

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2024
NAME OF PROVIDER OR SUPPLIER Baron House of Hueytown		STREET ADDRESS, CITY, STATE, ZIP CODE 190 Brooklane Drive Hueytown, AL 35023	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and review of facility policy titled Medication Administration, the facility failed to ensure Resident Identifier (RI) #29 did not self-administer a nebulizer treatment on 03/10/2024 without authorization to do so by the attending physician.</p> <p>This affected RI #29, one of one resident sampled for self-administration of medications.</p> <p>Findings include:</p> <p>A review of the facility's policy titled Medication Administration with a reviewed date of 04/2022 revealed the following: POLICY: Medications are administered as prescribed, in accordance with good nursing principles and practices only by persons legally authorized to do so. PROCEDURE: . Residents may be allowed to self-administer medications only when specifically authorized by the attending physician and in accordance with procedures for Self-Administration of Medications.</p> <p>RI #29 was readmitted to the facility on [DATE] with diagnoses to include Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation.</p> <p>RI #29's Order Summary Report documented . Ipratropium-Albuterol Inhalation Aerosol Solution 20-100 . 1 vial inhale orally every 6 hours related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE .</p> <p>On 03/10/2024 at 2:53 PM, surveyor observed RI #29 receiving a nebulizer treatment with no nurse in the room.</p> <p>An interview was conducted with RI #29 on 03/10/2024 at 4:30 PM. RI #29 stated, he/she puts the medication in the nebulizer and gives himself/herself the nebulizer treatments. RI #29 stated, he/she keeps the medication in the room with him/her.</p> <p>An interview was conducted with Registered Nurse (RN) #5 on 03/12/2024 at 8:59 AM. RN #5 stated, the concern of RI #29 administering his/her nebulizer treatment was someone should be in the room monitoring RI #29 during the treatment.</p> <p>An interview was conducted with Director of Nursing (DON) on 03/12/2024 at 10:17 AM. The DON stated, the concern of RI #29 administering his/her own nebulizer treatment was RI #29 was not supposed to be self-administering his/her medication.</p> <p>An interview was conducted with the Medical Director on 03/12/2024 at 2:52 PM. The Medical Director stated, the concern of RI #29 administering his/her nebulizer treatment on 03/10/2024 was he/she</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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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	did not have an order to self-administer.		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on resident record review and interview, the facility failed to ensure Resident Identifier (RI) #24's medical record was complete and accurate to include documented evidence of daily wound treatment provided on 03/01/2024 through 03/08/2024 as ordered by physician for RI #24's sacral pressure ulcer. This had the potential to affect RI #24, one of 14 residents for whom records were reviewed.</p> <p>Findings include:</p> <p>RI #24 was readmitted to the facility 12/11/2023 with a diagnosis of End Stage Renal Disease.</p> <p>RI #24's Order Summary Report for active physician orders as of 03/10/2024 documented an order dated 12/26/2023 for a daily wound care treatment to the sacrum that included cleaning the wound and applying skin preparation; covering the wound bed with leptospermum honey and bordered gauze.</p> <p>RI #24's March 2024 Treatment Administration Record (TAR) documented a treatment for daily wound care to the sacrum that included cleaning the wound and applying skin preparation; covering the wound bed with leptospermum honey and bordered gauze. The TAR had spaces for daily documentation by the nurses to sign off as treatments were performed. The spaces for this treatment for 03/01/2024 through 03/08/2024 were blank and had not been signed or documented as provided.</p> <p>On 03/12/2024 at 9:11 AM during an interview with the Director of Nursing (DON), he said, he and the nurses were responsible for doing the treatment for RI #24. The DON was asked to review the March 2024 TAR for RI #24, then was asked who was responsible for signing off the treatment for RI #24 on 03/01/2024 through 03/08/2024. The DON said, Registered Nurse (RN) #3 was the RN that worked 03/02/2024 and 03/03/2024, and he was the nurse that did the treatment 03/04/2024 through 03/08/2024. The DON said, the treatment was to be done daily and he or the nurse working the weekend should have signed the treatment off as being done. The DON said, he did not sign the treatments as done. The DON said, the concern in the treatment not being signed as completed was, it could be looked at as not done, and there could be declines. The DON said, not signing the treatments as completed was an oversight as he would complete the treatments then go to something else and forget to sign it off as done.</p>		

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<p>F 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on interview and review of the Payroll Based Journal (PBJ) Report, the facility failed to report accurate staffing data from October 1, 2023 - December 31, 2023, to Centers for Medicare & Medicaid Services (CMS).</p> <p>This affected one quarter of data reviewed during the survey.</p> <p>Findings include:</p> <p>The PBJ report generated for the quarter of 10/01/2023 through 12/31/2023 documented:</p> <p>. This Staffing Data Report identifies areas of concern that will be triggered .</p> <p>Excessively Low Weekend Staffing . Triggered . Failed to have Licensed Nursing Coverage 24 Hours/Day . Triggered .</p> <p>On 03/12/2024 at 3:49 PM, an interview was conducted with the Director of Clinical Operations. She reported she was informed by her corporate office that the PBJ was submitted in a timely manner, however it was discovered that because the Director of Nursing (DON) and Registered Nurses (RN) were salary positions, they had not been clocking in, and their hours would not be reflected on the PBJ. She stated, it had the potential to affect resident care.</p>		