

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2020
NAME OF PROVIDER OR SUPPLIER Ashland Place Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 148 Tuscaloosa St Mobile, AL 36607	

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>Based on observation, interviews, and a review of the facility's Resident Rights, the facility failed to ensure staff did not stand to feed Resident Identifier (RI) #77 the supper meal on 1/21/20.</p> <p>This affected one of three residents observed being fed by staff.</p> <p>Findings Include:</p> <p>A review of the facility's Resident Rights revealed . Resident Rights (a) Resident Rights. The resident has the right to a dignified existence, self determination, and communication with and access to persons and services inside and outside the facility. (e) Respect and dignity. The resident has a right to be treated with respect and dignity, .</p> <p>RI #77 admitted to facility on 12/2/19 with a diagnosis to include Dementia with behavioral disturbance.</p> <p>A review of RI #77's Admitting Minimal Data Set (MDS) with an Assessment Reference Date of 12/8/19, revealed a (BIMS) Brief Interview for Mental Status score of 99, indicating severely impaired cognitive abilities. The MDS further revealed RI #77 required extensive assistance of one person for feeding.</p> <p>On 1/21/20 at 5:20 PM, the Certified Nursing Assistant (CNA) began feeding RI #77. The CNA was observed standing beside RI #77's chair feeding RI #77 ice cream.</p> <p>On 1/21/20 at 5:22 PM, the surveyor observed the CNA continued to stand while feeding RI #77 the fruit cocktail.</p> <p>On 1/21/20 at 5:26 PM, the surveyor observed the CNA continued to stand while feeding RI #77 the chicken patty.</p> <p>On 1/21/20 at 5:30 PM, the surveyor observed the CNA remained standing while she finished feeding RI #77; she then exited the resident's room.</p> <p>(continued on next page)</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/23/20 at 3:05 PM an interview was conducted with Employee Identifier (EI) #4, CNA. EI #4 was asked what was the usual practice for feeding a resident. EI #4 replied, sitting beside them and communicating. EI #4 was asked if she was standing to feed RI #77. EI #4 replied, yes. EI #4 was asked why did she stand to feed RI #77. EI #4 replied, because RI #77 slides and will try to get up so she stood to the side of RI #77. EI #4 was asked how often RI #77 had tried to get up. EI #4 replied, about a month, once. EI #4 was asked if RI #77 could make any needs known. EI #4 replied, not usually, RI #77 will wave his/her hand. EI #4 was asked how would her standing to feed RI #77 affect RI #77's resident rights. EI #4 replied, it could make them feeling like being forced to do something, but she was thinking she was being safe. EI #4 was asked, what would the harm be in her standing to feed a resident. EI #4 replied, it could be a dignity issue.</p> <p>On 1/23/20 at 3:15 PM, an interview was conducted with EI #3, Social Service Director. EI #3 was asked, what was the practice for staff feeding a resident in the resident's room. EI #3 replied, take the tray in, prepare the resident, prepare the tray then sit down next to the resident and feed them. EI #3 was asked, when should a staff person stand to feed a resident. EI #3 replied, they probably should never stand, they should be sitting next to them. EI #3 was asked what was the problem if the staff was standing to feed a resident. EI #3 replied, it could seem like that staff person does not have patience to help the resident; it would be not treating with them with dignity. EI #3 was asked, what was the potential harm in the staff standing while feeding a resident. EI #3 replied, dignity and the staff was not taking time or patience in feeding that resident.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview the facility failed to ensure 21 cups of expired yogurt were not left in the cooler.</p> <p>This had the potential to affect 21 of 21 residents to receive the yogurt.</p> <p>Findings Include:</p> <p>On 1/21/20 at 1:37 PM, during the initial tour of the kitchen the surveyor observed in the walk in cooler 21 cups of yogurt which had expired on [DATE].</p> <p>On 1/23/20 at 8:36 AM, an interview was conducted with Employer Identifier (EI) #5 Dietary Manager. EI #5, was asked, what did they see on 1/21/20 that had expired. EI #5 replied, the yogurt was expired. EI #5 was asked, how often were the dates checked on foods items. EI #5 replied, daily in the am and pm. EI #5 was asked, was the date on the yogurt expired, EI #5 replied, yes. EI #5 was asked, what was the facility policy on expired foods. EI #5 replied, report it to dietary manger and throw it away immediately. EI #5 was asked, what was the potential harm in having expired food. EI#5 replied, it was highly a potential for food born illness in making the resident ill.</p>		