

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6305	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2022
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NAME OF PROVIDER OR SUPPLIER REGENCY RETIREMENT VILLAGE OF TUSCALOOSA	STREET ADDRESS, CITY, STATE, ZIP CODE 5001 OLD MONTGOMERY HIGHWAY TUSCALOOSA, AL 35405
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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 000	<p>Initial Comments</p> <p>On July 14, 2022, an unannounced licensure survey was conducted for this 80 bed Assisted Living Facility (ALF) with a census of 32.</p> <p>There were no complaints investigated during this survey.</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 405	<p>420-5-4-.04 (6) Personnel.</p> <p>(6) 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. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. 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 listed below:</p> <ol style="list-style-type: none"> 1. State law and rules on assisted living facilities. 2. Facility policies and procedures. 3. Resident rights. 	A 405		

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

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A 405	<p>Continued From page 1</p> <p>4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.</p> <p>5. Identifying and reporting abuse, neglect, and exploitation.</p> <p>6. Basic first aid.</p> <p>7. Advance directives.</p> <p>8. Protecting resident confidentiality.</p> <p>9. Resident fire and environment safety.</p> <p>10. Special needs of the elderly, mentally ill, and mentally retarded.</p> <p>11. Safety and nutritional needs of the elderly.</p> <p>12. Identifying signs and symptoms of dementia.</p> <p>(b) Cardiopulmonary Resuscitation. An 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 an 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. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who</p>	A 405		

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A 405	<p>Continued From page 2</p> <p>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 American Red Cross in CPR or AED utilization.</p> <p>(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(d) 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 observations, 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 and EI#12 had not received training in diabetes and Foley catheters. Multiple residents of the facility had a diagnosis of diabetes. Resident Identifier (RI)#3 currently had a Foley catheter.</p> <p>During an interview on July 12, 2022, EI#1, Administrator, and EI#5, Business Office Manager, stated diabetes and Foley catheter training had not been completed for employees, but would be incorporated into the employees'</p>	A 405		

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A 405	Continued From page 3 training.	A 405		
A 504	420-5-4-.05 (3) (d) Records and Reports. (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 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. 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. 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. 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. 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.	A 504		

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A 504	<p>Continued From page 4</p> <p>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.</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 5</p> <p>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 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.</p>	A 504		

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A 504	<p>Continued From page 6</p> <p>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 the service is to be performed without compensation; and</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</p>	A 504		

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A 504	<p>Continued From page 7</p> <p>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> <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, 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 and to freely come and go from the home.</p> <p>24. Every resident shall have the right to</p>	A 504		

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A 504	<p>Continued From page 8</p> <p>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 resulting corrective action plan in a prominent location.</p> <p>Findings:</p> <p>On July 12, 2022 at 7:00 AM, the surveyor was unable to find the state inspection report and corrective action plan from the last survey. EI#1, Administrator, told the surveyor the inspection report was not posted in a conspicuous place and she (EI#1) did not have a copy of the corrective action plan that was written prior to her (EI#1) 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. On July 14, 2022, the surveyor observed the documents posted in the main hallway which was easily accessible to residents and sponsors.</p>	A 504		
A 508	<p>420.5.4-.05 (3) (h) Records and Reports.</p> <p>(h) Incident Investigation. When an incident, as defined below, occurs in an assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective</p>	A 508		

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A 508	<p>Continued From page 9</p> <p>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 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> <p>(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or</p>	A 508		

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A 508	<p>Continued From page 10</p> <p>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 of 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> <p>2. In addition to other items required by the facility's policies and procedures, the incident</p>	A 508		

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A 508	<p>Continued From page 11</p> <p>investigation shall contain the following:</p> <ul style="list-style-type: none"> (i) Names of all residents involved. (ii) Names of all staff involved including person in charge at the time of the incident. (iii) When the administrator was notified (date and time). (iv) Circumstances under which the incident occurred. (v) When the incident occurred (date and time). (vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn). (vii) Immediate actions taken. (viii) The extent and description of injury, if any, to the affected resident or residents. (ix) Immediate treatment rendered. (x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified. (xi) Names, telephone numbers, and addresses of witnesses. (xii) Date and time relatives or sponsor were notified. (xiii) Out-of-facility treatment. (xiv) Follow-up care. 	A 508		

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A 508	<p>Continued From page 12</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 as defined in these rules.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation of a</p>	A 508		

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A 508	<p>Continued From page 13</p> <p>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. 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 of the Alabama Administrative Code Sec. 420-4-1-.04. shall be reported by the facility to the State Health Officer or the County Health Officer within the time</p>	A 508		

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A 508	<p>Continued From page 14</p> <p>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 3 years.</p> <p>(x) Any indication of malfunction of the sprinkler system, or fire alarm system.</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>	A 508		

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A 508	<p>Continued From page 15</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>A review of the OIRS on July 11, 2022, by the surveyor revealed no positive cases of COVID-19 had been reported by the facility. Upon arrival to the facility on July 12, 2022, the surveyor was informed the memory care unit located on the second floor had a recent outbreak of COVID, but no known cases in the assisted living unit. However, during record reviews the surveyor learned a resident (RI#3) had tested positive for COVID in January 2022. EI#1, Administrator, told the surveyor she (EI#1) did not recall being notified of this positive case.</p> <p>The surveyor reviewed the disease reporting requirements with EI#1 and she (EI#1) verbalized understanding and agreed to comply.</p>	A 508		
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>	A 611		

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A 611	<p>Continued From page 16</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> <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>	A 611		

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A 611	<p>Continued From page 17</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 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:</p>	A 611		

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A 611	<p>Continued From page 18</p> <p>Based on observations, interviews and record reviews, Residents' Plan of Care (RPC) were not current and did not contain specific interventions to address the residents' care needs. Also a copy of the outside provider's plan of care was not available for all residents. In addition, the facility failed to assist all residents with well-kept fingernails.</p> <p>Findings:</p> <p>Review of residents' facility records on July 13-14, 2022, revealed the following information.</p> <p>Plan of Care:</p> <p>RI#1 transferred to the facility on May 14, 2021 from the Garden Homes on the same campus. The Medical Exam completed on the same date listed the following diagnoses, hypertension, hyperlipidemia, anxiety, constipation, and memory loss. RI#1 was observed sitting outside smoking cigarettes several times a day during the survey. RI#1 informed the survyor he/she was not interested in quitting smoking. The 2022 monthly assessments noted RI#1 was a daily smoker, however, this need was not addressed on the RPC. On June 3, 2022, RI#1 had a fall which resulted in a large skin tear on his/her left hand requiring 24 stitches. The "Wound" was mentioned on the RPC, but it did not provide any details regarding the wound and only listed "Home Health Nurse" as an intervention. On July 14, 2022, the survyor did observe the left hand wound had healed completely.</p> <p>RI#2 was admitted to the facility on October 12, 2020, with a diagnosis of neurocognitive disorder. On December 17, 2021, RI#2 was seen by his/her primary care provider (PCP) for</p>	A 611		

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A 611	<p>Continued From page 19</p> <p>generalized edema. The PCP recommended elevation of feet as much as possible, low salt diet, and a short term course of Lasix for three (3) days. On July 1, 2022, RI#2 was sent to the emergency department (ED) due to edema of lower extremities (3+) and hypertension. RI#2 was started on lisinopril for blood pressure control and scheduled to see a cardiologist for evaluation of congestive heart failure (CHF). The PCP again recommenced a decrease in salt intake and to elevate feet/legs. RI#2 had a hospital follow-up visit with his/her PCP on July 8, 2022. The PCP ordered a low fat diet, regular aerobic exercise, and blood pressure checks every morning for 14 days. The RPC was dated May 20, 2021, and a regular diet was listed. The RPC had not been updated with any of the new conditions or the interventions recommended by the PCP for the prevention of edema.</p> <p>RI#3 had been a resident of the facility since July 9, 2022. The new admission Medical Exam listed the following diagnoses, hypertension, diabetes mellitus with circulatory compromise, stage 2 chronic kidney disease (CKD), hyperlipidemia, hypothyroidism, epilepsy, dementia, cerebral infarction. The CKD was not listed as a diagnosis on the admission RPC. RI#3 was diagnosed with COVID in January 2022, but it was not mentioned on the RPC dated January 20, 2022. On March 7, 2022, a Medical Examination was completed for Re-Admission after a hospital stay due to acute bronchitis. RI#3 was started on continuous oxygen at 2 LPM via nasal cannula. The RPC was not updated with the following new diagnoses and the appropriate interventions for, chronic hypoxic respiratory failure, right lower extremity cellulitis, hepatocellular carcinoma, and acute gastrointestinal (GI) bleed. RI#3 was hospitalized on April 11, 2022, for chronic blood</p>	A 611		

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A 611	<p>Continued From page 20</p> <p>loss anemia. There was an entry on the RPC for "Anemia" but it was not dated.</p> <p>The beginning of May 2022, RI#3 began chemotherapy for liver cancer which caused numerous untoward side effects but none of this was mentioned in RPC. RI#3 presented to the ED on May 30, 2022, and was found to have urinary retention and a Foley catheter was placed. On July 14, 2022, RI#3 told the surveyor the home health nurse changes the bag every month, however, the indwelling catheter was not listed as need on the RPC. RI#3 was treated with an antibiotic (Bactrim) due to acute urinary tract infection (UTI) on June 4, 2022. The RPC was not updated with interventions appropriate for a UTI. RI#3 had another episode of low blood (acute on chronic normocytic anemia) on June 30, 2022, and was admitted for further management. Also, RI# 3 complained of increased abdominal pain and a CT scan showed enlarging left lobe of the liver cancer. RI#3 returned to the facility on July 8, 2022, and the RPC was not updated to reflect her/his current condition.</p> <p>RI#4 was admitted to the facility on January 4, 2022. The New Admission Medical Exam dated January 1, 2022, noted RI#4 had a "Hearing Deficit" that would require "Assistance/Intervention." Based on the 2022 Monthly Assessment documentation it was difficult to communicate with RI#4 due to her/his advanced hearing loss. The surveyor visited with RI#4 and noted she/he was extremely hard of hearing, however, this problem was not mentioned in the RPC.</p> <p>RI#5 had been a resident of the facility since September 19, 2018. On June 14, 2022, RI#5 had a right buccal mucosa (inner cheek) biopsy</p>	A 611		

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A 611	<p>Continued From page 21</p> <p>excised. The surgical pathology report revealed a well-differentiated squamous cell carcinoma. The discharge instructions included TheraBite Jaw Exercises to be done for 1-2 weeks and to "be aggressive with stretches." This surgical incision and intervention was not written in the RPC. The RPC was last updated over a year ago on May 18, 2021.</p> <p>On July 14, 2022, the surveyors discussed the plan of care expectations with EI#1, EI#2, and EI#4. All verbalized understanding and told the surveyors the RPC would be updated accordingly.</p> <p>Home Health Provider's Plan of Care:</p> <p>RI#3 had an indwelling urinary catheter inserted on June 30, 2022, due to poor bladder contractility resulting in urinary retention. The urologist recommended to change the catheter every four (4) weeks and as needed (PRN). Home Health was ordered but the facility had not obtained a copy of the outside provider's certification and plan of care. On July 14, 2022, EI#4, RN, told the surveyor she (EI#4) would request a copy right away.</p> <p>Resident's Personal Appearance:</p> <p>RI#1 was observed to have long fingernails on July 12, 2022. The next day RI#1 told the surveyor he/she would like to have assistance with trimming his/her fingernails. On July 14, 2022 at 12:44 PM, RI#1 told the surveyor he/she was still waiting to have his/her fingernails trimmed. EI#1 said she (EI#1) would have the staff to address this immediately.</p>	A 611		

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A 615	Continued From page 22	A 615		
A 615	<p>420-5-4-.06 (7) (j) Care of Residents.</p> <p>(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:</p> <ol style="list-style-type: none"> 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 administered or assisted. 4. The method of administration or assistance. 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assistance. 7. Any adverse reaction to the medication. 8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication. 	A 615		

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A 615	<p>Continued From page 23</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility staff failed to record the injection site of insulin on the Medication Administration Record (MAR).</p> <p>Findings:</p> <p>On July 12 , 2020, the surveyor observed EI#10, Licensed Practical Nurse (LPN), assist the residents with morning medications. At 7:45 AM, RI#5 received 62 units of Glargine insulin and 4 units of Novolin R insulin subcutaneously. EI#10 contemporaneously recorded the insulin administration in the electronic MAR, but the injection site was not indicated on the MAR. A review of the July 2022 MAR revealed none of the staff had documented the insulin injection sites for RI#5. The surveyor discussed this with EI#4, Registered Nurse (RN), and she (EI#4) said she (EI#4) would educate the staff on how to utilize the Site Code Key on the MAR.</p>	A 615		
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 24</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 facility failed to properly document release of medications upon discharge of a resident.</p> <p>Findings:</p> <p>RI#6 was admitted to the facility on April 4, 2021, and was discharged from the facility on June 30, 2022, to a skilled nursing facility. EI#10, LPN, documented all medications "sent with son", however, the son did not sign a statement he had</p>	A 617		

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A 617	Continued From page 25 received the medications. In addition, there was no statement to include the pharmacy name , prescription number, date, resident's name, strength of the medication, and the amount. EI#1, Administrator, told the surveyor the facility had the proper pharmacy medication disposition forms, but EI#10 inadvertently failed to complete it.	A 617		
A 702	420-5-4-.07 (2) Food Service (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (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 (ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with manufacturer's 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 30	A 702		

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A 702	<p>Continued From page 26</p> <p>seconds in 12.5 ppm of iodine or the amount of time set 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, 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 may be stored in 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</p>	A 702		

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A 702	<p>Continued From page 27</p> <p>stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage back flow, 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 or 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 be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.</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 3 days from the date it 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</p>	A 702		

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A 702	<p>Continued From page 28</p> <p>responsible to ensure adequate equipment and measures are used to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times.</p> <p>8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 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> <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.</p>	A 702		

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A 702	<p>Continued From page 29</p> <p>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> <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>	A 702		

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A 702	<p>Continued From page 30</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> <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 interview, the facility failed to follow proper food handling procedures in the dining room and kitchen.</p> <p>Findings: On July 12, 2022, during breakfast and lunch in</p>	A 702		

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A 702	<p>Continued From page 31</p> <p>the dining room the surveyor observed the caregivers engaged in the handling of the food. At 12:23 PM, EI#1, Administrator, confirmed the caregivers have direct resident contact and should be wearing aprons while serving the food. EI#1 immediately went into the kitchen and provided all the caregivers with aprons.</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>420-5-4-.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 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</p>	A1101		

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A1101	<p>Continued From page 32</p> <p>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. <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 	A1101		

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A1101	<p>Continued From page 33</p> <p>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> <p>Findings:</p> <p>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:</p>	A1101		

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A1101	<p>Continued From page 34</p> <p>2022 Second Quarter - May. 2021 Fourth Quarter - December.</p> <p>El#7, stated he (El#7) had just started as the interim Maintenance Director on June 17, 2022. El#7 said he (El#7) had been assisting the previous Maintenance Director, but could not locate the missing monthly fire drills for the assisted living.</p> <p>CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE</p>	A1101		