STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015331	A. Building B. Wing	01/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arabella Health & Wellness of Phenix City	3900 Lakewood Drive Phenix City, AL 36867

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, record review and a facility policy titled, Oxygen Therapy-Mask, Nasal Cannla & Nebulizers, the facility failed to ensure a nebulizer treatment mask was not out of the ZIPLOCK bag and a hair brush resting on top of the nebulizer for Resident Identifier (RI) #48. This was observed on 1/6/20 and affected one of one sampled residents' observed for breathing treatments. Findings Include: A review of a facilitypolicy titled, Oxygen Therapy -Mask, Nasal Cannula & Nebulizer with no date revealed . nebulizer masks and/or pipes should be stored in a plastic bag . RI #48 was admitted to the facility on [DATE]. Diagnoses included Rheumatoid myopathy with rheumatoid arthritis, COPD(Chronic Obstructive Pulmonary Disease), heart failure, and anxiety disorder. A review of RI #48's Physician orders for January 2020 included the order for albuterol sulfate 0.63 milligrams(mg)/3 milliters solution via high flow nebulizer by mouth four times daily for COPD. On 1/06/20 at 2:07 PM, during the initial tour of the facility RI #48 was observed in bed resting with eyes closed. RI #48 was receiving oxygen by nasal cannula. The surveyor observed the breathing treatment machine with the treatment mask attached to the machine. The mask was uncovered and a hair brush was lying on top of the nebulizer mask attached to machine but uncovered. On 01/06/20 at 02:31 PM, an interview was conducted with Employee Identifier (EI) #4, Licensed Practical Nurse. EI #4 was asked, if RI # 48 received breathing treatments. EI #4 replied, yes, she was fixing to give one then. EI #4 was asked, how long had RI #48 been receiving breathing treatments. EI #4 replied, it had been since RI #48 was admitted to the facility. EI #4 was asked, what was the order for breathing treatment. EI #4 replied, albuterol 0.63 mg per 3 milliliters. EI #4 was asked, to tell the surveyor where the breathing treatment mask was. EI #4, replied, on the bedside table attached to nebulizer with the plastic bag lying on the table beside the machine. EI #4 was asked, what was the protocol on storing the breathing treatment masks between treatments. EI #4 replied, it should be covered. EI #4 was asked if the breathing treatment mask was covered. EI #4 replied, no. EI #4 was asked what was the potential harm in not covering the mask between treatments. EI #4 replied, it could get germs and hair in mask. On 1/09/20 at 10:20 AM, an interview was conducted with EI #2, Director of Nursing. EI #2 was asked, what was the policy on storing the breathing treatment masks between treatments. EI #2 replied, (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: 015331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2020
NAME OF PROVIDER OR SUPPLIER Arabella Health & Wellness of Phenix City		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 Lakewood Drive Phenix City, AL 36867	

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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	inside a ziplock bag. EI #2 was asked, what was the potential harm in not covering the mask and having a resident's hair brush on the nebulizer between treatments. EI #2 replied, it could get contaminated by germs.

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	015331	A. Building B. Wing	01/09/2020

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(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, review of a facility document titled Manual Washing and Sanitizing, and the Food and Drug Administration (FDA) Food Code, the facility failed to ensure: 1. the 3-compartment sink's drain pipe did not extend into the floor drain and 2. food service pans were sanitized properly by immersion in hot water for 30 seconds in the sanitizer sink. This has the potential to affect 75 of 75 residents receiving meals from the kitchen. Findings Include: 1) A review of the FDA 2017 Food Code revealed: 1. 5-402.11 Backflow Prevention. (A) . a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. On 1/06/20 at 1:20 PM, during the initial tour of the kitchen an observation was made of the 3 compartment sink's drain pipe. The drain pipe extended three to four inches below floor grade and into the floor drain. On 1/07/20 at 2:25 PM, an interview was conducted with Employee Identifier (EI) #6, Maintenance Supervisor in the kitchen. EI #6 was asked, did the drain pipe from the 3-compartment sink extend into the floor drain. EI #6 replied, yes. On 1/08/20 at 8:35 AM, during a kitchen observation, the surveyor noted the drain pipe from the 3 compartment sink extended greater than four inches below floor grade and into the floor drain. On 1/08/20 at 11:59 AM, an interview was conducted with a Certified Plumber hired by the facility. The plumber was asked, did the 3 compartment sink's drain pipe extend into the floor drain. He replied, yes. The plumber was asked, what was the potential harm caused by the drain extending into the floor drain below the flood grade. He replied, there was a potential for backflow of sewage into the sink. 2. A review of the FDA 2017 Food Code revealed: .4-703.11 Hot Water and Chemical. After being cleaned . UTENSILS shall be SANITIZED in: (A) Hot water manual operations by immersion for at least 30 (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	seconds . An undated facility document titled Manual Washing and Sanitizing revealed . After washing and rinsing, dishes and utensils are sanitized by immersion in either: Hot water (at least 170 degrees Fahrenheit (F)) for 30 seconds . On 1/09/20 at 8:11 AM, an observation was made of EI #7, Shift Supervisor in the dietary department as she washed pans in the 3 compartment sink. EI #7 washed, rinsed, and failed to completely immerse four of 11 pans in hot water for at least 30 seconds. The four pans not immersed, floating on top of the water, were rinsed with hot water for less than 5 seconds, and placed on a rack to dry. On 1/09/20 at 8:27 AM, an interview was conducted with EI #7. EI #7 was asked, what was the process for sanitizing pans. EI #7 replied, dishes stayed in the hot water with temperature of at least 170 degrees F and for at least 30 seconds. EI #7 was asked, should the pans float in the water during the 30 seconds. EI #7 replied, when the pans were put in the water, they floated. On 1/09/20 at 8:35 AM, an interview was conducted with EI #3, Certified Dietary Manager. EI #3 was asked, what was the policy or procedure for sanitizing pans in the 3 compartment sink. EI #3 replied, dishes were washed, rinsed , and sanitized in hot water for 30 seconds or more. EI #3 was asked, how were pans sanitized in the 3-compartment sink. EI #3 replied, during the final rinse the pans should be immersed in hot water of 171 degrees Fahrenheit for at least 30 seconds. EI #3 was asked, when should the pans be completely immersed in hot water for at least 30 seconds. EI #3 replied, at the final rinse in the third sink. EI #3 was asked, when should dishes to be sanitized in hot water float in the hot water and not be immersed for 30 seconds. EI #3 replied, never. EI #3 was asked, what was potential harm to residents when pans used for food preparation and service were not sanitized in hot water by complete immersion for at least 30 seconds before air drying. EI #3 replied, without 30 seconds of immersion in hot water, there was a possibility bacteria was not completely killed, and then someone could get sick On 1/09/20 at 10:18 AM, an interview was conducted with EI #1, Administrator. EI #1 was asked, when did the drain pipe from the 3 compartment sink extend into the floor drain. EI #1 replied, from 1999 until 1/8/2020. EI #1 was asked was there any harm in not sanitizing pans and utensils in the kitchen per policy and FDA food code. EI #1 replied, obviously there was because there was regulations governing that.