

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/08/2023
NAME OF PROVIDER OR SUPPLIER Cavalier Healthcare of Trussville		STREET ADDRESS, CITY, STATE, ZIP CODE 119 Watterson Parkway Trussville, AL 35173	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and review of a facility policy titled, Investigating Grievances/Complaints, the facility failed to ensure that a grievance was completed and the family member was informed of the findings of the investigation when a grievance was received regarding a complaint from Resident Identifier (RI) #1's family member concerning the resident's dressing to his/her stump not being changed as ordered by the physician.</p> <p>This affected RI #1, one of one resident reviewed for grievances.</p> <p>Findings Include:</p> <p>Review of a facility policy titled, Investigating Grievances/Complaints, with a revised date of 04/2008, revealed the following:</p> <p>. Policy Statement</p> <p>Our facility investigates all grievances and complaints filed with the facility.</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. The Administrator has assigned the responsibility of investigating grievances and complaints to the Director of Social Services and, in his or her absence, the Director of Nursing. 2. Upon receiving a grievance and complaint report, the Grievance Coordinator will begin an investigation into the allegations . 3. The Resident Grievance/Complaint Investigation Report Form must be filed with the Administrator within five (5) working days of the incident. 4. The resident, or person acting on behalf of the resident, will be informed of the findings of the investigation, as well as any corrective actions recommended, within 5 working days of the filing of the grievance or complaint. 5. A copy of the Resident Grievance/Complaint Investigation Report Form must be attached to the Resident Grievance/Complaint Investigation Report Form and filed in the business office. 6. Copies of all reports must be signed and will be available to the resident or person acting on <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: 015467	Facility ID: 015467 If continuation sheet Page 1 of 5

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>behalf of the resident .</p> <p>RI #1 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses to include Acquired Absence of Left Leg Below Knee and Acquired Absence of Right Leg Above Knee.</p> <p>Review of email communication dated 12/29/2022, from RI #1's family member to Employee Identifier (EI) #1, the former Administrator revealed the following:</p> <p>. From (name of RI #1's family member) .</p> <p>Sent: Thursday, December 29, 2022 7:47 AM</p> <p>To: (name of RI #1) .</p> <p>Subject: (RI #1)</p> <p>. (His/Her) doctor wrote an order on 12/19/22 for (his/her) leg dressings on surgery site to be changed DAILY, these orders were provided to (name of facility) on 12/19/22, they are not doing that .</p> <p>Review of email communication dated 12/29/2022, from EI #1 to RI #1's family member revealed the following:</p> <p>From (name of EI #1) .</p> <p>Date: Thu (Thursday), Dec (December) 29, 2022, 8:17 AM</p> <p>Subject: Re (concerning): (name of RI #1)</p> <p>To: (name of RI #1's family member) .</p> <p>Thanks so much for letting me know about your concerns . I will definitely be looking into these concerns and addressing them . I will be looking into the concern and will get back to you with the outcome and what will be done differently .</p> <p>On 06/07/2023 at 7:25 PM, a telephone interview was conducted with the family member of RI #1. The family member of RI #1 said that the dressings were to be done daily and the facility nurses never did that. RI #1's family member said even after she complained of the dressings not being changed, the nurses still did not change them the way they should have. RI #1's family member said she thought she spoke with the Administrator (EI #1 the former Administrator) about her concerns. RI #1's family member said she was told the matter would be looked into but no one had called her back to tell her what had been done.</p> <p>On 06/08/2023 at 1:28 PM, a telephone interview was conducted with EI #1. The Administrator, EI #1, said the procedure for receiving a complaint from a family member was that the facility immediately started an investigation to determine if there was a problem or not. EI #1 said if the family member emailed the complaint it would be handled in the same way. EI #1 said if there was evidence that RI #1's family member's email was received 12/29/2022, it should be addressed on a grievance form. EI #1 said if the family member had filed a grievance, a resolution should be reached within five days and documented on the grievance form. EI #1 said if RI #1's family filed a grievance Social</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Services may have it with the grievance log.</p> <p>On 06/08/2023 at 6:50 PM, a telephone interview was conducted with EI #3, the Social Service Director. EI #3 said that she thought she was also sent the email back in December of 2022 from RI #1's family member regarding a grievance. EI #3 said a grievance form should have been completed but she did not complete one. EI #3 said it should only take five days for a resolution for a complaint/concern to be resolved. EI #3 said when a resolution is reached it should be placed on the grievance form and the family should be informed of the resolution. EI #3 admitted she had not informed RI #1's family member of the resolution from the concern made in December of 2022, and that was something that she usually did.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review and review of a facility policy titled . Clean Dressing Change Policy, the facility failed to provide evidence wound care was provided to Resident Identifier (RI) #1's:</p> <p>(1) Right AKA (Above Knee Amputation) stump; and</p> <p>(2) Stage II sacrum ulcer as ordered by the physician.</p> <p>This deficient practice affected RI #1; one of three residents sampled for wound care.</p> <p>Findings Include:</p> <p>Review of a facility policy titled . Clean Dressing Change Policy, with an implemented date of 09/01/2020, revealed the following:</p> <p>Policy:</p> <p>. Physician's orders will specify type dressing and frequency of changes .</p> <p>RI #1 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses to include Absence of Left Leg Below Knee and Acquired Absence of Right Leg Above Knee.</p> <p>RI #1's Order Summary Report (Physician's Orders) for January 2023, revealed RI #1 had a physician's order to Cleanse right stump (surgical site) with WDC (wound cleanser), pat dry, and cover with dry dressing daily and PRN (as needed) for soilage/dislodgement every day shift for surgical site . Cleanse sacrum with WDC, pat dry, place triad to wound and cover with dry dressing daily and PRN for soilage/dislodgement every day shift for wounds .</p> <p>RI #1's undated care plan, titled . I HAVE A SURGICAL SITE: right stump, THAT REQUIRES TREATMENT/MONITORING . had the intervention . PROVIDE TREATMENT AS ORDERED .</p> <p>Another undated care plan for RI#1, titled . The resident has stage 2 pressure ulcer sacrum r/t (related to) Immobility . had the intervention . Administer treatments as ordered and monitor for effectiveness .</p> <p>A review of RI #1's Treatment Administration Record (TAR) for December 2022, revealed RI #2 did not receive treatment to the sacrum 12 of 23 days during the month of December (Start Date 12/09/2022); and did not receive treatment to the right stump 12 of 22 days as ordered by the physician (Start Date 12/09/2022).</p> <p>On 06/08/2023 at 9:09 AM, an interview was conducted with Employee Identifier</p> <p>(EI) #4, the treatment nurse. EI #4 said when RI #1 was readmitted to the facility in December 2022, the treatments ordered were to clean the right stump with WDC, pat dry and cover with dry dressing daily and PRN. EI #4 said this was the responsibility of all nurses. EI #4 said evidence of the treatments would be on the TAR. EI #4 said looking at the December 2022 TAR there were days missing where treatments were not done. EI #4 also said RI #1 had an order to clean his/her sacrum area with</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>wound cleanser, pat dry, apply Triad, cover with Mepilex daily. EI #4 said this would also be the responsibility of all nurses. EI #4 said she provided treatments whenever she worked and the nurses would provide the care when she was not available. EI #4 said it would be important to provide wound treatments as ordered by the physician for healing purposes.</p> <p>06/08/2023 at 2:25 PM an interview was conducted with EI #5 an LPN (Licensed Practical Nurse) who had provided care for RI #1 before. When asked, looking at RI 1#'s December 2022 MAR what type of treatment was being rendered, EI #5 said to cleanse the right stump with wound cleanser, pat dry and cover with dry dressing daily, and PRN for soilage or dislodgement and cleanse sacral area with wound cleanser every day shift. EI #4 said looking at RI #1's December 2022 MAR, it looked like (EI #4) signed off the days she provided the care and there were a couple of days that no one signed as providing the wound care. EI #5 said it would be important to provide wound treatments as ordered by the physician for wound healing.</p> <p>On 06/08/2023 at 4:05 PM, an interview was conducted with EI #2, the DON (Director of Nursing). EI #2 said the treatment nurse was responsible for providing wound care while she was there, and if she was not there, the nurses on the cart would have been responsible. EI #2 said there would be evidence wound care had been provided on the eTAR. EI #2 said it would be important to provide wound care to RI #1's pressure ulcer and stump as ordered by the physician to keep down infection and bacteria and to promote healing.</p> <p>This deficiency was cited as a result of the investigation of complaint/report #AL00042836.</p>		