

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/11/2023
NAME OF PROVIDER OR SUPPLIER Diversicare of Big Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 500 St. Clair Avenue Southwest Huntsville, AL 35801	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, interviews, a facility policy, Resident's Rights and Quality of Life, and a review of the Maintenance Supervisor's POSITION DESCRIPTION, the facility failed to ensure air conditioner vents were not found with an accumulation of dust-like debris, food particles and other foreign objects.</p> <p>This affected Area Locators (AL) #'s 1-8, eight of twelve rooms of observed.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Resident's Rights and Quality of Life dated May 1, 2012, revealed: . POLICY STATEMENT It is the policy . that all residents have the right to a dignified existence, . A resident has the right: . To receive service in a facility environment that is safe, clean, and comfortable .</p> <p>A review of the Maintenance Supervisor's POSITION DESCRIPTION dated 02/01/2023, revealed: POSITION TITLE: Maintenance Supervisor . REPORTS TO: Administrator . KEY RESPONSIBILITIES . Administrative Functions Supervise, repair, plan, organize, and conduct the day-to-day activities of the physical plant and operations department.</p> <p>On 05/08/2023 at 5:54 PM, an observation was made of (AL) #8's air conditioner filter. There were pieces of debris observed on the air conditioner vent.</p> <p>On 05/10/2023 at 7:55 AM, the pieces of debris remained on AL #8's air conditioner vent.</p> <p>On 05/10/2023 at 8:00 AM, the surveyor observed pieces of debris on AL #7's air conditioner vent.</p> <p>An observation was made on 05/10/2023 at 10:32 AM of Area Locator (AL) #3 with an air conditioner filter and outer vents with a heavy accumulation of gray/black/beige/white pieces of debris from one side of the vent to the other.</p> <p>An observation was made on 05/11/2023 at 8:58 AM of AL #5 with an accumulation of a dark substance on the air conditioner vents.</p> <p>On 05/11/2023 at 9:41 AM an observation tour was conducted with Employee Identifier (EI) #3, the Maintenance Supervisor. He was asked to observe the following Area Locations and describe what he saw.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 015111
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>AL #3: he described what he saw as the vent and behind it needed to be cleaned because of crumbs behind the vent and dark dust build-up on the vents.</p> <p>AL #5: he described what he saw as dirty buildup on the vents.</p> <p>AL #4: he described what he saw as dark buildup on the vents.</p> <p>AL #7: he described what he saw as food crumbs and paper behind the vents.</p> <p>AL #8: he described what he saw as behind the vents on top was a heavy accumulation of what appeared to be food crumbs and the front vents had a heavy accumulation of dust-like substance.</p> <p>AL #1: he described what he saw as pieces of paper and 2 end-caps for tube feeding line.</p> <p>AL #2: he described what he saw as food crumbs, paper and dust from one side to the other.</p> <p>AL #6: he described what he saw as food crumbs, paper and dust from one side to the other.</p> <p>On 05/11/2023 at 10:08 AM an interview was conducted with EI #3, the Maintenance Supervisor. EI #3 was asked what the concern of dirt/dust-like debris and foreign objects being behind and on the vents that air flows past to enter resident rooms was. He answered it should not be in the air that residents breathe. EI #3 was asked what was the policy of a clean, comfortable and homelike environment. He answered that was how it was supposed to be kept up for residents. EI #3 was asked how would he describe what he saw in the air conditioner vents related to being clean, comfortable and homelike. He answered it was not clean. EI #3 was asked whose responsibility was it to ensure the air conditioners are kept free from a heavy build-up. He answered the maintenance department. EI #3 was asked why was that not done. He answered he did not have any help and he had to take care of the higher priority concerns first.</p> <p>On 05/11/2023 at 11:13 AM an interview was conducted with EI #1, the Administrator. EI #1 was asked what the concern of air conditioners with a build-up of dust-like debris, food particles and foreign objects behind the vents where air flows over them was. She answered for the cleanliness and breathing clean air. EI #1 was asked whose responsibility was it to keep these air conditioners free of a build-up of dust-like debris, food particles and foreign objects. She answered the Maintenance Supervisor. EI #1 was asked why were 8 air conditioner units in the rooms of sampled residents found with a build-up of dust-like debris, food particles and foreign objects. She answered it was an oversight. EI #1 was asked what was the facility's policy regarding the resident's environment. She answered to provide a clean, safe, comfortable and homelike environment.</p> <p>The deficiency was cited as a result of the investigation of complaint/report #AL00042602.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure Resident Identifier (RI) #10, a resident dependent on staff for bathing, was provided a shower as scheduled.</p> <p>This deficient practice affected RI #10; one of nine residents sampled for Activity of Daily Living (ADL) care.</p> <p>Findings include:</p> <p>RI #10 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses to include Parkinson's Disease and Generalized Muscle Weakness.</p> <p>RI #10's Quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 02/09/2023, coded RI #10 as being totally dependent on staff for bathing.</p> <p>A review of the shower schedule for the unit RI #10 resides on revealed RI #10 was scheduled a shower on the 2 PM - 10 PM shift on Tuesdays, Thursdays, and Saturdays.</p> <p>A review of RI #10's Task: ADL - Bathing sheet revealed on Tuesday, 05/09/2023, RI #10 was provided a Partial Bath.</p> <p>On 05/10/2023 at 5:04 PM, RI #10 informed the surveyor he/she had not received a shower on yesterday evening (05/09/2023).</p> <p>On 05/11/2023 at 12:20 PM, the surveyor conducted an interview with Employee Identifier (EI) #7, the Certified Nursing Assistant (CNA) assigned to care for RI #10 on 05/09/2023 on the 2 PM - 10 PM shift. When asked when the residents showers were provided, EI #7 said there was a schedule the CNA's used. When looking at the shower assignment sheet, EI #7 said RI #10 was scheduled a shower on 05/09/2023 on the 2 PM - 10 PM shift. EI #7 said he did not offer to shower EI #10 on his shift because EI #10 refused a shower that morning. The surveyor asked EI #7; if RI #10 was scheduled a shower on the 2 PM - 10 PM shift, should RI #10 have been provided a shower at that time. EI #7 said yes.</p> <p>On 05/11/2023 at 1:57 PM, the surveyor conducted an interview with EI #2, the Director of Nursing (DON). EI #2 said residents should be provided showers on their shower days and when they request one. The surveyor asked EI #2 why it would be important to provide a resident a shower on their shower day or when they request one, EI #2 said because it was the resident's right to have a shower and it would be a part of their ADL care.</p> <p>The deficiency was cited as a result of the investigation of complaint/report #AL00043277.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to honor Resident Identifier (RI) #10's food preference of no noodles when RI #10 was served spaghetti and meat sauce on 05/09/2023.</p> <p>This deficient practice affected RI #10; one of one resident sampled for food preferences.</p> <p>Finding include:</p> <p>RI #10 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses to include Parkinson's Disease and Generalized Muscle Weakness.</p> <p>A review of a Customer Concern/Grievance Communication Form for RI #10, dated 02/09/2023, documented the following:</p> <p>. Actions to resolve: . no seafood, no spicy food, no pasta, no peas no rice . Date received: 2-14-23 .</p> <p>On 05/09/2023 at 12:21 PM, the surveyor observed a plate of spaghetti and meat sauce, with a roll on it in RI #10's room. RI #10 stated he/she could not eat the spaghetti or foods that were spicy.</p> <p>On 05/11/2023 at 12:02 PM, the surveyor conducted an interview with Employee Identifier (EI) #8, the Dietary Manager. The surveyor asked EI #8, looking at RI #10's Customer Concern Form dated 02/09/2023, what date was the action resolved for RI #10's dislikes of no seafood, no spicy food, no pasta, no peas an no rice. EI #8 stated on 04/14/2023. When asked were RI #10's preferences honored if he/she made the facility aware he/she did not like noodles and received spaghetti, EI #8 said no. EI #8 said spaghetti was a noodle.</p> <p>On 05/11/2023 at 1:57 PM, the surveyor conducted an interview with EI #2, the Director of Nursing (DON). When asked if a resident requested to be served no noodles should they receive spaghetti, EI #2 said no. EI #2 said if served spaghetti, the resident's preferences were not being honored. EI #2 said it would be important to honor a resident's preference of food because it was the resident's right to get the food they prefer.</p>		