

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2020
NAME OF PROVIDER OR SUPPLIER  Lafayette Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE  805 Hospital Street Southwest Lafayette, AL 36862	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, review of Resident Identifier (RI) #64's medical record, the facility's WEEKLY SKIN REPORT FOR THE TIME PERIOD ENDING, 24 HOUR SHIFT REPORT and the policy titled Abuse, Neglect, Misappropriation of Resident Property, Exploitation, and Injuries of Unknown Source, the facility failed to investigate a suspicious injury of unknown source. On 7/17/2019, RI #64 was observed to have a red and blue/green large bruise that was rectangular and covered most of the breast area from the nipple up and the chest wall. This deficient practice affected RI #64, one of one sampled resident identified by the facility as having an injury of unknown source.</p> <p>Findings include:</p> <p>The facility's policy titled Abuse, Neglect, Misappropriation of Resident Property, Exploitation, and Injuries of Unknown Source with an effective date of 11/28/2016, documented . PURPOSE: To ensure the safety and well-being of each resident, the facility will promote and protect the rights of each resident. POLICY: . INJURIES OF UNKNOWN SOURCE an injury should be classified as an injury of unknown source when both of the following conditions are met: (1) The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and (2) the injury is suspicious because of the extent of the injury or the location of the injury . V. INVESTIGATION . C. The Abuse Coordinator or designee is responsible for conducting a thorough investigation and obtaining witness statements .</p> <p>RI #64 was readmitted to the facility on [DATE]. RI #64 has a medical history to include diagnosis of Dementia.</p> <p>RI #64's PHYSICIAN ORDERS dated 4/23/2019 included an order for Eliquis 2.5 milligrams by mouth twice a day.</p> <p>According to www.webmd.com, Eliquis is an anticoagulant medication used to treat and prevent blood clots. Nausea, easy bruising or minor bleeding may occur while taking Eliquis.</p> <p>RI #64's Quarterly Minimum Data Set with an assessment reference date of 5/19/2019, indicated the resident was severely impaired in cognitive skills for daily decision making with a Brief Interview for Mental Status score of four. RI #64 was assessed as being independent with most Activities of Daily Living. During this assessment period, RI #64 received an anticoagulant medication.</p> <p>RI #64's PHYSICIAN ORDERS dated 7/17/2019 transcribed by Employee Identifier (EI) #11, a Registered Nurse (RN), documented Monitor Bruising on (L) (left) breast q (every) shift until healed.</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: 015197	If continuation sheet Page 1 of 5

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 1/17/2020 at 5:12 PM, EI #11, a RN stated on 7/17/2019, she was called to look at the bruise on RI #64's left breast by EI #8, a Certified Nursing Assistant. When asked to describe the bruising, EI #11 stated the bruise was red and blue/green in color, it was large, rectangular and covered most of the breast area from the nipple up and the chest wall. When asked how she had investigated to determine what happened, EI #11 said, she asked the CNA, EI #8, but the CNA did not know what happened.</p> <p>During an interview on 1/17/2020 at 10:30 AM, EI #2, the Director of Nursing (DON) was asked when she became aware of the bruising to RI #64's left breast. EI #2 stated she read it on the shift report. When asked what she had done to investigate how the bruise occurred, EI #2 said she had not investigated it. When asked if the facility had determined the cause of RI #64's bruising to the left breast, EI #2 said she was sure they talked about it, but she could not remember.</p> <p>The facility's 24 Hour Shift Report for 7/17/2019 and 7/18/2019 indicated RI #64 had a large bruise to the left breast and left forearm.</p> <p>The facility's WEEKLY SKIN REPORT FOR THE TIME PERIOD ENDING 7/28/2019, 8/10/2019, 8/18/2019, 9/1/2019, 9/7/2019, 9/15/2019, and 10/5/2019 indicated the facility monitored the bruising to RI #64's left breast until healed on 10/5/2019.</p> <p>On 1/18/2020 at 11:51 AM, an interview was conducted with EI #1, the Administrator/Abuse Coordinator. EI #1 was asked if the bruising to RI #64's left breast was considered an injury of unknown source. EI #1 said yes. EI #1 acknowledged there was not an investigation to determine what caused the suspicious bruising to RI #64's left breast.</p> <p>In an interview with RI #64's responsible party on 1/20/2020 at 10:15 AM, she acknowledged that she had been notified of the bruising to RI #64's breast. RI #64's responsible party stated the facility notified her weekly the status of bruising and that it was getting better. When asked what concerns she had regarding the bruising, RI #64's responsible party stated she did not think RI #64 had been mistreated and she was never afraid the resident has been harmed.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, review of Resident Identifier (RI) #64's medical record and the facility's policy titled Abuse, Neglect, Misappropriation of Resident Property, Exploitation, and Injuries of Unknown Source, the facility failed to timely report an injury of unknown source to the State Agency. On 7/17/2019, RI #64 was observed to have a red and blue/green large bruise that was rectangular and covered most of the breast area from the nipple up and the chest wall. This injury of unknown source was not reported to the State Agency until 1/21/2020. This deficient practice affected RI #64, one of one sampled resident identified by the facility as having an injury of unknown source.</p> <p>Findings include:</p> <p>The facility's policy titled Abuse, Neglect, Misappropriation of Resident Property, Exploitation, and Injuries of Unknown Source with an effective date of 11/28/2016, documented . PURPOSE: To ensure the safety and well-being of each resident, the facility will promote and protect the rights of each resident. POLICY: . INJURIES OF UNKNOWN SOURCE an injury should be classified as an injury of unknown source when both of the following conditions are met: (1) The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and (2) the injury is suspicious because of the extent of the injury or the location of the injury . VII. REPORTING/RESPONSE A. the Abuse Coordinator or designee will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source . are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency .) in accordance with State law through established procedures .</p> <p>RI #64 was readmitted to the facility on [DATE]. RI #64 has a medical history to include diagnosis of Dementia.</p> <p>RI #64's PHYSICIAN ORDERS dated 4/23/2019 included an order for Eliquis 2.5 milligrams by mouth twice a day.</p> <p>According to www.webmd.com, Eliquis is an anticoagulant medication used to treat and prevent blood clots. Nausea, easy bruising or minor bleeding may occur while taking Eliquis.</p> <p>RI #64's Quarterly Minimum Data Set with an assessment reference date of 5/19/2019, indicated the resident was severely impaired in cognitive skills for daily decision making with a Brief Interview for Mental Status score of four. RI #64 was assessed as being independent with most Activities of Daily Living. During this assessment period, RI #64 received an anticoagulant medication.</p> <p>RI #64's PHYSICIAN ORDERS dated 7/17/2019 transcribed by Employee Identifier (EI) #11, a Registered Nurse (RN), documented Monitor Bruising on (L) (left) breast q (every) shift until healed.</p> <p>In an interview on 1/17/2020 at 5:12 PM, EI #11, a RN stated on 7/17/2019, she was called to look at the bruise on RI #64's left breast by EI #8, a Certified Nursing Assistant. When asked to describe the bruising, EI #11 stated the bruise was red and blue/green in color, it was large, rectangular</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and covered most of the breast area from the nipple up and the chest wall.</p> <p>In an interview on 1/17/2020 at 4:21 PM, EI #1, the Administrator/Abuse Coordinator, was asked what types of incidents are reported to the State Agency. EI #1 said any abuse, neglect, misappropriation of property, and injuries of unknown origin.</p> <p>During a follow-up interview on 1/18/2020 at 11:51 AM, EI #1, the Administrator/Abuse Coordinator was asked what the facility policy directed the staff to when an injury of unknown source had been identified. EI #1 replied, to report it. When asked if the bruise to RI #64's left breast was injury of unknown source, EI #1 said yes. EI #1 acknowledged RI #64's injury of unknown source had not been reported to the State Agency.</p> <p>On 1/21/2020 at 2:41 PM, the facility reported to the State Agency an injury of unknown source. The injury was listed as bruising to RI #64's left breast.</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>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>Based on interviews and review of Resident Identifier (RI) #43's medical record, the facility failed to ensure RI #43 was not ordered and administered a PRN (as needed) antipsychotic medication, Haldol, for greater than 14 days, without documented rationale in the resident's medical record for the continued use of the PRN antipsychotic medication. This deficient practice affected RI #43, one of five sampled residents reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>RI #43 was readmitted to the facility 8/27/2019. RI #43 has a medical history to include diagnoses of: Dementia with behavioral disturbance, Mood Disorder, Psychotic Disorder with delusions and Unspecified Psychosis.</p> <p>RI #43's PHYSICIAN ORDERS dated 8/28/2019, documented Haldol 2 mg (milligram) po (by mouth) prn (as needed) q6hrs (every six hours) for agitation.</p> <p>In an interview on 1/16/2020 at 4:42 PM, Employee Identifier (EI) #2, the Director of Nursing acknowledged RI #43's order for Haldol had not been renewed since it was ordered on 8/28/2019. When asked if the physician gave a rationale to continue use beyond 14 days, EI #2 said no. When asked if the facility had re-evaluated RI #43's use of as needed Haldol, EI #2 said no.</p> <p>During a telephone interview on 1/16/2020 at 5:12 PM, EI #5, the facility's Medical Director and RI #43's Primary Physician was asked if RI #43 had been re-evaluated for the extended use of the antipsychotic medication, Haldol, that was ordered to be administered on an as needed basis. EI #5 replied no and it should have been done within 14 days of the order.</p> <p>RI #43's August 2019 MEDICATION SHEET revealed the resident was administered Haldol once during the month.</p> <p>RI #43's September 2019 Medication Administration Record revealed the resident was administered Haldol 15 times during the month.</p> <p>RI #43's October 2019 Medication Administration Record revealed the resident was administered Haldol 16 times during the month.</p> <p>RI #43's November 2019 Medication Administration Record revealed the resident was administered Haldol twice during the month.</p> <p>RI #43's December 2019 Medication Administration Record revealed the resident was administered Haldol twice during the month.</p> <p>RI #43's January 2020 Medication Administration Record revealed the resident was administered Haldol once during the month.</p> <p>RI #43's Physician Orders for January 2020 had a handwritten order dated 1/16/2020 that read May D/C (discontinue) Haldol.</p>		