

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/06/2023
NAME OF PROVIDER OR SUPPLIER  Crossville Health and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  8922 Highway 227 Crossville, AL 35962	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interviews, record review, facility policy review, and document reviews, the facility failed to ensure Certified Nursing Assistant (CNA) #4 did not raise her voice at one (Resident #1) of seven sampled residents.</p> <p>Findings included:</p> <p>Review of a facility policy titled, Federal Rights of Resident/Guest(s), dated 11/28/2016, indicated, Respect and dignity. The resident/guest has a right to be treated with respect and dignity.</p> <p>A review of Resident #1's Face Sheet revealed the facility admitted the resident on 10/27/2022 with diagnoses that included Unspecified Dementia, Adjustment Disorder with Depressed Mood, and Adjustment Disorder with Anxiety.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/01/2023, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 9 (nine), indicating the resident had moderate cognitive impairment. The MDS indicated Resident #1 required extensive assistance with personal hygiene and was always incontinent of bladder and bowel.</p> <p>A review of Resident #1's care plan with a start date of 10/31/2022, revealed the resident was totally incontinent of bowel and bladder. The care plan directed staff to provide perineal care after each incontinent episode and indicated the resident was on a disposable brief program. Another care plan with a start date of 11/03/2022, indicated Resident #1 had impaired communication related to Dementia. This care plan directed staff to USE SHORT SIMPLE SENTENCES, REPEAT, REPHRASE, AND ADJUST TONES AS NEEDED.</p> <p>A review of the facility Verification of Investigation report indicated on 02/22/2023, Certified Nursing Assistant (CNA) #2 and CNA #3, witnessed CNA #4 scream at Resident #1 because Resident #1 had removed their incontinence brief. Per the report, CNA #4 told Resident #1, I told you to keep your brief on. According to the report, Resident #1 reported they were upset CNA #4 yelled at them.</p> <p>A review of an undated handwritten statement signed by Registered Nurse (RN) #5, the nurse at the time of the incident, indicated CNA #4 was generally loud and boisterous (noisy, energetic, and cheerful), and the CNA had been told to tone it down previously.</p> <p>A review of an undated, typed statement with CNA #4, conducted by the facility as part of their investigation, revealed CNA #4 reported Resident #1 kept removing their incontinence brief during the shift. CNA #4 acknowledged she asked the resident to keep their brief on.</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 07/06/2023 at 2:48 PM, CNA #2 stated she was uncomfortable with the way CNA #4 had yelled at Resident #1.</p> <p>In an interview on 07/06/2023 at 3:10 PM, CNA #3 stated she and CNA #2 witnessed CNA #4 in the entrance of Resident #1's room and they overheard the CNA yell, I told you to keep your brief on at the resident CNA #3 stated she did not think it was right the way CNA #4 spoke to Resident #1, because the resident was dependent on staff and should not be treated that way.</p> <p>In an interview on 07/06/2023 at 3:40 PM, the Administrator stated it was reported that CNA #4 raised her voice at Resident #1.</p>		