

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D3786	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/14/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LONG LEAF AT LIBERTY PARK**451 LIBERTY PARKWAY
VESTAVIA HILLS, AL 35242**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On October 14, 2021, an unannounced licensure survey and complaint investigation was conducted for this 90 bed Assisted Living Facility (ALF) with a census of 46. There was one (1) complaint investigated during this survey. Intake ID: 20210315008 was unsubstantiated and no deficiencies were cited related to the complaint.. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a risk or potential risk of harm to the residents and requires a plan of correction.	A 000	This plan of correction, submitted by LP Vestavia LLC d/b/a Longleaf Liberty Park, constitutes our written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by state and federal law. The following is the Plan of Correction for Longleaf Liberty Park regarding the Statement of Deficiencies dated October 14, 2021. In this document, we have outlined the specific actions in response to identified concerns. We remain committed to the delivery to make changes and improvements to satisfy that objective.	
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	A 601		

Health Care Facilities

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Executive Director

11/1/21

Alabama Department of Public Health

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A 601	Continued From page 1 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. (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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a resident was receiving the correct amount of oxygen (liters	A 601		

Alabama Department of Public Health

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A 601	Continued From page 2 per minute) as ordered by the physician. Findings: Resident Identifier (RI#1) On October 14, 2021 at 12:40 PM, the surveyor visited RI#1 in her/his room while physical therapy (PT) was in progress. The surveyor observed RI#1 was receiving oxygen at 2.5 liters per minute by nasal cannula. RI#1 told the surveyor she/he became nauseated during PT and put the oxygen on. The surveyor questioned RI#1 what the concentrator oxygen rate was supposed to be set at and she/he replied she/he did not know. Employee Identifier (EI)#1, Administrator, was also in RI#1's room at that time. The surveyor asked EI#1 if the oxygen was 2.5 liters per minute. EI#1 said she (EI#1) would have to check the chart. A review of the record with EI#1 revealed the current order for oxygen was written on September 15, 2021, after a hospitalization for hypertension and chronic obstructive pulmonary disease. ("on intermittent oxygen"). The order read 2 liters oxygen via nasal cannula PRN (as needed) to keep the percent saturation of oxygen in the blood greater than 90% (SpO2 > 90%). EI#1 acknowledged RI#1 was not receiving the correct amount of oxygen as ordered by the physician. See deficiency 611 for additional information.	A 601	1. A601 420-5-4.06 (1) Care of Residents (Following Physician Orders for Oxygen Order) 2. Resident Indicator #1's Oxygen was adjusted to the correct amount on 10/14/2021 by the Executive Director. On 10/14/2021, the Executive Director reviewed medication orders with resident indicator #1 and resident is now able to demonstrate medication awareness. 3. An audit of residents receiving oxygen was completed on 10/14/2021 by the Executive Director to ensure all were set on the correct setting and residents could demonstrate medication awareness of oxygen order. 4. Oxygen orders will be added to the MAR for all residents with routine and PRN orders. 5. The Director of Assisted Living/Designee will round two (2) times per week for twelve (12) weeks to ensure all oxygen concentrators are set at physician ordered liters and validate those residents receiving oxygen can demonstrate medication awareness. Any negative findings will be addressed immediately. Monitoring tools will be maintained in the Executive Director's office.	
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 611		

Alabama Department of Public Health

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A 611	Continued From page 3 (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated. 1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 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	A 611		

Alabama Department of Public Health

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A 611	Continued From page 4 certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider. 5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident. (i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested. (ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips. (iii) Hair. Resident's hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.	A 611		

Alabama Department of Public Health

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A 611	Continued From page 5 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the resident's Plans of Care (POC) were not updated and did not reflect the current condition of the residents. Findings: RI#1 was admitted to the facility on March 23, 2021. The Physical Exam/Medical Plan of Care was dated March 23, 2021, and listed the following diagnoses, major depression and cognitive disorder. The POC listed, "Shortness of Breath" as a "Focus" with the following "Intervention", "Order received 6/2/2021 for resident to wear portable oxygen while ambulating outside of apartment." According to the monthly assessment dated September 17, 2021, RI#1 had returned from rehab. The post hospitalization Physical Exam/Medical Plan of Care (dated September 15, 2021) listed new diagnoses to include, hypertension, chronic obstructive pulmonary disease (on intermittent oxygen), anxiety, debility, and urge incontinence. In addition, a new order for oxygen was written. EI#1 agreed the POC should have been updated to reflect the new order of 2 liters oxygen via nasal cannula PRN (as needed) to keep the percent saturation of oxygen in the blood greater than 90% (SpO2 > 90%). See deficiency 601 for additional information. RI#2 had a physician's order dated September 29, 2021, to admit RI#2 to hospice for a primary diagnosis of hypertensive heart disease with	A 611	1. A611 420-5-4-.06 (4)(a)(b) Care of Residents 2. Resident Indicator #1 care plan was updated to reflect the new adjustment in the resident's oxygen by Executive Director on 10/28/2021. Resident Indicator #2's care plan was updated to reflect current needs for hospice by the Executive Director on 10/28/2021. Resident Indicator #5's care plan was updated on 10/28/2021 by the Executive Director to address needs associated with limitation of her left side, bleeding precautions and co-morbidities including hypertension. 3. An audit will be completed on 100% of ALF residents during the next 30 days during the completion of the Monthly Summaries to ensure that service plans are reflective of current needs. 4. The new Director of Assisted Living was educated on 10/28/2021 by the Regional Director of Clinical Services on the service plan requirements. Additional on-boarding training will occur again on 11/18/2021 and 11/19/2021 5. The Executive Director/Designee will review 2 charts weekly for 12 weeks to ensure care needs are addressed on the service plans. Any negative findings will be addressed immediately. Monitoring tools will be maintained in the Executive Director's office.	

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A 611	Continued From page 6 heart failure. The POC did mention the order for hospice was received, but the entry was not accurately dated as required. RI#5 was admitted to the facility on July 26, 2021, with diagnoses to include; colostomy, hypertension, supraventricular tachycardia (SVT), cerebral infarction (stroke), stage 3 chronic kidney disease, gastroesophageal reflux disease (GERD), pain in joint, constipation, and polyneuropathy. On the afternoon of October 12, 2021, the surveyor visited with RI#5 in her/his room. RI#5 informed the surveyor she/he had a stroke in 2016 which resulted in a paralyzed left arm and limited movement of left leg. The POC did mention the stroke as a "Focus" but the POC did not specify the limitations of the left extremities (arm and leg) in the "Interventions." Due to the past medical history of the stroke RI#5 was receiving daily anticoagulants (aspirin and Eliquis). The POC did not list bleeding precautions as an intervention. RI#5 was being treated with three (3) antihypertensive medications daily, however, hypertension was not listed on the POC as a diagnosis to be monitored.	A 611		
A 618	420-5-4-.06 (9) Care of Residents. (9) Oxygen Therapy. (a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her	A 618		

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A 618	Continued From page 7 administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged. (b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift unless oxygen therapy is self-managed by the resident. (c) If a resident receives oxygen therapy in a facility: 1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 2. All oxygen tanks shall be safely maintained and stored. 3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted. 4. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen. Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to properly document residents' oxygen use on the Medication Administration Record (MAR). Findings:	A 618		

Alabama Department of Public Health

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A 618	Continued From page 8 RI#1 had an order for intermittent oxygen due to chronic obstructive pulmonary disease (COPD) written on September 15, 2021. The Physical Exam/Medical Plan completed at the time of admission (March 23, 2021) and the exam performed post hospitalization (September 15, 2021) indicated RI#1 was not capable of managing and having custody of his/her medications. The oxygen use for RI#1 was not documented on the MAR to include date, time, rate and proper function of the equipment at least once per shift. On October 14, 2021, the surveyor explained to EI#1 that oxygen should be treated as a medication since it is prescribed by the physician. EI#1 agreed and said she (EI#1) would add the oxygen requirements to the MAR. See deficiencies 601 and 611 for additional information. CONNIE CHERRY, REGISTERED NURSE DEBRA FREEMAN, REGISTERED NURSE	A 618	1. A618 420-5-4-.06 (9) Care of Residents 2. Resident Indicator #1's Oxygen was adjusted to the correct amount on 10/14/2021 by the Executive Director. On 10/14/2021, the Executive Director reviewed medication orders with resident indicator #1 and resident is now able to demonstrate medication awareness. Resident Indicator #1's Oxygen was also added to the MAR. 3. An audit of residents receiving oxygen was completed on 10/14/2021 by the Executive Director to ensure all were set on the correct setting and residents could demonstrate medication awareness of oxygen order and confirmed that they were listed on the MAR. 4. The Director of Assisted Living re-educated staff on caring for residents receiving Oxygen on 10/14/2021. 5. The Assisted Living Director of Health and Wellness/Designee will run a report from Point Click Care to reflect Oxygen orders 2 times per week for 12 weeks to ensure all oxygen concentrators are set at physician ordered liters and validate those residents receiving oxygen can demonstrate medication awareness. Any negative findings will be addressed immediately. Monitoring tools will be maintained in the Executive Director's office.	11/1/21