

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D3772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2022
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NAME OF PROVIDER OR SUPPLIER PEACHTREE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3740 EAGLE DRIVE TRUSSVILLE, AL 35173
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A 000	<p>Initial Comments</p> <p>On August 17, 2022, an unannounced licensure survey and complaint investigation was conducted for this 32 bed Assisted Living Facility (ALF) with a census of 23.</p> <p>There were five (5) complaints investigated during this survey. LC#20220803003 and LC#20201210019 were investigated and portions of the complaints were substantiated with deficiencies cited as a result of the complaint investigations. LC#20220105031, LC#20210826018 and LC#20190807001 were unsubstantiated with no deficiencies cited as a result of the complaint investigations.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 402	<p>420-5-4-.04 (3) Personnel.</p> <p>(3) Employee Screening.</p> <p>(a) Prior to any resident contact, such as but not limited to assistance with activities of daily living, newly employed personnel shall have a physical examination certifying that the employee is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to residents through normal staff to resident contact. Employees who develop signs or symptoms of infectious skin lesions or diseases that would be capable of transmission to residents through normal staff to resident</p>	A 402		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 402	<p>Continued From page 1</p> <p>contact shall not be permitted to have resident contact until free from such signs and symptoms.</p> <p>(b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis.</p> <p>(c) Vaccines. Assisted living facilities shall immunize employees in accordance with current recommended Centers for Disease Control and Prevention (CDC) guidelines (www.cdc.gov/vaccines). Any particular vaccination requirement may be waived or delayed by the State Health Officer in the event of a vaccine shortage.</p> <p>(d) An assisted living facility shall not hire an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to screen potential employees for abuse prior to hire.</p> <p>Findings:</p> <p>Review of employee files on August 16, 2022 revealed the following employees were not screened through the Alabama Department of Public Health Nurse Aide Abuse Registry prior to hire. Employee Identifier (EI)#2 was hired at the facility on May 20, 2022 and screened for abuse on May 26, 2022. EI#8 was hired at the facility on July 12, 2022 and screened for abuse on July 15, 2022. EI#1 agreed the abuse screenings had not been completed prior to hire of the employees.</p>	A 402		

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A 604	<p>420-5-4-.06 (3) (a) (b) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments.</p> <p>(b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and procedures, the monthly assessment shall:</p> <ol style="list-style-type: none"> 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half or greater weight loss in a period of three months or less, or a ten percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician. 3. Document identified changes in resident status. 4. Assess the appropriateness of each resident's plan of care. Any decline in resident 	A 604		

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A 604	<p>Continued From page 3</p> <p>status requires immediate implementation and documentation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to assess each resident at least monthly to identify changes in the resident's status and assess the resident's ability to protect self from medication errors.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged residents were unable to recognize their names on medications. This complaint was substantiated for one resident during the onsite survey.</p> <p>Review of residents' records on August 17, 2022 revealed the following information.</p> <p>Resident Identifier (RI)#1 was admitted to the facility on June 3, 2020 and had diagnoses which included rheumatoid arthritis, dementia and major cognitive disorder. In the year 2022, only one monthly assessment had been documented for RI#1 (April 2022).</p> <p>RI#2 was admitted to the facility on February 5, 2021 and had diagnoses which included chronic hypertension and chronic kidney disease. In the year 2022, only one monthly assessment had</p>	A 604		

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A 604	<p>Continued From page 4</p> <p>been documented for RI#2 (April 2022).</p> <p>RI#5 was admitted to the facility on July 9, 2021 and had diagnoses which included history of transischemic attacks, anxiety, Parkinson's disease, diabetes mellitus type II, hypertension, hyperlipidemia, hypothyroidism, atherosclerotic cardiovascular disease and gastroesophageal reflux disorder. In the year 2022, only three monthly assessments had been documented for RI#5 (April, June and July 2022).</p> <p>RI#6 was admitted to the facility on April 15, 2021 and had diagnoses which included diabetes mellitus type II, vascular dementia and congestive heart failure. Refer to deficiency 611 for additional information on RI#6. No monthly assessments had been documented for RI#6 during the year 2022.</p> <p>RI#7 was admitted to the facility on October 28, 2020 and had diagnoses which included chronic kidney disease, sciatica, metabolic encephalopathy, insomnia, situational depression, bipolar disorder, diabetes mellitus type II, hypertension, gastroesophageal disorder, hypothyroidism, congestive heart failure, dementia and convulsions. No monthly assessments had been documented for RI#7 during the year 2022.</p> <p>RI#8 was admitted to the facility on October 28, 2014 and had diagnoses which included chronic obstructive pulmonary disease, dementia, insomnia, depression, osteoarthritis, weakness, hypothyroidism, urinary retention, chronic kidney disease stage 3, hyperlipidemia and osteoporosis. Refer to deficiencies 606, 611, 613 and 614 for additional information on RI#8. During the year 2022, only three monthly</p>	A 604		

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A 604	<p>Continued From page 5</p> <p>assessments had been documented for RI#8 (April, June and July 2022). In addition, no weights were documented for RI#8 in April and May 2022. A note on the Monthly Resident Evaluation for RI#8, dated April 18, 2022, read "unable to obtain weight". Also, RI#8 was not assessed in January, February, March, April and May 2022 to determine RI#8's ability to protect self from medication errors. When tested on August 16, 2022 by EI#1, EI#8 could not correctly identify medications and was unable to protect self from a medication error, substantiating the complaint received.</p> <p>On August 17, 2022, the surveyor discussed monthly assessments with EI#1, Administrator. EI#1 stated she (EI#1) knew the assessments had been completed and documented but she (EI#1) was unable to locate the documentation. EI#1 agreed RI#8 had not been properly assessed to determine RI#8's ability to direct medication assistance.</p>	A 604		
A 606	<p>420-5-4-.06 (3) (d) Care of Residents.</p> <p>(d) Services Beyond Capability of Assisted Living Facility. Whenever a resident requires hospitalization, medical, nursing, or other care beyond the capabilities and facilities of the assisted living facility, arrangements shall be made to discharge the resident to an appropriate setting, or to transfer the resident promptly to a hospital or other health care facility able to provide the appropriate level of care.</p>	A 606		

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A 606	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to promptly discharge or transfer a resident who required care beyond the capabilities of the assisted living facility.</p> <p>Findings:</p> <p>RI#8 had resided at the facility since October 28, 2014. Refer to deficiencies 604, 611, 613 and 614 and for additional information on RI#8. Observations of RI#8 during the onsite survey revealed RI#8 was bed to chair bound, requiring one or two person assistance with transfers, was unable to ambulate, required assistance/encouragement for turning when in bed, required oxygen use which was managed by facility staff, required meal set-up and was totally dependent on facility staff for personal care. RI#8 slept most of the time but would arouse when spoken to and would sit in wheelchair if placed in the chair by facility staff. RI#8 was currently receiving hospice services at the facility.</p> <p>On August 17, 2022, the surveyor observed three attempts by facility staff to allow RI#8 to utilize the unit dose packaging system. RI#8 was unable to identify medications and protect self from a medication error on all three attempts. Review of RI#8's facility record revealed RI#8 was also unsuccessful in identifying medications in June 2022 and July 2022. RI#8's inability to utilize the unit dose packaging system is further described in deficiency 614. RI#8 also required skilled care to administer medications and was noted to have coughing episodes after drinking and would chew up medications. Refer to deficiency 614.</p> <p>Review of RI#8's Resident Service Plan on August 17, 2022 revealed the following</p>	A 606		

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A 606	<p>Continued From page 7</p> <p>information. RI#8 required 2 person assistance to get up from chair, bed or on/off toilet and in/out of showers. RI#8 was resistive to bathing at times. RI#8 was not oriented to day, month and year. RI#8 was not oriented to city, state and place of residency. RI#8 was not able to utilize the call light system. RI#8 did not understand how to lock their door and use a key to unlock their door. RI#8 was unable to recall any of five objects listed (apple, pen, tie, house, cat). RI#8 would pick up items that may not belong to them and place the items in "special" areas that were difficult to find. RI#8 would pick up items from other residents plates and put them in his/her mouth. RI#8 had a tendency to wander without regards to safety of purpose. RI#8 was requiring more assistance with transfers due to not being able to stand and assist staff during transfers. RI#8 was becoming more resistive to care and had episodes of kicking and cursing when staff attempted to provide incontinence care. RI#8 had a severe cognitive impairment. RI#8 was at risk of falls due to decline in ability to stand and to assist with transfers. RI#8 was at risk of elopement due to cognitive impairment. RI#8 was at risk of skin breakdown due to decline in mobility status. This was the most recent Resident Service Plan for RI#8 and was dated July 5, 2022. Staff reported to the surveyor that RI#8 had declined during the past 1-2 months.</p> <p>No 30-day discharge notice had been issued to RI#8 at the time of the onsite survey. EI#1 stated she (EI#1) had been working with a social worker through the Department of Human Resources as well as a social worker through hospice to locate a higher level of care facility for RI#8 but she (EI#1) was unsure how long the process would take.</p>	A 606		

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A 611	Continued From page 8	A 611		
A 611	<p>420-5-4-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The 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. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.</p> <p>1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. 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>	A 611		

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A 611	<p>Continued From page 9</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 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 assisted living facilities 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. Resident's 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</p>	A 611		

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A 611	<p>Continued From page 10</p> <p>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> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain resident care plans which were current and contained appropriate interventions to meet the care needs of the residents. In addition, proper nail care was not provided for a resident.</p> <p>Findings:</p> <p>Care Plans</p> <p>RI#3 was admitted to the facility on August 31, 2021 and had diagnoses which included diabetes mellitus type II, dementia, hypertension, hypothyroidism, osteoporosis and hyperlipidemia. Review of RI#3's facility record on August 17, 2022 revealed RI#3 had sustained at least nine falls at the facility since January 2022. Although a new entry was documented on RI#3's care plan for each fall, the interventions for each fall were identical. No new interventions had been developed and implemented to prevent recurrence of the falls and protect RI#3 from injury.</p> <p>RI#6 had resided at the facility since April 15, 2021. Refer to deficiency 604 for additional information on RI#6. Review of RI#6's facility</p>	A 611		

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A 611	<p>Continued From page 11</p> <p>record on August 17, 2022 revealed RI#6 had sustained at least four falls at the facility from January 2022 through June 2022. Although a new entry was documented on RI#3's care plan for each fall, the interventions for each fall were identical. No new interventions had been developed and implemented to prevent recurrence of the falls and protect RI#6 from injury.</p> <p>RI#14 was admitted to the facility on November 24, 2021 and had diagnoses which included benign prostatic hypertrophy and hypothyroidism. RI#14 passed away at the facility on July 21, 2022. Review of RI#14's facility record on August 17, 2022 revealed RI#14 sustained seven falls at the facility from December 23, 2021 through July 5, 2022. RI#14's Resident Service Plan indicated RI#14 was legally blind and required assistance to ambulate due to blindness but refused to utilize the call system to obtain assistance when ambulating. Although a new entry was documented on RI#14's care plan for each fall, the interventions for each fall were identical. No new interventions had been developed and implemented to prevent recurrence of the falls and protect RI#14 from injury.</p> <p>Nail Care</p> <p>On the morning of August 16, 2022, the surveyor and EI#7 observed RI#8 in the bed. RI#8's fingernails were long and contained brown residue underneath all nails. EI#1 immediately sent EI#5 to trim and clean RI#8's fingernails.</p>	A 611		
A 613	420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.	A 613		

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A 613	<p>Continued From page 12</p> <p>(5) Medications.</p> <p>(a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination.</p> <p>(b) A physician order is required for a resident to manage and have custody of his or her own medications.</p> <p>(c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.</p> <p>(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.</p> <p>(e) A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication</p>	A 613		

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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 613	<p>Continued From page 13</p> <p>administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged.</p> <p>This Rule is not met as evidenced by: Based on observations, interview and record review, the facility failed to provide licensed personnel (physician, Registered Nurse or Licensed Practical Nurse) to administer medications to a resident who was unable to protect self from a medication error.</p> <p>Findings:</p> <p>RI#8 had resided at the facility since October 28, 2014. Refer to deficiencies 604, 606, 611 and 614 for additional information on RI#8. As described in deficiency 614, RI#8 was incapable of understanding and utilizing the facility unit dose medication system and did not have the ability to protect self from a medication error. RI#8 required medication administration by licensed personnel to safely and accurately receive medications. RI#8 had been unable to utilize the unit dose medication system for at least two months prior to the onsite survey. Review of RI#8's Medication Assistance Record (MAR) revealed unlicensed Medication Technicians had provided medications to RI#8. RI#8's medications were not administered by licensed personnel, placing RI#8 at increased risk of medication errors.</p>	A 613		

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A 614	Continued From page 14	A 614		
A 614	<p>420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.</p> <p>(f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety.</p> <p>(g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:</p> <p>1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use.</p> <p>(6) Assistance with self-administration of medication includes the following practices:</p> <p>(a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day,</p>	A 614		

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A 614	<p>Continued From page 15</p> <p>specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed.</p> <p>(b) Physically assisting a resident by opening or helping to open a container holding medications.</p> <p>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.</p> <p>(d) Physically bringing a container of medication to a resident.</p> <p>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:</p> <p>(a) Medication administration as defined in these rules.</p> <p>(b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given.</p> <p>(c) Giving a resident injections of any kind.</p> <p>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.</p> <p>(e) Placing medications in a feeding tube.</p>	A 614		

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A 614	<p>Continued From page 16</p> <p>(f) Giving enemas or suppositories.</p> <p>(g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(i) Assisting with self-administration of</p>	A 614		

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A 614	<p>Continued From page 17</p> <p>eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, a resident was unable to utilize the unit dose packaging system to protect self from medication errors.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF COMPLAINT INVESTIGATIONS.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged residents were unable to recognize their name on medications. An additional complaint received by the Alabama Department of Public Health alleged the facility had ineligible residents. The surveyor was able to substantiate these complaints during the onsite survey.</p>	A 614		

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A 614	<p>Continued From page 18</p> <p>RI#8 had resided at the facility since October 28, 2014. Refer to deficiencies 604, 606, 611 and 613 for additional information on RI#8. On the morning of August 17, 2022, EI#7 attempted to assist RI#8 with medications. RI#8 was unable to stay awake and alert enough to identify medications. EI#7 called EI#2, Licensed Practical Nurse, to administer RI#8's medications. It was noted that RI#8 coughed repeatedly after drinking water and would chew up all medications. Later during the morning of August 17, 2022, EI#1 attempted to perform medication awareness testing on RI#8, at the request of the surveyor. RI#8 was asleep in the bed and was again unable to stay awake and alert enough to answer questions and identify medications. EI#1 instructed facility caregivers to transfer RI#8 to the wheelchair. The transfer was completed by EI#9 and EI#10. RI#8 attempted to assist with pulling up pants and holding to staff but was unable to stand and provided very little assistance with the transfer. RI#8 remained in the wheelchair for 3-4 hours and it was again noted RI#8 had prolonged episodes of coughing after drinking liquids. RI#8 ate lunch while seated in the wheelchair. After lunch, EI#1 attempted medication awareness testing with RI#8. RI#8 was able to state name and read false name "Sunshine Ray" on a medication packet. However, when asked if Sunshine Ray was RI#8's name, RI#8 repeatedly stated "yes". After multiple attempts, RI#8 remained unable to identify medications and protect self from a medication error. RI#8's coughing episodes were discussed with EI#1 on August 17, 2022. EI#1 stated RI#8 had coughing spells since RI#8 had been at the facility but stated RI#8's physician would be notified to evaluate.</p> <p>Review of RI#8's Self Medication Evaluation form,</p>	A 614		

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A 614	Continued From page 19 on August 17, 2022, revealed the following. No evaluations were documented for the months of January, February, March, April and May 2022. The evaluations documented for June and July 2022 contained "no" answers to the following questions: "Is the resident aware of the day, date, season and current year?" and "Does the resident have a lay person's understanding of the unit dose packaging system, if needed?". RI#8 had been unable to protect self from a medication error and in need of skilled services for at least 2 months and likely longer. On August 17, 2022, EI#1 stated no 30-day discharge notice had been issued to RI#8. However, EI#1 stated RI#8's case worker had been working on nursing home placement for RI#8 but she (EI#1) was unsure how long the process would take.	A 614		
A 615	420-5-4-.06 (7) (j) Care of Residents. (j) All medications administered to residents and all medications self-administered with assistance of facility staff in an assisted living facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the following: 1. The name of the resident to whom the medication was administered or assisted. 2. The name of the medication administered or assisted. 3. The dosage of the medication	A 615		

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A 615	<p>Continued From page 20</p> <p>administered or assisted.</p> <p>4. The method of administration or assistance.</p> <p>5. The site of injection or application, if the medication was injected or applied.</p> <p>6. The date and time of the medication administration or assistance.</p> <p>7. Any adverse reaction to the medication.</p> <p>8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, documentation of a resident's medication assistance was incomplete.</p> <p>Findings:</p> <p>RI#5 had resided at the facility since July 9, 2021. Refer to deficiency 604 for additional information on RI#5. On the morning of August 16, 2022, the surveyor observed EI#6 assist RI#5 with an Exelon patch. The patch was applied to RI#5's upper back. Medication assistance of the Exelon patch was documented on RI#5's MAR but did not include the site of the application. EI#1 agreed the site should have been documented.</p>	A 615		

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A 616	Continued From page 21	A 616		
A 616	<p>420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.</p> <p>(k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident.</p> <p>(l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected.</p> <p>(m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any</p>	A 616		

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A 616	<p>Continued From page 22</p> <p>requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.</p> <p>(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.</p> <p>(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p>	A 616		

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A 616	Continued From page 23 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an accurate system to account for all controlled substances in its possession. Findings: On the morning of August 16, 2022, the surveyor observed EI#6 and EI#7 count controlled substances. A card containing Lacosamide 200 milligram tablets for RI#2 was counted by EI#6 and EI#7 with a total number of 28 tablets. At the request of the surveyor, the card was again reviewed by EI#6 and EI#7 with a count of 27 tablets. One space on the card had been sealed but did not contain a Lacosamide tablet, making the count incorrect. EI#2 contacted the pharmacy and a replacement tablet was sent.	A 616		
A 621	420-5-4-.06 (11) (b) Care of Residents. (b) Retention 1. An assisted living facility shall not allow any resident to return to the assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the facility is licensed to provide or the facility is capable of providing. 2. An assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility. 3. Residents who have unmanageable behaviors or behaviors that may be dangerous to	A 621		

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A 621	<p>Continued From page 24</p> <p>themselves or others shall not be retained in an assisted living facility.</p> <p>4. An assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:</p> <p>(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR</p> <p>(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity BUT the individual has sufficient cognitive ability to direct his or her own care AND the individual is able to direct others and does direct others to provide the physical assistance needed to complete such tasks, AND the facility staff is capable of providing such assistance and does provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>5. If a resident of an assisted living facility is diagnosed with a terminal illness other than dementia and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the</p>	A 621		

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A 621	<p>Continued From page 25</p> <p>resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.</p> <p>6. All skilled services provided in the facility, such as but not limited to wound care or insertion of a urinary catheter, shall be provided by the staff of properly licensed or certified agencies. Skilled services shall not be delegated to facility staff.</p> <p>7. Residents that develop acute infectious pulmonary disease, such as active tuberculosis, or other diseases capable of transmission to other individuals through normal person-to-person contact shall be immediately transferred to an appropriate level of care until certified by a physician to be free of a contagious condition.</p> <p>8. No assisted living facility shall be operated in whole or in part in a manner that prevents free and unhindered egress from the facility by any of its residents.</p> <p>9. An assisted living facility shall not retain any resident who cannot safely reside in the facility unless his or her egress from the facility is restricted.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	A 621		

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A 621	<p>Continued From page 26</p> <p>retained a resident in need of hospice services for a terminal diagnosis of dementia.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged the facility had ineligible residents. The surveyor was able to substantiate this complaint during the onsite survey.</p> <p>RI#13 was admitted to the facility on December 18, 2019 and had diagnoses which included encephalopathy, muscle weakness, insomnia, dysphagia, hypertension, hypothyroidism, dementia without behaviors, Alzheimer's disease, heart failure and repeated falls. RI#13 passed away at the facility on August 9, 2022. RI#13 had received hospice services at the facility since February 4, 2021 until the time of death. Review of the Plan of Care for hospice revealed the primary Terminal Diagnosis for RI#13 was Alzheimer's disease with a Comorbidity of dementia without behavioral disturbance. RI#13 had been retained at the facility for 18 months in need of hospice services for a terminal diagnosis of dementia. When interviewed on August 17, 2022, EI#1 stated no discharge notice was issued to RI#13 and agreed RI#13 had not been appropriately discharged.</p>	A 621		
A1002	<p>420-5-4-.10 (2) Sanitation and Housekeeping.</p> <p>(2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable</p>	A1002		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D3772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2022
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NAME OF PROVIDER OR SUPPLIER PEACHTREE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3740 EAGLE DRIVE TRUSSVILLE, AL 35173
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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
A1002	<p>Continued From page 27</p> <p>environment for residents, staff, and the public.</p> <p>(a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies.</p> <p>(b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering.</p> <p>(c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance.</p> <p>(d) General Storage.</p> <p>1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms.</p> <p>2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition.</p> <p>3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil-based paint shall not be stored in</p>	A1002		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D3772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2022
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A1002	<p>Continued From page 28</p> <p>the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain a safe and decent environment for residents.</p> <p>Findings:</p> <p>During a tour of the facility on August 16, 2022 with EI#6 and EI#7, the surveyor noted multiple resident rooms which contained stained, dirty carpet. In addition, the carpet in multiple resident rooms was frayed and torn at the entrance to the rooms, with loose strands of carpet, creating a fall hazard to the residents. During an interview on August 16, 2022, EI#1 stated the carpet in residents' rooms had been cleaned. However, the stained areas remained.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A1002		