

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D3777	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2021
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NAME OF PROVIDER OR SUPPLIER REGENCY RETIREMENT VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 285 WEST OXMOR ROAD BIRMINGHAM, AL 35209
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A 000	<p>Initial Comments</p> <p>On December 8, 2021, an unannounced licensure survey and complaint investigation was conducted for this 48 bed Assisted Living Facility (ALF) with a census of 23.</p> <p>There was one (1) complaint investigated during this survey. Complaint Intake ID 20200430001 was unsubstantiated.</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 risk or potential risk of harm to the residents and requires a plan of correction.</p>	A 000		
A 401	<p>420-5-4-.04 (1) (2) Personnel.</p> <p>Personnel.</p> <p>(1) An assisted living facility shall ensure personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week.</p> <p>(a) An assisted living facility shall be staffed at all times by at least one individual who has a current certification in cardiopulmonary resuscitation (CPR).</p> <p>(b) An assisted living facility must be staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.</p> <p>(2) Employee Schedule. An assisted living facility shall post a schedule of employees indicating names and days and hours scheduled</p>	A 401		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 401	<p>Continued From page 1</p> <p>to work. This schedule shall be retained in the facility for 6 months after use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility was not staffed at all times with at least one (1) individual who was currently certified in cardiopulmonary resuscitation (CPR).</p> <p>Findings:</p> <p>On December 8, 2021, the surveyor reviewed the current employee work schedule (November 21 - December 18, 2021) and employee files. A review of the documents revealed the facility was not always staffed with at least one (1) individual certified in CPR on the 11:00 PM - 7:00 AM night shift. Employee Identifier (EI#12) was the only caregiver scheduled to work night shift on November 24, 2021, December 2, 2021, and December 8, 2021. EI#12 did not have CPR certification on file. EI#6, Business Office Manager, told the surveyor EI#12, Caregiver, had an active CPR status, but could not find her (EI#12) CPR card. EI#6 said EI#12 would be re-certified on December 14, 2021.</p>	A 401		
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</p>	A 402		

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A 402	<p>Continued From page 2</p> <p>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 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 interviews, the facility failed to screen all employees for tuberculosis (TB) prior to providing resident care. In addition, the facility did not check the Alabama Department of Public Health Nurse Aide Abuse Registry prior to hiring all employees.</p> <p>Findings:</p> <p>On December 8, 2021, the employee files were reviewed with EI#6, Business Office Manager, for</p>	A 402		

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A 402	<p>Continued From page 3</p> <p>supporting documentation all staff had received the required screening as noted above. The deficiencies are listed below:</p> <p>TB Screening:</p> <p>El#2, Director of Nursing (DON) had a documented hire date and date of initial resident contact as September 20, 2021. However, the TB skin test was not read until September 23, 2021.</p> <p>Abuse Registry:</p> <p>El#2, DON, date of hire was documented as September 20, 2021, but the abuse registry verification was dated September 23, 2021.</p> <p>El#3, Licensed Practical Nurse (LPN), date of hire was documented as November 18, 2021, but the abuse registry verification was dated December 7, 2021.</p> <p>El#15, Caregiver, date of hire was documented as September 15, 2021, but the abuse registry verification was dated September 19, 2021.</p>	A 402		
A 617	<p>420-5-4-.06 (8) Care of Residents.</p> <p>(8) Disposal of Medications.</p> <p>1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused</p>	A 617		

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A 617	<p>Continued From page 4</p> <p>medications be stored or housed in the facility beyond 30 days.</p> <p>2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication, and the amount. This statement shall be maintained in a file for at least three years.</p> <p>3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the disposition of a resident's medications upon discharge was not documented as required.</p> <p>Findings:</p> <p>Review of Resident Identifier (RI)#4's discharge/closed record on December 8, 2021, revealed the following information. RI#4 was admitted to the facility on January 13, 2020, with diagnosis to include. post-traumatic stress</p>	A 617		

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A 617	<p>Continued From page 5</p> <p>disorder (PTSD), poly-substance abuse, mood disorder, dementia mild, hepatitis C, chronic obstructive pulmonary disease (COPD), and hypertension. RI#4 was issued a 30 day discharge notice on February 21, 2020, because the facility could not meet his/her needs in the assisted living environment. However, RI#4 was not transferred to another facility until December 31, 2020.</p> <p>The closed record did not contain any documentation pertaining to the disposal or transfer of RI#4's medications at the time of discharge. At the conclusion of the survey on December 8, 2021, an agreement was made with EI#1, Administrator, the medication disposition records for RI#4 would be e-mailed by December 9, 2021. The surveyor received a Controlled Substance Administration Record (Gabapentin) and Medication Administration Record (MAR), but there was no documentation to support the disposition of the medications or the responsible party signed a statement the medications were received. EI#1 confirmed the documentation was not available.</p>	A 617		
A1101	<p>420-5-4-.11 (1) Fire and Safety</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place.</p> <p>(b) Fire Drills. Fire drills shall be</p>	A1101		

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A1101	<p>Continued From page 6</p> <p>conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. 	A1101		

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A1101	<p>Continued From page 7</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 interview, the facility failed to properly document monthly fire</p>	A1101		

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A1101	<p>Continued From page 8</p> <p>drills.</p> <p>Findings:</p> <p>The surveyor reviewed the 2020 and 2021 Monthly Fire Drill reports with EI#4, Maintenance Director. The fire drills were being conducted jointly for the ALF (D3777) and SCALF (P3722), which are located in the same building. There was no documentation of the observations for each individual facility (ALF and SCALF) to include, the effectiveness of the fire drill plan. The surveyors reviewed the SBOH requirement rules for ALF/SCALF that each separate facility must have observations of the fire drill plan effectiveness monthly, even when one alarm is pulled for the entire building. EI#4 verbalized understanding and provided the proper documentation for the fire drill conducted on December 7, 2021 at 1:44 PM.</p> <p>CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE</p>	A1101		