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	D4981	A. BUILDING: _____ B. WING _____	06/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISTED LIVING OF CITRONELLE	8525 STATE STREET CITRONELLE, AL 36522

(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 This is a 16 bed Assisted Living Facility with a census of 8 on June 30, 2015. The following complaint was investigated during the survey. Complaint LC#123-2014 was substantiated with deficiencies cited. 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, Assisted Living Facilities (ALF). The deficiencies cited pose a risk or potential risk to residents and require a plan of correction.	A 000		
A 301	420-5-4-.03 (1)(a)(b) Administration (1) The Assisted Living Facility Governing Authority. (a) An assisted living facility shall have an identified sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, or it shall have a designated individual or group of designated individuals who serve as its governing authority. The governing authority shall be responsible for implementing policies for the management and operation of the facility, and for appointing and supervising the administrator who is responsible for overall management and the day-to-day operation of the facility. In family and group assisted living facilities, the governing authority and the administrator may be the same individual. A facility must give complete information to the Department identifying:	A 301		

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A 301	Continued From page 1 1. Each person who has an ownership interest of ten per cent or more of the governing authority; 2. Each person or entity who has an ownership interest of ten per cent or more in the real property or building used by the assisted living facility to offer its services; 3. Each officer and each director of the corporation if the governing authority is a corporation; and 4. Each partner, including any limited partners, if the governing authority is a partnership. (b) The governing authority shall submit any changes to the information listed above to the Department within 15 days of the change. This Rule is not met as evidenced by: Based on observations and interviews, the governing authority failed to ensure the facility operated responsibly and in compliance with the SBOH rules for assisted living facilities. Findings: On 06/29/2015, the surveyor observed the kitchen did not contain enough food items to prepare the meals listed on the menu for the next three days, for the eight residents living in the facility. The surveyor asked Employee Identifier (EI) #4 if she had enough food items to prepare the meals on the menu. EI#4 told the surveyor, "no, it's shopping day." EI#1, administrator, told the surveyor she needed to leave the facility to get groceries because the kitchen staff did not have enough food to prepare the evening meal. The surveyor explained that the facility was required to keep three days worth of food in the facility at all times. EI#1 said she only received	A 301		

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A 301	Continued From page 2 enough money for a week's worth of food. On 06/30/2015, the surveyor spoke with EI#2, owner, about the lack of food available in the facility when the surveyor arrived. He said that he would take responsibility for that, because he had requested that EI#1 shop for groceries on Mondays.	A 301		
A 510	420-5-4-.05 (3)(d) 1. & 2 Records and Reports (d) 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 medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be developed in cooperation with the resident and, if appropriate, the sponsor. It shall document the personal care and services required from the facility by the resident. This plan shall be kept current, reviewed and updated when there is any significant change in the resident's condition, after each hospitalization, and at other appropriate times. It shall in all cases be reviewed and updated at least annually by the attending physician. In addition to other items that may be required by the facility's own policies and procedures, it shall contain the following: 1. A listing of the resident's needs or problems that require intervention by the facility, such as behavioral symptoms, weight loss, falls, and therapeutic diets. The facility shall assess the appropriateness of interventions required by each resident monthly. The facility shall on a monthly basis weigh and record the weight of each resident. The facility shall assess residents on a monthly basis and more often when necessary to identify significant changes in health status or	A 510		

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A 510	Continued From page 3 behavior to include awareness of medication. Significant change is defined as two or more falls in 30 days or less, a significant weight loss, unmanageable or combative or potentially harmful behaviors, any adverse drug interaction or over sedation or any elopement. A significant weight loss is defined as a 5% or greater weight loss in a period of one month or less, or a 7.5% or greater weight loss in a period of three months or less, or a 10% or greater weight loss in a period of six months or less. Any weight loss shall be considered to be 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. Any significant change requires immediate implementation and documentation of interventions or reassessment of existing interventions. 2. A description of the assistance with activities of daily living required by the resident including bathing, dressing, ambulation, feeding, toileting, grooming, medication assistance, diet and risk to personal safety. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on observations, record review, and interview, the facility failed to update care plans to reflect changes in the resident's care needs and	A 510		

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A 510	Continued From page 4 also failed to document monthly assessments including falls, behaviors, or medication awareness. THIS DEFICIENCY WAS CITED AS A RESULT OF THE COMPLAINT INVESTIGATION. Findings: During review of facility records for RI#1, RI#2, and RI#3, the surveyor observed the resident care plans did not address specific resident care needs including: chronic pain, possible medication side effects, and changes in adaptive equipment. EI#1 told the surveyor that she was not a nurse and didn't know what to put on the residents' care plans. Facility records also did not have monthly assessments that included documentation regarding falls, behaviors, or medication awareness. When the surveyor asked EI#1 about the residents' monthly assessment documentation, she told the surveyor that the (SBOH for ALF) rules didn't require monthly assessments to be documented.	A 510		
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	A 601		

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A 601	Continued From page 5 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 Emergency Medical Services system (911 or an other 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. (c) The use of the word "physician" in these rules shall not be deemed to preclude a properly licensed nurse practitioner or a physician assistant from performing any function in an assisted living facility that otherwise would be required to be performed by a physician so long as that function is within the nurse practitioner's or physician assistant's scope of practice. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure physician orders were followed as written. Findings: On 06/30/2015, the surveyor observed EI#3 give RI#2 Coumadin 5 milligrams (mg), however, the medication assistance record (MAR) documented	A 601		

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A 601	Continued From page 6 that RI#2 was supposed to receive 7 mg of Coumadin. When the surveyor asked EI#1 about the discrepancy between the MAR and the physician's order, she said, "we ran out of the 2 mg tablets that we are supposed to give with the 5 mg tablets."	A 601		
A 612	420-5-4-.06(3)(a) Care of Residents (3) Personal Care and Services. (a) The facility shall offer appropriate activity programs to each resident, maintaining supplies and equipment as necessary to implement the activity programs. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide an appropriate activity program for each resident. Findings: The surveyor observed there were no staff initiated activities provided during the survey. Two residents interviewed said the only activities the facility had were Bingo once a month and a dog came to visit for a "few moments, once in a while". One resident said he picked tomatoes from the plants growing outside the facility. On 06/30/2015, when the surveyor discussed the lack of activities with EI#1, she told the surveyor about Bingo once a month and the dog visits monthly. She also said the residents had tomatoes growing outside. EI#1 said EI#3 was	A 612		

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A 612	Continued From page 7 supposed to play a game with the residents on 06/29/2015, but with the surveyor in the building EI#3 didn't have the time to do the resident activity.	A 612		
A 617	420-5-4-.06(4)(b)(c)(d) Care of Residents (b) For purposes of this section, "aware of his or her medications" shall mean either of the following: 1. The resident can maintain possession and control of his or her medications, and self-administer medications, without creating an unreasonable risk to health and safety; or 2. The resident has a reasonable lay person's understanding of the unit dose packaging system in use by the facility such that the resident could likely protect himself or herself from medication errors if unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use. (c) A resident who is not aware of his or her medications is deemed to be severely cognitively impaired. Severely cognitively impaired is defined as a resident being incapable of recognizing his or her name, or if he or she does not understand and cannot be trained to understand the unit dose medication system in use by the facility, or if the resident likely cannot protect himself or herself from medication errors by the facility staff. (d) An assisted living facility resident who is aware of his or her medications as defined above	A 617		

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A 617	Continued From page 8 may be assisted with the self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure. Assistance with self-administration of medication includes the following practices: 1. Reminding a resident who is aware of his or her medications as defined above that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed. 2. Physically assisting a resident who is aware of his or her medications as defined above by opening or helping to open a container holding oral medications. 3. Offering liquids to a resident who is aware of his or her medications as defined above to assist that resident in ingesting oral medications. 4. Physically bringing a container of oral medications to a resident who is aware of his or her medications as defined above. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure all residents were able to protect themselves from medication errors. Findings:	A 617		

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A 617	Continued From page 9 On 06/30/2015, the surveyor observed EI#3 assist RI#4 with his medications. When EI#3 asked RI#4 to verify his name on the medication card, RI#4 said, "I can't see it." EI#3 asked RI#4 if he needed his glasses, RI#4 said, "they don't help." The surveyor stopped EI#3 and asked EI#1 to test RI#4 to see if he could protect himself from medication errors. RI#4 told EI#1 that he couldn't see the names on the medication cards. When EI#1 insisted RI#4 wear his glasses and read the names on the two different residents' medication cards, RI#4 told EI#1 both of the medications had his name on them, which was not correct. EI#1 told RI#4 "you should have told me you couldn't see your name on the cards." RI#4 said, "I been telling them I can't see it." RI#4 told EI#1 that he needed his name written in black marker, in letters about an inch tall, so he could see it. When EI#1 wrote the residents' names with black marker, in larger letters, on the medication cards, RI#4 was able to identify his medication from another resident's medication. EI#1 told the surveyor that she had only used the resident's own medication cards to test for medication awareness and did not know RI#4 couldn't see his name on the medication cards.	A 617		
A 621	420-5-4-.06(4)(h) Care of Residents (h) All medications administered to residents in an assisted living facility, including over the counter medications, shall be contemporaneously recorded on a standard medication administration record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered.	A 621		

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A 621	Continued From page 10 This Rule is not met as evidenced by: Based on observations, interview, and record review, the facility failed to document medications at the time or immediately after they were administered. Findings: On 06/29/2015 at 10:00 AM, when the surveyor and EI#1 looked at the residents' June 2015 MARs, the surveyor observed medications scheduled for that same day at noon and 4:00 PM had already been initialed as administered. When EI#1 asked EI#3 if the noon and 4:00 PM medications had been given, EI#3 said they had not been given yet. The surveyor then noticed that 8:00 AM medications had not been initialed as given. When EI#3 was asked if all the 8:00 AM medications had been given, she said they had been given, she just hadn't initialed the MAR's yet.	A 621		
A 625	420-5-4-.06(4)(l) Care of Residents (l) Medication administration 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 available for inspection and copying on demand by agents of the State Board of Health. They shall further be made available for inspection at reasonable times by residents who	A 625		

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A 625	Continued From page 11 are not cognitively impaired and by the sponsors of residents who are cognitively impaired. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to have written physician orders for all the residents' medications. Findings: During a review of facility records for RI#1, RI#2, and RI#3, the surveyor identified several discrepancies between each resident's MAR and the physician's orders documented in their individual records. EI#1 told the surveyor when a new medication card arrived in the facility, the caregivers changed the medication orders on the MAR's to match the pharmacy labels. EI#1 said they didn't always get an order from the pharmacy or the physician for the new or changed medications.	A 625		
A 723	420-5-4-.07 (3) (f) Food Service (f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for three days. Nonperishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for three days. This Rule is not met as evidenced by:	A 723		

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A 723	Continued From page 12 Based on observations and interviews, the facility failed to maintain enough food on hand to serve three meals a day, for three days, for all eight residents living in the facility. Findings: On 06/29/2015, the surveyor observed the kitchen did not have enough food to prepare the meals listed on the menu for the next three days for all eight residents living in the facility. The surveyor asked EI#4 if she had enough food to prepare the meals on the menu for the next three days. EI#4 told the surveyor, "no, it's shopping day." EI#1 told the surveyor she needed to leave the facility to buy groceries because the kitchen did not have enough food to prepare the evening meal. The surveyor explained that the facility was required to keep three days worth of food in the facility at all times.	A 723		
A1004	420-5-4-.10 (1)(d) Sanitation and Housekeeping (d) Control of Insects, Rodents and Other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or control shall be used. Droppings shall be evidence of infestation by pests. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep the facility free of pests. Findings:	A1004		

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A1004	Continued From page 13 On 06/29/2015, the surveyor observed numerous ants crawling on the walls and food packages stored in the dry storage closet. EI#1 verified the presence of the ants in the food closet and said she would arrange for a visit from the exterminator.	A1004		
A1205	420-5-4-.12 (3)(c) Physical Plant (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, Assisted Living Facilities cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain adequate lighting in the laundry room. Findings: During a tour of the facility, the surveyor observed with EI#1 that there was a problem with the fluorescent lighting in the laundry room making it difficult to perform necessary laundry tasks in the poorly lit room.	A1205		
A1207	420-5-4-.12 (3)(e) Physical Plant (e) Emergency Lighting. All assisted living facilities shall provide emergency lighting to adequately illuminate halls, corridors, kitchens,	A1207		

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ASSISTED LIVING OF CITRONELLE	8525 STATE STREET CITRONELLE, AL 36522

(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
A1207	Continued From page 14 dining areas, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain emergency lighting in the corridors. Findings: On 06/29/2015, the surveyor observed with EI#1, that the emergency light, located next to room #4, did not work when it was tested. TONYA AVENATTI, REGISTERED NURSE	A1207		