>(e) Kitchen Garbage and Trash Handling.</p> <p>1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.</p>	A 702		

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A 702	<p>Continued From page 40</p> <p>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.</p> <p>(f) Employees' Cleanliness.</p> <p>1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.</p> <p>2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.</p> <p>3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.</p> <p>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.</p> <p>(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.</p> <p>(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in Congregate assisted living facilities.</p>	A 702		

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A 702	<p>Continued From page 41</p> <p>(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.</p> <p>(k) Laundering of clothing shall not be permitted in food preparation or service areas.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to follow proper food handling procedures in the kitchen.</p> <p>Findings:</p> <p>The surveyor inspected the kitchen on the afternoon of July 12, 2022, with EI#6, Dietary Director. The surveyor observed the leftover food in the refrigerator was labeled with the prepared date rather than the required "use by date", EI#6 said she (EI#6) was not aware this was a rule but would immediately start writing the use by date on the label, which is no more than 3 days from the date the food was prepared.</p>	A 702		
A1101	<p>420-5-20-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(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.</p>	A1101		

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A1101	<p>Continued From page 42</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. 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.</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"> <li>1. Minimizes leaks and spills.</li> <li>2. Adequately protects against inappropriate access.</li> <li>3. Complies with the requirements of the currently adopted Life Safety Code.</li> </ol>	A1101		

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A1101	<p>Continued From page 43</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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, fire drills were not performed monthly and quarterly on each shift.</p>	A1101		

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A1101	Continued From page 44  Findings:  The facility's fire and safety documentation was reviewed on July 12, 2022 with EI#7, Maintenance Director. There were no fire drills documented for the following months:  2022 Second Quarter - April. 2021 Third and Fourth Quarter - August, September, October, November, and December.  EI#7, stated he (EI#7) had just started as the interim Maintenance Director on June 17, 2022. EI#7 said he (EI#7) had been assisting the previous Maintenance Director, but could not locate the missing monthly fire drills for the facility.	A1101		
A1203	420-5-20-.12 (5) Physical Environment.  (5) General Building Requirements - Group and Congregate.  (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly.  (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit.  (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics,	A1203		

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A1203	<p>Continued From page 45</p> <p>storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms.</p> <p>(d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length 16 mesh screens. Screen doors shall be equipped with self-closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All specialty care assisted living facilities shall provide an emergency artificial lighting system to adequately illuminate halls, corridors, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p> <p>(f) Floors.</p> <p>1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish.</p> <p>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.</p> <p>(g) Walls and Ceilings. All walls and</p>	A1203		

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A1203	<p>Continued From page 46</p> <p>ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair.</p> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. Windows in specialty care facilities may have devices which prevent full opening of the window.</p> <p>(i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes.</p> <p>(j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30 - 36 inches above the floor and returned to the wall at each end.</p> <p>(k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purposes. All walls and doors under stairs shall meet the same fire rating as the stairwell.</p> <p>(l) Doors.</p> <p>1. In each new specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom shall swing into the bedroom.</p> <p>2. Bedroom and bathroom doors may be equipped with hardware that will permit a</p>	A1203		

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A1203	<p>Continued From page 47</p> <p>resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location.</p> <p>3. Resident bedroom and other exit access doors in specialty care assisted living facility shall be at least three feet wide.</p> <p>4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special Requirements portion of this section.</p> <p>5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down.</p> <p>(m) Ventilation. The building shall be well ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility.</p> <p>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.</p> <p>1. Each fire extinguisher shall receive</p>	A1203		

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A1203	<p>Continued From page 48</p> <p>an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance.</p> <p>2. A visual inspection of each fire extinguisher shall be conducted monthly by a designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. A central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard.</p> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(q) Fireplaces and inserts shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens or doors.</p> <p>(r) Exit marking. In all facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power.</p>	A1203		

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A1203	<p>Continued From page 49</p> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation.</p> <p>2. Open flame and portable heaters are prohibited in specialty care assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</p> <p>3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all specialty care assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain level floors that were smooth and free of cracks. In addition, the facility failed to visually inspect each fire extinguisher monthly.</p> <p>Findings:  Flooring</p> <p>During a tour of the facility on July 11, 2022, the surveyor and EI#1 observed the floor at the</p>	A1203		

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NAME OF PROVIDER OR SUPPLIER  <b>PATHWAYS MEMORY CARE OF TUSCALOOSA SPECI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5001 OLD MONTGOMERY HIGHWAY EASTSIDE, AL 35404</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
A1203	<p>Continued From page 50</p> <p>entrance to Resident Room #206. Approximately one foot inside the room the flooring was raised and had cracked, causing a trip hazard. EI#1 stated new flooring had been ordered. However, the current flooring continued to present a hazard to residents and staff until a replacement was installed. EI#7, Maintenance, observed the floor with the surveyor on July 12, 2022 and agreed the floor needed to be replaced.</p> <p>Fire Extinguisher</p> <p>During a tour of the facility on July 11, 2022, the surveyor observed the fire extinguisher in the hallway near Resident Room #225. The tag attached to the fire extinguisher documented the last monthly check by the facility as April 2022. On July 12, 2022, EI#7, Maintenance, observed the fire extinguisher and agreed monthly checks had not been documented as required.</p> <p>CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE</p>	A1203		