

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2023
NAME OF PROVIDER OR SUPPLIER Aliceville Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 703 17th Street Northwest Aliceville, AL 35442	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, interviews, and record review, it was determined that the facility failed to ensure respiratory care, specifically the provision of oxygen therapy at prescribed rate, was provided in accordance with professional standards of practice for one (Resident #31) of one resident reviewed for respiratory care.</p> <p>Findings included:</p> <p>A review of a Face Sheet indicated the facility admitted Resident #31 on 12/27/2021 with diagnoses that included Anxiety and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>A review of Resident #31's Care Plan(s), initiated on 12/27/2021, revealed the resident was at risk for shortness of breath related to a diagnosis of COPD. The care plan indicated the resident had oxygen therapy ordered as needed. Interventions directed staff to administer the resident's medications, respiratory treatments and oxygen as ordered.</p> <p>A review of Departmental Notes, dated 06/20/2023 at 2:47 AM and written by Registered Nurse (RN) #20, indicated RN #20 assessed Resident #31 and documented hearing rales (clicking, bubbling, or rattling sounds) in all lung fields. Per the note, a breathing treatment was administered without effect, the Nurse Practitioner (NP) was called, and orders were received.</p> <p>A review of a handwritten Physician Orders document revealed an order dated 06/20/2023 (no time indicated) for oxygen via a non-rebreather (face mask) at 5 (five) liters per minute (LPM). The order was signed by a Nurse Practitioner (NP).</p> <p>On 06/20/2023 at 9:40 AM, Resident #31 was observed lying flat on a bed with oxygen being delivered via a concentrator through a face mask at a rate of 2.5 (two and one-half) LPM. The resident was noted to have a wet-sounding cough at that time.</p> <p>On 06/20/2023 at 11:30 AM, Resident #31 was observed with oxygen being delivered at 2.5 (two and one-half) LPM via face mask.</p> <p>During an interview on 06/20/2023 at 12:00 PM with RN #17, she said that Resident #31 was supposed to be on oxygen at 5 (five) LPM.</p> <p>A Departmental Note, dated 06/20/2023 at 12:29 PM revealed RN #17 documented Resident #31 was on oxygen via face mask at 3 (three) LPM. The note indicated the resident's oxygen saturation measured 86% and the oxygen was increased to 5 (five) LPM via face mask.</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: 015137
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/20/2023 at 12:58 PM, the NP indicated she then received a call around 6:45 AM on 06/20/2023 regarding the resident's oxygen saturation being in the low 80s, so an order was given to increase the oxygen to 5 (five) LPM. The NP noted a face mask or non-rebreather mask would be used at that rate of oxygen. The NP was unable to state why Resident #31's oxygen was not set at 5 (five) LPM earlier as that was her order at 6:45 AM that morning. The NP stated it was her expectation for orders to be followed by nursing staff.</p> <p>On 06/21/2023 at 10:10 AM, Resident #31 was observed lying on the bed with the head of the bed at approximately 30 degrees. A face mask was in place with oxygen delivery at 3 (three) LPM.</p> <p>On 06/23/2023 at 12:30 PM, the Director of Nursing (DON) stated nursing staff should have followed orders provided the morning of 06/20/2023.</p>		