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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015174 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/29/2022 |
| NAME OF PROVIDER OR SUPPLIER Coosa Valley Health and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 513 Pineview Avenue Glencoe, AL 35905 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <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 observations, record review, interviews, and review of a facility policy titled Perineal Care, the facility failed to provide incontinence care to RI (Resident Identifier) #43 in a timely manner.</p> <p>This deficient practice had the potential to affect RI #43, one of one resident sampled for incontinence care.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Perineal Care, last revised in February of 2018, indicated Purpose The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition.</p> <p>RI #43 was admitted to the facility on [DATE] and had diagnoses which included Autistic Disorder and need for assistance with personal care.</p> <p>A review of a quarterly Minimum Data Set (MDS), dated [DATE], indicated RI #43 had severely impaired cognitive function. Per the MDS, the resident required extensive assistance of one person for dressing and toileting. Further review of the MDS indicated RI #43 was always incontinent of bowel and bladder.</p> <p>A review of RI #43's Care Plan, reviewed 03/30/2022, revealed the facility developed a care plan related to RI #43's bowel and bladder incontinence. Care plan interventions included providing incontinence care as needed and providing incontinence briefs as appropriate.</p> <p>Continuous observations of RI #43 on 04/27/2022 from 9:16 AM until 2:03 PM revealed staff did not provide incontinence care for approximately five hours, from 9:16 AM until 2:03 PM. The observations were as follows:</p> <p>Observation at 9:16 AM revealed RI #43 was sitting cross-legged in bed with his/her back against the bed rail. RI #43 was wearing only an adult incontinence brief. At 9:48 AM, Employee Identifier (EI) #5, Certified Nurse Aide (CNA), walked by the resident's room and called out the resident's name, but continued walking down the hallway.</p> <p>Continued observation at 10:05 AM revealed EI #13, Licensed Practical Nurse (LPN) walked into RI #43's room, asked the resident if he/she wanted the radio on, turned on the radio, then walked out of the room.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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>At 11:25 AM, observation revealed EI #5 entered RI #43's room with a lunch tray, turned the radio down, set down the tray, assisted the resident into a chair, and walked out of the room. The resident then started eating.</p> <p>At 11:33 AM, RI #43 got out of the chair and returned to the bed.</p> <p>Observation at 12:02 PM, revealed EI #5 entered the room, picked up the lunch tray, and walked out after documenting the percentage of the meal eaten on a clipboard.</p> <p>Observation at 2:03 PM revealed EI #14, CNA, entered RI #43's room to provide incontinence care for the resident. RI #43 would not allow incontinence care to be provided with the surveyor in the room.</p> <p>At 2:05 PM, EI #14 came out of RI #43's room carrying a bag of trash. RI #43 was sitting cross-legged in the middle of the bed and leaning over, with his/her head on the bed and covered with a sheet.</p> <p>During an interview on 04/27/2022 at 2:05 PM, EI #14 stated RI #43 was totally dependent on staff for personal hygiene.</p> <p>An interview on 04/28/2022 at 2:39 PM with EI #9, Restorative Aide (RA), indicated that, except for transfers, RI #43 required total care with ADLs. EI #9 stated RI #43 should be checked for incontinence every two hours.</p> <p>During an interview on 04/29/2022 at 10:35 AM, EI #13, Licensed Practical Nurse (LPN), indicated RI #43 was not able to use the bathroom and should be checked every two hours for incontinence and changed if needed.</p> |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observations, record review, and interviews, the facility failed to ensure Resident Identifier (RI) #31, had documented medical justification for the use of an indwelling urinary catheter.</p> <p>This deficient practice affected RI #31; one of seven residents reviewed for catheter use.</p> <p>Findings included:</p> <p>A review of RI #31's Face Sheet revealed no diagnoses related to the use of an indwelling urinary catheter.</p> <p>A review of a Physician's Orders Form revealed a read-back verbal order was received on 04/06/2022 to place an indwelling urinary catheter. The order lacked information regarding the catheter size to be used or any diagnoses related to the use of the catheter.</p> <p>Review of RI #31's record revealed no documented valid medical justification for the indwelling urinary catheter placement and no indications for its continued use.</p> <p>On 04/26/2022 at 12:44 PM, a urinary drainage collection bag containing urine that was orange in color was observed to be hanging on the side of RI #31's bed. The tubing contained a great deal of sediment.</p> <p>On 04/27/2022 at 12:19 PM, the urinary drainage collection bag containing dark orange-yellow urine was observed hanging on the side of RI #31's bed. The associated tubing contained sediment. The size of the urinary catheter was illegible.</p> <p>During an interview on 04/29/2022 at 9:30 AM, Employee Identifier (EI) #2, Director of Nursing, stated orders for an indwelling urinary catheter should include the size of the catheter and the reason for the catheter. EI #2 stated the physician should provide a diagnosis for the use of the catheter.</p> <p>During an interview on 04/29/2022 at 10:35 AM, EI #13, Licensed Practical Nurse, stated a resident with a catheter should have orders that included a related diagnosis, the size of the catheter/bulb to be used, and how often to change the catheter.</p> |