

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P5203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2020
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER MEMORY CARE OF DECATUR	STREET ADDRESS, CITY, STATE, ZIP CODE 2106 MODAUS ROAD DECATUR, AL 35603
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A 000	<p>Initial Comments</p> <p>This is a 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 14 on February 26, 2020.</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 420-5-20, 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 302	<p>420-5-20-.03 (e) Administration.</p> <p>(e) Policies. The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the resident. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:</p> <p>(i) Facility responsibility to protect all residents from abuse, neglect, and exploitation.</p> <p>(ii) How allegations of abuse, neglect,</p>	A 302		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 302	<p>Continued From page 1</p> <p>and exploitation will be handled by the facility.</p> <p>(iii) Resident confidentiality.</p> <p>(iv) Admission and continued stay criteria.</p> <p>(v) Discharge criteria and notification procedures for residents and sponsors.</p> <p>(vi) Facility responsibility when a resident's personal belongings are lost.</p> <p>(vii) What services the facility is capable and not capable of providing.</p> <p>(viii) Medication management.</p> <p>(ix) Infection control.</p> <p>(x) Meal service, timing, menus and food preparation, storage, and handling.</p> <p>(xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness.</p> <p>(xii) Staffing and conduct of staff while on duty.</p> <p>(xiii) Oxygen administration and storage if used in the facility.</p> <p>(xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S.</p>	A 302		

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A 302	<p>Continued From page 2</p> <p>Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address:</p> <p>(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.</p> <p>(II) The attire and cleanliness of staff members who prepare, handle, or serve food.</p> <p>(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.</p> <p>(IV) Food substitutions or alternatives.</p> <p>(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.</p> <p>(VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food.</p> <p>(VII) Provision of necessary services to any resident requiring adaptive devices to eat.</p> <p>(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.</p> <p>(IX) Storage of food.</p> <p>(X) Procedure for food service in the event of a disaster. Disaster menus shall be</p>	A 302		

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A 302	<p>Continued From page 3</p> <p>developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the Administrator failed to ensure all of its own policies and procedures were followed.</p> <p>Findings:</p> <p>The facility's policy and procedure "...Medication Administration - SCALF..." states "... POLICY: The RN/LPN is responsible for administering medications to the residents in this community. He/she may administer medication to residents only in accordance with the...Nurse Practice Act. PROCEDURE: 1. Any resident who is not aware of his or her medications shall have medications administered only by an individual who is currently licensed ...by the Alabama State Board of Nursing as a ...RN or LPN...18. Licensed nursing staff only can administer insulin... ."</p> <p>Employee Identifier (EI)#1, Administrator, administered oral medications and insulin injections to residents on more than one occasion with full knowledge it was not allowed per state rules and facility policy. See deficiency 613 for additional information.</p>	A 302		
A 303	<p>420-5-20-.03 (2) (a) Administration.</p> <p>(2) The Administrator.</p> <p>(a) Responsibility.</p>	A 303		

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A 303	<p>Continued From page 4</p> <ol style="list-style-type: none"> 1. The administrator shall be a direct representative of the governing authority in the management of the specialty care assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties. 2. Any individual employed as an administrator shall be properly licensed. 3. Any individual employed as an administrator shall meet all applicable statutory requirements. 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 administrator during absences. Under no circumstances shall the facility operate without a licensed administrator for greater than 45 days. 5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age. 6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character. 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. 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 actually being provided at all times. If a facility has an adequate 	A 303		

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A 303	<p>Continued From page 5</p> <p>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 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>	A 303		

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A 303	Continued From page 6 Findings: El#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. El#1 was also aware most of the staff on second shift and third shift did not have a current CPR status, however, El#1 had not arranged for a CPR training class since April 9, 2019. See deficiency 401 for additional information. El#1 did not have the required license to administer medications to cognitively impaired residents. However, El#1 willing did so despite her knowledge it was against Alabama State Rules. See deficiency 613 for additional information.	A 303		
A 401	420-5-20-.04 (1) (2) Personnel. (1) A specialty care assisted living facility shall ensure adequate personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. No specialty care assisted living facility shall have fewer staff on duty than specified in Table A below. Even if this minimum staffing ratio is met, the governing authority of a specialty care assisted living facility shall have additional staff on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week. Facilities with resident bedroom wings separated from the remainder of the facility by a lockable door shall maintain dedicated staff to these areas adequate to meet all care and safety needs of the residents in these areas at all times.	A 401		

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A 401	<p>Continued From page 7</p> <p style="text-align: center;">Table A</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:40%;">7 AM - 3 PM</td> <td style="width:40%;">3 PM - 11 PM</td> </tr> <tr> <td>2</td> <td>1 -16 Residents</td> <td>1 - 16 Residents</td> </tr> <tr> <td>3</td> <td>17 - 24 Residents</td> <td>17 - 36 Residents</td> </tr> <tr> <td>4</td> <td>25 - 32 Resident</td> <td>37 - 48 Residents</td> </tr> <tr> <td>5</td> <td>33 - 40 Residents</td> <td>49 - 60 Residents</td> </tr> <tr> <td>6</td> <td>41 - 48 Residents</td> <td>61 - 72 Residents</td> </tr> <tr> <td>7</td> <td>49 - 56 Residents</td> <td>73 - 84 Residents</td> </tr> <tr> <td>8</td> <td>57 - 64 Residents</td> <td>85 - 96 Residents</td> </tr> <tr> <td>9</td> <td>65 - 72 Residents</td> <td>97 - 108 Residents</td> </tr> <tr> <td>10</td> <td>73 - 80 Residents</td> <td>109 - 120 Residents</td> </tr> <tr> <td>11</td> <td>81 - 88 Residents</td> <td>120 - 132 Residents</td> </tr> <tr> <td></td> <td>161 - 176 Residents</td> <td></td> </tr> </table> <p>1 Additional Staff or any fraction thereof, by which the census exceeds 88</p> <p style="margin-left: 100px;">For each 8 residents, For each 16 residents, or any fraction thereof, or any fraction thereof, by which the census exceeds 176</p> <p style="margin-left: 100px;">For each 12 residents, or any fraction thereof, by which the census exceeds 132</p> <p>(a) A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current certification in cardiopulmonary resuscitation (CPR).</p>		7 AM - 3 PM	3 PM - 11 PM	2	1 -16 Residents	1 - 16 Residents	3	17 - 24 Residents	17 - 36 Residents	4	25 - 32 Resident	37 - 48 Residents	5	33 - 40 Residents	49 - 60 Residents	6	41 - 48 Residents	61 - 72 Residents	7	49 - 56 Residents	73 - 84 Residents	8	57 - 64 Residents	85 - 96 Residents	9	65 - 72 Residents	97 - 108 Residents	10	73 - 80 Residents	109 - 120 Residents	11	81 - 88 Residents	120 - 132 Residents		161 - 176 Residents		A 401		
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A 401	<p>Continued From page 8</p> <p>(b) A specialty care assisted living facility must be sufficiently staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.</p> <p>(2) Employee Schedule. A specialty care 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>In the event of an unplanned staff shortage which would make it otherwise impossible to meet the staffing requirements imposed by these rules, a facility may employ a certified nurse aide who has not received the training specified in these rules. For the purposes of this subsection, a certified nurse aide is defined as an individual who has been deemed or determined to be competent by the Alabama Nurse Aide Registry maintained by the Alabama Department of Public Health. This individual may not work unless accompanied at all times by an individual who is appropriately trained in accordance with these rules. Such employment shall last only until the facility has employed staff trained in accordance with the above. In no event may the period during which such staff is employed in a facility exceed 120 consecutive hours.</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</p>	A 401		

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A 401	<p>Continued From page 9</p> <p>employees were working on 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 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 Manager, 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.</p> <p>Employee Schedule:</p> <p>The employee schedules for the month of February 2020 did not include the hours the employees (nurses and personal care aides) were scheduled to work. EI#1, Administrator, informed the surveyor the missing shift times would be added to the schedules for the employees.</p>	A 401		
A 402	<p>420-5-20-.04 (3) Personnel.</p> <p>(3) Employee Screening.</p> <p>(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</p>	A 402		

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A 402	<p>Continued From page 10</p> <p>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.</p> <p>(b) Not more than 30 days prior to any resident contact, newly employed personnel shall be properly evaluated for tuberculosis.</p> <p>(c) Vaccines. Specialty care 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) A specialty care 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>	A 402		

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A 402	<p>Continued From page 11</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> <p>EI#2, Director of Resident Care, had a TB skin test placed on July 11, 2019, but the results were not (positive or negative) documented on the Physical Exam Form. EI#2 has had resident contact since August 2, 2019.</p> <p>The above findings were discussed with EI#1 and EI#6 on February 26, 2020. Both acknowledged the required screenings were not obtained prior to resident contact.</p>	A 402		
A 403	<p>420-5-20-.04 (4) Personnel.</p> <p>(4) Personnel Records. A specialty care assisted living facility shall maintain a personnel record for each employee. This record shall contain:</p> <p>(a) An application for employment which contains information regarding the employee's education, training, and experience.</p> <p>(b) Verification of current certification or licensure, if applicable.</p> <p>(c) Record of required physical examinations and vaccinations.</p> <p>(d) Verification the facility has not hired</p>	A 403		

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A 403	<p>Continued From page 12</p> <p>an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>(e) Date of hire.</p> <p>(f) Date of initial resident contact.</p> <p>(g) Date employment ceased.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain verification prior to the date of hire that all employees were not listed on the Alabama Department of Public Health Nurse Aide Abuse Registry.</p> <p>Findings:</p> <p>The Abuse Registry verification which was on file for EI#1 and EI#2 was completed after their dates of hire. EI#6, Business Office Manager, said she (EI#6) obtained the required verification after she (EI#6) completed an audit on the personnel records and the Abuse Registry verification was not on file.</p>	A 403		
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</p>	A 406		

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A 406	<p>Continued From page 13</p> <p>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. 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 environmental safety. <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</p>	A 406		

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A 406	<p>Continued From page 14</p> <p>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, 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</p>	A 406		

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A 406	<p>Continued From page 15</p> <p>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> <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 failed to 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 subject matters and presented it to the surveyor. EI#6 informed the surveyor the "ALF/SCALF</p>	A 406		

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A 406	<p>Continued From page 16</p> <p>Employee Initial Training Record" would be utilized in the future to document training for all new employees.</p> <p>The licensed staff (EI#2, EI#9, and EI#10) did not complete the Pharmacological Management of Dementia or the Dementia Assessment Series prior to providing resident contact. EI#2 acknowledged the training on these subjects had not been done.</p> <p>CPR Certification Within 90 Days of Hire:</p> <p>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.</p>	A 406		
A 508	<p>420-5-20-.05 (3) (h) Records and Reports.</p> <p>(h) Incident Investigation. When an incident, as defined below, occurs in a specialty care assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective 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 extensive bruising, pain, or injury</p>	A 508		

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A 508	<p>Continued From page 17</p> <p>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 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 to Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or</p>	A 508		

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A 508	<p>Continued From page 18</p> <p>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 investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p> <p>(iii) When the administrator was notified (date and time).</p> <p>(iv) Circumstances under which the incident occurred.</p>	A 508		

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A 508	<p>Continued From page 19</p> <p>(v) When the incident occurred (date and time).</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</p> <p>(xiv) Follow-up care.</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>	A 508		

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A 508	<p>Continued From page 20</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.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, witnessed, or actual abuse, neglect, or exploitation of a resident or 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</p>	A 508		

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A 508	<p>Continued From page 21</p> <p>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 to Alabama Administrative Code Sec. 420-4-1-.04. shall also be reported by the facility to the State Health Officer or the County Health Officer within the time 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 three years.</p> <p>(x) Any indication of a malfunction of the sprinkler system, fire alarm system, or a door locking device.</p> <p>4. The report to the Department's Online Incident Reporting System shall include the following:</p>	A 508		

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A 508	<p>Continued From page 22</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> <p>(i) Vital Statistics Reports. A record shall be kept of all births, deaths, and stillbirths that occur within the specialty care assisted living facility. By the fifth day of each month, the administrator shall make a report of such births, deaths, and stillbirths for the preceding month on such forms as the State Board of Health shall provide to the county health officer, or in counties without a county health officer, to the State Registrar. This report shall be in addition to the official birth, death, and stillbirth certificates. If there are no births, deaths, or stillbirths in any month, a report shall be made stating that fact to the county health officer.</p>	A 508		

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A 508	Continued From page 23 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all reportable incidents to the Department's Online Incident Reporting System. Findings: RI#4 had a fall on February 9, 2020, in which medical treatment (x-ray) was sought to rule out a right wrist fracture. RI#7 was administered a medication incorrectly (medication error) by a LPN on August 16, 2019. EI#1 and EI#2 acknowledged the two (2) incidents had not been reported to the ADPH.	A 508		
A 602	420-5-20-.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 a specialty care assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination, a physician currently licensed and 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. This examination is not required for a resident of a facility dually licensed as an assisted living facility and as a specialty care assisted living facility in those cases when the resident is transferred from the assisted living unit	A 602		

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A 602	<p>Continued From page 24</p> <p>to the specialty care assisted living unit in the same 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:</p> <ol style="list-style-type: none"> 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 tuberculosis within the previous 12 months. <p>(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:</p> <ol style="list-style-type: none"> 1. The resident's weight and vital signs. 	A 602		

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A 602	<p>Continued From page 25</p> <ol style="list-style-type: none"> 2. Changes in diagnoses. 3. Changes in condition. 4. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 5. Changes in treatment. <p>(c) Change of Condition Physical Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, condition, 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:</p> <ol style="list-style-type: none"> 1. Changes in 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. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a written statement from the</p>	A 602		

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A 602	<p>Continued From page 26</p> <p>physician stating a resident was free from infectious diseases prior to admission.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 25, 2018.</p> <p>Findings:</p> <p>Resident Identifier (RI)#3 was admitted to the facility on September 12, 2019 and the initial medical examination was dated September 9, 2019. The physician did not certify RI#3 was free from contagious signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents prior to admission. EI#2 acknowledged this was an oversight on her (EI#2) part.</p>	A 602		
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		

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A 604	<p>Continued From page 27</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 28</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 record reviews and interviews, the facility's Registered Nurse (RN) failed to perform comprehensive assessments, Physical Self</p>	A 604		

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A 604	<p>Continued From page 29</p> <p>Maintenance Scales (PSMS), and behavior screenings after residents experienced health status changes.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON OCTOBER 25, 2018.</p> <p>Findings:</p> <p>RI#1 had two (2) falls within 30 days in the month of August 2019.</p> <p>RI#7 was admitted to hospice services on October 21, 2019 with a terminal diagnosis of Alzheimer's disease. RI#7 also had three (3) falls within 30 days (October 2019).</p> <p>EI#2, RN, acknowledged the required assessments had not been completed as required for RI#1 and RI#7.</p>	A 604		
A 611	<p>420-5-20-.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> <p>(b) Plan of Care. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician.</p>	A 611		

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A 611	<p>Continued From page 30</p> <p>The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary.</p> <ol style="list-style-type: none"> 1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. 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. 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 a specialty care assisted living facility 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. <ol style="list-style-type: none"> (i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a 	A 611		

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A 611	<p>Continued From page 31</p> <p>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. Residents' 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: Based on observations, record reviews and interviews, the facility RN failed to develop appropriate written plans of care (Resident Service Plan).</p> <p>Findings:</p> <p>RI#1 was admitted to the facility on August 21, 2017. The RSP noted RI#1 had no "Behavioral Symptoms" however, she/he was known to resist</p>	A 611		

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A 611	<p>Continued From page 32</p> <p>care according to the staff and the Resident Monthly Assessments. This was not reflected in the RSP.</p> <p>RI#4 was transferred from the ALF unit to the SCALF unit on March 22, 2018. The RSP listed "*Anxious at times" as a "Behavioral Symptom" but there was not an intervention to address the anxiety. During the monthly assessments EI#2 identified behaviors such as wandering and exit seeking, however, these behaviors were not mentioned on the RSP with appropriate interventions.</p> <p>RI#5 had been residing at the facility since February 12, 2014. The surveyor observed the staff pushing RI#5 in her/his wheelchair. EI#7 told the surveyor RI#5 could self-propel but was "almost blind." The RSP did not address RI#5's visual impairment and how it might impact her/his activities of daily living.</p> <p>RI#6 was admitted to the facility on February 18, 2019. On May 3, 2019, the nurse documented in the monthly assessment, "Resident has had multiple incidents of behaviors" but the RSP noted, "*Pleasant affect." On January 14, 2020, RI#6 was seen by an outside provider for increased verbal aggressiveness and behaviors. During the survey, RI#6 was observed refusing to eat even with verbal cueing from the staff. EI#16, PCA, told the surveyor this was not uncommon and she/he often resisted care. The RSP was not updated with appropriate interventions to address these behaviors.</p> <p>RI#7 was admitted to the facility on January 5, 2018. On December 30, 2019 and January 29, 2020, EI#2, RN, identified a new behavior during the monthly assessments. The RSP did not</p>	A 611		

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A 611	Continued From page 33 mention "wanders" as a behavior with interventions to address the problem. The surveyor reviewed the RSP expectations with EI#1, Administrator and EI#2, RN,. Both verbalized understanding and agreed to update the RSP accordingly.	A 611		
A 613	420-5-20-.06 (5) (a) (b) (c) (d) (e) Care of Residents. (5) Medications. (a) Medications, as defined in these rules, shall be prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination. (b) A physician order is required for a resident to manage and have custody of his or her own medications. (c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession. (d) Medication administration, as defined in these rules, shall be conducted only by a physician or an RN or LPN. An RN or LPN shall administer medications to residents in the	A 613		

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A 613	<p>Continued From page 34</p> <p>specialty care assisted living facility only in accordance with physician orders and the Nurse Practice Act.</p> <p>(e) A current copy of A Short Practical Guide for Psychotropic Medications in Dementia Patients or the equivalent shall be in each specialty care assisted living facility as a reference guide.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the Administrator (EI#1) failed to ensure only an RN or LPN administered medications (oral and injection) to residents with cognitive impairment.</p> <p>Findings:</p> <p>On February 24, 2020, during review of the Medication Administration Records (MAR) for RI#3 and RI#5 the surveyor noted EI#1 (unlicensed) had initialed the MAR to indicate she (EI#1) had administered medications on November 12, 2019, November 16, 2019, and January 23, 2020. RI#3 and RI#5 had been administered oral medications and insulin injections by EI#1. The surveyor interviewed EI#7, Licensed Practical Nurse (LPN), EI#2, RN, and EI#14, PCA, and all three (3) employees confirmed EI#1 had given medications to residents in the memory care unit. The surveyor then interviewed EI#1 and she (EI#1) acknowledged she (EI#1) did give the medications because there was not a nurse available on those days. EI#1 told the surveyor she (EI#1) was aware she (EI#1) was not allowed</p>	A 613		

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A 613	Continued From page 35 to administer medications and stated, "I had to make sure the resident's were taken care of."	A 613		
A 617	420-5-20-.06 (6) Care of Residents. (6) Disposal of Medications. (a) 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, et. seq. Under no circumstances shall expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days. (b) 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. (c) When medications are destroyed on the premises of the specialty care assisted living facility, a record shall be made and retained for at least three years. This record shall include: the name of the specialty care 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	A 617		

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A 617	<p>Continued From page 36</p> <p>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 February 9, 2020, RI#8 expired and the facility destroyed his/her medications the next day. However, the method of destruction was not included on the Medication Disposal Form. On February 26, 2020, EI#5, Regional Nurse Consultant, added a line on the form so the method of disposal could be written in by the staff.</p>	A 617		
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</p>	A 805		

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A 805	<p>Continued From page 37</p> <p>may be met when private bedrooms are large enough for use as small sitting rooms and are 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 observation and interview, the facility failed to ensure all the furniture in the activity room was clean and in good repair.</p> <p>Findings:</p> <p>On February 25, 2020, the surveyor observed the furniture in the activity room to be in poor condition. The sofa and chairs were badly stained and the cushions were torn. The sofa cushions</p>	A 805		

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A 805	<p>Continued From page 38</p> <p>on one end sagged making it difficult for the residents to get up. EI#7 told the surveyor the staff was embarrassed when visitors came into the activity room. EI#17, Maintenance Director, agreed the furniture was in bad shape and plans were being made by corporate to replace the furniture. EI#6, Business Office Manager, told the surveyor the facility had not been given a delivery date for the new furniture.</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A 805		