

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P2202	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/27/2022
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NAME OF PROVIDER OR SUPPLIER WESTMINISTER MEMORY CARE OF CULLMAN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 OLIVE STREET CULLMAN, AL 35055
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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 December 27, 2022, a complaint investigation was conducted for this 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 15.</p> <p>There was one (1) complaint investigated during this survey. Intake ID: 20221212015 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and requires a plan of correction.</p>	A 000		
A 604	<p>420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.</p> <p>Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen</p>	A 604		

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

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A 604	<p>Continued From page 1</p> <p>assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status.</p> <p>The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments.</p> <p>(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.</p> <p>(c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems:</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p> <p>(ii) 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 percent or greater weight loss in a period of 3 months or</p>	A 604		

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A 604	<p>Continued From page 2</p> <p>less, or a 10 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>2. Falls (two or more falls within a 30 day period).</p> <p>3. Elopement.</p> <p>4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, and interview, the Registered Nurse (RN) failed to perform a comprehensive assessment, Physical</p>	A 604		

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A 604	<p>Continued From page 3</p> <p>Self Maintenance Scale (PSMS), and behavior screening after a resident experienced health status changes.</p> <p>Findings:</p> <p>Resident Identifier (RI)#1 was admitted to the facility on August 10, 2022, and had diagnoses which included, hypertension, hyperlipidemia, tremors, dementia, and constipation. On August 17, 2022, the physician referred RI#1 to a neurologist due to worsening dementia. A MRI of the brain revealed two (2) small recent cerebral infarctions (new diagnosis). The certified registered nurse practitioner (CRNP) increased the aspirin dosage from 81 mg to 325 mg daily. No comprehensive assessment, PSMS, and Behavior Screening were completed for RI#1 when this significant change occurred. Employee Identifier (EI)#3, RN, acknowledged the assessments should have been done and agreed to comply in the future.</p>	A 604		
A 805	<p>420-5-20-.08 (5) Physical Facilities.</p> <p>(5) Recreational.</p> <p>(a) Living and Recreational Room(s). Each specialty care assisted living facility shall provide adequate living and recreational room(s) for group activities, and for social events, such as holiday celebrations, without crowding. The following shall be included:</p> <p>1. Small living room(s) of a personal or family type so that residents may read or visit with relatives and friends in private. This requirement may be met when private bedrooms are large enough for use as small sitting rooms and are</p>	A 805		

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A 805	<p>Continued From page 4</p> <p>furnished for this use. Furniture for small living rooms and sitting spaces in bedrooms shall include clean comfortable chairs, tables, and lamps of good repair.</p> <p>2. Central living or recreational room in which group activities can take place. This requirement may be met by combining the resident dining room with a central living or recreational room.</p> <p>(i) The living and recreational room shall be furnished according to the activities offered. Furniture shall include clean comfortable chairs, tables, and lamps of good repair.</p> <p>(b) Yards and Gardens. Each specialty care assisted living facility shall provide safe space for outside activities.</p> <p>(c) Hobbies or Leisure Activities. Each specialty care assisted living facility shall provide adequate space(s) for hobbies and leisure activities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain furniture that was clean and of good repair in living and recreational areas of the facility.</p> <p>Findings:</p> <p>During a tour of the facility on December 27, 2022, the surveyor observed some furniture to be in poor condition. A couch and three (3) chairs in the dining/recreational area were noted to be badly stained, worn, and frayed. The surveyor</p>	A 805		

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A 805	Continued From page 5 bought this to the attention of EI#2, Resident Care Coordinator, and EI#3, Director of Nursing. Both agreed the furniture was not clean and in good repair and needed to be replaced. DEBRA FREEMAN, REGISTERED NURSE	A 805		