STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D2215	A. BUILDING: _____ B. WING _____	11/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER ASSISTED LIVING OF CULLMAN	1020 OLIVE STREET CULLMAN, AL 35055

(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	Initial Comments On November 15, 2022, an unannounced licensure survey was conducted for this 24 bed Assisted Living Facility (ALF) with a census of 23. There were no complaints investigated during this survey. 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.	A 000		
A 405	420-5-4-.04 (6) Personnel. (6) Training. (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: 1. State law and rules on assisted living facilities. 2. Facility policies and procedures. 3. Resident rights.	A 405		

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A 405	Continued From page 1 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 10. Special needs of the elderly, mentally ill, and mentally retarded. 11. Safety and nutritional needs of the elderly. 12. Identifying signs and symptoms of dementia. (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	A 405		

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A 405	Continued From page 2 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. (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. (d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all new employees were certified in cardiopulmonary resuscitation (CPR) within 90 days of hire. Findings: On November 15, 2022, the surveyor reviewed employee files with Employee Identifier (EI)#1, Executive Director. A review of the files revealed two (2) Patient Care Attendants (PCA) had not been certified in CPR within 90 days of hire. EI#5, PCA, was hired on April 25, 2022. EI#9, PCA, was hired May 31, 2022. EI#1, informed the surveyor the facility had gotten behind on CPR certification, but she (EI#1) would	A 405		

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A 405	Continued From page 3 make immediate arrangements for the uncertified staff to complete the online course (2020 ECC and AHA guidelines).	A 405		
A 602	420-5-4-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following: 1. All of the physician's diagnoses, and the resident's baseline weight and vital signs. 2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration). 3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact. 4. Documentation of evaluation for	A 602		

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A 602	Continued From page 4 tuberculosis within the previous 12 months. (b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following: 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. (c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following:	A 602		

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A 602	Continued From page 5 1. New diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a statement by the physician that the resident was free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents. Findings: The following two (2) residents did not have the above statement from their physician prior to being admitted to the facility. Resident Identifier (RI)#5 was admitted to the facility on January 21, 2022, and the initial medical examination was dated January 20, 2022. RI#6 was admitted to the facility on November 4, 2022, and the initial medical examination was dated October 25, 2022. EI#2, Resident Care Coordinator, contacted the physician on November 15, 2022, and obtained the required free from infectious disease statement for RI#6.	A 602		

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A 611	Continued From page 6	A 611		
A 611	420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (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. (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. 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.	A 611		

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A 611	Continued From page 7 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. (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. (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. (iii) Hair. Resident's hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be	A 611		

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A 611	Continued From page 8 provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to develop appropriate written Resident Service Plans (RSP). In addition, a copy of the outside provider's plan of care was not available for all residents. Findings: Resident Service Plans: RI#4 was admitted on July 29, 2022, with diagnoses to include atrial fibrillation, osteoarthritis, heart failure, benign prostatic hyperplasia (BPH), adjustment disorder with depressed mood. On October 18, 2022, EI#2, Resident Care Coordinator, notified RI#4's physician there was a small opened place on left buttock. The physician ordered home health nursing to evaluate for wound care. On October 19, 2022, the home health nurse provided wound care on a stage ll pressure ulcer left lower buttock. The RSP did list this as a problem or provide appropriate skin care interventions related to altered skin integrity. RI#7 was admitted to the facility on July 19, 2022, with diagnoses to include, BPH, glaucoma,	A 611		

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A 611	Continued From page 9	A 611		

aphasia following cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting right dominate side. The RSP did not include any cerebral infarction warning signs or symptoms for the staff to be aware of should another stroke occur. On July 18, 2022, a preadmission assessment was completed by EI#3, Registered Nurse (RN). EI#3 noted RI#7 was blind in his/her left eye. The RSP did list glaucoma as a problem, however, there were no specific interventions to address the blindness in the left eye and how it might impact his/her activities of daily living. The certified registered nurse practitioner (CRNP) treated RI#7 for BPH with obstruction and urinary retention. The CRNP wrote an order for the staff to "encourage patient to attempt to void every 2 hours". This intervention was not written on the RSP. On November 14, 2022, during a visit, RI#7 told the surveyor he/she had problems with his/her speech. The RSP "Diagnosis List" mentioned aphasia, but there were no interventions to address how the speech disorder could affect RI#7's communication with staff.

During the survey, the RSP expectations were discussed with EI#2, Resident Care Coordinator. EI#2 verbalized understanding and updated the RSP accordingly.

Home Health Services Certification and Plan of Care:

RI#4 started receiving home health services for wound care on October 19, 2022 (see above for additional information). However, there was not a provider's plan of care in RI#4's record. EI#2, contacted the provider and a faxed copy of the certification and plan of care was received by the facility on November 14, 2022.

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A 611	Continued From page 10 DEBRA FREEMAN, REGISTERED NURSE	A 611		