

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2019
NAME OF PROVIDER OR SUPPLIER Crowne Health Care of Mobile		STREET ADDRESS, CITY, STATE, ZIP CODE 954 Navco Road Mobile, AL 36605	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure Employee Identifier (EI) #5, the treatment nurse, did not date and initial Resident Identifier (RI) #67's dressings after the dressings had been placed over the resident's wounds during the wound care observation on 09/18/19.</p> <p>This affected RI #67, one of one residents observed for wound care.</p> <p>Findings Include:</p> <p>RI #67 was admitted to the facility on [DATE] and readmitted on [DATE], with the diagnosis of Pressure Ulcers.</p> <p>On 09/18/19 at 11:11 a.m., the surveyor observed EI #5 provide wound care for RI #67. EI #5 removed the dressings from RI #67's left ischial and sacrum areas, provided wound care to both wounds, covered the wounds with border foam dressings, then wrote the date and initialed the dressings with a black marker. EI #5 then cut the dressing from RI #67's left lower extremity, provided wound care to RI #67's left heel and left lateral ankle, covered the wounds and wrapped them with Kling wrap. After wrapping with Kling wrap, EI #5 placed silicone tape over the wrap and wrote the date and initialed the dressing with a black marker. EI #5 proceeded to clean the wound to RI #67's right inner knee, provided wound care, placed a border foam dressings over the wound then wrote the date and initialed the dressing with a black marker. EI #5 cut the dressing from RI #67's right lower extremity, provided wound care to the wounds on the right lower extremity, covered the wounds with Kling wrap, placed silicone tape over the Kling wrap then wrote the date and initialed the dressing with a black marker.</p> <p>On 09/19/19 at 11:57 a.m., the surveyor conducted an interview with EI #5. The surveyor asked EI #5 what should she have done before placing the dressings over RI #67's wounds. EI #5 said she should have put the date on the dressings prior to putting the dressings on RI #67's wounds.</p> <p>On 09/19/19 at 12:08 p.m., the surveyor conducted an interview with EI #6, the Licensed Practical Nurse (LPN)/Infection Control Nurse. When asked what should the treatment nurse have done before placing the dressings on RI #67's wounds, EI #6 said the dressings should have already been dated.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, a facility policy titled, Grievances/Concerns and review of Resident Identifier (RI) #644's RESIDENT /SPONSOR CARE PLAN INPUT SHEET, the facility failed to promptly ensure a Grievance/Concern Report was initiated when RI #644's sponsor brought a concern/grievance to the facility on [DATE].</p> <p>This affected RI #644, one of two residents sampled for grievances.</p> <p>Findings Include:</p> <p>RI #644 was admitted to the facility on [DATE].</p> <p>Review of a facility policy titled, Grievances/Concerns with a revised date of 11/16, revealed the following:</p> <p>. POLICY: .</p> <p>The Facility will promptly investigate grievances/concerns . in an effort to seek a resolution .</p> <p>PROCEDURES: .</p> <p>2. The Facility's Social Services Director will serve as the designated Grievance Official with the responsibility for overseeing the grievance process; receiving and tracking grievances through to their conclusion . 7. Upon any grievance/concern . either the individual making the grievance/concern of the Facility staff member receiving the complaint is responsible for initiating the Grievance/Concern Report, detailing the concern . 8. the Grievance Official will distribute the Grievance/Concern Report to the appropriate department or individual for investigation and intervention . 11. The Grievance Official or designee will maintain all Grievance/Concern Reports . 14. All Grievance/Concern Reports will be recorded on the Facility's Grievance/Concern Log .</p> <p>A review of RI #644's RESIDENT/SPONSOR CARE PLAN INPUT SHEET dated 05/14/19, documented:</p> <p>. Resident/Sponsor Concerns: Family came to facility and saw resident hunched over with requests to be put back in bed .Was grievance form filled out? Yes was checked on the sheet.</p> <p>A review of the facility's Grievance /Concern Log for May 2019, revealed there was no evidence a Grievance/Concern report had been completed when RI #644's sponsor brought their grievance/concern to the facility on [DATE].</p> <p>On 09/19/19 at 11:48 a.m., the surveyor conducted an interview with Employee Identifier (EI) #3, the Director of Social Services. The surveyor asked EI #3 who would have filed out the Grievance/Concern report from the 05/14/19 meeting concerning RI #644. EI #3 said that would have been him. The surveyor asked EI #3 what was the purpose for filling out a Grievance/Concern report. EI #3 said the purpose was to address any concerns with the residents or sponsors to improve their stay at the facility. When asked if he was able to locate a Grievance/Concern report for RI #644, EI #3 said no.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/19/19 at 12:29 p.m., the surveyor conducted an interview with EI #2, the Director of Nursing (DON). The surveyor asked EI #2 what was the time frame for responding to a person's grievance. EI #2 said the grievance should be written up immediately and an investigation started. When asked if she recalled any Grievance/Concern report being completed for RI #644, EI #2 said no.</p> <p>This deficiency was written as a result of the investigation of complaint/report #AL00036346.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews, the facility failed to ensure Employee Identifier (EI) #5, the treatment nurse, cleaned/sanitized a pair of scissors after removing the scissors from the pocket of her uniform, and before using the scissors to cut a Kling wrap that was on the inside of Resident Identifier (RI) #67's sacral pressure ulcer during the wound care observation on 09/18/19.</p> <p>This affected RI #67, one of one residents observed for wound care.</p> <p>Findings Include:</p> <p>RI #67 was admitted to the facility on [DATE] and readmitted on [DATE], with the diagnosis of Pressure Ulcers.</p> <p>RI #67's Quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 08/01/19, identified RI #67 as having pressure ulcers during this assessment period.</p> <p>On 09/18/19 at 11:11 a.m., the surveyor observed EI #5, the treatment nurse, provide wound care to RI #67's sacrum wound. After removing the dressing from RI #67's sacrum wound, EI #5 provided wound care to the area, removed a pair of scissors from the left pocket of her uniform and without cleaning/sanitizing the scissors, cut a Kling wrap, placing the cut wrap in a cup. EI #5 poured Vashe solution over the cut Kling wrap then placed the cut Kling wrap in RI #67 sacrum wound bed.</p> <p>On 09/19/19 at 11:57 a.m., the surveyor conducted an interview with EI #5. The surveyor asked EI #5 when she provided wound care for RI #67 on 09/18/19, where did she remove the scissors from. EI #5 said her pocket. The surveyor asked EI #5 were the pockets considered a clean or dirty area. EI #5 said dirty. When asked what was there a potential for when using an item from a dirty area to perform wound care with, EI #5 said potential for contamination and infection.</p> <p>On 09/19/19 at 12:08 p.m., the surveyor conducted an interview with EI #6, the Licensed Practical Nurse (LPN)/Infection Control Nurse. The surveyor asked EI #6 what were the pockets of a uniform considered. EI #6 said dirty. When asked what was there a potential for when scissors removed from the pocket of a uniform were used when providing wound care to a resident, EI #6 said infection.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on an interview, review of Non-Controlled Record of Medication Destruction forms and a review of a facility policy titled, Disposal of Medications, Non-Controlled Medication Destruction, the facility failed to ensure the May 2019, June 2019, and August 2019, Non-Controlled Record of Medication Destruction forms contained the two required signatures.</p> <p>This was noted on three of the nine months of Non-Controlled Record of Medication Destruction forms reviewed.</p> <p>Findings Include:</p> <p>A review of a facility policy titled, Disposal of Medications, Non-Controlled Medication Destruction, dated 01/12, revealed: .3. The registered nurse and/or pharmacist witnessing the destruction, or their preparation for environmental service pickup, ensures that the following is entered on the Record of Medication Destruction form .J. Signature of witnesses, two witnesses required for non-controlled substances .</p> <p>Review of the Record of Medication Destruction forms for Non-Controlled drugs dated May 2019, June 2019 and August 2019, revealed only one signature.</p> <p>On 09/19/2019 at 10:37 a.m., the surveyor conducted an interview with Employee Identifier (EI) #2, the Director of Nursing (DON). EI #2 was asked when reviewing the Non-Controlled Record of Medication Destruction forms for the months of May, June and August (all for 2019), how many signatures were noted. EI #2 said one. EI #2 was asked how many signatures were required for the Non-Controlled Record of Medication Destruction forms. EI #2 said two. EI #2 was asked why two signatures were not on the Non-Controlled Record of Medication Destruction forms. EI #2 said she failed to sign them.</p>		