STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015222	A. Building B. Wing	02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairhope Health & Rehab	108 South Church Street Fairhope, AL 36532

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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on record review, interview, review of the facility's Resident Assessment Instrument (RAI) policy, and review of Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User ' s Manual, the facility failed to ensure the comprehensive annual Minimum Data Set (MDS) assessments for Resident Identifier (RI) #5 and RI #7 were completed within required timeframes. This affected two of 23 residents reviewed for timely completion and/or transmission of MDS assessments. Findings include: A review of the facility's Resident Assessment Instrument (RAI) policy and procedure, dated 09/2019, revealed, .Purpose: Residents are assessed, based on a comprehensive assessment process, in order to ensure they receive treatment and care in accordance with professional standards of practice, the comprehensive care plan and the resident's choices .Process: . a.) The comprehensive assessment is completed.annually (at least every 365 days), as clinically necessary . Review of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User ' s Manual revealed the following: .Chapter 2: Assessments for the Resident Assessment Instrument (RAI) . 2.6 Required OBRA Assessments for the MDS . Comprehensive Assessments . Assessment Management Requirements and Tips for Comprehensive Assessments: .The ARD (Assessment Reference Date) of an assessment drives the due date of the next assessment. The next comprehensive assessment is due within 366 days after the ARD of the most recent comprehensive assessment. On 02/23/2022 at 8:13 AM, Employee Identifier (EI) #3, the MDS coordinator, was asked to provide information from the MDS program in her computer regarding the completion of annual MDS assessments for the RI #5 and RI #7.: (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. A review of RI #5's RAI list revealed an annual Minimum Data Set (MDS) assessment, with an Assessment Reference Date of 12/10/2021, had not been completed. The most recent prior comprehensive MDS assessment, an annual assessment, had an ARD of 12/17/2020. 2. A review of RI #7's RAI list revealed an annual MDS assessment, with an Assessment Reference Date of 12/16/2021, had not been completed. The most recent prior comprehensive MDS, a significant change in condition assessment, had an ARD of 12/22/2020. On 02/24/2022 at 8:40 AM, EI #3 stated the comprehensive annual MDS assessments for RI #5 and RI #7 had not been completed in a timely manner. On 02/24/2022 at 8:45 AM, EI #1, the Administrator, was interviewed. She stated she expected MDS assessments to be completed timely according to the MDS calendar.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident's assessment is updated at least once every 3 months. Based on record review, interview, review of the facility's Resident Assessment Instrument (RAI) policy, and review of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, the facility failed to ensure the quarterly Minimum Data Set (MDS) assessments for Resident Identifier (RI) #s 9, 27, 8, 19, 23, 18, 14, 21, and 24 were completed within required timeframes. This affected nine of 23 residents reviewed for timely completion and/or transmission of MDS assessments. Findings include: A review of the facility's Resident Assessment Instrument (RAI) policy and procedure, dated 09/2019, revealed, .Purpose: Residents are assessed, based on a comprehensive assessment process, in order to ensure they receive treatment and care in accordance with professional standards of practice, the comprehensive care plan and the resident's choices .b.) Quarterly assessments are due at least every 92 days . Review of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual revealed the following: .Chapter 2: Assessments for the Resident Assessment Instrument (RAI) . Non-Comprehensive Assessments and Entry and Discharge Reporting . Assessment Management Requirements and Tips for Non-Comprehensive Assessments: .The ARD (Assessment Reference Date) of an assessment drives the due date of the next assessment. The next non-comprehensive assessment is due within 92 days after the ARD of the most recent OBRA assessment (ARD of previous OBRA assessment - Admission, Annual, Quarterly, Significant Change in Status, or Significant Correction assessment - + 92 calendar days) . On 02/23/2022 at 8:13 AM, Employee Identifier (EI) #3, the MDS Coordinator, was asked to provide information from the MDS program in her computer regarding the completion of quarterly MDS assessments for RI#s 9, 27, 8, 19, 23, 18, 14, 21, and 24: 1. A review of RI #9's RAI list revealed a quarterly MDS assessment, with an Assessment Reference Date of 12/17/2021, had not been completed. The most recent prior MDS assessment, a quarterly assessment, had an ARD of 09/17/2021. 2. A review of RI #27's RAI list revealed a quarterly MDS assessment, with an Assessment Reference Date of 01/15/022, had not been completed. The most recent prior MDS assessment, a quarterly assessment, had an ARD of 10/18/2021. 3. A review of RI #8's RAI list revealed a quarterly MDS assessment, with an Assessment Reference Date of 12/15/2021, had not been completed. The most recent prior MDS assessment, a significant change in condition assessment, had an ARD of 09/16/2021. (continued on next page)

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. A review of RI #19's RAI list revealed a quarterly MDS assessment, with an Assessment Reference Date of 01/06/2022, had not been completed. The most recent prior MDS assessment, an annual assessment, had an ARD of 10/08/2021. 5. A review of RI #23's RAI list revealed a quarterly MDS assessment, with an Assessment Reference Date of 01/12/2022, had not been completed. The most recent prior MDS assessment, a quarterly assessment, had an ARD of 10/13/2021. 6. A review of RI #18's RAI list revealed a quarterly MDS assessment, with an Assessment Reference Date of 01/07/2022, had not been completed. The most recent prior MDS assessment, a quarterly assessment, had an ARD of 10/06/2021. 7. A review of RI #14's RAI list revealed a quarterly MDS assessment, with an Assessment Reference Date of 01/04/2022, had not been completed. The most recent prior MDS assessment, an admission assessment, had an ARD of 10/05/2021. 8. A review of RI #21's RAI list revealed a quarterly MDS assessment, with an Assessment Reference Date of 01/08/2022, had not been completed. The most recent prior MDS assessment, an annual assessment, had an ARD of 10/09/2021. 9. A review of RI #24's RAI list revealed a quarterly MDS assessment, with an Assessment Reference Date of 01/13/2022, had not been completed. The most recent prior MDS assessment, a quarterly assessment, had an ARD of 10/14/2021. On 02/24/2022 at 8:40 AM, EI #3, the Minimum Data Set Coordinator, stated the quarterly MDS assessments for RI #s 9, 27, 8, 19, 23, 18, 14, 21, and 24 had not been completed in a timely manner. On 02/24/2022 at 8:45 AM, EI #1, the Administrator was interviewed. She stated she expected MDS assessments to be completed timely according to the MDS calendar.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. Based on record review, interview, and review of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, the facility failed to ensure Minimum Data Set (MDS) assessments were submitted to CMS within 14 days of the completion date of the assessments for Resident Identifier (RI) #s 17, 15, 27, 11, 2, 23, 22, 16, 21, and 24, 10 of 23 residents reviewed for timely completion and/or transmission of MDS assessments. Findings include: Review of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, revealed the following: .CHAPTER 5: SUBMISSION AND CORRECTION OF THE MDS ASSESSMENTS . 5.1 Transmitting MDS Data All Medicare and/or Medicaid-certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS ' Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system . 5.2 Timeliness Criteria . .Assessment Transmission: Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date . All other MDS assessments must be submitted within 14 days of the MDS Completion Date . On 02/23/2022 at 8:13 AM, Employee Identifier (EI) #3, the MDS Coordinator, was asked to provide information from the MDS program in her computer regarding the transmission of MDS for the following residents: 1. A review of RI #17's RAI list revealed a significant change in status Minimum Data Set, with an Assessment Reference Date of 01/05/2022, was signed off as completed by the Registered Nurse (RN) on 01/14/2022. This assessment was not transmitted to CMS until 02/21/2022. 2. A review of RI #15's RAI list revealed a quarterly Minimum Data Set, with an Assessment Reference Date of 01/01/2022, was signed off as completed by the RN on 01/14/2022. This assessment was not transmitted to CMS until 02/21/2022. 3. A review of RI #27's RAI list revealed a quarterly Minimum Data Set, with an Assessment Reference Date of 10/18/2021, was signed off as completed by the RN 11/01/2021. This assessment was not transmitted to CMS until 11/26/2021. 4. A review of RI #11's RAI list revealed a discharge Minimum Data Set, with an Assessment Reference Date of 11/17/2021, was signed off as completed by the RN on 01/28/2022. This assessment was not transmitted to CMS until 02/21/2022. (continued on next page)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. A review of RI #2's RAI list revealed a quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/10/2021,was signed off as completed by the RN on 09/24/2021. This assessment was not transmitted to CMS until 10/12/2021. 6. A review of RI #23's RAI list revealed a quarterly Minimum Data Set, with an Assessment Reference Date of 10/13/2021, was signed off as completed by the RN on 10/27/2021. This assessment was not transmitted to CMS until 11/26/2021. 7. A review of RI #22's RAI list revealed a quarterly Minimum Data Set, with an Assessment Reference Date of 01/11/2022, was signed off as completed by the RN on 01/25/2022. This assessment was not transmitted to CMS until 02/21/2022. 8. A review of RI #16's RAI list revealed a quarterly Minimum Data Set, with an Assessment Reference Date of 01/03/2022, was signed off as completed by the RN on 01/17/2022. This assessment was not transmitted to CMS until 02/21/2022. 9. A review of RI #21's RAI list revealed an annual Minimum Data Set, with an Assessment Reference Date of 10/09/2021, was signed off as completed by the RN on 10/23/2021. This assessment was not transmitted to CMS until 11/26/2021. 10. A review of RI #24's RAI list revealed a quarterly Minimum Data Set, with an Assessment Reference Date of 10/14/2021, was signed off as completed by the RN on 10/28/2021. This assessment was not transmitted to CMS until 11/26/2021. On 02/24/2022 at 8:40 AM, EI #3 stated the Minimum Data Sets for all ten residents listed above had not been transmitted timely. On 02/24/2022 at 8:45 AM, EI #1, the Administrator, was interviewed. She stated she expected Minimum Data Sets to be transmitted timely.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and review of the facility's Psychoactive Drug Monitoring and Behavior Management Program policies, the facility failed to ensure Resident Identifier (RI) #45 and RI #22, who both received psychotropic medications, were monitored for the specific targeted behaviors for which medications were ordered. Further, the facility failed to ensure RI #45 and RI #22 were monitored for side effects of their ordered psychotropic medications. This deficient practice affected RI #s 45 and 22, two of five sampled residents reviewed for unnecessary medications. Findings include: A review of the facility's Psychoactive Drug Monitoring policy and procedure, dated 3/2011, revealed, . Residents who receive psychoactive/psychopharmacological medications are monitored. These are defined as any medication for managing behavior, stabilizing mood, or treating psychiatric disorders. Every effort is made to ensure that residents receiving these medications obtain maximum benefit with the minimum of unwanted side effects. Psychoactive drug monitoring guidelines include, but may not be limited to, anti-anxiety drugs, antidepressants, antipsychotics, and sedative/hypnotics . A review of the facility's Behavior Management Program, dated 03/2018, revealed, .Behavior monitoring may be done to determine behavior or an isolated event . 1. A review of Resident Identifier (RI) #45's Face Sheet, dated 02/21/2022, revealed RI #45 was admitted the to the facility on [DATE] and had diagnoses which included Schizoaffective Disorder, Bipolar Type; Generalized Anxiety Disorders; Other Recurrent Depressive Disorders; Other Schizoaffective Disorders; and other Drug Induced Movement Disorders. Review of RI #45's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/22/2021, revealed the resident had a Brief Interview for Mental Status score of 15, which indicated the resident was cognitively intact. The MDS indicated the resident had exhibited verbal symptoms directed toward others and had rejected care on one-three days during the seven day assessment look-back period. Review of RI #45's comprehensive care plans, most recently reviewed/revised on 02/21/2022, indicated the resident's problems included behaviors. Approaches for the problem included to place the resident on a behavior monitoring plan if needed and to document noted behaviors. Another care plan problem was the potential for adverse effects related to the use of psychotropic medications. Approaches to the problem included to evaluate the effectiveness and side effects of the medication for possible need to increase, decrease, or eliminate drug; observe during routine rounds for signs and symptoms of adverse side effects of the medication and if observed document changes and notify MD (medical doctor); observe resident for excessive sedation, tardive dyskinesia, malignant syndrome, akathisia, changes in facial and oral movements, involuntary rapid, objectively purposeless; irregular spontaneous extremity and trunk movements and notify the physician if observed. Another approach was to document those symptoms in the medical record. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of RI #45's Physician's Orders, dated 02/2022, revealed the resident was to receive the following psychotropic medications: - 02/03/2022 - Seroquel 25 milligrams (mg) one tablet by mouth every morning. This order specified to hold for sedation and to monitor for gait changes; however, the order did not specify the diagnosis for which it was prescribed or indicate any specific targeted behaviors. - 10/03/2021 - Trazodone 150 mg one tablet by mouth at bedtime for sleep - 01/19/2022 - Seroquel 125 mg one tablet by mouth at bedtime. The order did not specify the diagnosis for which it was prescribed or indicate any specific targeted behaviors. - 02/04/2022 - Fluphenazine 5 mg on tablet by mouth every afternoon for bipolar disorder, current episode depressed, moderate - 08/21/2021 - Cymbalta 30 mg one capsule twice daily A review of RI #45's electronic health record (EHR), including the Medication Administration Records for 12/2021, 01/2022, and 02/2022, revealed that while there was general behavior monitoring for RI #45, there was no monitoring of any specific target behaviors related to his/her psychotropic medication use. Further, there was no monitoring for side effects of the antipsychotic and antidepressant medications. The EHR did not contain an AIMS (Abnormal Involuntary Movement Scale), a tool used to measure involuntary movements known as tardive dyskinesia, for the resident. On 02/24/2022 at 10:05 AM, Employee Identifier (EI) #24, Licensed Practical Nurse (LPN), was interviewed. She stated RI #45 received Seroquel and Fluphenazine for paranoia tendencies, but said a new nurse would not know that. She stated the behavior list in the electronic MAR was generalized and not specific to the resident's target behaviors. The LPN stated the resident was not monitored for side effects of the Seroquel, Fluphenazine and Cymbalta and further stated there was no place to document monitoring of side effects. 2. A review of Resident Identifier (RI) #22's Face Sheet, dated 02/21/2022, revealed RI #22 was admitted to the facility on [DATE] and had diagnoses which included Cognitive Communication Deficit; Unspecified Dementia with Behavioral Disturbance; Other Specified Anxiety Disorders; Dementia in Other Diseases Classified Elsewhere; and Other Recurrent Depressive Disorders. RI #22's care plan, dated 01/27/2020, indicated the resident had the potential for adverse effects related to the use of psychotropic medications. Approaches to the problem included to evaluate effectiveness and side effects of medication for possible need to increase, decrease, or eliminate the drug; observed during routine rounds for signs and symptoms of adverse side effects of the medication and if observed document changes and notify the physician; observe resident for excessive sedation, tardive dyskinesia, malignant syndrome, akathisia, changes in facial and oral movements, involuntary rapid, objectively purposeless; irregular spontaneous extremity and trunk movements and notify the physician if observed. Another approach was to document those symptoms in the medical record. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	RI #22's care plan, dated 05/01/2020, indicated the resident had been exhibiting behaviors of being demanding of staff, picking at her ear recently, non-compliance with social distancing and being disruptive at times. Approaches to the problem included to place the resident on a behavior monitoring plan if needed and to document noted behaviors. RI #22's care plan, dated 12/13/2021, indicated the resident had been exhibiting impulsive behaviors, hitting her roommate, non-compliance with wearing a mask when out in the hallway. Approaches for the problem included to place the resident on a behavior monitoring plan if needed, notify MD of any significant changes in behaviors, and document noted behaviors. A review RI #22's most recent annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/11/2022, revealed the resident had a Brief Interview for Mental Status Score of 13, which indicated the resident was cognitively intact. The MDS indicated the resident had exhibited verbal behavioral symptoms directed toward others and had exhibited other behavioral symptoms not directed toward others during one to three days during the seven day assessment look-back period. A review of the Physician's Orders, dated 02/2022, revealed the resident was to receive the following psychotropic medications: - 01/05/2022 - Seroquel 25 milligrams (mg) (1/2 tab to equal 12.5mg) give one-half tablet by mouth daily at bedtime for dementia with behavioral disturbance. The order did not specify a targeted behavior for which the medication was prescribed. - 01/19/2022 - Duloxetine 30mg one by mouth daily for depression A review of RI #22's electronic health record (EHR), including the electronic Medication Administration Records (eMAR) for 12/2021, 01/2022, and 02/2022, revealed that while there was general behavior monitoring for RI #45, there was no monitoring of any specific target behaviors related to his/her psychotropic medication use. Further, there was no monitoring for side effects of the antipsychotic and antidepressant medications. The EHR did not contain an AIMS (Abnormal Involuntary Movement Scale), a tool used to measure involuntary movements known as tardive dyskinesia, for the resident. On 02/23/2022 at 2:03 PM, Employee Identifier (EI) #24, a Licensed Practical Nurse, was interviewed. She stated there was no monitoring for side effects of the antipsychotic and antidepressant medications. On 02/24/2022 at 9:50 AM, a follow-up interview was conducted with EI #24. She stated the behavior monitoring listed on the eMAR was a generalized list used for every resident, and not specific to any target behaviors. On 02/24/2022 at 5:06 PM, a telephone interview was conducted with the psychiatric Nurse Practitioner. She stated she expected the facility's nurses to monitor for the target behaviors for which an antipsychotic medication is administered. She further stated she expected the facility nurses to monitor residents who received antipsychotic and/or antidepressant medications for side effects of the medications.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of the facility's Food, Leftover - Storage and Use policy, the facility failed to ensure food was properly stored in the walk-in refrigerator and walk-in freezer. This had the potential to affect 54 of 55 residents in the facility who ate food prepared in the kitchen. Findings include: The facility's Food, Leftover - Storage and Use policy and procedure, dated 07/2016, indicated, .Standard: Leftover foods should be stored under sanitary conditions .Process: Leftover foods should be covered, labeled and dated . Opened bulk items that require refrigeration once open may be stored up to thirty (30) days but not beyond 'best by' or expiration date then discarded . On 02/21/2022 at 9:18 AM, during the initial tour of the kitchen and food storage areas, with Employee Identifier (EI) #13, the Dietary Manager, present, the following was observed: - In the walk-in refrigerator, there was no date on the following open food: two packages of sliced ham, a package of salami, a plastic bag of boiled eggs, a package of tortillas, a plastic bag of cinnamon raisin bread, and a plastic bag of grated cheese. - In the walk-in freezer, a box of frozen vegetables was stored on the floor and there was no date on the following open foods: a package of frozen pancakes, a plastic container of lemon meringue pie, a plastic container of red velvet cake, and a plastic bag of hush puppies. A plastic bag of French toast was open to air and not dated. On 02/21/2022 at 9:28 AM, EI #13 stated food was not supposed to be stored on the floor. On 02/21/2022 at 9:32 AM, EI #13 was interviewed. She stated open food packages in the refrigerator and freezer should be closed and dated.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and review of the facility's procedure, titled, Infection Control during Med Pass, the facility failed to ensure a nurse wore gloves while administering insulin for Resident Identifier (RI) #196, one of one resident that was observed being administered insulin. Findings included: A review of the facility's procedure, titled, Infection Control during Med Pass, undated, presented as the policy for infection control, by Employee Identifier (EI) #3 on 02/22/2022 at 9:15 AM, revealed, .Wear gloves with any treatment/technique . Resident Identifier (RI) #196 was admitted to the facility on [DATE] with diagnoses of Alzheimer's Disease and Diabetes Mellitus. A review of RI #196's physician's order, dated 02/10/2022, indicated an order on 02/10/2022 for Lantus (insulin glargine) 100 unit/milliliter (ml) vial, give 10 units subcutaneous in the AM related to Type II Diabetes Mellitus. On 02/22/2022 at 7:57 AM, during medication pass, EI #4, Licensed Practical Nurse (LPN), was observed not wearing gloves while administering Lantus insulin 10 units subcutaneous injection to RI #196. On 02/22/2022 at 9:20 AM, EI #4 was interviewed. EI #4 stated she did not wear gloves and it was a mistake. On 02/22/2022 at 9:25 AM, EI #1, Administrator, was interviewed. EI #1 stated her expectation is that staff should wear gloves when administering insulin.