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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015184 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/31/2022 |
| NAME OF PROVIDER OR SUPPLIER Cloverdale Rehabilitation and Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 412 Cloverdale Road Scottsboro, AL 35768 | |
| 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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, interviews, and review of the facility's policy titled Pharmacy Unnecessary Drugs, the facility failed to ensure Resident Identifier (RI) #73, who received psychotropic medications, was monitored for adverse effects (side effects) of the medications.</p> <p>The deficient practice affected RI #73, one of five sampled residents reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>A review of the facility's policy titled Pharmacy Unnecessary Drugs, dated 07/2014, revealed: Policy: Each resident's drug regimen shall be free of unnecessary drugs. Procedure: .2. A comprehensive assessment of the resident's drug therapy must include: .Recognition of potential side effects .</p> <p>A review of RI #73's Face Sheet revealed the facility admitted RI #73 to the facility on [DATE] with diagnoses that included Schizophrenia, Bipolar Disorder, and Mood Disorder due to Known Physiologic Condition with Depressive Features.</p> <p>A review of RI #73's admission Minimum Data Set (MDS), dated [DATE], revealed RI #73 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated RI #73 was cognitively intact. The MDS also indicated RI #73 had received an antipsychotic medication five days during the seven-day assessment look-back period.</p> <p>A review of RI #73's comprehensive care plans, last updated 03/28/2022, indicated RI #73 was at risk for side effects due to psychotropic medication usage needed to address Schizophrenia and was at risk for side effects due to antidepressant medication usage needed for complaints of depressed mood and difficulty resting during hours of sleep. The care plans lacked interventions directing staff to monitor RI #73 for side effects of the medications.</p> <p>A review of RI #73's Physician Orders for March 2022 revealed the following orders:</p> <ul style="list-style-type: none"> -aripiprazole (antipsychotic agent) 5 milligrams (mg) by mouth once daily for a diagnosis of Schizophrenia, order date 03/30/2022 - citalopram (antidepressant agent) 20 mg by mouth once daily, order date 03/30/2022 <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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>- Invega Sustenna (antipsychotic agent) 117 mg/0.75 milliliters (mL), ordered on 03/16/2022 to be administered on 03/18/2022</p> <p>- an order to monitor for any inappropriate behaviors twice daily.</p> <p>RI #73's Physician Orders contained no orders to monitor RI #73 for adverse effects/side effects related to the above medication orders.</p> <p>A review of RI #73's Electronic Medication Administration Record (eMAR) for February 2022 and March 2022 revealed no monitoring for side effects related to RI #73's psychotropic medications.</p> <p>Review of RI #73's Abnormal Involuntary Movement Scale (AIMS), dated, 02/08/2022, revealed RI #73 was scored as a zero for abnormal facial movements.</p> <p>However, an observation on 03/28/2022 at 2:37 PM revealed RI #73 exhibited tongue thrusting (an uncontrollable movement usually caused from long-term use of antipsychotics) throughout the initial resident interview. The resident expressed no complaints at that time.</p> <p>On 03/29/2022 at 12:00 PM, RI #73 was observed eating lunch in the resident's room. RI #73 reported they were aware of some of their abnormal mouth movements, including tongue thrusting/rolling and lip puckering/smacking, stating some of their prior medications probably caused the movements. RI #73 also reported he/she was missing teeth, which the resident stated added to the movements.</p> <p>On 03/30/2022 at 1:34 PM, Employee Identifier (EI) #12, Certified Nursing Assistant (CNA), stated RI #73 had had no behaviors or side effects she had noticed while RI #73 had been on the hall. When asked what kinds of symptoms she would alert the nurses to, EI #12 stated she would let the nurses know if a resident slept more than normal. Per EI #12, CNAs were asked to document behaviors in the kiosk (a point of care electronic charting system) such as yelling, screaming, and things like that. EI #12 denied any issues with RI #73 and added staff only documented when there was a behavior, noting RI #73 would, therefore, have nothing documented.</p> <p>On 03/30/2022 at 2:20 PM, EI #14, Registered Nurse (RN) Supervisor, was interviewed. EI #14 stated she believed all residents had standing orders to monitor for behaviors as needed on their eMARs. However, EI #14 indicated the eMAR did not include any resident-specific or targeted behaviors for each resident. EI #14 was unsure if the behavior and adverse effect/side effect monitoring was placed on the eMAR from a physicians order or if it was automatic, depending upon the types of medications ordered.</p> <p>During an interview on 03/30/2022 at 2:35 PM, EI #13, Charge Nurse, stated RI #73 was fairly new to her. When asked what she knew about RI #73, she stated RI #73 was receiving some psychotropic medications, and seemed pleasant, noting she didn't really know the resident that well. EI #13 said since RI #73 was on some psychotropic medications, she would expect there to be something in place to monitor for any side effects and symptoms.</p> <p>On 03/30/2022 at 2:50 PM, EI #15, RN Admissions Nurse, explained that when any resident was started on a psychotropic medication, and the order was put into the system, there is a box to check on the screen that activates the adverse effect monitoring and symptom review. EI #15 stated there should be symptom and adverse effect monitoring for any resident receiving antidepressants, antipsychotics, antianxiety, and hypnotic medications.</p> <p>(continued on next page)</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 03/30/2022 at 3:10 PM, EI #16, RN Medical Records/Risk Management Nurse, reviewed RI #73's eMAR and orders. EI #16 stated RI #73's orders did not have the box checked to prompt the side effect monitoring. EI #16 indicated had the information been entered correctly, the monitoring would have been added to the end of RI #73's eMAR.</p> <p>During an interview on 03/30/2022 at 4:42 PM, EI #1, Administrator, indicated any resident on an antipsychotic should be monitored for symptoms and side effects.</p> <p>On 03/31/2022 at 10:25 AM, the facility's consulting Clinical Pharmacist, was interviewed. The Pharmacist stated if a resident was on multiple psychotropics, then side effects needed to be monitored.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, review of a facility policy titled Infection Control Isolation Droplet Precautions for COVID-19, and a document titled PPE (personal protective equipment) Education, the facility failed to ensure trash and linen receptacles were available inside the transmission based precaution rooms for the disposal of contaminated linens, trash, and PPE. As a result, staff were having to discard used PPE after exiting the rooms. This was noted with four of four rooms identified by the facility as being under transmission based precautions.</p> <p>Findings include:</p> <p>A review of a facility policy titled Infection Control Isolation Droplet Precautions for COVID-19, indicated, . Doffing Step 6: Exit Patient Care Area - As you exit the only item of PPE remaining is your N95 respirator .</p> <p>A review of a document titled PPE Education, located beside a KIOSK (electronic terminal on the wall for documentation) on the 400 Hall wall, indicated, .Instruction: After Donning PPE, enter resident room and provide care. When the care is complete you must Doff (take off) All PPE in the resident's room and place in Red Barrels except N95 masks. Doff (take off) PPE before exiting resident room .</p> <p>On 03/29/2022 at 12:21 PM, lunch trays were observed being passed to resident rooms on the 400 Hall. Employee Identifier (EI) #8, Certified Nursing Assistant (CNA), while gowned and gloved, served a tray to the resident in room [ROOM NUMBER]. EI #8 removed the gown and gloves in the hall after leaving the room and disposed of the used PPE in a red top trash and linen receptacle located across the hall from room [ROOM NUMBER].</p> <p>On 03/29/2022 at 12:31 PM, EI #9, Certified Occupational Therapy Assistant (COTA), was observed exiting room [ROOM NUMBER]. EI #9 removed a gown, gloves, and shoe covers and disposed of them in the red top linen and trash receptacles located across the hall from room [ROOM NUMBER].</p> <p>On 03/29/2022 at 12:31 PM, an interview was conducted with EI #9. EI #9 stated she removed the PPE outside the room because there were no waste receptacles in the rooms to dispose of used PPE.</p> <p>On 03/30/2022 at 8:49 AM, there was an observation of red lid linen and trash receptacles located on the right side of the hallway, between rooms [ROOM NUMBERS], 404 and 406, and 406 and 408. There were no red top trash or dirty linen receptacles located outside of Rooms 401, 403, 405, or 407 on the left side of the hallway.</p> <p>On 03/30/2022 at 9:37 AM, an interview was conducted with EI #10, CNA. EI #10 stated when leaving an isolation room, staff were to take off all PPE. After coming out of the room, EI #10 described that staff were to remove their gown, remove their head and foot covers, and sanitize their hands. EI #10 stated that the receptacles for the used PPE were in the hall. EI#10 acknowledged staff should be taking everything off in the room before exiting.</p> <p>On 03/30/2022 at 10:14 AM, an interview was conducted with EI #18, RN Infection Control Preventionist. EI #18 stated with a new admission who was not vaccinated, the new resident was placed on transmission based precautions, specifically droplet precautions, for 14 days. EI #18 noted if a resident was on precautions, a droplet precautions sign was placed on the door to notify staff to put on PPE</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>before entering the room. EI #18 stated PPE was removed after leaving the room and disposed of in receptacles outside the room. EI #18 stated some staff removed the PPE at the door and some removed it at the receptacles. EI #18 stated that potentially infectious agents could be brought into the hallway when removing PPE outside the room. EI #18 said that if someone was walking down the hall as the PPE was removed, then the infection could potentially be spread to other parts of the building. EI #18 stated there were no linen or trash receptacles in the rooms to dispose of the PPE.</p> <p>On 03/30/2022 at 4:02 PM, an interview was conducted with EI #2, Director of Nursing. Per EI #2, if a resident was on transmission based precautions, the linen and trash barrels were located outside their door. EI #2 stated that PPE was disposed of outside a resident's room at the doorway.</p> <p>On 03/30/2022 at 4:17 PM, an interview was conducted with EI #1, Administrator. After reading over the facility's policy, EI #1 stated the policy indicated PPE should be removed before exiting a resident room. EI #1 stated that a negative potential outcome of not following the policy would be transmission of pathogens to someone else.</p> <p>On 03/31/2022 at 08:13 AM, EI #18, the Infection Control Preventionist, and the surveyor went to the 400 Hall, and EI #18 confirmed the following rooms were on transmission based precautions: 401, 402, 403, and 406.</p> |