STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review and a facility policy titled Call Lights: Accessibility and Timely Response, the facility failed to accommodate the needs of Resident Identifier (RI) #15 by failing to ensure the call light was accessible on two of five days of the survey. This affected RI #15, one of 31 sampled residents. Findings include: Review of a policy titled Call Lights: Accessibility and Timely Response, revised February 2021, documented: . The purpose of this procedure is to assure the facility is adequately equipped with a call light at each residents' bedside . Call Lights will directly relay to staff member or centralized location to ensure appropriate response . 5. With each interaction in the resident's room . staff will ensure the call light is within reach or resident and secured as needed, prior to leaving the room . RI #15 was readmitted to the facility on [DATE] with diagnoses to include Cerebral Atherosclerosis and Vascular Dementia. On 07/28/2024 at 4:35 PM, the surveyor observed RI #15's round call button hung on the wall out of the resident's reach. On 07/30/2024 at 8:46 AM, the surveyor and Certified Nursing Assistant (CNA) #9 observed RI #15's round call button was positioned across the resident's abdomen, hanging off on the left side almost on the bed. CNA #9 said, RI #15 would be unable to push the call button in that location and it should be clipped to the resident's shirt or blanket. When asked if RI #15 could reach the call button if it was placed behind the bed on the wall, CNA #9 said, the resident would not be able to access the call button if placed on the wall behind the bed. On 08/01/2024 at 9:30 AM an interview was completed with the Director of Nursing (DON). The DON said, the call light was used to alert staff of the resident's needs. The DON said, a resident's call light should be within reach at all times. The DON said, the call light should never be hung on the wall behind the bed and the risk of a call light being out of reach would be the resident not being able to alert staff.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, resident record review, and review of a facility policy titled Notification of Changes, the facility failed to ensure the Certified Registered Nurse Practitioner (CRNP) was notified when medication was not available for administration to Resident Identifier (RI) #330 on 01/05/2023 and 01/06/2023. This affected one of 31 sampled residents. Findings include: A facility policy titled Notification of Changes revised 02/2021 documented . The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notify, consistent with his or her authority, resident's representative when there is a change requiring notification. Circumstances requiring notification include but are not limited to: . 3. Circumstances that require a need to alter treatment. RI #330 was admitted to the facility on [DATE]. RI #330's hospital Discharge summary dated [DATE] documented discharge medications to be resumed included xifaxan (Rifaximin) to be given twice a day. RI #330's January 2023 physician orders documented an order with a start date of 01/05/2023 for 550 milligrams (mg) of Rifaximin to be administered twice a day. RI #330's departmental notes were reviewed and an entry dated 01/07/2023 at 6:20 PM documented the following: . DIL (Daughter-in-Law) brought in residents personal medication bottle of Xifaxan (Rifaximin) tab 550mg, 60 tabs. Resident received dosage today. On 08/01/2024 at 10:06 AM the Director of Nursing (DON) was asked about RI #330's Rifaximin not being available for administration as ordered. The DON said, the doctor should have been notified but there was not a note documented for evidence of the notification. The DON stated the concern was, the physician order was not followed. On 08/01/2024 at 11:45 AM the Certified Registered Nurse Practioner (CRNP) was asked about RI #330 not receiving the Rifaximin as ordered. The CRNP said, she expected the nurses to call her if medication was not available. The CRNP said, she was aware of the first missed dose on 01/05/2023 and thought the family was bringing the medication, but she was not made aware when the second dose was missed on 01/05/2023. The CRNP said, she was made aware of the doses missed on 01/06/2023, she did not remember who notified her because it was so long ago, and she told them they had to get the dose. There was not any documented evidence the CRNP was notified on 01/06/2023 of RI #330 missing the two doses of Rifaximin due on 01/06/2023. This deficiency was cited as a result of the investigation of complaint/report number AL00043580.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and review of a facility policy titled MDS 3.0 Completion the facility failed to ensure a discharge Minimum Data Set (MDS) Assessment was completed and transmitted after Resident Identifier (RI) #62 was discharged from the facility on 05/14/2024. This affected one of 31 sampled residents. Findings include: A facility policy titled MDS 3.0 Completion dated documented . Policy Explanation and Compliance Guidelines: . 2. Types of . Assessments: . f. Discharge Assessment - completed using the discharge date as the ARD (Assessment Reference Date). Must be completed within 14 days of the discharge date /ARD. 7. Transmission Requirements: a. All assessments shall be transmitted to the designated CMS (Centers for Medicare and Medicaid Services) system . within 14 days of completion. RI #62 was admitted to the facility on [DATE] and discharged on 05/14/2024. RI #62's MDS assessments were reviewed and revealed a discharge assessment had not been completed or transmitted. On 07/30/2024 at 3:51 PM the MDS Coordinator/Registered Nurse #6 was asked about RI #62's MDS assessments. When asked when a discharge assessment should have been done for RI #62, RN #6 said, it should have been done on 05/14/2024. RN #6 said, they had another system, and it may have gotten overlooked. RN #6 said, the MDS Coordinators were responsible for completing a discharge MDS. RN #6 said, a timely MDS submission for a discharge MDS assessment was within 14 days of the discharge date .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, residents' medical record, and the Centers for Medicare and Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manuals, the facility failed to ensure 1) Section O of Resident Identifier (RI) #3's admission Minimum Data Set (MDS) assessment was accurately coded to reflect the use of a Continuous Positive Airway Pressure (CPAP) during the assessment period and 2) Section H of RI #180's admission MDS assessment with an Assessment Reference Date (ARD) date of 12/17/2023 was accurately coded to reflect urinary and bowel continence. This deficient practice affects RI #3 one of three sampled residents for respiratory care and RI #180 one of 31 sampled residents for MDS. Findings Include: 1) The Centers for Medicare and Medicaid Services Long-Term Care Resident Assessment Instrument 3.0 User's Manual Version 1.18.11 October 2023 documented: Section O- Special Treatments, Procedures . Check all of the following treatments, procedures and programs that were perform b While a resident of this facility and within the last 14 days .O0110 .Coding: .While a Resident) and O0110G3 a (CPAP, On Admission) . RI #3 was admitted to the facility on [DATE]. RI #3's physician orders documented: . Assist to wear CPAP machine on home settings every night at bedtime and assist to remove every morning upon waking .Order date 06/28/2024 . A review of Section O of RI #3's admission MDS with an ARD (Assessment Reference Date) of 07/02/2024 indicated RI #3 was not coded for the used of a CPAP machine. On 07/30/2024 at 6:20 PM, the surveyor observed a CPAP machine in room on bedside table, resident stated she had been using a CPAP machine since 1999 because she had been diagnosed with sleep apnea. RI #3 stated she was able to use her CPAP machine without assistance from staff and that her CPAP machine was on the correct setting. On 07/31/2024 at 10:11 AM, the surveyor observed RI #3's CPAP machine on bedside table. She stated she uses her CPAP machine at night and cleans the mask in the mornings when she takes it off. On 07/31/2024 at 4:58 PM an interview was conducted with MDS Coordinator #5. MDS Coordinator (MDSC) #5 said she completed RI #3's admission MDS assessment and she/he uses a CPAP machine. The MDSC #5 said, RI #3 was not coded for the use of a CPAP machine on the MDS assessment, therefore RI #3's MDS assessment was not accurate. When asked what was the concern of the resident's MDS assessment not being accurate, she said it would not identified the resident's needs. 2) RI #180 was admitted to the facility on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	RI #180's facility's form titled . admission NURSING EVALUATION documented: dated 12/13/2023 revealed . CONTINENCE . BOWEL . Continent . Incontinent . Bladder (Check all that apply) Continent Incontinent . A review of Section H of RI #180's admission MDS with an ARD (Assessment Reference Date) of 12/17/2023 indicated RI #180 was coded for always continent of bowel and bladder. A review of nursing note from 12/15/2023 at 4:32 AM documented . Incontinent of bowel and bladder. On 08/19/2024 at 08:34 AM an interview with was conducted with the Registered Nurse (RN) #6, MDS Coordinator. The RN #6 stated that she went to the chart, notes, discharge summary, cnas, nursing, therapy, and focus meetings, which are once a week, to get information for the admission MDS assessments. RN #6 stated RI #180's ARD date for admission MDS was 12/17/2023. She stated Licensed Practical Nurse (LPN) #7 completed the bowel and bladder assessment for RI #180 and it was assessed as always continent. RN #6 stated according to RI #180's admission assessment bladder was assessed as incontinent and continent. She further stated the look back period was 5 days from the 12/17/2023. RN #6 stated according to RI #180's nursing notes during the five day look back period RI #180 was incontinent of bowel and bladder. On 08/19/2024 at 09:13 AM an interview was conducted with Licensed Practical Nurse (LPN) #7. She stated the admission MDS had an ARD date of 12/17/2023 for RI #180. LPN #7 stated she completed section H Bowel and Bladder and assessed RI #180 on 12/20/2023 as always continent of both bowel and bladder. She stated that the nursing notes for bowel and bladder between 12/13/2023 and 12/17/2023 had documented that RI #180 was incontinent. LPN #7 stated the admission assessment assessed RI #180 as incontinent and continent. LPN #7 said RI #180's MDS was not accurate because RI #180 was not always continent. She further stated an inaccurate MDS assessment did not paint the picture of the resident and their needs. On 08/17/2024 at 02:40 PM an interview was conducted with the Director of Nursing (DON). The DON stated according to RI #180's MDS with ARD date of 12/17/2023 his/her urinary status was coded as continent. The DON stated that was not accurate according to RI #180's admission assessment that assessed RI #180 as having incontinent episodes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to ensure an accurate baseline care plan was developed for Resident Identifier (RI) #180. This affected one of 31 sampled residents reviewed for a baseline care plan. Findings include: A review of the admission Record for RI #180 indicated the resident was admitted to the facility on [DATE] with a diagnosis to include Unspecified Protein-Calorie malnutrition, Type Two Diabetes Mellitus without Complications, and Retention of Urine. A review of Section H of RI #180's admission MDS (Mininum Date Set) with an ARD (Assessment Reference Date) of 12/17/2023 indicated RI #180 was always continent of bowel and bladder and did not have a urinary catheter. A review of RI #180's facility document BASELINE CARE PLAN SUMMARY dated 12/13/2023 had resident sponsor in Resident Representative blank. The care plan included catheter care. The baseline care plan summary was signed by Licensed Practical Nurse (LPN) #13. A review of RI #180's Departmental Notes revealed a Social Services note from 12/14/2023 at 5:37 PM noted Baseline care plan meeting conducted via telephone with representative, (RI #180's resident representative's (RR) name) . Discussed pain control regimen post acute fracture- non operable- in agreement with current regimen. Reviewed reconciled medication list-no questions. States he did not think he/she had a foley catheter at the ALF . On 08/13/2024 at 2:40 PM an interview was conducted with LPN #13. LPN #13 stated he did the preliminary paperwork for the baseline care plans. LPN #13 stated he used the history and physical and discharge summary to get the information for the baseline care plans. The LPN #13 stated he called the family to let them know the resident was in the building and if they did not answer he left a voice mail. He further stated that he did not talk to the family about the care plans and just went by the history and physical from the hospital and the report from the nurse that called report. LPN #13 stated it would be important to talk to the family or sponsor on admission if the resident was unable to provide information on past medical history. LPN #13 stated he did not remember if he called RI #180's family. On 08/18/2024 at 2:32 PM a second interview was conducted with LPN #13. He stated that according to his documentation RI #180 did not have a urinary catheter. He further stated he did not know why they would talk about a catheter in the baseline care plan meeting. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/17/2024 at 06:40 PM an interview was conducted with the DON. The DON stated according to the baseline care plan meeting minutes for RI #180 on 12/14/2023 during the meeting foley catheter and pain control for post-acute non-operable fracture were discussed. The DON stated she thought RI #180 had a foley catheter and that was why the Baseline Care Plan Summary form had written in catheter. The DON stated on the admission assessment 12/13/2023 documented that RI #180 did not have a urinary catheter.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, review of the facility policy titled, Care Planning-Resident Participation the facility staff failed to ensure a care plan conference was scheduled to include Resident Identified (RI) #180's resident representative an opportunity to discuss the plan of care. This affected one of 31 sampled residents whose care plans were reviewed. Findings include: A review of a facility policy titled Care Planning-Resident Participation with a date implemented of 2017 revealed: .Policy: This facility supports the resident's right to be informed of, and participants in, his or her care planning and treatment (implementation of care). Policy Explanation and Compliance Guidelines: . 3. The facility will notify the resident and/or resident representative, in advance, of the care to be furnished and the type of caregiver or professional that will furnish care, as well as changes to the plan of care. 4. The facility will encourage and assist the resident and/or resident representative to participate in choosing care and treatment options including: a. Initial decisions about treatment b. Decisions about changes c. The right to refuse treatment. 9.The facility will discuss the plan of care with resident and/or representative at regularly scheduled care plan conferences, and allow them to see the care plan, initially, at routine intervals, and after significant changes. The facility will make an effort to schedule the conference at the best time of the day for the resident/resident's representative. The facility will obtain a signature from the resident and /or resident representative after discussion or viewing of the care plan. If the discussion occurs over the phone, staff will note phone participation on the care plan, in lieu of a signature. A review of the admission Record for RI #180 indicated the resident was admitted to the facility on [DATE] with a diagnosis to include Unspecified Protein-Calorie malnutrition, Type Two Diabetes Mellitus without Complications, and Retention of Urine. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of RI #180's Minimum Data Set with Assessment Reference Date (ARD) of 12/17/2023 indicated RI #180's Brief Interview for Mental Status (BIMS) was five of 15 which indicated that RI #180 was not cognitively intact. On 08/20/2024 at 1:15 PM an interview was conducted with RI #180's resident representative (RR). RI #180's RR said when RI #180 was admitted the facility staff took RI #180 in the facility but would not let them go back to the room. RI #180's RR said the facility staff did not review anything, they just put RI #180 in a room. RI #180's RR said he/she was not invited to and he/she did not attend a care plan meeting. RI #180's RR said there was not a care plan meeting. On 08/20/2024 at 11:09 AM an interview was conducted with the DON. She stated it was important to include the family in the comprehensive care plans because they can contribute information about the care of the resident. The DON stated it was not documented that the family attended or was invited to a care plan meeting for RI #180. This was cited as a result of complaint/report number AL00047090.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, medical record review, a review of [NAME] and [NAME], Fundamentals of Nursing, NINTH EDITION, and facility policy titled Medication Administration. The facility failed to ensure that Resident Identifier (RI) #23 had an intravenous saline lock removed after Normal Saline was completed on July 27, 2024. This deficient practice affected RI #23; one of 31 sampled residents during the recertification survey. Findings Include: Review of [NAME] and [NAME]'s Fundamentals of Nursing, NINTH EDITION, revealed the following: . Chapter 23 Legal Implication in Nursing Practice . Health Care Provider's Orders. The health care provider (physician .) is responsible for directing medical treatment. Nurses follow health care provider's orders unless they believe the orders are in error or harm patients . Review of facility policy titled Medication Administration date implemented 2006, revealed the following: . Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice . Policy Explanation and Compliance Guidelines: . 14. Administer medication as ordered in accordance with manufacturer specifications. RI #23 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis to include: Parkinson's Disease without Dyskinesia, without Mention of Fluctuations, Chronic Obstructive Pulmonary Disease, Type Two Diabetes Mellitus without Complications, Acute Embolism and Thrombosis of Deep veins of Unspecified Upper Extremity. A review of RI #23's Order Summary Report revealed there was no order for saline lock. A review of RI #23's order dated 07/27/2024 at 08:44 AM ordered by Certified Registered Nurse Practitioner (CRNP) revealed: . Order Summary: Sodium Chloride Solution 0.9% Use 100 ml/hr intravenously one time a day for DEHYDRATION for 1 Day . On 07/28/2024 at 3:17 PM RI #23 was observed by the surveyor, lying in the bed with hand hanging off the side of the bed with intravenous (IV) saline lock (SL) in forearm (FA). On 07/30/2024 at 9:11 AM RI #23 was observed by the surveyor, leaving room with therapy in wheelchair with IV SL in right lower FA. On 07/30/2024 at 2:52 PM RI #23 was observed by the surveyor, lying in the bed with SL on the inside of right FA not dated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 07/30/2024 at 3:17 PM with Registered Nurse (RN) Charge Nurse (CN) #12 revealed, RI #23 order for the SL was only for one day. RN #12 stated that RI #23's SL was in for three days. An interview was conducted on 07/31/2024 at 03:00 PM with CRNP. She stated that she ordered the IV to be put in to administer the normal saline then to discontinue the IV. CRNP further stated she did not mean for the IV SL to stay in RI #23's FA, only to administer the fluid and then discontinue. On 08/01/2024 at 9:30 AM an interview was conducted with Director of Nursing (DON). The DON stated that RI #23 stated that on 07/27/2024 an order for Normal Saline at one hundred milliliters per hour for one day was ordered. DON stated that RI #23 did not have anything on the Medication Administration Record to show the site was maintained after the normal saline was completed. She also stated there was a risk for infection if the SL was not monitored. DON stated if a nurse was unsure about an order she should call and ask for clarification of an order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, medical record review and a review of a facility policy titled, Activities of Daily Living (ADLs), the facility failed to ensure Resident Identifer (RI) #23's fingernails were kept clean and cut. This deficient practice affected RI #23 one of five residents sampled for ADL care. Findings Include: A review of a facility policy titled: Activities of Daily Living (ADLs) with a revised date of 02/2021 revealed: Policy: The facility will assist residents to reduce the likelihood that their abilities in ADL's deteriorate unless deterioration is unavoidable. Policy Explanation and Compliance Guidelines: .3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain . grooming, and personal and oral hygiene . RI #23 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis to include: Parkinson's Disease without Dyskinesia, without Mention of Fluctuations, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus without Complications, Acute Embolism and Thrombosis of Deep veins of Unspecified Upper Extremity. A review of RI #23's Facility Care Plan Focus . The resident has an ADL self-care performance deficit r/t Displaced fracture of base of right femur, impaired balance . Interventions . PERSONAL HYGIENE The resident requires partial/moderateassistance by staff to perform oral ad personal hygiene . An observation was made on 07/30/2024 at 2:52 PM of RI #23 lying in bed with a long beard, his/her hair long, fingernails were long with brown, black and red substance underneath nails. An observation was made with Registered Nurse (RN) #12/Charge Nurse (CN) on 07/30/2024 at 3:30 PM of RI #23's fingernails and fingers. RN #12 stated That's dried blood and dirt and long. She further stated, his/her toenails were thick and a small red sore on the tip of his/her toe. An interview was conducted on 07/30/2024 at 3:50 PM with RN #12. She stated fingernails should not have black dirt under the fingernails because there would be a risk for a infection. RN #12 stated hands should have been washed before and after eating. An interview was conducted with the Director of Nursing (DON) on 08/01/2024 at 9:45 AM. The DON stated that the only reason why a resident should have long fingernails was if he/she refused to let them cut them. She further stated if a resident refused care the Certified Nursing Assistant (CNA) should notify the nurse to try to encourage them or try to get family involved. The DON stated if a resident refused it would be documented in the nurses notes. She further stated the CNAs should provide nail care throughout the day and hand hygiene should be provided multiple times thoughout the day. According to DON, nails should not have a black substance underneath them because there was a risk for infection. DON further stated at some point there would be a care plan if a resident refused care. This deficiency was cited as a result of the investigation of complaint/report number AL00043580.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, Resident Identifier (RI) #180's medical record, the facility's policies titled Urine Sample Collection, Antibiotic Stewardship Program, Loeb's Minimum Criteria for Starting Antibiotic Therapy, Revised McGeer Criteria for Infection Surveillance Checklist, and Laboratory Services and Reporting, the facility failed to ensure RI #180 received prompt treatment after the facility's staff identified that he/she was exhibiting signs and symptoms of a Urinary Tract Infection. The facility failed to ensure a system was in place for the proper collection of urinary specimens for culture and sensitivity. Further, the facility did not have a system to ensure ordered antibiotics were administered as expected by the ordering health care provider. On [DATE] the Certified Registered Nurse Practitioner (CRNP) ordered a urinalysis (UA) for RI #180. The urine sample was not collected and sent to the lab until [DATE]. The preliminary lab results were dated [DATE]. On [DATE], the CRNP was notified of the UA results and ordered an antibiotic. The first dose of the antibiotic was not administered until [DATE] at 9:00 PM. RI #180 had dysuria noted on [DATE] and [DATE]. On [DATE] RI #180 was transferred to the emergency room and admitted to the Intensive Care Unit where he/she was treated for Urosepsis and Septic Shock. RI #180 expired at the hospital on [DATE]. It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations manual, Appendix PP, 483.25 Quality of Care at a scope and severity of J. On [DATE] at 12:13 PM, the Administrator (ADM) and the Director of Nursing (DON) were provided a copy of the Immediate jeopardy Template and notified of the findings of substandard quality of care at the immediate jeopardy level in the area of Quality of Care, at F 684-Quality of Care. The IJ began on [DATE] and continued until [DATE] when survey team verified onsite that corrective actions had been implemented. On [DATE] the immediate jeopardy was removed, F 684 was lowered to the lower severity of no actual harm with a potential for more than minimal harm that was not immediate jeopardy, to allow the facility time to monitor and/or revise their corrective actions as necessary to achieve substantial compliance. This was cited as a result of complaint/report number AL00047090. This affected RI #180, one of four residents sampled for hospitalization. Findings Include: A review of the facility's policy titled Urine Sample Collection with a date implemented 2017 revealed: . Policy: To promote accurate diagnosis and treatment of a resident's medical conditions, staff will obtain urine samples in accordance with established standards of practice. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Policy Explanation and Compliance Guidelines: 1. Urine shall be collected for analysis or culture only with a physician's order. Urine will not be routinely cultured. a. Indications for urine culture: i. Presence of flank pain or dysuria (painful urination) ii. Acute hematuria iii. New pelvic discomfort iv. New onset or worsening sepsis without evidence of another source v. New onset urinary frequency or urgency vi. Change in Level of consciousness vii. Increased Confusion . 4. Practice considerations for the different types of urine samples include: . vi. If unable to obtain midstream clean-catch, may obtain a catharized specimen. A review of a facility policy titled Antibiotic Stewardship Program with a date implemented of 2017, revealed: . Policy: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. Policy Explanation and Compliance Guidelines: . 4. The program includes antibiotic use protocols and a system to monitor antibiotic use. a. Antibiotic use protocols: . iv. The Loeb Minimum Criteria are used to determine whether to treat an infection with antibiotics. vi. Reassessment of empiric antibiotics is conducted after 2-3 days for appropriateness and necessity, factoring in results of diagnostic tests, laboratory reports, and/or changes in the clinical status of the resident. A review of Loeb's Minimum Criteria for Starting Antibiotic Therapy revealed: . Suspected Infection Syndrome Urinary tract infection without catheter Minimum Criteria for Starting Antibiotic Therapy Either one of the following criteria Acute dysuria, OR . A review of Revised McGeer Criteria for Infection Surveillance Checklist revealed: . Table 2 Urinary Tract Infection (UTI) Surveillance Definitions . UTI without indwelling catheter . Must fulfill both 1 AND 2 1. At least one of the following signs or symptoms Acute dysuria or pain, . 2. (greater than or equalt to) 10^2 (100) cfu/mL (Colony Forming Unit per milliliter) of any organism(s) in a specimen collected by an in-and-out catheter . A review of the past medical history last reviewed on [DATE] on 10:43 AM from RI #180's Primary Care Physician (PCP) revealed he/she had a history of Recurrent Urinary Tract Infections (UTIs) and Urinary Incontinence. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	RI #180 was admitted to the facility on [DATE] with a diagnosis history of Unspecified Protein-Calorie Malnutrition, Type Two Diabetes Mellitus without Complications, and Retention of Urine. A review of RI #180's Minimum Data Set with Assessment Reference Date (ARD) of [DATE] indicated RI #180's Brief Interview for Mental Status (BIMS) was five of 15 which indicated RI #180 was not cognitively intact. RI #180's Functional Abilities for toileting hygiene substantial/maximal assistance. An interview with RI #180's resident representative (RR) family member was conducted on [DATE] at 10:38 AM. RI #180's RR revealed that from the time that RI #180 was admitted the family member had told the nurses that RI #180 would get UTIs frequently. According to the family member staff had been notified of RI #180's pain in back and pain while urinating beginning on [DATE]. RI #180's RR stated he/she asked staff daily if RI #180 had been tested for a UTI. The family member stated staff would give different reasons why the results were not back at that time. The family member stated that they just wanted an antibiotic given if RI #180 needed one since he/she had a history of UTIs. The complainant stated the family had not been invited to attend a baseline care plan to express their concerns about RI #180's history of UTIs. A nurses note on [DATE] at 5:06 PM noted by the Unit Coordinator/Licensed Practical Nurse (UCLPN) stated .Reported by CNA that urinary output is less today has odor and blood (tinged) and guest (is) more confused. New orders received to obtain UA C&S (Urinalysis Culture and Sensitivity) to rule out bladder infection. A review of RI #180's written Physician's Orders revealed an untimed telephone order dated [DATE] for UA CFS(Urinalysis Culture for Sensitivity) telephone order. RI #180's urinalysis report documented the draw date of [DATE] at 6:30 AM and the received date [DATE] at 5:00 PM. The urinalysis report had date issued of [DATE] at 8:42 PM. The results indicated that RI #180's sample had abnormal results for 100 uL (microliter) of Leukocytes. The reference range for Leukocytes was Negative. The Microscopic Exam, Urine had abnormal results for Urine WBC 20-30/HPF (pus cells per high power field) and Urine Bacteria 2+/HPF. The reference range for Urine WBC was 0-5/HPF and the reference range for Urine WBC was None/HPF. The results included: .NOTE NEW CRITERIA: Culture indicated and ordered if any one of these criteria are met: 1. Positive for .Leukocytes .3. WBC greater than 10 . A review of RI #180's written Physician's Orders revealed a written order dated [DATE] for Levaquin 250 milligrams (MG) by mouth daily for five days. The order did not indicate the time the order was written or given. The order was signed by the CRNP. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of the Medication Administration Record (MAR) for RI #180 revealed an order for Levofloxacin 250 MG, one tablet by mouth for five days for UTI. The MAR indicated the initial dose of the Levaquin 250 MG was not administered until [DATE] at 09:00 PM. The medication was administered on [DATE] at 09:00 PM and [DATE] at 09:00 PM. A review of the Certified Registered Nurse Practitioner (CRNP) notes for RI #180 for date of service [DATE] documented: .Chief Complaint/ Nature of Presenting Problem: . We did do a UA for (complaint of) dysuria . History of Present Illness: . Patient has been (complaining of) dysuria. We did obtain a UA. I was notified over the weekend of the results. I did start (him/her) on Levaquin. ICD (International Classification of Disease) Codes: .Dysuria . Acute cystitis . The note was electronically signed on [DATE] by the CRNP. A review of RI #180's Urine Culture and Sensitivity documented that RI #180's urine contained greater than 100,000 CFU/mL of Enterococcus faecalis (Isolate 1). The report indicated the date issued was [DATE] at 8:12 AM. The CRNP notes for RI #180 for date of service of [DATE] documented: .Chief Complaint/ Nature of Presenting Problem: . (He/She) does have a UTI and has been on Levaquin. (His/Her) Sensitivity has returned . History of Present Illness: . Patient has been c/o (complaining of) dysuria. I did start (him/her) on Levaquin low dose for 5 days . (He/She) continues to have c/o (complaint of) dysuria. I will increase the dose to see if this helps with (his/her) symptoms . The note was electronically signed on [DATE] by the CRNP. Further review of RI #180's written Physician's Orders revealed a written order dated [DATE] to Increase Levaquin to 500 (MG) (by mouth daily for five days) for cystitis and continued c/o (complaint of) dysuria. The order did not indicate the time the order was written or given. The order was signed by the CRNP. Further review of RI #180's MAR revealed an order for Levofloxacin 500 MG, one tablet by mouth for five days with Stop Date: [DATE]. The medication was electronically documented as administered for four days, [DATE], [DATE], [DATE], and [DATE]. The [DATE] dose was hand initialed by Licensed Practical Nurse (LPN) #13. A review of the hospital's History and Physical Reports for RI #180 with an admission date of [DATE] at 07:04 AM revealed: . History of Present Illness . In the ED, patient had a UA concerning for UTI, high anion gap metabolic acidosis with elevated lactate, AKI (acute kidney injury) with creatinine 1.7 from baseline of 0. 7 elevated troponin . leukocytosis at 18,000 . hypoxia to 82 on room air . cardiology was consulted, bedside echo (echocardiogram) revealed EF (ejection fraction) approximately 20% . Cardiology suspects type II NSTEMI (Non ST elevation myocardial infarction (heart attack)) in the setting of UTI and sepsis. admitted to the ICU [DATE] . urosepsis and septic shock . An interview was conducted on [DATE] at 5:05 PM with the UCLPN. She stated that the physician or CRNP would need to be notified if unable to collect the lab within twenty-four hours. The UCLPN stated the order was received on [DATE] from the CRNP and collected on [DATE]. The UCLPN stated that the ordering provider should be notified each shift when staff were unable to obtain a urine sample for a lab. According to the UCLPN an order for Levaquin 250 mg was ordered [DATE], but she was unable to say the time it was ordered since there was not a time on the order. The UCLPN stated the first dose was documented as given on [DATE] at 09:00 PM and it should have been given on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] at 12:37 PM an interview was conducted with CNA #22. She stated urine samples were usually collected immediately when the nurse let the CNA know that the sample was needed. She further stated if the sample was unable to be obtained, the sample would be obtained by a straight catheterization. CNA #22 stated she let the nurses know when the urine was in the hat in the toilet after the resident has gone to the bathroom. CNA #22 stated she did not collect the urine sample on [DATE] during her shift, because it had been contaminated with stool. CNA #22 stated that when RI #180 first arrived at the facility she did not need much assistance. CNA #22 stated that he/she needed assistance with showers and to blow dry his/her hair. CNA #22 stated RI #180 would let her know when he/she would have to go to the bathroom. Further the CNA #22 said, during the last week of RI #180's stay he/she was using his/her brief to go to the bathroom. On [DATE] at 10:36 AM an interview was conducted with the LPN #24. She stated the physician should be notified after three attempts to obtain a urine on a shift, but she did not recall the policy. On [DATE] at 10:35 AM an interview was conducted with the LPN #14. She stated that an order for RI #180 for a UA was ordered on [DATE]. She stated that she did not attempt a clean catch urine for RI #180, but the CNA did on [DATE]. She stated she was only aware of one time that the CNA attempted to obtain a urinalysis for RI #180 on [DATE]. LPN #14 stated she attempted a straight catheter one time on [DATE] to obtain a urine sample but was unable to get urine return. LPN #14 stated the urine should be collected as soon as possible after receiving the order for the urinalysis. On [DATE] at 4:33 PM an interview was conducted with the Infection Preventionist (IP) RN/ADON. The IP said the facility's policy was that a urine specimen for urinalysis should be collected within 24 hours. The IP said it was the facility's policy that the urine specimen be collected by lab within 48 hours. The IP was asked, when an order was written for urinalysis, when should the urine be collected. The IP responded, immediately. The IP said if staff were unable to obtain first attempt by clean catch, then the nurse would obtain a straight catheter specimen. The IP stated that when an antibiotic for UTI was ordered, it should be started within 24 hours unless a now order was ordered. The IP said the risk of not administering an antibiotic within 24 hours or the next day would be worsening of infection. The IP stated the facility did not keep up with a number of UTIs but maintained a map that was color coded by infections. The IP stated that she counted the color for UTIs for each month to calculate the number of UTIs that were diagnosed and treated in house. She stated in [DATE] there were 12 in house UTIs; February 2024 there were 7 in house UTIs; [DATE] there were 16 in house UTIs; [DATE] there were 5 in house UTIs; [DATE] there were 16 in house UTIs; [DATE] there were 5 in house UTIs; and the [DATE] had not been calculated at that time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	An interview with the DON was conducted on [DATE] at 11:55 AM. The DON said when a UA was ordered it should be collected as quick as possible so it could be addressed if needed. The DON said a straight catheter should be attempted within a day if the urine specimen could not be collected by clean-catch. The DON said according to the policy the sample should be collected via straight catheter if unable to collect as clean catch specimen. The DON said once the specimen was collected the UA resulted within a few hours or a day at the most and the urine culture resulted at 72 hours. The DON said a UA that was positive for UTI would not necessarily be called to the doctor or CRNP. The DON stated the nurse that received the call from the lab, would notify the physician of a critical lab result. The DON said the faxed results were placed in the charts and flagged to be reviewed by the physician or the CRNP. The DON stated that only critical labs and nurses' judgement were called to the CRNP and or the physician. She stated if the UA was positive for a UTI the facility staff waited until on the final Culture and Sensitivity (C&S) report before notifying the CRNP or the physician. The DON further stated the CRNP and physician would not want to start antibiotics unless there was fever or dysuria and would want to wait until the final C&S report. The DON stated the CRNP or physician would just review the next time they would be in the facility. The DON was asked about the timeline of events regarding the treatment of RI #180's UTI. The DON stated the UCLPN reported to the CRNP that RI #180 had decreased urinary output, blood-tinged urine, and urine odor. The DON stated the CRNP ordered a UA and C&S. The DON said after unsuccessful attempts to collect a clean-catch urine specimen, the facility tried a straight catheter on [DATE]. The DON said there was no urine obtained when the straight catheter was attempted on [DATE]. According to the DON the urine specimen was collected on [DATE] at 6:30 AM by straight catheter. The DON stated that she would have liked the urine to have been collected sooner. The DON stated RI #180 was found on the floor on [DATE] around 5:00 PM by LPN #24. The DON said LPN #24 notified the CRNP and received new orders for a UA and C&S. The DON said LPN #16 sent the preliminary results from the UA that was ordered on [DATE] to the CRNP on [DATE] at 11:50 PM. The DON stated that it was at that time the CRNP ordered the Levaquin 250 milligrams for five days. According to the DON the antibiotics were started on [DATE] at 9:00 PM. The DON stated on [DATE] the CRNP increased the dose of the Levaquin. On [DATE] at 10:16 AM an interview with the CRNP was conducted. She stated the UA was ordered on [DATE] and the antibiotic was ordered on [DATE]. The CRNP stated she would want to be notified on the day staff attempted to collected urine if unable to obtain the specimen. The CRNP stated she was not notified but should have been notified on [DATE] when a straight catheter was attempted on RI #180 and no urine output was collected. The CRNP stated the antibiotics should have been started at least by [DATE] when she ordered the UA on [DATE]. The CRNP stated that she expected the antibiotics to start the day she ordered them. A phone interview with the Medical Director (MD) was conducted on [DATE] at 9:44 AM. The MD stated that when the CRNP ordered a UA and Culture and Sensitivity (C&S) on [DATE] for RI #180 he would have expected it to be collected within twenty-four hours. The MD would have expected the facility staff to call when they were unable to obtain the urine specimen within twenty-four hours. According to the MD the facility staff should have followed policy and obtained the urine for RI #180 by straight catheter when it was unable to be obtained by clean catch. The MD stated that antibiotics could have been started on [DATE] depending on the situation and according to the McGreer's Criteria. ********** On [DATE] at 03:41 PM, the facility submitted an acceptable Removal Plan for F684 which documented: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1. Identification of Residents Affected or Likely to be Affected: The facility took the following actions to address the citation and prevent any additional residents from suffering an adverse outcome The Administrator or designee notified the facility Medical Director of the incident on [DATE]. On [DATE], the Director of Nursing (DON) or designee used a verification checklist that includes the following: a. Date/time the result was received b. Date/time when the results were reported to provider All abnormal urinalysis (UA) results for residents admitted [DATE] (date UA was ordered for RI #180), who are still a resident in this facility were reviewed, to ensure that all results were reported to the provider appropriately. The total number of UA results reviewed was: eight (8). Seven (7) of the UA's were determined to have been reported timely to the provider. One (1) was determined to have not been reported to the provider according to the facility's revised Laboratory Services and Reporting policy that was updated on [DATE]. Going forward, the Nurse Practitioner will receive emails directly from the lab, to allow electronic review of all lab results, regardless of provider. On [DATE], the resident's medical record was reviewed and, although the lab work wasn't reported according to the facility's revised Laboratory Services and Reporting policy, the patient still received timely treatment and recovered from their infection with no adverse outcome. The broad-spectrum antibiotic prescribed, prior to receiving the final culture and sensitivity was not deemed effective against their particular infection and once the final culture and sensitivity was received, the MD changed the antibiotic to one that the patient's infection was susceptible to. On [DATE], the DON or designee used a verification checklist that includes the following: c. Date/time an order was written (if an order was written) d. Date/time the medication was first administered e. Date/time the UA was ordered f. Date/time the UA was collected All abnormal urinalysis (UA) results for residents admitted since [DATE]m 2024 (date UA was ordered for RI #180), who are still a resident l this facility were reviewed, to ensure that all residents received prompt treatment. The total number of UA results reviewed was: eight (8). Six (6) of the UA's reviewed were determined to have had their first dose of antibiotic administered timely, after being ordered. Two (2) of the UA's reviewed were not prescribed an antibiotic. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Six (6) of the UA's were determined to have been collected timely. Two (2) of the UA's were determined to have been collected slightly outside of the acceptable time frame, based on facility's revised Urine Sample Collection policy. to ensure timely collection of urine samples in the future. Both resident records were reviewed, and although the samples were collected slightly outside of the acceptable time frame, based on facility's revised Urine Sample Collection policy, both patients were still treated timely and recovered from their UTI's with no adverse outcomes. On [DATE], two (2) LPNs were provided one-on-one education, by the DON or designee, on the facility's revised Urine Sample Collection policy, to ensure timely collection of urine samples in the future. 2. Actions to Prevent Occurrence/Recurrence: The facility took the following actions to prevent an adverse outcome from reoccurring. On [DATE], the Urine Sample Collection Policy, were revised by the Administrator, DON, and ADON. Urine Sample Collection Policy Section 4-vi. was revised to say, If unable to obtain midstream clean -catch on first attempt, may obtain a catheterized, It previous said, if unable to obtain midstream clean-catch, may obtain a catheterized specimen. Section 6 was revised to say, Notify physician if unable to obtain a urine sample within 12 hours. It previously said, Notify physician of results, and file results in the resident's medical record. On [DATE], DON or designee spoke with medical director and received the following instructions regarding when a medication should be given, to be considered timelym If a medication is ordered in response to results of the UA, the medication should be started within 24 hours of receiving the order, unless otherwise indicated (i.e. STAT or NOW doses). Or unless a specific date/time is given to start the medication. This was added as section 7 of this policy. The DON or designee educated all facility nurses that perform urine collections on facility's revised Urine Sample Collection Policy on [DATE]. From [DATE]-[DATE] the DON or designee will continue to utilize verification checklist at least twice per week, to ensure all residents receive prompt treatment. On [DATE], the DON or designee spoke with facility Medical Director and CRNP regarding process change for prompt notification of lab results. After conversation, the DON or designee arranged for the contract laboratory to email results of all lab work results (regardless of which provider ordered the lab work) to CRNP for electronic review. All critical labs should also be called to provider immediately. In addition to an electronic copy being emailed to provider, the physical copy will be flagged o the physical chart, for provider to review upon next visit to the facility. ********** (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The Immediate Jeopardy was removed as of [DATE] and the scope and severity was lowered to the lower severity of no actual harm with a potential for more than minimal harm that was not immediate jeopardy, to allow the facility time to monitor and/or revise their corrective actions as necessary to achieve substantial compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, resident record review, and review of a facility policy titled Perineal Care the facility failed to ensure Certified Nursing Assistant (CNA) #20 provided incontinent care for Resident Identifier (RI) #335 in a manner to prevent risk of a urinary tract infection (UTI). During the survey on 08/15/2024 CNA #20 was observed wiping bowel movement from RI #335's buttocks and anus area to the front of his/her perineal area. CNA #20 wore the same pair of soiled gloves for the entire process of incontinent care. This affected one of two residents sampled for infection prevention during incontinent care. Findings include: The facility policy titled Perineal Care with a last date reviewed of 02/2021, documented: Policy: It is the practice of this facility to provide perineal care to all incontinent residents during routine bath and as needed in order to promote cleanliness and comfort, prevent infection to the extent possible . Definition Perineal Care refers to the care of the external genitalia and the anal area . Policy Explanation and Compliance Guidelines: 9. If perineum is grossly soiled, turn resident on side, remove any fecal material with toilet paper, then remove and discard. a. Cleanse buttocks and anus, front to back; front to back; vagina to anus in females, . using a separate washcloth or wipes. b. Thoroughly dry. 10. Re-position resident in supine position. Change gloves if soiled and continue with perineal care. RI #335 was admitted to the facility on [DATE]. RI #335 had diagnoses that included Chronic Kidney Disease. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/15/2024 at 6:22 PM CNA #20 and CNA #21 were observed performing perineal care for RI #335. RI #335 was positioned to his/her side. CNA #20 used wipes to remove bowel movement from RI #335's buttocks/anus while wiping from the back toward the front, without changing gloves or performing hand hygiene. CNA #20 also placed a new brief under RI #335 while wearing the same soiled gloves and without performing hand hygiene. CNA #20 did not remove soiled gloves or perform hand hygiene during the process of perineal care provided for RI #335. On 08/15/2024 at 6:31 PM an interview was conducted with CNA #20. She stated she should never wipe upward on a female while doing perineal care because of the risk for infection. CNA #20 stated she should have used a washcloth with soap and water to clean RI #335. She stated that she should have wiped downward toward his/her buttock. CNA #20 stated she should have removed her gloves and washed or sanitized her hands after removing RI #335's soiled brief and after cleaning RI #335's perineal area. CNA #20 stated that there was a risk for infection by not changing her gloves and not washing or sanitizing her hands during peri care. CNA #20 stated she was in a hurry because she was training CNA #21 during perineal care. 08/15/2024 at 6:51 PM an interview was conducted with CNA #21. He stated he was training with CNA #20 on that day. CNA #21 stated he had observed a video for training and 08/15/2024 was his second day to follow a CNA for observation training at the facility. CNA #21 stated he did not remove his gloves or wash or sanitize his hands after removing the soiled brief from RI #335. CNA #21 stated he did not know that he had to wash or sanitize his hands after removing the soiled brief. CNA #21 did however state there would be a risk for contamination by not removing his gloves and washing or sanitizing his hands after removing a brief that was soiled with feces and urine. On 08/16/2024 at 1:36 PM an interview was conducted with LPN #7 (Licensed Practical Nurse), Staffing Nurse. LPN #7 stated that she provided the skills check offs for the CNAs. The CNAs check offs are conducted on hire and yearly. LPN #7 continued to state that the newly hired CNA was checked off on the floor by the CNA that was observing them with residents. The CNAs that provided training were checked off by their supervisors according LPN #7. She stated that CNA #20 had been checked off to train CNAs. LPN #7 stated that during perineal care on a female staff should not wipe from back to front, not use the same wipe more than once, not wear the same gloves the whole time, and should wash or sanitize their hands. LPN #7 stated that there would be a risk for cross contamination and infection control. On 08/17/2024 at 9:14 AM an interview was conducted with the Infection Preventionist (IP). She stated that during perineal care for a female a new wipe should be used with each stroke and should wipe from front to back. The IP stated that there would be a risk of introducing bacteria from the gut to the vagina that would lead to a urinary tract infection if a CNA did not change their gloves or wash or sanitize their hands after providing perineal care for a resident that had a brief with urine and bowel movement. On 08/14/2024 at 4:33 PM an interview was conducted with the Infection Preventionist (IP) RN/ADON. The IP stated the facility did not track the number of UTIs but maintained a map that was color coded by infections. The IP stated that she counted the color for UTIs for each month to calculate the number of UTIs that were diagnosed and treated in house. She stated in January 2024 there were 12 in house UTIs; February 2024 there were 7 in house UTIs; March 2024 there were 16 in house UTIs; April 2024 there were 5 in house UTIs; May 2024 there were 16 in house UTIs; June 2024 there were 5 in house UTIs; and the July 2024 had not been calculated at that time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This was cited as a result of complaint/report number AL00047090.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0755 Level of Harm - Actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, resident record review, review of a facility policy titled Pharmacy Services, the facility failed to ensure medications were available and administered as ordered for Resident Identifier (RI) #330, a resident with Liver Disease, upon admission to the facility on [DATE]. RI #330 missed doses of Rifaximin and Lactulose, medications for treatment of RI #330's Liver Disease, resulting in elevated blood ammonia levels. This affected one of 19 sampled residents. Findings include: A facility policy titled Pharmacy Services dated 2017 documented . Policy: It is the policy of this facility to ensure that pharmaceutical services, . are provided to meet the needs of each resident, . Compliance Guidlines: 1. The facility will provide pharmaceutical services to include procedures that assure the accurate acquiring, receiving, dispensing, and administering of all routine . biologicals to meet the needs of each resident, . RI #330's hospital Discharge summary dated [DATE] documented discharge medications RI #330 was to resume and included xifaxan (Rifaximin) to be given twice a day and Lactulose 30 milliliters (ml) to be given three times a day. Further review of the discharge summary revealed that RI #330's ammonia level upon presentation to the emergency room (ER) on 12/27/2022 was 85. The summary indicated RI #330 had a fall and altered mental status upon presentation to the ER. RI #330 was admitted to the facility on [DATE] from the hospital and had a diagnosis of cirrhosis of the liver. RI #330's January 2023 physician orders documented orders with start dates of 01/05/2023 for 550 milligrams (mg) of Rifaximin to be administered twice a day and 20 Grams (gm) per 30 ml of Lactulose solution to be administered three times a day. RI #330's Medication Administation Record (MAR) for January 2023 was reviewed and revealed RI #330 did not recieve ordered doses of Rifaximin on 01/05/2023 and a single dose was documented as administered on 01/06/2023. Further review revealed, doses of Lactulose were not administered on 01/05/2023, 01/06/2023, 01/14/2023, 01/15/2023, and 01/16/2023. RI #330's departmental notes were reviewed and an entry dated 01/07/2023 at 6:20 PM documented the following: . DIL (Daughter-in-Law) brought in residents personal medication bottle of Xifaxan (Rifaximin) tab 550mg, 60 tabs. Resident received dosage today. A review of RI #330's lab results revealed that RI #330's ammonia level was 197 umol/L (micromoles per liter) on 01/17/2023. The ammonia level was flagged as high. The reference range for ammonia level was 16-60 umol/L. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0755 Level of Harm - Actual harm Residents Affected - Few	On 08/18/2024 at 2:32 PM an interview was conducted with Licensed Practical Nurse (LPN) #13. During the interview, LPN #13 said he did not administer RI #330's lactulose on 01/14/2023 at 6:00 AM and 9:00 PM, 01/15/2023 at 6:00 AM and 9:00 PM, and 01/16/2023 at 6:00 AM because the medication was not available on the medication cart. LPN #13 said RI #330's lab value for ammonia level on 01/17/2023 was 197 which was high. On 08/18/2024 at 6:46 PM a phone interview was conducted with a family member for RI #330 and revealed the family was not aware RI #330 was not receiving the Rifaximin at the facility until a couple of days had passed by. The family brought the medication to the facility on [DATE] at 09:00 AM so RI #330 would not miss further doses. On 08/01/2024 at 11:45 AM an interview was conducted with Pharmacist (RPh) #4. RPh #4 stated, Rifaximin had never been ordered by the facility for RI #330. RPh #4 stated, the pharmacy had not received a list of medications for RI #330 from the facility that included Rifaximin. According to RPh #4, when the facility ordered medication from the pharmacy the medication would be delivered to the facility the same day if ordered before 07:00 PM and if ordered after 07:00 PM, it would be the next day, unless it was ordered as stat (immediate) medication. RPh #4 stated, there was also a local pharmacy to utilize for significant medications. RPh #4 stated, the facility should have notified the doctor of medication that was not available for further instructions. RPh #4 further stated, the medication should have been available and if the medication could not have been filled due to a cap on the price or the pharmacy needing longer time to get the medication the facility would have been notified. There was not an issue with RI #330's Rifaximin in this case according to RPh #4. An interview was conducted on 08/19/2024 at 12:14 PM with Pharmacy Director of Operations (PDO). She stated, on 01/04/2023 RI #330's medications Lactulose and Rifaximin were not ordered by the facility. The PDO stated, on 01/05/2023 at 12:41 AM, RI #330's Lactulose was ordered to be given three times a day. The PDO said a five-day supply totaling 473 milliliters would was sent to the facility and she assumed it would have been delivered during regular drop off around 07:00 to 08:00 PM. She further stated, the pharmacy only sends a one-pint bottle and the facility will reorder as needed. The PDO stated, the next date that the facility re-ordered the Lactulose was 01/16/2023, eleven days after the five-day supply was dropped off. The PDO stated, the Lactulose was not a stocked medication in the facility. The PDO stated, the next time the Lactulose was ordered was 01/23/2023. The PDO stated, the Rifaximin was not ordered by the facility and the Rifaximin would not have been a hard medication for the pharmacy to obtain. On 08/01/2024 at 10:06 AM the Director of Nursing (DON) was asked about the availability of RI #330's medications on the day of admission on [DATE]. The DON stated, RI #330 should have had medications available on the day of admission. The DON said, Rifaximin was not available in the pharmacy and the facility was waiting on the family to bring the medication. The DON stated, the pharmacy contacted the family to bring the medication, however, the DON said, there was no documented evidence of the family being responsible to provide the medication. The DON stated, the nurse should have called the doctor when the Rifaximin was not available. The DON also stated, there was a concern that the physician order was not followed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0755 Level of Harm - Actual harm Residents Affected - Few	On 08/20/2024 at 11:09 AM a follow up interview was conducted with the DON. The DON stated, the Lactulose was to keep ammonia levels down for a resident with liver cirrhosis. The DON further stated, it would be important for a resident with liver cirrhosis to receive Lactulose when ordered to keep ammonia levels down. The DON stated, RI #330 did not receive the Lactulose on 01/05/2023 at 6 AM and 9 PM; 01/06/2023 6 AM; 01/14/2023 6 AM and 9 AM; 01/15/2023 6 AM and 9 AM; 01/16/2023 6 AM; and 01/30/2023 6 AM and 1 PM. She further stated that the pharmacy sent five to six days worth of the Lactulose on 01/05/2023. The DON stated, the next time Lactulose was delivered was on 01/16/2023. The DON said Lactulose was not stocked as a back up medication or as a stock medication. The DON stated, RI #330's ammonia level on 01/17/2023 was 197 and the normal range would have been within 16-60 and missing Lactulose could have been a contributing factor. The DON stated, RI #330 missed Rifaximin doses on 01/05/2023 and 01/06/2023. The DON stated, it was pre-arranged with the family to bring the medication, but she did not know who talked to the family. The DON stated, it was documented in the facility nursing notes that the family did not bring the Rifaximin to the facility until 01/07/2023. The DON stated, the facility should have ordered the Rifaximin for RI #330 to have in the facility. An interview was conducted on 08/01/2024 at 11:45 AM with Certified Registered Nurse Practitioner (CRNP) revealed, local pharmacy was the backup pharmacy for the facility. The CRNP stated, she expected the residents to get their first dose of medication within a few hours of admission. According to the CRNP she would be concerned if the nurse did not call the pharmacy and see why a medication was not available in the facility. The CRNP would also want to be contacted after the first missed dose of medication. The CRNP stated the facility should only wait within a day before looking for other resources for a medication that was not available. On 08/18/2024 at 4:36 PM a follow up interview by phone was conducted with the CRNP. The CRNP stated, she could not technically tell how many missed doses of Lactulose would cause the ammonia level to rise, that was why she ordered the ammonia level for RI #330. The CRNP stated, she was notified that RI #330 missed five doses of Lactulose between 01/13/2023 and 01/15/2023. The CRNP stated, she expected the facility to have the Rifaximin in the facility or pre-arranged with the family. The CRNP stated, it was nursing's responsibility to have the medications in the facility for the residents. This deficiency was cited as a result of the investigation of complaint/report number AL00043580.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, medical record review and review of facility policies titled Documentation in Medical Record and Verbal Orders the facility failed to ensure Resident Identifier (RI) #180's medical record contained the times for verbal/telephone orders received on 01/03/2024, 01/06/2024, and 01/10/2024. Further, the facility failed to ensure RI #180's urine specimen obtained on 01/05/2024 via catheter was documented. The facility further failed to ensure Licensed Practical Nurse (LPN) #13 did not document administration of RI #180's 01/14/2024 dose of levofloxacin 500 milligram as administered on 01/18/2024 without clearly indicating that it was documented as a late entry. This affected one of 31 sampled residents. Findings include: Review of facility policy titled Documentation in Medical Record with a date revised of 02/2021 revealed: . Policy Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. Policy Explanation and Compliance Guidelines: 1. Licensed staff and interdisciplinary team members shall document assessments, observations and services provided in the resident's medical record in accordance with state law and facility policy. 2. Documentation should be completed at the time of service, but no later than the shift in which the assessment, observation or care service occurred. 3. Principles of documentation include, but are not limited to: a. Documentation shall be factual, objective, and resident centered. i. False information shall not be documented. b. Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care. e. Record date and time of entry. f. Sign each entry with name and credentials of the person making the entry. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. When documentation occurs after the fact, outside acceptable time limits, the entry shall be clearly indicated as late entry. A review of facility policy titled Verbal Orders with a date revised of 06/2024 revealed: . Policy: Physician orders may be received by telephone, by a licensed nurse or other licensed or registered health care specialist who are legally authorized to do so. Policy Explanation and Compliance Guidelines: . 4. write (on physician order sheet) T.O. (telephone order) or V.O. (verbal order), including date, time, name of the resident, the complete order & flag for provider signature or provider may e-sign through the EHR. RI #180 was admitted to the facility on [DATE] with a diagnosis history of Unspecified Protein-Calorie Malnutrition, Type Two Diabetes Mellitus without Complications, and Retention of Urine. A review of RI #180's written Physician's Orders revealed an untimed telephone order dated 01/03/2024 for UA CFS(Urinalysis Culture for Sensitivity) telephone order. A review of RI #180's urinalysis reports the draw date of 01/05/2024 at 06:30 AM and the received date 01/05/2024 at 5:00 PM. RI #180's medical record did not contain documentation for who obtained the specimen, when the specimen was obtained, or how RI #180 tolerated the straight catheterization procedure. A review of RI #180's written Physician's Orders revealed a written order dated 01/06/2024 for Levaquin 250 milligrams (MG) by mouth daily for five days. The order did not indicate the time the order was written or given. The order was signed by the CRNP. Further review of RI #180's written Physician's Orders revealed a written order dated 01/10/2024 to Increase Levaquin to 500 (MG) (by mouth daily for five days) for cystitis and continued c/o (complaint of) dysuria. The order did not indicate the time the order was written or given. The order was signed by the CRNP. Further review of RI #180's Medication Administration Record (MAR) revealed an order for Levofloxacin 500 MG, one tablet by mouth for five days with Stop Date: 1/14/24. The medication was electronically documented as administered for four days, 01/10/2024, 01/11/2024, 01/12/2024, and 01/13/2024. The 01/14/2024 dose was not scheduled on the electronic MAR but was hand initialed as administered by LPN #13. The hand initialed entry did not include that it was a late entry or the date or time that it was documented. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/18/2024 at 3:44 PM an interview was conducted LPN #13. He stated on 01/18/2024 he hand initialed on RI #180's printed MAR to document the administration of RI #180's Levofloxacin 500 MG on 01/14/2024. LPN #13 said he notified management on 01/14/2024 that he administered the medication and on 01/18/2024 the Infection Control Nurse (IC) brought the paper MAR and had him initial to document the medication's administration. On 08/15/2024 at 11:55 AM an interview with the Director of Nursing (DON) was conducted. The DON stated according to facility policy, documentation should include date and time of entry, responses to therapies, and services provided. The DON stated she knew the urine had been collected on 01/05/2024 at 06:30 by catheter because of the lab requisition that was put in the lab portal. The DON further stated she did not know who collected the urine and she would have liked it to have been in the nurses' notes for RI #180 to verify it had been collected and the how the resident tolerated. The DON stated there was no place to put a time on the written orders when a verbal or telephone orders were received, and it was not necessary. The DON further stated she did not question what time and date the nurses entered electronically.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and review of facility policy titled Quality Assessment and Assurance the facility's Quality Assessment and Assurance Committee (QAAC), the facility's Quality Improvement Performance Improvement (QAPI) committee, failed to thoroughly review all factors related to Resident Identifier (RI) #180's hospitalization on [DATE]. The facility did not identify the delay in treatment that resulted from the facility's failure to promptly obtain RI #180's urine specimen, promptly notify the Certified Registered Nurse Practitioner (CRNP) of RI #180's urinalysis (UA) results, and failure to administer RI #180's antibiotic timely. The facility's QAAC further failed to systemically address the factors that resulted in delay in treatment. On [DATE] RI #180 was noted to have decreased urinary output, urine odor, blood-tinged urine, and increased confusion. The QAAC had reviewed RI #180's incident report after a fall on [DATE] and identified the immediate action needed was treat Urinary Tract Infection (UTI). On [DATE] and [DATE] RI #180 was noted to have dysuria. On [DATE] RI #180 was transferred to the emergency room and admitted to the Intensive Care Unit where he/she was treated for Urosepsis and Septic Shock. It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations manual, Appendix PP, 483.75 Quality Assurance and Performance Improvement at a scope and severity of J. On [DATE] at 12:13 PM, the Administrator (ADM) and the Director of Nursing (DON) were provided a copy of the Immediate Jeopardy Template and notified of the findings of substandard quality of care at the immediate jeopardy level in the area of Quality of Care, at F867- QAPI/QAA Improvement Activities. The IJ began on [DATE] and continued until [DATE] when survey team verified onsite that corrective actions had been implemented. On [DATE] the immediate jeopardy was removed, F 867 was lowered to the lower severity of no actual harm with a potential for more than minimal harm that was not immediate jeopardy, to allow the facility time to monitor and/or revise their corrective actions as necessary to achieve substantial compliance. This was cited as a result of complaint/report number AL00047090. The facility further failed to ensure 12 of 12 Skills Validation Perineal Care forms were completed to include the observed person's signature and the date of the observation. The Skills Validation Perineal Care forms were a component of a performance improvement project related to UTIs Findings Include: Cross-Reference F 684 and F 690. A review of the facility's policy titled Quality Assessment and Assurance with a date implemented 2016 revealed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	. Policy: This facility will maintain a Quality Assessment and Assurance (QAA) Committee to identify quality issues and develop appropriate plans of action to correct quality deficiencies through an interdisciplinary approach. Policy Explanation and Compliance Guidelines: . 4. The committee will: c. Identify and respond to quality deficiencies throughout the facility. d. Develop and implement corrective plans of action and monitor to ensure performance goals or targets are achieved and sustained. RI #180 was admitted to the facility on [DATE] with a diagnosis history of Unspecified Protein-Calorie Malnutrition, Type Two Diabetes Mellitus without Complications, and Retention of Urine. An interview with RI #180's family member was conducted on [DATE] at 10:38 AM. The family member revealed that from the time that RI #180 was admitted the family member had told the nurses that RI #180 would get UTIs frequently. According to the family member staff had been notified of RI #180's pain in back and pain while urinating beginning on [DATE]. The family member stated he/she asked staff daily if RI #180 had been tested for a UTI. The family member stated they would give different reasons why the results were not back at that time. The family member stated that they just wanted an antibiotic given if he/she needed one since he/she had a history of UTIs. A nurses note on [DATE] at 5:06 PM noted by the Unit Coordinator/Licensed Practical Nurse (UCLPN) stated . Reported by CNA that urinary output is less today has odor and blood (tinged) and guest (is) more confused. New orders received to obtain UA C&S (Urinalysis with Culture and Sensitivity) to rule out bladder infection. A review of RI #180's written Physician's Orders on [DATE] an untimed order for UA CFS (Urinalysis with Culture for Sensitivity) via telephone order the CRNP. RI #180's urinalysis (UA) results documented the draw date of [DATE] at 6:30 AM and the received date [DATE] at 5:00 PM. The UA final report was dated [DATE] at 8:42 PM. A review of a facility report dated [DATE] at 5:37 PM titled Resident Incident Report for RI #180 revealed the incident type was a fall. The report indicated risk factors possible related to the incident was B&B (bowel and bladder) Urgency. The Immediate Post-Incident Action was Treat UTI / INCREASED CONFUSION. A review of RI #180's written Physician's Orders revealed a written untimed order dated [DATE] for Levaquin 250 milligrams (MG) by mouth daily for five days. The order was signed by the CRNP. A review of the Medication Administration Record (MAR) for RI #180 revealed an order for Levofloxacin (Levaquin) 250 MG, one tablet by mouth for five days for UTI. The MAR indicated the initial dose of the levofloxacin 250 MG was not administered until [DATE] at 09:00 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of the CRNP notes for RI #180 for date of service [DATE] stated one of the chief complaints as dysuria as a reason for the ordering of the urinalysis. The CRNP notes for RI #180 for date of service of [DATE] revealed RI #180 continued to have dysuria and the CRNP indicated she would increase the dose of Levaquin. A review of the hospital's History and Physical Reports for RI #180 with an admission date of [DATE] at 07:04 AM revealed RI #180 was admitted to the Intensive Care Unit (ICU) on [DATE] with diagnoses that included Sepsis due to UTI and Septic Shock. A review of the hospital's Discharge Documentation revealed RI #180 expired on [DATE]. The documentation included that RI #180 was admitted to the intensive care unit with Urosepsis on [DATE]. A review of a facility report titled Infection Report-Basic labeled with Quality Assurance Q.A.P.I Document signed by RN/IP on [DATE] for RI #180 documented: . Infection Category: Urinary First Symptom Onset: [DATE] Infection Source: It is likely infection developed in the facility . Related Diagnosis: Enterococcus . Final Disposition: hospitalized . Sign/Symptom/Condition . Blood in urine . Note . Foul, blood tinged, decreased UOP (Urine Output) .Onset [DATE] . Interventions Antibiotic-Yes . Levaquin .Started [DATE] . Further review of the report revealed a handwritten note that stated Reviewed in QAPI. No Concern. Hosp. (hospitalization) unavoidable. Return anticipated. A review of a facility report titled Infection Report Follow Up labeled with Quality Assurance Q.A.P.I Document signed by RN/IP on [DATE] for RI #180 documented: . Infection Category: Urinary First Symptom Onset: [DATE] Infection Source: It is likely infection developed in the facility . Reviewed by Infection Control Committee: Yes . A review of a facility report labeled with Quality Assurance Q.A.P.I Document documented: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Readmissions <30 days Short Stay . RI #180 . Septic Shock . Unavoidable . There were no dates on the report to indicate when RI #180 was transferred or when the report was reviewed. On [DATE] at 8:40 AM the ADM stated that all the documentation for the QAPI meetings concerning RI #180 was given to the surveyor. On [DATE] at 11:55 AM an interview was conducted with the Director of Nursing (DON). The DON said the QA Committee did not identify any concerns with the treatment of RI #180's UTI. On [DATE] at 4:33 PM an interview was conducted with the Infection Preventionist (IP) RN/ADON. The IP said the facility's policy was that a urine specimen for urinalysis should be collected within 24 hours. The IP said it was the facility's policy that the urine specimen be collected by lab within 48 hours. The IP was asked, when an order was written for urinalysis, when should the urine be collected. The IP responded, immediately. The IP said if staff were unable to obtain first attempt by clean catch, then the nurse would obtain a straight catheter specimen. The IP stated that when an antibiotic for UTI was ordered, it should be started within 24 hours unless a now order was ordered. The IP said the risk of not administering an antibiotic within 24 hours or the next day would be worsening of infection. The IP stated the QAPI committee came up with a plan of action each month to decrease the number of UTIs in the facility. The IP stated the facility did not keep up with a number of UTIs but maintained a map that was color coded by infections. The IP stated that she counted the color for UTIs for each month to calculate the number of UTIs that were diagnosed and treated in house. She stated in [DATE] there were 12 in house UTIs; February 2024 there were 7 in house UTIs; [DATE] there were 16 in house UTIs; [DATE] there were 5 in house UTIs; [DATE] there were 16 in house UTIs; [DATE] there were 5 in house UTIs; and the [DATE] had not been calculated at that time. The IP stated that the facility had increased oral hydration, hand washing surveillance, and perineal care check offs. On [DATE] at 5:48 PM an interview with the ADM was conducted. The ADM stated he oversaw the QAPI committee and was also a member. The ADM stated that the QAPI committee worked on a couple of different Performance Improvement Projects (PIPs) during [DATE] including UTI due to the flagging on the CASPER report for UTIs. The actions that were put in place at that time were hydration rounds and perineal care observations. The facility's Validation Checklist Perineal Care forms were reviewed as evidence of the facility's UTI PIP. There were 12 forms and zero were signed by the staff who performed the care and zero included the date. One of the 12 forms was labeled with RI #180's name and was dated 01/2024. All 12 of the Validation Checklist Perineal Care form's documentation indicated no concerns were identified during the observations of perineal care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A follow-up interview with the ADM was conducted on [DATE] at 8:40 AM. The ADM stated that there was documentation about RI #180 brought to QAPI and the information was provided to the surveyor. The ADM then stated there was no other information for RI #180 from the QAPI committee, the PIP subcommittee and any other QA Meeting not provided to the surveyor that he was aware. The ADM stated the PIP project started on [DATE] as a result of the CASPER report and the QAPI meeting was on the same day. The ADM stated the first perineal check list form was dated [DATE]. The ADM stated he did not know why there was not a specific date on the form and further stated he did not know why the nurse being observed did not sign the checklist. The ADM stated RI #180's name was documented on the top of a checklist. The ADM was asked, when was RI #180 discharged . The ADM said RI #180's discharge date was [DATE]. The ADM stated that there were 12 perineal checklist forms and none of the 12 checklist forms had completed dates. The ADM stated that there were 8 of the 12 perineal checklist forms with the observer's signature and 0 of the 12 signatures from the person being observed. ********** On [DATE] at 06:48 PM, the facility submitted an acceptable Removal Plan for F 867 which documented: 1. Identification of Residents Affected or Likely to be Affected: The facility took the following actions to address the citation and prevent any additional residents from suffering an adverse outcome. The Administrator or designee notified the facility Medical Director of the incident on [DATE]. On [DATE], the Director of Nursing (DON), Administrator and Assistant Director of Nursing (ADON) reviewed all Quality Assurance (QA) Committee meeting minutes for [DATE] through [DATE], as well as reviewing rehospitalization records for months where no QAPI meeting was held. A Root Cause Analysis (RCA) was conducted for all (3) rehospitalizations related to urinary tract infection (UTI) to determine if further investigation/action was needed. One (1) RCA produced no action items. No areas for needed improvement were identified. Two (2) RCA's did produce action items. On [DATE], the Laboratory Services and Reporting Policy was revised by the Administrator, DON, and ADON. Section 7 was revised to say, Immediately notify the ordering physician, or nurse practitioner of critical finding. Previous version stated, Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of critical laboratory results. nSection 8 was added to say, Nurse practitioner will be notified of resulted labs for review electronically and nurse will place physical copy in chart for review at the providers next visit to the facility. This includes all lab results, regardless of which provider ordered the lab work. The DON or designee educated all seven (7) RNs and thirteen (13) LPNs that inform providers of lab results, on facility's revised Laboratory Services and Reporting policy on [DATE]. This includes nurses from every shift and every rotation, including weekends. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE], the DON or designee spoke with facility Medical Director and CRNP regarding process change for prompt notification of lab results. After conversation, the DON or designee arranged for the contract laboratory to email results of all lab work results (regardless of which provider ordered the lab work) to CRNP for electronic review. All critical labs should also be called to provider immediately. In addition to an electronic copy being emailed to provider, the physical copy will be flagged on the physical chart, for provider to review upon next visit to the facility. On [DATE], the Urine Sample Collection Policy, were revised by the Administrator, DON, and Assistant Director of Nursing (ADON). Urine Sample Collection Policy Section 4-vi. was revised to say, If unable to obtain midstream clean-catch on first attempt, may obtain aa catheterized specimen. It previous said, If unable to obtain midstream clean-catch, may obtain a catheterized specimen. Section 6 was revised to say, Notify physician if unable to obtain a urine sample within 12 hours. It previously said, Notify physician of results, and file results in the resident's medical record. On 08/20 2024, DON or designee spoke with medical director and received the following instructions regarding when a medication should be given, to be considered timely, If a medication is ordered in response to results of the UA, the medication should be started within 24 hours of receiving the order, unless otherwise indicated (i.e. STAT or NOW doses). Or unless a specific date/time is given to start the medication. This was added as section 7 of this policy. The DON or designee educated all facility nurses that perform urine collections on facility's revised Urine Sample Collection Policy on [DATE]. From [DATE] to 1 [DATE], the DON or designee will continue to utilize verification checklist at least twice per week, to ensure all residents receive prompt treatment. Actions to Prevent Occurrence/Recurrence: The facility took the following actions to prevent an adverse outcome from reoccurring. (Completion Date: [DATE]) On [DATE], the Quality Assessment and Assurance Policy was revised by the Administrator and DON. On [DATE], Section 4.d. was revised to say, Develop and implement corrective plans of action to include contributing factors, and monitor to ensure performance goals or targets are achieved and sustained. Prior version stated, Develop and implement corrective plans of action, and monitor to ensure performance goals or targets are achieved and sustained. On [DATE], section 4.f. was added. Section 4.f. states, Utilize Root Cause Analysis Tools, which may include, The 5 Why's, Fishbone, Timeline, or Plan, Do, Study, Act (PDSA) when assessing contributing factors. On [DATE], the Administrator completed an education course through Relias Online Training, titled The Use of Root Cause Analysis. This course discussed what an RCA is and how to use it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE], after completion of the RCA training listed above, the Administrator educated the QA Committee on F-867 Quality Assessment and Assurance, facility's revised Quality Assessment and Assurance Policy, and how to conduct an RCA. QA Committee members educated included: Director of Nursing, Medical Director, Governing Body, Assistant Director of Nursing, (3) LPNs, RN MDS Coordinator, SW, Social Services Assistant, LPN MDS Coordinator, Dietician, and Business office Manager. ********** The Immediate Jeopardy was removed as of [DATE] and the scope and severity was lowered to the lower severity of no actual harm with a potential for more than minimal harm that was not immediate jeopardy, to allow the facility time to monitor and/or revise their corrective actions as necessary to achieve substantial compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 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, resident record review, and review of a facility policy titled Laundry-Infection Control, the facility failed to ensure resident clothing was handled in a manner to prevent the potential for cross contamination for RI #333. On 07/28/2024 clothing was observed hanging on RI #333's door knob in the hallway. This affected one of 31 sampled residents. Findings include: A facility policy titled Laundry Infection Control dated 2017 documented: Policy : The facility launders linens and clothing in accordance with current CDC (Centers for Disease Control) guidelines to prevent transmission of pathogens. RI #333 was admitted to the facility on [DATE] and had diagnoses to include: COVID-19. On 07/28/2024 at 2:50 PM the door to RI #333's room was observed with a clothes hanger and a pair of blue pants with dogs hanging from the door knob, touching the outside of the door. The clothing was uncovered, a sign on the door read Please see nurse before entering, and an isolation supply cart was outside of the door. On 07/28/2024 at 2:54 PM during an observation and interview with Registered Nurse (RN) #8, she said, the clothing should not be hanging on the door knob, laundry staff did that. RN #8 said, it was RI #333's pajama pants and they should not be hanging on the door knob of the room. RN #8 said, the clothes should be hung in the resident's closet. RN #8 stated, the risk of the clothing hanging from the resident's door knob uncovered and touching the door was risk for contamination. RN #8 said, laundry staff were supposed to put the clothing in the resident's room. On 07/31/2024 at 3:11 PM the Laundry Supervisor (LS) was asked about the clothing hanging on the door of the resident who was on isolation, RI #333. The LS said, staff should wear Personal Protective Equipment (PPE) to deliver clean clothing, enter the room, place the clothing in the closet or drawers. The LS said, then the staff would remove the PPE and discard in a red bag container, wash their hands, and exit the room. The LS said, clean clothing was kept in laundry until delivery to the halls and resident's rooms. The LS said, clean clothing was to be kept covered until it was removed from the cart and taken into the resident's room. The LS stated, the concern with the staff hanging clean clothing on the resident's door could be the risk of contamination; it was not covered and that was not where the clean clothing should have been left. On 07/31/2024 at 5:28 PM the Infection Preventionist (IP) was asked where clean clothing was kept. The IP said, in resident's closets or drawers. The IP said, the staff should handle the clean clothing by putting on PPE to enter the room, store the clothing, remove the PPE, and wash their hands. The IP said, staff should never hang resident's clothing on the outside of a door and clothing should remain covered until taken into the resident's room. The IP stated, the concern with the laundry staff hanging clothing on the outside of the room door, for a resident on isolation, was infection control issues. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Health Care and Rehabilitation Center	2061 Poole Drive, NW Huntsville, AL 35810

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/01/2024 at 9:34 AM the Director of Nursing (DON) said, resident personal clothing from laundry should go in the resident's room and should not be hung on the door knob outside the room. The DON said, the risk of clothing hanging on the outside of a resident room was cross contamination.