

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Eastview Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7755 Fourth Avenue South Birmingham, AL 35206	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29671</p> <p>Based on resident record review, interview, review of a facility reported incident, and review of a facility policy titled Abuse, Neglect and Exploitation the facility failed to report an allegation of abuse within two hours to the State Agency when Resident Identifier (RI) #7 alleged abuse on 10/20/2023.</p> <p>This deficient practice affected one of five residents reviewed for abuse concerns.</p> <p>Findings include:</p> <p>On 10/23/2023 the facility reported to the Alabama Department of Public Health Online Incident Report System alleged physical abuse that someone pushed RI #7 down on 10/12/2023. The report documented the Administrator was made aware of the allegation on 10/20/2023.</p> <p>A facility policy titled Abuse, Neglect and Exploitation with a revised date of 11/2017 documented the following:</p> <p>. PROCEDURE: In response to alleged . incidents involving abuse, . the Facility will take the following steps:</p> <p>If determined to be reportable, the event will be reported to the Alabama Department of Public Health . within two (2) hours of the incident if the event involves abuse . or not later than twenty-four (24) hours if the event does not involve abuse .</p> <p>RI #7 was readmitted to the facility on [DATE] and discharged on [DATE] with diagnoses to include Dementia.</p> <p>An interview was conducted with the Administrator on 05/16/2024 at 10:20 AM. The Administrator said, the local ombudsman reported to the facility on [DATE] that RI #7 had reported being pushed while in the facility. The Administrator said, it was reported to the State Agency on 10/23/2023 and should have been reported on 10/20/2023 after the report was received. The Administrator said, it was important to report allegations of abuse within two hours to ensure the safety of residents and start an investigation.</p> <p>*****</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This deficiency was cited as a result of the investigation of complaint/report number AL00045965.</p>		