

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/29/2024
NAME OF PROVIDER OR SUPPLIER  The Healthcare Center at Buck Creek		STREET ADDRESS, CITY, STATE, ZIP CODE  850 9th Street, Northwest Alabaster, AL 35007	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39580</p> <p>Based on interviews, record review, and a review of the facility's policy titled, Abuse, Neglect, Misappropriation, Exploitation Policy, the facility failed to protect Resident Identifier (RI) #4 from being physically abused by RI #5. On 05/16/2024 Certified Nursing Assistant (CNA) #5 witnessed RI #5 slap RI #4 on the face in their room.</p> <p>This deficient practice affected RI #4 and RI #5, two of 19 residents sampled for abuse.</p> <p>Findings Include:</p> <p>A review of the facility's policy titled, Abuse, Neglect, Misappropriation, Exploitation Policy, with an effective date of January 2019, revealed:</p> <p>.Purpose: To prohibit and prevent abuse .</p> <p>Definitions: Abuse: The willful infliction of injury . resulting physical harm, pain, or mental anguish. Willful, as use in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>5. Identification . A resident to resident altercation will be reviewed as a potential situation of abuse.</p> <p>RI #4 was admitted to the facility on [DATE], readmitted on [DATE] and has diagnosis to include Unspecified Dementia without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance and Anxiety.</p> <p>A review of RI #4's, most recent Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/01/2024, documented a Brief Interview of Mental Status (BIMS) of 13 out of 15 which indicated RI #4's cognition was intact</p> <p>RI #5 was admitted to the facility on [DATE], readmitted on [DATE] and has diagnosis to include Vascular Dementia and Alzheimer's Disease.</p> <p>A review of RI #5's, most recent Quarterly MDS with an ARD of 02/21/2024 documented a BIMS of 7 out of 15 which indicated RI #5's cognition was moderately impaired.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/29/2024
NAME OF PROVIDER OR SUPPLIER  The Healthcare Center at Buck Creek		STREET ADDRESS, CITY, STATE, ZIP CODE  850 9th Street, Northwest Alabaster, AL 35007	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Alabama Department of Public Health Online Incident Reporting System form, dated 05/16/2024 documented:</p> <p>. Incident Type . Abuse - Physical .</p> <p>Incident Detail .</p> <p>Name(s) of resident(s) involved: (RI #4 and RI #5) .</p> <p>Narrative summary of incident: Resident (RI #5) hit another resident (RI #4) .</p> <p>A review of the Investigation Template dated 05/23/2024 documented: . Description of the Allegation: On May 16, 2024 (RI #5) hit .another resident Investigation Summary: .body audit was performed on (RI #4) with no signs of injury. Based off interviews with the resident's roommate and staff physical abuse is substantiated.</p> <p>On 09/25/2024 at 1:54 PM an interview was conducted with CNA #5 who witnessed the incident on 05/16/2024 between RI #4 and RI #5. CNA #5 said, she was passing breakfast trays and entered RI #4's and RI #5's room. CNA #5 said she was removing RI #4's tray when RI #5 stood up from the bed and was unclothed. CNA #5 said she told RI #5 to wait, and she would take him/her to the restroom to get him/her cleaned up and dressed. CNA #5 said at that time RI #5 walked toward RI #4 and through the privacy curtain. CNA #5 said she responded by telling RI #5 she would take him/her to the restroom. CNA #5 said RI #5 responded by hitting her on the left side of her face. CNA #5 said she tried to move the privacy curtain back and RI #5 grabbed the curtain and slapped RI #4 across his/her face with his/her hand. CNA #5 said, the intensity of the hit was a five on a scale zero to ten. CNA #5 said she yelled for help and separated the residents. CNA #5 said CNA #8 was outside the door and she summoned LPN #7 for assistance. CNA #5 said, the incident was physical abuse. CNA #5 said, it was the resident's home, and it would not be a good feeling to be hit in your own home. CNA #5 further said this would make a reasonable person feel scared and upset.</p> <p>On 09/26/2024 at 2:30 PM an interview was conducted with LPN #7. During the interview, LPN #7 said she was at the nurses' desk when she heard CNA #5 call for help. LPN #7 said when she responded the residents were separated. LPN #7 said CNA #5 exited the room and CNA #8 entered the room to assist while she assessed both residents. LPN #7 said neither resident was injured. LPN #7 said RI #5 calmed down and was assisted to the nurses' station with CNA #8 for one-to-one observation. LPN #7 said the incident between RI #4 and RI #5 was resident to resident physical abuse. LPN #7 further said this would make a reasonable person feel scared, upset, and mad.</p> <p>On 09/25/2024 at 3:46 PM the Administrator (ADM) was asked about the alleged physical abuse on 05/16/2024 involving RI #4 and RI #5. The ADM said, RI #5 hit RI #4 and it was witnessed by a staff member. The ADM said, the incident was physical abuse. The ADM said, being slapped on the face would make a reasonable person upset in their home.</p> <p>F 600 was cited as a result of the investigation of complaint/report number #AL00047879.</p> <p>*****</p> <p>The facility took immediate actions to correct the non-compliance and prevent reoccurrence by:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/29/2024
NAME OF PROVIDER OR SUPPLIER  The Healthcare Center at Buck Creek		STREET ADDRESS, CITY, STATE, ZIP CODE  850 9th Street, Northwest Alabaster, AL 35007	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- On 05/16/2024 the residents were separated and assessed for injuries. No injuries noted.</li> <li>-On 05/16/2024 notifications were made to the residents' sponsor, the medical director, and local police department.</li> <li>- A report was made to the Alabama Department of Public Health (ADPH) on 05/16/2024.</li> <li>- Education for all staff, all departments was completed on 05/16/2024 on Abuse Education with a focus on resident to resident.</li> <li>- RI #5 immediately placed on one-on-one after incident on 05/16/2024.</li> <li>- RI #5 sent to Grandview Medical Center via EMS for Behavioral Disturbance on 05/16/2024.</li> <li>- 5-day investigation completed and submitted the results of the investigation to ADPH on 05/23/2024.</li> <li>- Root cause analysis completed 05/24/2024.</li> <li>- 4 Point Plan Created on 05/24/2024.</li> <li>- Began Weekly Audits (Weekly audit or embrace rounds to ensure any behaviors identified were discussed in clinical start up and plan of care updated to prevent resident to resident reoccurrence. Weekly for 4 weeks and monthly for 3 months until substantial compliance can be assured) started on 05/24/2024.</li> <li>- A QAPI meeting was held on 05/25/2024. Completed 05/25/2024.</li> <li>- Compliance has been met no further concerns identified.</li> </ul> <p>*****</p> <p>After review of documentation supporting the above corrective actions, including the facility's investigation file, in-service/education records, QAPI documentation, and staff interviews, the survey team verified the facility implemented corrective actions including ongoing monitoring from 05/16/2024 through 05/25/2024; thus, F 600 was cited at past non-compliance.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/29/2024
NAME OF PROVIDER OR SUPPLIER  The Healthcare Center at Buck Creek		STREET ADDRESS, CITY, STATE, ZIP CODE  850 9th Street, Northwest Alabaster, AL 35007	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29671</p> <p>Based on record review, interview, the facility policy titled Abuse, Neglect, Misappropriation, Exploitation Policy, and review of facility reported incidents (FRIs) information submitted to the Alabama Department of Public Health (ADPH) via the Online Incident Reporting System; the facility failed to submit their five-day investigative summary or results of their investigations for two of 18 FRIs concerning allegations of abuse, neglect, or misappropriation of resident property reviewed for timely reporting.</p> <p>This deficient practice affected Resident Identifier (RI) #6 and RI #22 two of 19 residents reviewed for abuse concerns.</p> <p>Findings Include:</p> <p>A review of a policy titled Abuse, Neglect, Misappropriation, Exploitation Policy with an effective date of January 2019. documented the following: .7. Reporting/Response .The results of all investigations must be reported to the Administrator, designee to the appropriate state agency, as required by state law, within five (5) working days of the alleged violation .</p> <p>RI #6 was readmitted to the facility on [DATE] with diagnoses to include Dementia.</p> <p>On 05/14/2024 the facility submitted an initial report of neglect to ADPH via the Online Incident Reporting System that alleged RI #6 had not received assistance with meals.</p> <p>On 05/22/2024 the facility submitted the printed initial report regarding the allegation, RI #6's face sheet, RI #6's care plan, Section C of RI #6's Minimum Data Set (MDS) assessment, and RI #6's order summary list to ADPH via the Online Incident Reporting System. The facility did not submit the results of their investigation.</p> <p>RI #22 was readmitted to the facility on [DATE] with diagnoses to include Chronic Obstructive Pulmonary Disease.</p> <p>On 07/20/2024 the facility submitted an initial report of an allegation of sexual abuse to ADPH via Online Incident Reporting System that alleged a family member had their hands in RI #22's brief.</p> <p>On 07/29/2024 the facility submitted the printed initial report regarding the allegation, RI #22's face sheet, RI #22's care plan, Section C of RI #22's MDS assessment, and RI #22's order summary list to ADPH via the Online Incident Reporting System. The facility did not submit the results of their investigation.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/29/2024
NAME OF PROVIDER OR SUPPLIER  The Healthcare Center at Buck Creek		STREET ADDRESS, CITY, STATE, ZIP CODE  850 9th Street, Northwest Alabaster, AL 35007	
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>An interview was conducted with the Administrator on 09/27/2024 at 4:15 PM. The Administrator said that the investigation template included a summary and documented the investigation. She explained the form was scanned and submitted with the five-day reports to the State Agency. She said it was important to send the investigation template with the five-day report because it provided a summary of what was done during the investigation. When asked why the investigation template was not included in the five-day report concerning RI # 6 and RI #22, she stated she did not know.</p> <p>F 609 was cited as a result of the investigation of complaint/report numbers #AL00048672 and AL00048673.</p>		