STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and review of a facility policy titled, Bed Rail Policy," the facility failed to ensure an assessment was conducted and documented for the type of bed rails that were in use and failed to ensure a physician's order for bed rails was obtained for one (Resident Identifier [RI] #73) of six sampled residents reviewed for bed rails. Findings included: Review of a facility policy titled, Bed Rail Policy-[Facility Name], revised 05/01/2018, revealed, Individual bed rail evaluations will include data collection analysis and determination of potential alternatives to bed rail use. The policy also indicated the following: - [Facility] will also ensure individual resident bed rail evaluations are performed upon admission, readmission, change of status, and on a quarterly basis. Individual bed rail evaluations will include data collection analysis and determination of potential alternatives to bed rail use. - Assess the resident to identify appropriate alternative prior to installing bed rails. - [Facility] has indicated documentation that the side rail is the least restrictive alternative for the least amount of time. - Obtain physician order for medical symptom assessed for need for bed rail use. - Based upon the individualized comprehensive assessment if it is determined that bed rails will be indicated to assist resident in maintaining or improving functional ability and do not constitute a restriction as defined as a restraint, bed rails may be utilized and care planned with consent of the resident/resident representative to meet the individualized need. Review of a quarterly Minimum Data Set (MDS), dated [DATE], revealed RI #73 scored 10 on a Brief Interview for Mental Status (BIMS), which indicated the resident had moderate cognitive impairment. The MDS indicated the resident required extensive assistance of two people for bed mobility and transfers. The MDS noted the resident had a fall with major injury prior to admission but no falls since admission. Per the MDS, the resident did not use bed rails. A review of the Physician Orders revealed RI #72 had a physician's order dated 02/01/2022 for half side rails on both sides of the bed per the resident/family's request and to re-evaluate use every (continued on next page)

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
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	90 days. Observations on 06/13/2022 at 11:45 AM; 06/14/2022 at 10:00 AM and 2:01 PM; and 06/15/2022 at 10:49 AM and 11:48 AM revealed RI #73 rested in bed with full bed rails elevated on both sides of the bed. In an interview on 06/15/2022 at 2:01 PM, Employee Identifier (EI) #53, a Certified Nursing Assistant (CNA) stated RI #73 could not move in the bed without two CNAs assisting. She stated that in the past, she had helped the other CNAs assist with repositioning RI #73 in the bed. EI #53 indicated RI #73 required a mechanical lift with two people assisting for transfers. She stated RI #73 always wanted the bed rails up. In an interview on 06/15/2022 at 2:34 PM, EI #44, a Licensed Practical Nurse (LPN), stated she was uncertain as to whether RI #73's bed rails were half rails or full rails. She reported that RI #73 required two-person assistance using a mechanical lift for transfers and that RI #73 was unable to independently roll over on his/her side or reposition him/herself in bed without staff assistance. She stated RI #73 was afraid of falling out of the bed due to having a fall with a fracture prior to coming to the facility. After the bed rails were identified during the survey as full bed rails instead of half rails, record review revealed a physician's order dated 06/15/2022 in RI #73's medical record for full bed rails, documented by EI #11, a Registered Nurse (RN). The new order indicated the half rails were to be discontinued and full rails were to be implemented. Record review revealed that a full bed rail assessment was not completed until 06/15/2022 during the survey. During an observation and interview on 06/15/2022 at 2:53 PM, EI #11 confirmed the resident had full bed rails instead of half rails. She could not recall how long the full bed rails had been in place. EI #11 reported that full bed rails were mostly likely on the bed since March 2022. She reported that the admission nurse was responsible for obtaining resident consent for the bed rails and completing the assessments for the bed rails. In an interview on 06/15/2022 at 5:55 PM, EI #11 reported that she had contacted the physician and obtained an order for the full bed rails and completed the assessment for the full rails. In an interview on 06/17/2022 at 3:52 PM, EI #2, the Director of Nursing (DON), stated that anytime changes were made, the staff needed to ensure notification was provided to the physician and the family. The DON noted a physician's order for a medical or a medical device should be followed through. EI #2 reported he was unaware of RI #73's change from half rails to full rails. Per EI #2, there was no record to show the exact date RI #73 received the full bed rails. EI #2 stated the admission nurse would complete the bed rail assessment upon admission, and the RN Supervisor was responsible for annual bed rail assessments and quarterly bed rail assessments. In an interview on 06/17/2022 at 5:20 PM, EI #1, the Administrator, stated her expectations were that staff did a correct assessment for any resident who had bed rails, provided education on the bed rails, and ensured residents had a signed consent form. EI #1 reported being unaware until it was brought to her attention during the survey that RI #73 did not have an assessment for the full bed rails that were in use or a physician's order for the full bed rails. She stated the change was made (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	sometime in March 2021, per the family's request, but was not sure of an exact date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and review of facility policies titled, Pharmacy Consultant Review and Psychotropic Drugs, the facility failed to ensure the medication regimen was free of unnecessary psychotropic medications for one (Resident Identifier [RI] #58) of four sampled residents reviewed for unnecessary psychotropic medications. Specifically, the facility: - failed to ensure attempts were made to gradually reduce the dose of antipsychotic and antianxiety medication prescribed for a resident with dementia in the absence of physician's documentation of specific reasons why a dose reduction would be contraindicated for RI #58. - failed to ensure behavioral monitoring was consistently conducted and documented to determine the effectiveness and continued necessity of the antipsychotic and antianxiety medications for RI #58. Findings included: A review of the facility's policy titled, Pharmacy Consultant Review, revised on 02/16/2007, revealed, Purpose: To decrease the risk of a resident's drug regimen having adverse effects. 1. [Pharmacy Provider] will provide a pharmacy consultant at least monthly to review each resident medication regimen. 2. [Pharmacy Provider] will also provide a pharmacy consultant to review a resident's medication regimen at the request of nursing staff related to a change in a resident's condition. 3. Any pharmacy recommendation reports will be reviewed by the Director of Nursing and the physician. A review of the facility's policy titled, Psychotropic Drugs, dated 12/2018, revealed, Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s). The policy also indicated, 6. Residents who use psychotropic drugs shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs. 7. PRN [pro re nata; as needed] orders for psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e. [id est; that is to say] 14 days). a. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order. b. PRN orders for antipsychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Review of a quarterly Minimum Data Set (MDS), dated [DATE], revealed RI #58 scored 3 during a Brief Interview for Mental Status (BIMS) evaluation, which indicated severe cognitive impairment. The MDS indicated the resident had active diagnoses of Dementia, Anxiety, and Depression. Per the MDS, the resident received antianxiety medications, antidepressant medications, and antipsychotic medications on seven of seven days during the lookback period, and a gradual dose reduction (GDR) had not been attempted. Review of a Physician Orders sheet for RI #58 revealed the following physician's orders: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 05/03/2021: Seroquel (an antipsychotic medication) 100 mg tablet by mouth daily for Depressive Disorder, Hallucinations. - 11/23/2021: Seroquel 100 mg tablet at 4:00 PM daily for Depressive Disorder. - 09/14/2021: Xanax (an antianxiety medication) 0.25 mg tablet daily for Anxiety Disorder. - 12/06/2021: Xanax 0.25 mg tablet every 8 hours as needed for Anxiety Disorder. This order did not specify a duration for the PRN medication order to continue. Review of a package insert for Seroquel (quetiapine fumarate) revealed the medication had a Boxed Warning, indicating that elderly patients with dementia-related psychosis treated with antipsychotic drugs were at an increased risk of death. The package insert revealed Seroquel was not approved for the treatment of patients with dementia-related psychosis and that Seroquel was an atypical antipsychotic indicated for the treatment of Schizophrenia and Bipolar I Disorder manic and depressive episodes. Review of the Medication Records for the months of January 2022 through May 2022 revealed the resident continued to receive the same doses of the Seroquel and Xanax. The records also indicated that during the five-month period, the PRN Xanax was administered once on 02/02/2022 at 10:06 AM. A review of Psychopharmalogical [sic] Medication Monitoring Current Drug Therapy forms, dated from January through May 2022, revealed a Nurse Practitioner reviewed the resident's prescribed psychotropic medication regimen for adverse side effects, considered gradual dose reductions (GDRs), and provided a summary note for each visit. The forms indicated the following: - 01/18/2022: No adverse medication side effects. The GDR section of the form indicated the doses of Seroquel, Xanax, and Paxil were not to be tapered. - 02/18/2022: No adverse medication side effects; resident was having more behaviors earlier this month but was now declining described as sleeping more, eating less, and requiring more care. The GDR section of the form indicated the doses of Seroquel, Paxil, and Xanax were not to be tapered. - 03/16/2022: No adverse medication side effects. The resident was declining overall; sleeping more and eating less. Remaining stable on current medication regimen. The GDR section of the form indicated the doses of Seroquel, Xanax, and Paxil were not to be tapered. - 04/14/2022: No adverse medication side effects. Resident continued to have combative behaviors directed toward staff at times. Verbally threatened staff. Today lying in bed with eyes closed; breathing with ease. Sitter at bedside. The GDR section of the form indicated the doses of Seroquel, Xanax, and Paxil were not to be tapered. - 05/18/2022: No adverse medication side effects. Resident continued to have combative behaviors with ADLs per staff and was quiet when left alone. The GDR section of the form indicated the doses of Seroquel, Xanax, and Paxil were not to be tapered. None of the above forms included information as to why a gradual dose reduction attempt would be contraindicated for the resident, other than a checkmark in a box next to a pre-typed paragraph, which indicated tapering the drugs was clinically contraindicated. The pre-typed paragraph indicated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	clinically contraindicated referred to a resident with a documented diagnosis and one who had undergone a gradual dose reduction to a point of control of target symptoms, target symptoms returned or worsened with the last gradual dose reduction, or the last gradual dose reduction caused an increase in psychiatric instability or resident's impaired function. There was no documentation in the above notes or elsewhere in the clinical record to indicate the resident had a failed dose reduction attempt in the past or that the psychotropic medications had been tapered to attempt to determine the smallest effective dose. A review of the resident's clinical behavioral Progress Notes from January 2022 to June 2022 revealed no documentation of the resident exhibiting behaviors of combativeness, aggressiveness, refusing care, or verbally abusing staff or others. During an observation on 06/14/2022 at 2:00 PM, the resident sat in a wheelchair in his/her bedroom. RI #58 was dressed and well groomed. The resident smiled when approached but was unable to appropriately respond to interview questions. During an interview on 06/15/2022 at 10:48 AM, Employee Identifier (EI) #23, Licensed Practical Nurse (LPN) who was caring for RI #58, indicated the psychiatric Nurse Practitioner (NP) reviewed psychotropic medications and asked staff how the resident was doing in relation to any behaviors. EI #23 stated the nurses only documented behaviors if they occurred (documented by exception). EI #23 stated the nurses monitored medication side effects on the medication administration record (MAR) daily and that RI #58 had not experienced any medication side effects. EI #23 stated RI #58 was prescribed and receiving Seroquel and Xanax for Dementia and Anxiety. Observation on 06/15/2022 at 11:00 AM revealed RI #58 rested in bed with his/her eyes closed. During an interview on 06/16/2022 at 10:30 AM, EI #2, Director of Nursing (DON), indicated the pharmacy reviewed residents' medications monthly. Observation on 06/16/2022 at 12:55 PM revealed RI #58 rested in bed, covered, and with his/her eyes closed. During a follow-up interview on 06/16/2022 at 1:00 PM, EI #23 indicated RI #58 only exhibited behaviors that were related to the resident's former career and the resident thinking he/she needed to report to work. EI #23 stated RI #58 resisted care at times but was easily redirected by staff with non-pharmacological interventions. EI #23 stated on rare occasions, when RI #58 was confused about where he/she was, the resident became agitated and swung his/her arms at staff. EI #23 stated the facility's policy was to document monitoring of behaviors by exception only. EI #23 stated RI #58 had not had any increase in negative behaviors. EI #23 stated RI #58's behaviors were minimal, described as A couple of times a week, if that. EI #23 stated the most effective non-pharmacological approach was to leave RI #58 alone to calm down and reapproach him/her later. EI #23 stated RI #58's Dementia had progressed, and the resident had declined in the past few months. During an interview on 06/16/2022 at 1:45 PM, EI #24, Certified Nursing Assistant (CNA), stated she had provided care for RI #58 since April of 2022. EI #24 stated RI #58 had resistive behaviors on occasion related to eating during mealtimes. EI #24 stated RI #58 became agitated at times and, when he/she became agitated, EI #24 left the resident alone and reapproached later. EI #24 stated RI #58 had no other behaviors. EI #24 stated RI #58 preferred to stay in bed most of the time, noting this had been the resident's preference since EI #24 had been taking care of RI #58. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/17/2022 at 10:00 AM, EI #2 revealed the psychiatric NP reviewed progress notes and made suggestions for changes in medications, tapering, or discontinuing medications or adding non-pharmacological interventions. EI #2 stated behavioral logs were not initiated for all residents on psychotropic medications for behavior monitoring, noting behavioral monitoring was routinely documented by exception. EI #2 stated he continuously preached to staff to document any abnormal behavior. EI #2 stated nursing staff relied on the psychiatric NP and physician to determine target behaviors to monitor for the use of psychotropic medications. EI #2 stated in quality assurance weekly team meetings, resident behaviors were discussed and reviewed by the team, including reviewing which medications the residents were prescribed. During an interview on 06/18/2022 at 8:30 AM, EI #1, Administrator, and EI #2 revealed they both understood the regulations for unnecessary medications and that the facility should monitor psychotropic medication side effects, dosage, indications for use, and the number of medications in the same classification for residents diagnosed with dementia. During an interview on 06/18/2022 at 9:05 AM, EI #13, Psychiatric Nurse Practitioner, revealed she was aware antipsychotic medications were not recommended for residents with Dementia without an evaluation and documentation of the rationale. EI #13 acknowledged the assessments/evaluations documented by the psychiatric physician and NP were minimal, but noted she was not sure what was needed. EI #13 stated she understood why the regulation required residents diagnosed with Dementia to have the smallest effective dose of psychotropic medications and that non-pharmacological interventions should be attempted prior to prescribing psychotropic medications; however, she stated that, sometimes, if a resident was attempting to harm themselves or others, those medications were the only ones that would help reduce the negative behaviors. EI #13 confirmed the facility should have consistent behavioral documentation to demonstrate the effectiveness of interventions and medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, record review, interview, and review of facility policies titled, Medication Administration and Policy and Procedure for the Silent Knight Tablet Crushing System, the facility failed to maintain a medication error rate of less than 5% for one (Resident Identifier [RI] #4) of five residents observed during medication administration. Medication errors were made by one of five facility nurses observed administering medications. The medication error rate was 13.79% based on observation of 29 medications administered and a total of four medication errors detected. Findings included: A review of the facility's policy titled, Policy and Procedure for the Silent Knight Crushing System, revised 08/10/2007, revealed, Crush medications only with a physician's order and after checking with pharmacist and/or nursing supervisor since the medication may be time release capsules or enteric coated drugs. A review of the facility's policy titled, Medication Administration, revised 04/28/2022, revealed, Preparing Oral Doses, If you have an order to crush medications, use a pill crusher or mortar and pestle, crush meds into fine powder, mix in applesauce or other item (water for enteral tubes) - FYI [for your information]: not all medications that are scored can be crushed. During observation of the medication pass on 06/15/2022 at 4:40 PM, Employee Identifier (EI) #43, a Licensed Practical Nurse (LPN), administered the following medications to RI #4: - Zyprexa 10 milligrams (mg) one tablet - Norvasc 5 mg one tablet - Meclizine 25 mg one tablet - Namenda 5 mg one tablet - Colace 100 mg one capsule EI #43 crushed all the medications, except for the Colace capsule, and mixed them with pudding, then administered them to RI #4. During an interview at this time, EI #43 stated she had a problem getting RI #4 to take the medications whole and that crushing the medications helped. A review of the Active Orders Report, printed 06/16/2022, revealed a physician's order dated 04/06/2022 which indicated the resident, takes medications whole with carrier of choice. There was no physician order for any of the resident's medications to be crushed for administration. During an interview on 06/16/2022 at 8:30 AM, EI #9, an LPN, stated she reviewed the physician's orders for RI #4 and there was no order to crush the resident's medications. She stated she did not have any problems administering whole medications to RI #4. During an interview on 06/16/2022 at 3:30 PM, EI #43 stated before she crushed any medications, she would look at the medication and make sure it could be crushed and would not crush it if it was an extended-release medication. She stated she was not aware a physician's order or pharmacist review (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was necessary. During an interview on 06/16/2022 at 12:32 PM, EI #2, the Director of Nursing, stated without a physician's order, the medications should not have been crushed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and review of a facility policy titled, Policy and Procedures Food Storage and Labeling, the facility failed to ensure frozen food items were labeled and dated properly in one of one kitchen and failed to ensure two of three fans in the kitchen area were maintained in clean condition. This had the potential to affect 122 residents who received an oral diet. Findings included: A review of an undated facility policy titled, Policy and Procedures Food Storage and Labeling, revealed, The facility will ensure the safety and quality of food by following good storage and labeling procedures. In accordance with F-371, 483.35 (i)(2) Sanitary Conditions: The facility must store, prepare, distribute, and serve food under sanitary conditions. Procedures: The following procedures will be conducted to provide for the above-mentioned policy. 1. All food items that are not stored in their original containers will be covered and dated; label with food name if unable to visibly determine food item. 1. Observations in the walk-in freezer on 06/13/2022 at 10:03 AM with Employee Identifier (EI) #56, the Dietary Manager (DM), revealed the following: - A five-pound bag of chicken fingers was double-packaged and stored in a Ziplock-type freezer bag with no date. - A bag of pork chops that was removed from the original packaging was stored in a Ziplock-type freezer bag with no date. In an interview on 06/13/2022 at 10:03 AM, EI #56 stated her expectation was for all food items to be labeled and dated. She indicated her staff had received in-services on labeling and dating food items. EI #56 removed the items from the freezer to be discarded. In an interview on 06/13/2022 at 10:16 AM, EI #61, a Dietary Aide (DA), acknowledged having received training on dating and labeling food items. In an interview on 06/13/2022 at 10:17 AM. EI #62, a DA, acknowledged having received training on dating and labeling food items. 2. Observation in the kitchen on 06/13/2022 revealed two large, wall-mounted fans covered with thick, dark-grey substances which coated the frame and blades of the fan, as follows: - At 9:20 AM, Fan #1 was observed to be mounted on a wall in the dishwasher area. The blades and frame of the fan were covered with a thick, dark-grey substance. Directly below the fan was the three-compartment sink, and directly across was the dishwasher and the dish storage counters. During the observation, EI #62 was observed washing dishes (coffee mugs, silverware, and pans) in the three-compartment sink and placing them on a crate on the counter next to the dishwasher. She was then observed pushing the same dishes through the dishwasher. Once the dishes exited the dishwasher, all the dishes remained on the counter. Both the dishes in the three-compartment sink and the dishes on the countertop were potentially exposed to debris and dust blowing from the fan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015152	A. Building B. Wing	06/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Extendicare Health and Rehab	950 South St. Andrews Street Dothan, AL 36302

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- At 10:16 AM, Fan #2 was observed to be mounted on a wall directly above the meat and vegetable sink. The fan was covered with a thick, dark-grey substance that coated the blades and frame of the fan. In an interview on 06/13/2022 at 10:20 AM, EI #56 acknowledged the fans needed to be cleaned. She described the thick, dark-grey substances on the blades and frames of the fans as dirt, debris, and dust. EI #56 instructed the dietary staff to turn off the fans and stated maintenance was responsible for cleaning the fan. In an interview on 06/16/2022 at 8:24 AM, EI #1, the Administrator, stated her expectation was for the food to be labeled and dated. She indicated she was uncertain which department was responsible for cleaning the fans in the kitchen and stated she was unaware that the fans were dirty. In an interview on 06/17/2022 at 3:48 PM, EI #2, the Director of Nursing (DON), stated his expectation was that all food items should be dated and labeled in the kitchen. The fans should be maintained in clean condition. He stated he was unsure of who should clean the fans in the kitchen area.