

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P2801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2022
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NAME OF PROVIDER OR SUPPLIER ROYAL HAVEN AT REGENCY POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 510 EAST GRAND AVENUE RAINBOW CITY, AL 35906
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A 000	<p>Initial Comments</p> <p>On October 27, 2022, an unannounced licensure survey was conducted for this 12 bed Specialty Care Assisted Living Facility with a census of 12.</p> <p>No complaints were investigated during the 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities (SCALF). The deficient practices pose a risk or potential risk of harm to all residents and requires a plan of correction.</p>	A 000		
A 406	<p>420-5-20-.04 (9) Personnel.</p> <p>(9) Training.</p> <p>(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. An RN shall identify staff training needs and shall provide or arrange for needed training. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that, prior to resident contact, all staff members receive training on the subject matter listed below:</p> <ol style="list-style-type: none"> 1. State law and rules on specialty care assisted living facilities. 2. Facility policies and procedures. 3. Resident rights. 	A 406		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 406	<p>Continued From page 1</p> <p>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 environmental safety.</p> <p>(b) Prior to providing any resident care, all staff shall complete The Dementia Education and Training Act (DETA) Care Series Training developed by the Alabama Department of Mental Health or equivalent training approved by the State Health Officer. All licensed staff shall complete DETA Brain Series Training, The Pharmacological Management of Dementia, and the Dementia Assessment Series provided by the DETA Program or equivalent training approved by the State Health Officer prior to resident contact. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained.</p> <p>(c) All staff who have resident contact shall be able to demonstrate diversional methods and redirection. All staff shall be able to demonstrate an understanding of the implications of caring for residents with agnosia, amnesia,</p>	A 406		

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A 406	<p>Continued From page 2</p> <p>aphasia, and apraxia. All staff shall be able to demonstrate an understanding of the facility's fire and evacuation plan and all other policies regarding safety, including policies for preventing elopements, responding to elopements, and fall prevention.</p> <p>(d) Cardiopulmonary Resuscitation. A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of a specialty care assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. A specialty care assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or the American Red Cross in CPR or AED utilization.</p> <p>(e) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(f) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p>	A 406		

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A 406	<p>Continued From page 3</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). In addition, not all new employees obtained certification in CPR within 90 days of hire.</p> <p>Findings:</p> <p>On October 26, 2022, the surveyor reviewed the employee work schedules (September and October 2022) and employee files with Employee Identifier (EI)#2, Director of Health and Wellness (DHW). 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. EI#2, informed the surveyor the facility had gotten behind on CPR renewal, but she (EI#2) would make immediate arrangements for the uncertified staff to complete the online course (2020 ECC and AHA guidelines). At the conclusion of the survey, EI#2 provided the surveyor with supporting evidence the CPR courses had been completed by the staff on October 26-27, 2022.</p> <p>EI#9, EI#10, EI#11, and EI#12 did not have current CPR certification at the time the surveyor entered the facility on October 25, 2022. All four (4) individuals had been employed at the facility greater than 90 days. CPR certification was completed for all of these employees during the onsite survey</p>	A 406		

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A 615	Continued From page 4	A 615		
A 615	<p>420-5-20-.06 (5) (h) Care of Residents.</p> <p>(5) Medications.</p> <p>(h) All medications administered to residents in a specialty care assisted living facility, shall be contemporaneously recorded on a standard medication administration record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration 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. 2. The name of the medication administered. 3. The dosage of the medication administered. 4. The method of administration. 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assisted. 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 5</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility staff failed to record the injection site of insulin and failed to record the application site of a transdermal patch on the Medication Administration Records (MAR).</p> <p>Findings:</p> <p>On October 25, 2022, the surveyor observed EI#3, Registered Nurse (RN), administer morning medications. EI#3 contemporaneously recorded the medications in the electronic MAR, but the injection site (insulin) and the application site (patch) were not indicated on the MAR.</p> <p>The surveyor reviewed the October 2022 MAR for RI#1 and RI#5.</p> <p>Resident Identifier (RI)#1 received Novolog insulin 3 units three times a day with meals and Lantus 30 units subcutaneously every night at bedtime, but the injection sites were not recorded on the MAR.</p> <p>RI#5 had a rivastigmine (Exelon) patch applied every day, however, the application sites were not recorded on the MAR.</p> <p>The surveyor discussed this with EI#3, RN, and she (EI#3) said she (EI#3) would educate the nurses on how to utilize the Body Location Site Code Key on the MAR.</p>	A 615		
A1101	420-5-20-.11 (1) Fire and Safety	A1101		

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A1101	<p>Continued From page 6</p> <p>(1) General.</p> <p>(a) Fire Safety and Emergency Plan. All specialty care assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place.</p> <p>(b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be</p>	A1101		

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A1101	<p>Continued From page 7</p> <p>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 room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 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. 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 	A1101		

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A1101	<p>Continued From page 8</p> <p>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 conduct monthly fire drills as required for Speciality Care Assisted Living Facilities (SCALF's). In addition, the facility failed to provide written observations of the effectiveness of the fire drills for each unit located in the building.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JUNE 27 2018.</p> <p>Findings:</p> <p>On October 26, 2022, the surveyor reviewed the 2020, 2021, and 2022 Fire and Safety Documentation with EI#2, DHW, and EI#4, Maintenance Director. The surveyor noted the fire drills for the the SCALF unit were not conducted monthly and quarterly on each shift as required for 2022.</p> <p>The surveyor was informed the SCALF fire drills were conducted simultaneously with the Assisted Living Facility (ALF) unit. However, the facility was not writing the observation of the effectiveness of the fire drills for the SCALF unit on a Monthly Fire Drill Report. EI#2 stated she (EI#2) would immediately start documenting her (EI#2) monthly observations and file those reports in a separate binder.</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A1101		