

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2021
NAME OF PROVIDER OR SUPPLIER Eamc Lanier Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 48th Street Valley, AL 36854	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0868</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on document review, interviews and review of the facility's policy, the facility failed to ensure that the Quality Assessment and Assurance (QAA) committee met at least quarterly. This had the potential to affect the care and services for each of the 65 residents in the facility.</p> <p>Findings include:</p> <p>Review of a facility policy titled, Quality Assurance Performance Improvement for EAMC (Eastern Alabama Medical Center) Long Term Care, dated March 2017 indicated, .Procedure.The QAPI committee meets at least quarterly .</p> <p>Review of a facility document titled, Quality Assurance Performance Improvement Plan, dated November 2020 indicated, .The QAA committee will meet quarterly and as needed.</p> <p>Review of facility documents titled EAMC-[NAME] Nursing Home Quality Assessment & Assurance Committee Microsoft TEAMS Meeting, dated 10/20/20, 01/20/21, and 04/28/21 indicated the dates when the QAA committee members met. There was no evidence to show the QAA committee members met in July 2021 which would indicate the committee members did not meet quarterly.</p> <p>During an interview on 08/19/21 at 12:15 PM, Employee Identification (EI #3, the Quality Assurance (QA) nurse and EI #1, the Administrator stated that the past QA meetings have not been done face to face. EI #1 stated the QAPI team met across a secured electronic network.</p> <p>During an interview on 08/19/21 at 12:24 PM, EI #1 stated they had to cancel the QAPI meeting for July 2021 since the Medical Director was out of town and the facility had to reschedule the meeting in August 2021. EI #1 stated the quarterly QAPI meeting was scheduled on 08/18/21 but had to be rescheduled to 09/01/21 due to the current recertification survey. EI #1 confirmed it was four months since the last QAPI meeting was held. EI #1 stated the Medical Director has an assistant Medical Director who could have attended but did not attend.</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 015045
		If continuation sheet Page 1 of 1