

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D5211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2020
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER ASSISTED LIVING OF DECATUR	STREET ADDRESS, CITY, STATE, ZIP CODE 2106 MODAUS ROAD SW DECATUR, AL 35603
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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 February 26, 2020, an unannounced licensure survey was conducted for this 24 bed Assisted Living Facility (ALF) with a census of 21.</p> <p>There was one (1) complaint investigated (20200226005) during this survey and it was unsubstantiated with no deficiencies cited.</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 303	<p>420-5-4-.03 (2) (a) Administration.</p> <p>The Administrator.</p> <p>(a) Responsibility.</p> <p>1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties.</p> <p>2. Any individual employed as an administrator shall be properly licensed.</p> <p>3. Any individual employed as an administrator shall meet all applicable statutory requirements.</p> <p>4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the</p>	A 303		

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

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A 303	<p>Continued From page 1</p> <p>administrator during absences.</p> <p>5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age.</p> <p>6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.</p> <p>7. The administrator shall ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week.</p> <p>8. The administrator shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe environment and adequate care being provided at all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided, then the facility does not meet this administration and management requirement.</p> <p>9. The facility administrator is responsible for ensuring that required training is provided to all staff.</p> <p>10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting.</p> <p>11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and</p>	A 303		

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A 303	<p>Continued From page 2</p> <p>obtain appropriate medical attention when needed.</p> <p>12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan.</p> <p>13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the Administrator (EI#1) failed to manage and direct the facility in a manner that would provide a safe environment at all times.</p> <p>Findings:</p> <p>Employee Identifier (EI)#1 was aware the facility must be staffed at all times by at least one (1) individual who has a current certification in cardiopulmonary resuscitation (CPR) but failed to do so. EI#1 was also aware most of the staff on second shift and third shift did not have a current CPR status, however, EI#1 had not arranged for a CPR training class since April 9, 2019. See deficiency 401 for additional information.</p> <p>EI#1 was not aware the residents were not being assessed for medication awareness on a monthly basis. See deficiency 604 for additional information.</p>	A 303		

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A 401	Continued From page 3	A 401		
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 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). In addition, the facility failed to include the hours the employees were working on the the schedules.</p> <p>Findings:</p> <p>Current CPR Status:</p> <p>On February 26, 2020, the surveyor reviewed the employee work schedules (Feb. 2020) and</p>	A 401		

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A 401	Continued From page 4 employee files. A review of the documents revealed the facility was not always staffed with at least one (1) individual certified in CPR on second and third shifts. EI#1, Administrator, and EI#6, Business Office Manger, informed the surveyor they were aware the certification status for most of employees had expired. EI#4, Senior Area Director of Operations, told the surveyor immediate arrangements would be made to have the shifts properly covered. Employee Schedule: The employee schedules for the month of February 2020 did not include the hours the employees (nurses and personal care aide) were scheduled to work. EI#1, Administrator, informed the surveyor the missing shift times would be added to the employees schedules.	A 401		
A 402	420-5-4-.04 (3) Personnel. (3) Employee Screening. (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 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. (b) Not more than 30 days prior to any	A 402		

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A 402	<p>Continued From page 5</p> <p>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 ensure all personnel had a physical examination certifying they were free of signs and symptoms of infectious skin lesions and diseases prior to resident contact. In addition, not all employees were properly evaluated for tuberculosis (TB) prior to resident contact.</p> <p>Findings:</p> <p>Free of Infectious Diseases:</p> <p>Review of employee personnel files revealed the following employees did not have a statement certifying they were free of infectious diseases; EI#1, EI#2, EI#9, and EI#10. These employees had direct contact with residents but did not have the required documentation on file.</p> <p>Evaluated for Tuberculosis:</p>	A 402		

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A 402	Continued From page 6 EI#2, Director of Resident Care, had a TB skin test placed on July 11, 2019, but the results was not (positive or negative) documented on the Physical Exam Form. EI#2 has had resident contact since August 2, 2019.	A 402		
A 403	420-5-4-.04 (4) Personnel. (4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain: (a) An application for employment which contains information regarding the employee's education, training, and experience. (b) Verification of current certification or licensure, if applicable. (c) Record of required physical examinations and vaccinations. (d) Verification the facility has not hired an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry. (e) Date of hire. (f) Date of initial resident contact. (g) Date employment ceased. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain verification prior to the date	A 403		

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A 403	Continued From page 7 of hire that all employees were not listed on the Alabama Department of Public Health Nurse Aide Abuse Registry. Findings: The Abuse Registry verification on file for EI#1 and EI#2 was after their dates of hire. EI#6, Business Office Manager, said she (EI#6) obtained the verification after she (EI#6) completed an audit of the personnel records and it was not on file.	A 403		
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. 4. Current certification from the American Heart Association or the American Red	A 405		

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A 405	<p>Continued From page 8</p> <p>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 has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by</p>	A 405		

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A 405	<p>Continued From page 9</p> <p>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 record reviews and interviews, the facility failed to provide documentation that all staff had received the required initial training prior to resident contact. In addition, the facility ensure a new employee obtained certification in CPR within 90 days of hire.</p> <p>Findings:</p> <p>Initial Training:</p> <p>On February 26, 2020, the following employees did not have documentation of initial training on file; EI#1, EI#2, EI#9, EI#10, and EI#11. EI#6, Business Office Manager, told the surveyor she (EI#6) was responsible for new employee orientation. EI#6 explained all new employees receive training on the required subject matters prior to resident contact but there was no documentation in the employee's file. EI#6 devised a checklist that included all the required</p>	A 405		

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A 405	Continued From page 10 subject matters and presented it to the surveyor. EI#6 informed the surveyor the "ALF/SCALF Employee Initial Training Record" would be utilized in the future to document training for all new employees. CPR Certification Within 90 days of Hire: RI#11, Personal Care Aide (PCA), was hired on November 13, 2019, but had not been certified in CPR at the time of the survey. EI#1 acknowledged this was a requirement for all new staff providing resident care.	A 405		
A 604	420-5-4-.06 (3) (a) (b) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments. (b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and procedures, the monthly assessment shall: 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. 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	A 604		

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A 604	<p>Continued From page 11</p> <p>half or greater weight loss in a period of three months or less, or a ten 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>3. Document identified changes in resident status.</p> <p>4. Assess the appropriateness of each resident's plan of care. Any decline in resident status requires immediate implementation and documentation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assess the resident's ability to safely self administer medications with assistance.</p> <p>Findings:</p> <p>During review of the resident's monthly assessments the surveyor noted there was no documentation regarding the residents ability to safely assist with self-administration of medications. During an interview on February 26, 2020, EI#20, Resident Care Coordinator (RCC), told the surveyor the residents are not assessed for medication awareness monthly. EI#20, RCC, and EI#5, Regional Nurse Consultant, informed</p>	A 604		

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A 604	Continued From page 12 the surveyor this would be added to the facility's Monthly Assessment/Wellness Review form and completed each month.	A 604		
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:	A 611		

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A 611	<p>Continued From page 13</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> <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</p>	A 611		

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NAME OF PROVIDER OR SUPPLIER WESTMINSTER ASSISTED LIVING OF DECATUR	STREET ADDRESS, CITY, STATE, ZIP CODE 2106 MODAUS ROAD SW DECATUR, AL 35603
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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 611	<p>Continued From page 14</p> <p>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: Based on record reviews and interview, the facility failed to develop and update Resident Service Plans (RSP) for all residents to include appropriate interventions.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 25, 2018.</p> <p>Findings:</p> <p>Resident Identifier (RI)#4 was admitted to the facility on October 25, 2019. The initial Medical Examination dated October 24, 2019 listed "Weight Loss" as a need that would require an intervention but this was not addressed on the RSP. RI#4 was transferred to the hospital on January 14, 2020 due to decreased oxygen levels. RI#4 was found to have severe chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). Also, RI#4 had a change in diet ordered for No Added Salt. Upon returned to the facility on January 17, 2020, the RSP was not updated with these new diagnoses</p>	A 611		

Alabama Department of Public Health

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A 611	Continued From page 15 and diet to include the appropriate interventions. On February 26, 2020, the surveyor reviewed the RSP expectations with EI#20, RCC. EI#20 verbalized understanding and updated the RSP accordingly.	A 611		
A 617	420-5-4-.06 (8) Care of Residents. (8) Disposal of Medications. 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 medications be stored or housed in the facility beyond 30 days. 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. 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	A 617		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D5211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2020
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A 617	<p>Continued From page 16</p> <p>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 interview, the facility failed to provide all the required information on the medication disposition forms.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 25, 2018.</p> <p>Findings:</p> <p>On January 17, 2020, the facility destroyed discontinued medications for RI#4. However, the method of destruction was not included on the Medication Disposal Form. On February 26, 2020, EI#20, RCC, added a line on the form so the method of disposal could be written in by the staff.</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A 617		