

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER North Mobile Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4525 St Stephens Road Eight Mile, AL 36613	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47408</p> <p>Based on interviews, resident record review, review of a facility policy titled ABUSE PREVENTION, review of Facility Reported Incidents (FRIs) received by the State Agency, and review of the facility's investigative file, the facility failed to protect residents from abuse.</p> <p>On 02/08/2023 Resident Identifier (RI) #5's was verbally abused by RI #6.</p> <p>On 02/09/2023 RI #3 was physically abused by RI #2.</p> <p>On 05/21/2024 RI #8 and RI #9 were each verbally abused by the other.</p> <p>The facility further failed to substantiate the occurrences as abuse.</p> <p>These deficient practices affected RI #'s 3, 5, 8 and 9, four of 14 sampled residents.</p> <p>This deficiency was cited as a result of the investigation of complaint/report numbers AL00043323, AL00043305 and AL00047916.</p> <p>Findings include:</p> <p>Review of a facility policy titled ABUSE PREVENTION with a history date of 07/2018, revealed the following:</p> <p>POLICY:</p> <p>The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to: . other residents .</p> <p>DEFINITIONS: .</p> <p>b) Verbal Abuse: The use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents .</p> <p>d) Physical Abuse: This includes but is not limited to hitting, slapping, pinching and kicking.</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: 015183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER North Mobile Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4525 St Stephens Road Eight Mile, AL 36613	
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>1) RI #5 was admitted to the facility on [DATE].</p> <p>RI #5's quarterly Minimum Data Set (MDS) assessment, with Assessment Reference Date (ARD) of 11/11/2022 indicated RI #5 had a Brief Interview for Mental Status (BIMS) score of 7, indicating severe cognitive impairment with daily decision making skills during this assessment period.</p> <p>RI #6 was admitted to the facility on [DATE].</p> <p>RI #6's admission MDS assessment, with an ARD of 11/11/2022, indicated RI #6 had severe cognitive impairment with daily decision making skills.</p> <p>On 02/08/2023, the State Agency received an Online Incident Report from the facility alleging RI #6 verbally abused RI #5 and accused RI #5 of stealing RI #6's clothes.</p> <p>The facility's investigative file was reviewed and a summary of the facility's investigation documented the following:</p> <p>February 8, 2023 . The allegation of verbal abuse is found to be unsubstantiated. On 2/08/2023 At approximately 7:30am both residents were in their room when the charge nurse overheard the residents arguing . (RI #6) was accusing (his/her) room mate of stealing (his/her) things, (he/she) would not stop cursing even when staff stepped in and asked them to calm down. (RI #6) continued to curse and at one point blocked the door when the charge nurse and the other resident attempted to leave the room.</p> <p>On 05/31/2024 at 2:42 PM, an interview was conducted with the Administrator (ADM), who is also the facility's abuse coordinator. The ADM said her responsibility as the abuse coordinator was to investigate and determine abuse to any resident. The surveyor shared with the ADM on 02/08/2023, the facility submitted an initial report alleging verbal abuse occurred between RI #5 and RI #6; but the facility's investigation concluded that the verbal abuse was not substantiated. When asked why was the verbal abuse not substantiated, the ADM said the residents were not interviewable due to their cognitive status. When asked what type of abuse would using profanity and cursing be considered, the ADM said, verbal.</p> <p>21055</p> <p>2) RI #2 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>RI #2's quarterly MDS assessment, with an ARD of 11/18/2022, documented RI #2 had long and short term memory problems and moderately impaired cognition during this assessment period.</p> <p>RI #3 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>RI #3's annual MDS assessment, with an ARD of 11/02/2022, documented a BIMS score of 12 which indicated RI #3 had moderately impaired cognition.</p> <p>On 02/09/2023, the State Agency received an Online Incident Report alleging RI #2 physically abused RI #3 when RI #2 hit RI #3's arm several times and grabbed RI #3's shirt.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER North Mobile Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4525 St Stephens Road Eight Mile, AL 36613	
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 facility's investigative file was reviewed and a summary of the facility's investigation documented the following:</p> <p>. The allegation of physical abuse is found to be unsubstantiated. On 02/09/2023 At approximately 11:20am both residents were sitting in front of the nurses desk on B wing of the facility. (RI #3) bumped into (RI #2's) wheel chair . (RI #2) became upset and started using profanities toward (RI #3), (RI #2) hit (RI #3) on (RI #3's) upper left arm grabbed (RI #3's) shirt sleeve.</p> <p>On 02/09/2023 (RI #3) was interviewed . during the interview (RI #3) stated (he/she) was rolling by (RI #2) in (his/her) wheel chair and (he/she) bumped (RI #2's) chair by accident and (RI #2) hit (RI #3's) arm (RI #3) stated it didn't hurt .</p> <p>Conclusion:</p> <p>The facility concluded their investigation and could not substantiate the allegation of Physical Abuse .</p> <p>On 05/31/2024 at 2:42 PM, when asked what type abuse hitting someone would be considered, the ADM said physical. The surveyor shared with the ADM that on 02/09/2023, the facility submitted an initial report alleging physical abuse occurred between RI #2 and RI #3; and the facility's investigation concluded the physical abuse was not substantiated. When asked why the physical abuse was not substantiated, the ADM said she thought it was a reflex. The surveyor asked the ADM to her knowledge had RI #2 had any other incidents where she had that type reflex. The ADM said not to her knowledge. When asked what type of abuse hitting someone would be, ADM said, physical abuse.</p> <p>3) RI #8 was admitted to the facility on [DATE].</p> <p>RI #8's quarterly MDS assessment, with an ARD of 01/15/2024, revealed RI #3 scored a 15 on the BIMS assessment indicating RI #8 had intact cognitive decision making skills during this assessment period.</p> <p>RI #9 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>On review of RI #9's quarterly MDS assessment, with an ARD of 03/15/2024, revealed RI #9 scored a 10 on the BIMS assessment indicating RI #9 had moderately impaired decision making skills during this assessment period.</p> <p>On 05/21/2024, the State Agency received an Online Incident Report alleging RI #8 and RI #9 were verbally abusing each other, curing each other in the dining room.</p> <p>The facility's investigative file was reviewed and a summary of the facility's investigation dated 05/27/2024 documented the allegation was unsubstantiated even though RI #8 and RI #9 were witnessed arguing over candy during a bingo game and RI #9 was heard yelling at RI #8 and saying . shut up bitch, I can get some if I want it . and RI #8 was heard to reply to RI #9 saying . get the hell out of here .</p> <p>On 05/30/2024 at 10:45 AM, an interview was conducted with the Activity Assistant (AA)/CNA. The AA said she heard a lot of profanity being used between RI #8 and RI #9 on 05/21/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER North Mobile Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4525 St Stephens Road Eight Mile, AL 36613	
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>On 05/31/2024 at 2:42 PM, the surveyor shared with the ADM that on 05/21/2024, the facility submitted an initial report alleging verbal abuse occurred between RI #8 and RI #9; but the facility's investigation concluded that the verbal abuse was not substantiated. When asked why the verbal abuse was not substantiated, the ADM said when interviewing RI #9, the resident did not remember the incident. The ADM further stated she thought RI #9 cursed RI #8 because RI #8 was cursing at RI #9. When asked if the facility should have substantiated that abuse occurred with the above incidents, the ADM said she thought the incidents occurred but did not think they were abuse. When asked what type of abuse would using profanity and cursing be considered, the ADM, said, verbal abuse.</p>		