

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D2507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2021
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NAME OF PROVIDER OR SUPPLIER WILLS CREEK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 AIRPORT ROAD WEST P O BOX 680883 FORT PAYNE, AL 35968
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A 000	<p>Initial Comments</p> <p>On December 15, 2021, an unannounced licensure survey and complaint investigation was conducted for this 40 bed Assisted Living Facility (ALF) with a census of 31.</p> <p>There was one complaint investigated during this survey. Complaint #20210212007 was investigated and no deficiencies were cited as a result of the complaint investigation.</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 potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 402	<p>420-5-4-.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 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</p>	A 402		

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

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A 402	<p>Continued From page 1</p> <p>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 review and interview, the facility failed to screen potential employees for abuse.</p> <p>Findings:</p> <p>Review of employee files on December 14, 2021 revealed Employee Identifier (EI)#13 was hired by the facility on November 8, 2021. The documentation of screening through the Alabama Department of Public Health Aide Abuse Registry for EI#13 was November 22, 2021. EI#13 was not screened for abuse prior to hire. EI#2 and EI#3 agreed the required screening had not been completed timely.</p>	A 402		
A 403	<p>420-5-4-.04 (4) Personnel.</p> <p>(4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain:</p>	A 403		

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A 403	<p>Continued From page 2</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 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 review and interview, the facility failed to document the date of initial resident contact for all employees.</p> <p>Findings:</p> <p>Review of employee files on December 14, 2021 revealed EI#6 was hired on January 26, 2021 and EI#13 was hired on November 8, 2021. There was no documentation of an initial resident contact date for either employee. EI#2 and EI#3 agreed the required information had not been documented.</p>	A 403		

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A 405	Continued From page 3	A 405		
A 405	<p>420-5-4-.04 (6) Personnel.</p> <p>(6) 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. 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:</p> <ol style="list-style-type: none"> 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 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. 	A 405		

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A 405	<p>Continued From page 4</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 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</p>	A 405		

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A 405	<p>Continued From page 5</p> <p>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 ensure all staff who had contact with residents were currently certified in CPR. The facility also failed to ensure staff were trained in special needs of residents.</p> <p>Findings:</p> <p>CPR Certification</p> <p>Review of employee files on December 14, 2021 revealed EI#1, Administrator, had been employed at the facility since April 28, 2004. The most recent documentation of CPR certification for EI#1 showed EI#1's CPR certification had expired in July 2020. On December 14, 2021, EI#1 confirmed her (EI#1's) CPR certification was not current. EI#2 also informed the surveyors the facility did not currently require laundry staff and housekeeping staff to complete CPR certification even though these staff members had contact with residents. On December 15, 2021, EI#3 stated the facility would begin certifying all staff in CPR.</p> <p>Special Needs Training</p> <p>Resident record reviews and staff interviews on December 14 and 15, 2021 revealed Resident Identifier (RI)#1 had a diagnosis of diabetes mellitus and currently had unstable blood sugars, requiring emergency room visits and medication changes. Review of employee files on December 14, 2021 revealed no documentation of staff</p>	A 405		

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A 405	Continued From page 6 training in diabetes. On December 15, 2021, EI#3 agreed the facility had not provided the required special needs training but further stated the facility would begin training for all staff in special needs of residents to include diabetes.	A 405		
A 601	420-5-4-.06 (1) Care of Residents. (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician. (a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or another emergency call). (b) Back-up Physician Support. Each assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in an assisted living facility.	A 601		

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A 601	<p>Continued From page 7</p> <p>(c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who is responsible for the care of the resident and authorized to write orders by facility policy. All verbal orders must be authenticated within such time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure all residents' care was under the direction and supervision of a physician.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON AUGUST 9, 2018.</p> <p>Findings:</p> <p>RI#1 had a past medical history of unstable insulin dependent diabetes. The following parameters had been ordered by the physician, check blood sugar (BS) fasting twice daily (BID) and record. If the BS was less than 70 mg/dL treat with juice and food. Recheck BS if still below</p>	A 601		

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A 601	Continued From page 8 70 mg/dL send to emergency room (ER). If BS greater than 300 mg/dL take to clinic for evaluation or send to ER. Based on the record review, RI#1 had been having problems with hypoglycemia since September 2021. The blood sugar was to be checked twice a day at 6 AM and 4 PM. According to the "Check Blood Glucose Daily" log, RI#1's blood glucose was not recorded on December 10, 2021 or December 12, 2021. During an interview on December 15, 2021, EI#8, Resident Assistant (RA), explained to the surveyor the blood glucose checks were done on those days, but she (EI#8) failed to record the results on the log. EI#8 verbalized understanding of the importance of recording all blood glucose readings to ensure the physician's orders are followed. Refer to deficiencies 611 and 615 for additional information.	A 601		
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:	A 602		

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A 602	<p>Continued From page 9</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. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. 	A 602		

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A 602	<p>Continued From page 10</p> <p>(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:</p> <ol style="list-style-type: none"> 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. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have documentation of tuberculosis (TB) evaluation within the previous 12 months for all residents.</p> <p>Findings:</p> <p>Resident Identifier (RI)#2 was admitted to the facility on November 3, 2021. According to the admission Medical Examination the TB skin test was administered on November 3, 2021. The TB</p>	A 602		

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A 602	Continued From page 11 skin test was not read until three (3) days later on November 6, 2021. The record did not contain a TB skin test results or chest X-ray report from the previous 12 months. EI#2 confirmed during an interview with the surveyor the TB evaluation should have been done prior to admission to the facility.	A 602		
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	A 611		

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A 611	<p>Continued From page 12</p> <p>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:</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>	A 611		

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A 611	<p>Continued From page 13</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, interviews, and record reviews, the facility's Resident Service and Plan of Care (RSPC) was not updated, nor did it reflect the current condition of the resident, and all entries on the RSPC were not dated.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON AUGUST 9, 2018.</p> <p>Findings:</p> <p>RI#1 had been residing at the facility since June 24, 2016. RI#1's medical conditions include, hypertension, heart failure, chronic kidney disease, atrial fibrillation, pulmonary hypertension, insulin dependent diabetes mellitus, peripheral vascular disease, osteoarthritis, and severe tricuspid regurgitation.</p> <p>On September 16, 2021, the home health nurse</p>	A 611		

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A 611	<p>Continued From page 14</p> <p>found RI#1 with a low heart rate of 42-50 beats per minutes. RI#1 was sent to the emergency department (ED) for evaluation, but this was not mentioned on the RSPC as a "Diagnostic alert" with interventions to monitor RI#1 for bradycardia.</p> <p>On November 2, 2021, RI#1 had a fall outside of the facility which resulted in a large laceration on the left lower leg. The laceration was mentioned on the RSPC, but there were no interventions on the RSPC to monitor for signs and symptoms of infection or increased pain.</p> <p>The current Medical Examination and Plan of Care was completed by the physician on November 11, 2021. The physician made dietary changes to include, no added salt, 2 gram sodium, and fluid restrictions (2 liters). The dietary changes were not reflected on the RSPC.</p> <p>RI#1 was sent to the ED the evening of December 13, 2021, for symptomatic hypoglycemia (53 mg/dL). The diagnosis was drug induced hypoglycemia and the physician made medication changes, however, the RSPC was not updated with this new diagnosis.</p> <p>RI#1's RSPC was not signed by the staff nor were any of the entries dated.</p> <p>On December 15, 2021, the surveyor discussed the RSPC expectations with EI#2. EI#2 verbalized understanding and agreed to update the RSPC accordingly.</p>	A 611		
A 615	<p>420-5-4-.06 (7) (j) Care of Residents.</p> <p>(j) All medications administered to residents and all medications self-administered</p>	A 615		

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A 615	<p>Continued From page 15</p> <p>with assistance of facility staff in an assisted living facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the following:</p> <ol style="list-style-type: none"> 1. The name of the resident to whom the medication was administered or assisted. 2. The name of the medication administered or assisted. 3. The dosage of the medication administered or assisted. 4. The method of administration or assistance. 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assistance. 7. Any adverse reaction to the medication. 8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication. <p>This Rule is not met as evidenced by: Based on observations, record reviews and</p>	A 615		

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A 615	<p>Continued From page 16</p> <p>interviews, the facility failed to properly document on a resident's Medication Administration Record (MAR).</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON AUGUST 9, 2018.</p> <p>Findings:</p> <p>RI#1 had a past medical history of insulin dependent diabetes. On December 14, 2021 at 4 PM, the surveyor observed EI#7, RA, assist RI#1 with injecting 10 units of Humalog insulin into the left anterior thigh. On December 15, 2021, the surveyor completed medication reconciliation for RI#1. The surveyor discovered the morning dosage of insulin was not printed on the December 2021 MAR. The physician order was to administer Humalog insulin 20 units in the AM and 10 units in the PM. On December 15, 2021, the surveyor interviewed EI#8, RA, regarding the missing insulin entry on the MAR. EI#8 explained she (EI#8) assists RI#1 with her/his insulin every morning at 7 AM, but could not explain why she (EI#8) did not notice the morning insulin was not on the MAR. EI#8 was also asked to explain how she (EI#8) contemporaneously recorded the insulin when it was not printed on the MAR. EI#8 said she (EI#8) must have initialed the 6 AM blood sugar entry on the MAR thinking it was the morning insulin. In addition, the RAs did not record the site of the insulin injections on the MAR.</p> <p>EI#3, Consultant, told the surveyor in the future the MAR would be checked by two (2) staff members for accuracy.</p>	A 615		

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A 616	Continued From page 17	A 616		
A 616	<p>420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.</p> <p>(k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident.</p> <p>(l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected.</p> <p>(m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any</p>	A 616		

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A 616	<p>Continued From page 18</p> <p>requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.</p> <p>(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.</p> <p>(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p>	A 616		

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A 616	<p>Continued From page 19</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain and follow a system to accurately account for all controlled substances in its possession.</p> <p>Findings:</p> <p>On December 14, 2021 at 2:15 PM, the surveyor observed narcotic count at the change of shift. EI#8 (first shift) and EI#9 (second shift) conducted a count of the controlled substances stored in the medication cart. The surveyor inquired if there were additional narcotics located within the facility. EI#8, RA, informed the surveyor there were "extra cards" of narcotics kept in EI#2's office. EI#2 confirmed the extra blister cards of narcotics were locked in a safe in her (EI#2) office. EI#2 went onto say only herself (EI#2) and EI#1 had the code to open the safe. EI#2 acknowledged the extra cards of narcotics were not counted at the change of shift. EI#2 and EI#3 told the surveyor they would immediately develop a system to account for all controlled substances in their possession.</p>	A 616		
A1201	<p>420-5-4-.12 (1) Physical Environment.</p> <p>(1) Buildings and Grounds.</p> <p>(a) The assisted living facility including site and grounds must be constructed, arranged, and maintained to ensure the safety of the residents and building occupants.</p> <p>(b) Building Classification.</p>	A1201		

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A1201	<p>Continued From page 20</p> <ol style="list-style-type: none"> 1. Family assisted living facilities shall be planned to serve the types of residents to be admitted and shall comply with the Life Safety Code Chapter for One- and Two-Family Dwellings, and shall comply with Sections (1), (2), (3), and (4) of AAC Rule 420-5-4-.12. 2. Group assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), and (5) of AAC Rule 420-5-4-.12. 3. Congregate assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (6) of AAC Rule 420-5-4-.12. 4. Renovation within the exterior walls of an assisted living facility shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the classification of license held by the assisted living facility. 5. Dually Licensed Facility. <ol style="list-style-type: none"> (i) For the purposes of meeting physical facility and building code requirements, a building housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed capacities of both facilities. For the purposes of meeting resident care and administrative requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed 	A1201		

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A1201	<p>Continued From page 21</p> <p>capacity of each, and the determination shall not be based on their combined bed capacity. See Rule 420-5-20 for Specialty Care Assisted Living Facilities and requirements.</p> <p>(ii) When a facility has a portion of a building licensed for specialty care residents, instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions.</p> <p>(c) Location. All assisted living facilities established or constructed shall be located so that they are free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance can be reduced to 500 feet when facility is separated by a boarded fence at least six feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities.</p> <p>(d) Local Restrictions. The location and construction of all assisted living facilities shall comply with local zoning, building, and fire ordinances. Evidence to this effect, signed by local fire, building, or zoning officials, may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the local county commission through official board action or from the office of the probate judge.</p> <p>(e) Assisted living facilities shall be located on publicly maintained streets or roads,</p>	A1201		

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A1201	<p>Continued From page 22</p> <p>and connected with driveways which shall be kept passable at all times.</p> <p>(f) Occupancy. No part of an assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility or the residents of other licensed facilities on the same campus. A campus consists of the premises occupied by the licensed facility together with all parcels or property that the governing authority owns or has the legal right to occupy, and which are separated from the remainder of the campus only by a public right of way. Services provided within the facility shall be limited to serving the residents of facilities on the campus that are licensed by the Department. The Department shall approve all plans for occupancy.</p> <p>(g) Basements. The basement shall be considered as a story if it meets criteria established by the codes for a story.</p> <p>(h) The assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services.</p> <p>(i) Facilities, supplies, and equipment must be maintained in safe operating condition.</p> <p>(j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility administrator allowed a part of the assisted living facility to be used for commercial purpose.</p>	A1201		

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A1201	<p>Continued From page 23</p> <p>Findings:</p> <p>On December 15, 2021, the surveyors received a report from staff that the facility's Beauty Salon was being used by EI#12 to provide services to customers who did not reside in the facility. The report by staff further alleged residents had voiced concerns about these outside customers because they were occupying parking spaces normally used by residents of the facility. During an interview on December 15, 2021, EI#1 admitted EI#12 had occasionally used the facility's Beauty Salon to provide salon services to some of her (EI#12's) customers who did not reside in the facility. EI#1 further stated she (EI#1) understood the state rule and would not allow this practice to continue.</p> <p>CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE</p>	A1201		