

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Cherokee County Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 877 Cedar Bluff Road Centre, AL 35960	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to ensure the resident and resident representative (RP) received a written notice of transfer that included all required information for two of three residents (Resident (R) 6 and R60) reviewed for facility initiated emergent transfer to the hospital out of 36 sampled residents. In addition, the transfer notice document did not identify the specific reason the resident was being transferred to the hospital. This failure had the potential to affect the resident and/or RP not having the knowledge of where and why a resident was transferred. This was cited as a result of the investigation of complaint #474077. Findings include: Review of the facility's policy titled Transfer and Discharge including Against Medical Advice (AMA) dated 03/16/2025 indicated, .3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided: a. The specific reason and basis for transfer or discharge. 10. Emergency Transfer to Acute Care. G. Provide a notice of transfer to the resident and representative.</p> <p>1. Review of R6's admission Record located in the resident's electronic medical record (EMR) under the Profile tab revealed R6s was admitted to the facility on [DATE].</p> <p>Review of R6's Progress Note, dated 12/08/2025 and located in the resident's EMR under the Progress Notes tab revealed on 12/08/2025 at 3:44 PM, R6's skin was red, blotchy, and the resident was itching all over. The resident also had some audible wheezing at this time. The resident's physician ordered the resident to be sent to the hospital emergency room (ER). Emergency Medical Service (EMS) arrived at approximately 8:00 PM and transported the resident to the hospital. Further review of R6's Progress Notes revealed no documentation that the resident and the RP were provided with the written transfer notice.</p> <p>During an interview on 12/09/2025 at 4:30 PM, the facility's Bookkeeper stated that nursing sends the documents with the resident to the hospital. He/she stated that the RP was notified via phone on 09/28/2025.</p> <p>During an interview on 12/09/2025 at 4:59 PM, the Director of Nursing (DON) confirmed that there was no documentation in the EMR that the written transfer notice was provided to the resident and the RP at the time of the transfer to the hospital.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R6's Notice of discharge date d 09/28/2025 and provided by the DON revealed that there was no documentation on the document that the resident and RP received the written transfer notice. The Notice of Discharge document indicated the RP was notified via phone on 09/28/2025. The Notice of Discharge document indicated the reason for transfer was Inability to meet resident's needs instead of the specific reason of experiencing an allergic skin reaction and difficulty breathing.</p> <p>2. Review of R60's undated admission Record located in the resident's EMR under the Profile tab indicated R60 was admitted to the facility on [DATE].</p> <p>Review of R60's Progress Note, dated 11/02/2025 and located in the resident's EMR under the Prog [Progress Notes] tab reflected R60 had been transferred to the emergency room (ER) on 11/02/25 for pallor, diaphoresis, lethargy, low blood pressure, and dark malodorous urine.</p> <p>Review of R60's Notice of Discharge, dated 11/02/2025 and provided by the facility, revealed the reason for discharge was Inability to meet resident needs. Discharge notice issued via phone.Copy of notice mailed to[blank]</p> <p>Review of R60's Progress Note, dated 12/03/2025 and located in the resident's EMR under the Prog Notes tab indicated R60 had been transferred to the ER on [DATE] at 1:50 PM for diaphoresis, lethargy, low blood pressure, and complaints of pain to the site of the urinary stent.</p> <p>Review of R60's Notice of Discharge, dated 12/03/2025 and provided by the facility revealed the reason for discharge was Inability to meet resident needs. Discharge notice issued via phone.Copy of notice mailed to [blank].</p> <p>During the interview on 12/11/2025 at 6:57 PM, the DON stated it was his/her expectation that when a resident was transferred to the hospital, the nurse should document in the EMR Progress Notes that the resident and the RP were given the written transfer notice. The DON confirmed that there was no evidence in the EMR that the residents and the RPs received the written transfer notice for any of the residents who were transferred to the hospital.</p>		