

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2023
NAME OF PROVIDER OR SUPPLIER Hartford Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 217 Toro Road Hartford, AL 36344	

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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, interviews, and review of a facility document titled Alabama Your Resident Rights and Protection Under State and Federal Law, and review of a facility policy titled Dining and Meal Service, the facility failed to ensure residents were offered the opportunity to eat meals in the dining room. Residents were only eating the lunch meals in the dining room Monday through Friday. A review of the mealtimes did not specify service for the dining room.</p> <p>This was observed on two days of the survey and had the potential to affect 78 of the 80 residents receiving meals from the kitchen.</p> <p>Findings include:</p> <p>Review of an undated facility document titled Alabama Your Resident Rights and Protection Under State and Federal Law revealed . Dignity and Respect. You have the right to be treated with consideration and respect in full recognition of your dignity and individuality.</p> <p>A facility policy titled Dining and Meal Service with an effective date of 1/1/2017, documented POLICY The dining experience will be person-centered with the purpose of enhancing each individual resident's/patient's quality of life .</p> <p>The facility's undated, untitled, documentation of meal times for each hall, did not specify any meal times for dining rooms.</p> <p>On 12/12/2023 at 5:15 PM, residents were observed eating supper in their rooms, no residents were served in the dining room. Certified Nursing Assistant (CNA) #3 said, she did not know why residents were not eating in the dining room.</p> <p>On 12/13/2023 at 8:52 AM there were not any residents observed eating breakfast in the dining room. CNA #1 said, in the year that he had worked at the facility residents only ate the lunch meal in the dining room, other meals were served in their rooms.</p> <p>On 12/13/2023 at 9:04 AM, CNA #2 was observed returning a dirty tray cart to the kitchen area. CNA #2 said, she had worked at the facility for little over a year and she was not sure why residents were not eating meals, other than lunch, in the dining room. When asked about meals on the weekends, CNA #2 said, they eat all meals in their rooms on the weekends.</p> <p>On 12/13/2023 at 5:24 PM, there were not any residents observed eating the supper meal in the dining room, meals were served on the halls in resident rooms.</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: 015419	If continuation sheet Page 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2023
NAME OF PROVIDER OR SUPPLIER Hartford Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 217 Toro Road Hartford, AL 36344	
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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>On 12/13/2023 at 10:00 AM nine residents present at a group meeting expressed they enjoyed eating meals in the dining room. The residents expressed they used to eat three meals a day in the dining room but not anymore. When asked if they ate meals in the dining room on the weekends, they replied, on Saturday and Sunday they were not given a choice, they had to eat meals in their rooms.</p> <p>On 12/14/2023 at 9:58 AM, the Administrator was asked about residents not being served meals in the dining room. The Administrator said, residents were not offered the opportunity to eat meals in the dining room except at lunch Monday through Friday. The Administrator said, they would be working on it and it was a resident right to be offered the opportunity to eat meals in the dining room.</p> <p>On 12/14/2023 at 10:51 AM, during an interview with the Dietary Manager, she said, they serve one meal a day, at lunch Monday through Friday in the dining room. She said, meals had been served only at lunch in the dining room on Monday through Friday for a while. She said no meals were served in the dining room on Saturday or Sunday; meals were served in the residents' rooms only.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2023
NAME OF PROVIDER OR SUPPLIER Hartford Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 217 Toro Road Hartford, AL 36344	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, interviews, resident record review, and review of a facility policy Oxygen Administration, the facility failed to ensure respiratory care, specifically the provision of oxygen therapy, was not provided without a physician order for Resident Identifier (RI) #39.</p> <p>This had the potential to affect RI #39, one resident reviewed for respiratory care.</p> <p>Findings included:</p> <p>Review of a facility policy titled Oxygen Administration, effective August 2019, revealed the following:</p> <p>Policy</p> <p>Oxygen will be administered per physician's order.</p> <p>RI #39 was readmitted to the facility on on 1/20/2022 and had diagnoses that included Anxiety, Dyspnea, Obstructive Sleep Apnea, and Chronic Respiratory Failure with Hypoxia.</p> <p>On 12/12/2023 at 04:37 PM RI #39 was receiving oxygen at two liters per minute (2 l/m) by nasal cannula and Registered Nurse (RN) #1 verified that Resident #39 was receiving oxygen by nasal cannula at 2 l/m.</p> <p>During an interview on 12/13/2023 at 03:15 PM with the Assistant Director of Nursing (ADON), she revealed RI #39 did not have an order to administer oxygen. The ADON said she was not sure why RI #39 did not have an order for the oxygen, RI #39 previously had an order but it had been discontinued. The ADON stated she was going to call the doctor and get an order; the risks for using oxygen without an order could include confusion, elevated CO2 (carbon dioxide), & dryness of nasal membranes. The ADON stated that an order was needed to administer oxygen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2023
NAME OF PROVIDER OR SUPPLIER Hartford Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 217 Toro Road Hartford, AL 36344	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of a facility policy titled Labeling and Dating, the facility failed to label and date a bag of ground chicken observed in the refrigerator on 12/12/2023 during the initial tour of the kitchen.</p> <p>This had the potential to affect 18 of 76 residents who received Dysphagia Mechanical Soft (Dys Mech) and Dysphagia Advanced (Dys Adv) diet texture meals from the kitchen.</p> <p>Findings include:</p> <p>An undated facility policy titled Labeling and Dating, documented:</p> <p>. Importance of Labeling and Dating</p> <p>Proper labeling and dating ensures that all foods are stored, rotated, and utilized in a First In First Out (FIFO) manner. This will minimize waste and ensure that items that are passed their due date are discarded.</p> <p>Guidelines for Labeling and Dating</p> <p>All food should be dated upon receipt before being stored.</p> <p>Food labels must include: The food item name .</p> <p>Leftovers must be labeled and dated with the date they are prepared and the use by date.</p> <p>On 12/12/2023 at 1:17 PM, during the initial tour of the kitchen, the surveyor observed a bag of ground chicken with no date or label in the refrigerator.</p> <p>A Diet Guide Sheet provided by the facility documented: . Monday (Day 23) . Dinner . BBQ Chicken Thigh . Dys Adv (Dysphagia Advanced) Ground . Dys Mech (Dysphagia Mechanical) Ground .</p> <p>On 12/14/2023 at 11:05 AM an interview was conducted with the Dietary Manager (DM). The DM said, the undated and unlabeled chopped chicken observed on 12/12/2023 during the initial tour of the kitchen was served during dinner on 12/11/2023 to resident's who received Dysphagia advanced and Dysphagia mechanical diets. The DM said, items should be dated and labeled when placed in the refrigerator to make sure it can be pulled properly to ensure freshness of the food. She said, the bag of chicken was not labeled and dated due to staff forgetting to do so on 12/11/2023. The DM said, the possible negative outcome of not dating or labeling food placed in the refrigerator was the chance residents could receive outdated food.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2023
NAME OF PROVIDER OR SUPPLIER Hartford Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 217 Toro Road Hartford, AL 36344	
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 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 record review, interview, and Payroll Based Journal (PBJ) Report, the facility failed to report accurate staffing data from July 01, 2023 - September 30, 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 07/01/2023 through 09/30/2023 documented:</p> <p>. This Staffing Data Report identifies areas of concern that will be triggered .</p> <p>Metric .</p> <p>Excessively Low Weekend Staffing . Triggered = Submitted Weekend Staffing data is excessively low .</p> <p>On 12/14/2023 at 2:06 PM, an interview was conducted with the Human Resources (HR) Payroll Manager. The Payroll Manger stated she was responsible for turning in PBJ data to the corporate office, who then submitted the data to CMS. When questioned about the low weekend staffing data from July 2023 - September 2023, she explained that the hours reported did not accurately reflect direct patient care due to some staff working additional shifts. She admitted that the data for that period was coded incorrectly, leading to the appearance of low weekend staffing. She emphasized the importance of providing accurate information to CMS to ensure proper care for the residents.</p> <p>On 12/14/2023 at 2:30 PM, an interview was conducted with the Administrator. The Administrator said the PBJ data was submitted by the Coperate office upon receiving it from the facility's Payroll Manager. When asked about the low weekend staffing on the PBJ report for the fourth quarter of 2023, the Administrator clarified the facility did not actually have low weekend staffing during that period. The trigger for this discrepancy was attributed to some administrative staff incorrectly coding their hours while providing direct patient care. The Administrator said the data should be correct in order to provide an accurate representation of the care provided to residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2023
NAME OF PROVIDER OR SUPPLIER Hartford Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 217 Toro Road Hartford, AL 36344	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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, and review of a facility policy titled, Infection Control Guide and a facility document titled, Standard Precautions, the facility failed to ensure:</p> <p>a staff member implemented Airborne Isolation Precautions in a manner to prevent the spread of infection. Airborne Isolation Precautions were clearly identified for Resident Identifier (RI) #278 the use of Personal Protection Equipment upon entering the room of , a resident for whom Airborne Isolation Precautions were clearly identified,</p> <p>This deficient practice affected RI #278, 1 of 3 residents reviewed for transmission based precautions.</p> <p>Findings Include:</p> <p>A review of a facility policy titled, Infection Control Guide, with no date, revealed:</p> <p>.use .personal protective equipment (PPE) .gloves, gowns and eye protection in situations where exposure .</p> <p>RI #278 was admitted to the facility on [DATE].</p> <p>On 12/13/2023 at 4:59 PM, a review of the physician orders dated 12/07/2023 revealed resident to be placed on airborne isolation precautions.</p> <p>A review of RI #278's base line care plan, dated 12/07/2023, revealed:</p> <p>Resident COVID positive .Airborne Isolation Precautions to be observed .</p> <p>On 12/12/2023 at 2:15 PM, a Director of Care Coordination, was observed entering RI #278's room without applying a gown. A sign posted on the resident's door read</p> <p>Airborne Isolation Bed: Stop</p> <p>You will need the following PPE for this isolation: . FACE SHIELD . Gown . Gloves . Mask .</p> <p>On 12/12/2023 at 2:36 PM, after 21 minutes inside the room, the Director of Care Coordinator, opened the door of RI #278's room and asked Medication Assistant, Certified (MAC) #1 to hand her a yellow isolation gown from the isolation box outside of room. MAC #1 handed the Director of Care Coordinator a yellow isolation gown from outside of RI #278's room.</p> <p>On 12/12/2023 at 12:47 PM, an interview was conducted with MAC #1. MAC #1 was asked, what kind of isolation was RI #278 placed on. MAC #1 stated, airborne isolation due to COVID diagnosis. MAC #1 was asked when a resident was on airborne isolation precautions, what kind of Personal Protected Equipment should a staff member put on before entering a resident room. MAC #1 stated face mask, gloves, and a gown. MAC #1 was asked when Director of Care Coordination opened RI #278 room door was she wearing a gown. MAC #1 stated, no. MAC #1 was asked what does company policy say to do when a resident is placed on Airborne isolation. MAC #1 stated Personal Protective Equipment is required.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2023
NAME OF PROVIDER OR SUPPLIER Hartford Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 217 Toro Road Hartford, AL 36344	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/2023 at 03:18 PM, an interview was conducted with Director of Care Coordinator, she was asked, what kind of isolation was RI #278 placed on. Director of Care Coordination stated, airborne isolation due to COVID. Director of Care Coordination, was asked, when a resident was on airborne isolation precautions, what kind of Personal Protected Equipment should a staff member put on before entering a resident room. Director of Care Coordination stated gloves, face shield, mask, but she did not have a gown. She was asked what was the concern of not donning proper PPE. Director of Care Coordination stated, infection control. She was asked what does facility policy say to do when a resident is placed on Airborne isolation. She stated to donn proper PPE. The Director of Care Coordination was asked did she follow company policy and she stated, no.</p> <p>On 12/14/2023 at 04:31 PM, an interview was conducted with the Infection Control Preventionist. Infection Control Preventionist was asked what kind of isolation was RI #278 on. Infection Control Preventionist stated, airborne isolation due to COVID diagnosis. He was asked, according to the facility's policy, what kind of precautions should a staff member take when entering a resident's room with airborne isolation precautions. He stated, put on N95, gloves, gown and face shield. Infection Control Preventionist was asked why should staff dress appropriately with Protected Personal Equipment when entering a resident room with contact isolation precautions. He replied to prevent the spread from resident to resident and to protect themselves and their families. He was asked what the concern was of a person not wearing the proper PPE when entering a COVID positive room. He replied, contracting the virus or spreading it.</p>		