

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2020
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NAME OF PROVIDER OR SUPPLIER REGENCY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2004 MAX LUTHER DRIVE HUNTSVILLE, AL 35810
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A 000	<p>Initial Comments</p> <p>On November 10, 2020, a licensure survey was conducted for this 72 bed Assisted Living Facility with a census of 37.</p> <p>There was one (1) complaint 20200902026 investigated during this survey which was unsubstantiated and no deficiencies were cited as a result of the complaint investigation.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities (ALF). The deficiencies cited pose a risk or potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 601	<p>420-5-4-.06 (1) Care of Residents.</p> <p>(1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician.</p> <p>(a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her 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</p>	A 601		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 601	<p>Continued From page 1</p> <p>system (911 or another emergency call).</p> <p>(b) Back-up Physician Support. Each assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in an assisted living facility.</p> <p>(c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who is responsible for the care of the resident and authorized to write orders by facility policy. All 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 record review, and interview, the Licensed Practical Nurse (LPN) failed to monitor a resident's blood pressure as ordered by the</p>	A 601		

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A 601	Continued From page 2 practitioner. Resident Identifier (RI)#3 was admitted to the facility on December 6, 2019, with a past medical history of unstable hypertension. On November 3, 2020, the Certified Registered Nurse Practitioner (CRNP) wrote an order to check RI#3's blood pressure twice a day (BID) for seven (7) days and place results in folder for review. On November 9, 2020 at 2:30 PM, the surveyor asked Employee Identifier (EI)#5, Unit Coordinator, LPN, to provide a copy of the blood pressures taken from November 4-9, 2020. EI#5 informed the surveyor the blood pressures had not been done. EI#5 went onto explain the order had been taken by one of the LPNs, but could not explain why the order had not been followed. The surveyor instructed EI#5 to notify the CRNP of the oversight and she (EI#5) agreed to do so.	A 601		
A 604	420-5-4-.06 (3) (a) (b) Care of Residents. (3) Health Supervision. (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. (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: 1. Assess the resident's ability to safely self-manage medications or safely self-administer	A 604		

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A 604	<p>Continued From page 3</p> <p>medications with assistance.</p> <p>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.</p> <p>3. Document identified changes in resident status.</p> <p>4. Assess the appropriateness of each resident's plan of care. Any decline in resident 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 interviews, the facility failed to assess each resident monthly.</p> <p>Findings:</p> <p>RI#3's monthly assessment for January 2020 was incomplete and not signed. There was not a monthly assessment on file for March 2020, April 2020, July 2020, and August 2020.</p>	A 604		

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A 604	<p>Continued From page 4</p> <p>RI#4 did not have a monthly assessment on file for June 2020, August 2020, and September 2020.</p> <p>RI#5's monthly assessment for January 2020 was incomplete and not signed.</p> <p>The surveyor discussed the missing documentation with EI#5, LPN, on November 9, 2020. EI#5 informed the surveyor she (EI#5) was aware that some of the monthly assessments had not been documented. EI#5 said she (EI#5) was hired on September 24, 2020, as the unit coordinator and had been working hard to keep the assessments up to date.</p>	A 604		
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</p>	A 611		

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A 611	<p>Continued From page 5</p> <p>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> <ol style="list-style-type: none"> 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: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider. 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. <ol style="list-style-type: none"> (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. 	A 611		

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A 611	<p>Continued From page 6</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 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 record reviews and interviews, the facility failed to update all Resident Service Plans (RSP) with diet changes as ordered.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON FEBRUARY 9, 2017.</p> <p>Findings:</p> <p>RI#4 was admitted to the facility on January 31, 2020, with a past medical history of congestive</p>	A 611		

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A 611	Continued From page 7 heart failure (CHF), hypertension, and fluid retention (edema) in lower extremities. RI#4 was being treated daily with a diuretic (Lasix) for the edema. On October 17, 2020, RI#4 was discharged from the hospital after being treated for cellulitis in lower extremities. The physician wrote an order to change RI#4's diet from regular to no added salt (NAS). The RSP was not updated to reflect this change. On November 9, 2020, the surveyor reviewed the RSP expectations with EI#5, LPN. EI#5, verbalized understanding and updated the RSP accordingly.	A 611		
A1101	420-5-4-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted	A1101		

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A1101	<p>Continued From page 8</p> <p>Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. <p>(f) Fire Alarm and Sprinkler System.</p> <ol style="list-style-type: none"> 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 	A1101		

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A1101	<p>Continued From page 9</p> <p>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, the facility failed to conduct monthly fire drills as required.</p> <p>Findings:</p> <p>On November 9, 2020, at 9:40 AM, the surveyor reviewed the facility's fire drill reports for 2019, and 2020, with EI#3, Maintenance Director. EI#3 acknowledged there was no documentation for a fire drill due the month of October 2019. EI#3 informed the surveyor he (EI#3) was not in charge of the drills at that time.</p>	A1101		

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A1101	Continued From page 10 DEBRA FREEMAN, REGISTERED NURSE	A1101		