

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/13/2025
NAME OF PROVIDER OR SUPPLIER  Collinsville Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  685 North Valley Ave Collinsville, AL 35961	
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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39580</p> <p>Based on observations, interviews, resident record review, and review of the facility policy titled Privacy/Dignity Protocol Prior to Providing Resident Care, the facility failed to ensure Housekeeping (HK) #8, delivering breakfast meal trays, honored residents' right to privacy when she failed to knock on doors and gain permission to enter residents' rooms before entering on 02/11/2025. This had the potential to affect Resident Identifier (RI) #112 and RI #143, two of 27 sampled residents.</p> <p>Findings include:</p> <p>Review of a facility policy titled Privacy/Dignity Protocol Prior to Providing Resident Care, with an revised date of 06/02/2016, revealed the following:</p> <ol style="list-style-type: none"> <li>1. Knock and gain permission before entering resident's room .</li> <li>3. Identify yourself and ask the resident's permission to perform the procedure.</li> </ol> <p>1) RI #112 was admitted to the facility on [DATE] with a re-admitted [DATE] and had diagnoses to include: Bipolar Disorder, Anxiety Disorder, and Mood Disorder.</p> <p>2) RI #143 was admitted to the facility on [DATE] and had diagnoses to include: Dementia, Psychotic Disturbance, Mood Disturbance, and Anxiety.</p> <p>On 02/11/2025 at 8:47 AM, Housekeeper (HK) #8 was observed delivering breakfast meal trays to RI #112 and #143 without knocking, announcing herself, or waiting for permission before entering rooms.</p> <p>On 02/11/2025 at 08:58 AM, the surveyor asked RI #112 if he/she minded staff entering her room without knocking, announcing him/herself while delivering breakfast meal trays. RI #112 responded, he/she would like someone to knock on the door before entering. When asked how he/she felt about that, RI #112 replied, it made him/her feel uncomfortable at times and like he/she did not have privacy.</p> <p>On 02/12/2025 at 07:40 AM during an interview with HK #8, she said, she should knock or ask to enter a resident room before entering. HK #8 was asked if she knocked on residents' doors before entering while passing meal trays, she said, no. When asked if she should have knocked or announced herself before entering the room, she said, yes. HK #8 said, not knocking on residents' doors before entering would be a privacy issue.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/12/2025 at 07:55 AM the Administrator said, before staff enter resident rooms they should knock on the door the concern of not knocking before entering was a dignity issue.</p>

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39580</p> <p>Based on observation, interviews, resident record review, and review of a facility policy titled Administration of medication the facility failed to ensure Registered Nurse (RN) #6 took action to protect Resident Identifier (RI) #99's right to privacy, during medication administration, when RN #6 failed to ensure the Electronic Medication Administration Record (EMAR) screen was properly closed and not displaying information about RI #99 while she stepped away from the medication cart on 02/11/2025 on Station Three.</p> <p>This deficient practice affected RI #99, one of seven residents observed during medication administration.</p> <p>Finding include:</p> <p>Review of a facility policy titled Medication Administration Policy and Procedure with an revised date of 01/10/2025 revealed the following:</p> <p>. Additional Medication-Pass Procedures: .</p> <p>Privacy: Each resident has the right to have privacy . Ensure the eMAR is not able to be seen by others.</p> <p>RI #99 was admitted to the facility on [DATE] with diagnoses to include Diabetes Mellitus, Hypertension, and Chronic Pain.</p> <p>RI #99's February 2025 EMAR revealed RI #99 was receiving Metoprolol 25 mg (milligrams) by mouth twice a day for Hypertension and Norco 5-325 mg by mouth four times a day for Chronic Pain.</p> <p>On 02/11/2025 at 4:50 PM the surveyor observed RI #99's name and two listed medications, Metoprolol and Norco, on the EMAR screen were visible for anyone walking by an unattended medication cart on Station Three.</p> <p>On 02/11/2025 at 4:59 PM Registered Nurse (RN) #6 was asked about the EMAR screen left open on Station Three with RI #99's information exposed. RI #6 said, she was about to give RI #99 medication and she left RI #99's EMAR open and went to make a telephone call and left the information for RI #99 on the screen. RN #6 said, it was a privacy concern and anyone walking by could have viewed the resident's information. RN #6 said, she had her back turned toward the cart and she should have had the privacy screen on the EMAR when she was away from the medication cart. RN #6 said, it would be important to ensure the EMAR screen was closed so anyone who walked by would not be able to see RI #99's information.</p> <p>On 02/11/2024 at 5:27 PM Registered Nurse (RN) #7, the Unit Manager, was asked about EMAR screens when nurses were away from medication carts. RN #7 said, the privacy screen should be used when the nurse was away from the medication cart. RN #7 said, it would be important for the EMAR screen to be closed when the nurse was away from the medication cart to ensure resident's information was kept confidential. RN #7 said, RN #6 did not follow company policy.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34019</p> <p>Based on an interviews, resident record review, and review of the Centers for Medicare &amp; (and) Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, the facility failed to ensure Minimum Data Set (MDS) assessments were completed accurately to reflect care needs and services at the time the assessments were completed.</p> <p>Specifically:</p> <p>1) Resident Identifier (RI) #74's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 12/05/2024 documented RI #74 was receiving hospice services during the assessment period when RI #74 was not receiving hospice services; and</p> <p>2) RI #92's quarterly MDS assessment with an ARD of 01/03/2025 documented RI #92 was utilizing a trunk restraint during the assessment period when trunk restraints were not used for RI #92.</p> <p>These deficient practices affected RI #74 and RI #92, two of 35 sampled residents whose MDS assessments were reviewed.</p> <p>Findings include:</p> <p>Review of the Centers for Medicare &amp; Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.19.1, dated 10/2024, revealed the following:</p> <p>. SECTION O: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS</p> <p>Intent: The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received during the specified time periods.</p> <p>Hospice Care</p> <p>Code residents identified as being in a hospice program .</p> <p>SECTION P: RESTRAINTS AND ALARMS</p> <p>Intent: The intent of this section is to record the frequency that the resident was restrained . at any time during the day or night, during the 7-day look-back period.</p> <p>1) RI #74 was admitted to the facility on [DATE] and readmitted on [DATE], and had diagnoses to include Alzheimer's Disease and Anxiety Disorder.</p> <p>RI #74's Physician's Orders were reviewed and revealed an order dated 06/05/2024 that documented RI #74's hospice services were discontinued. Further review of RI #74's orders revealed RI #74 had not received hospice services after 06/05/2024.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RI #74's quarterly MDS assessment with an ARD of 12/05/2024 documented RI #74 was receiving hospice services during the assessment period.</p> <p>On 02/13/2025 at 1:23 PM the surveyor conducted an interview with the Licensed Practical Nurse (LPN)/Care Plan/MDS nurse. The MDS nurse said RI #74's hospice services had been discontinued in June of 2024. When asked why RI #74 was coded as receiving hospice services on the quarterly MDS assessment dated [DATE], the MDS nurse said, it was a coding error and the assessment was not an accurate assessment.</p> <p>21055</p> <p>2) RI #92 was admitted to the facility on [DATE] and readmitted on [DATE] and had diagnoses to include Muscle Weakness and Abnormalities of Gait and Mobility.</p> <p>On review of RI #92's quarterly MDS assessment with an ARD of 01/03/2025 RI #92 was coded as using a trunk restraint less than daily during the assessment period, when RI #92 did not use a trunk restraint.</p> <p>On 02/11/2025 at 11:53 AM RI #92 was observed sitting in his/her wheelchair and there was no trunk restraint observed being used.</p> <p>On 02/12/2025 at 9:19 AM RI #92 was observed in bed and there was no trunk restraint in use.</p> <p>On 02/13/2025 at 1:23 PM in a continued interview with the MDS nurse, the MDS nurse said, RI #92 did not use any type of restraint. The MDS nurse said, RI #92's 01/03/2025 quarterly MDS assessment was coded in error for a trunk restraint. The MDS nurse said, this would not be an accurate assessment. When asked why it would be important to ensure the residents' MDS assessments were accurate, the MDS nurse said, because MDS assessments reflect how residents were taken care of. The MDS nurse said, the inaccurate MDS assessments were errors.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34019</p> <p>Based on observations, interviews, and review of facility policies titled POLICY AND PROCEDURE ON LABELING AND DATING FOOD ITEMS and POLICY AND PROCEDURE CLEANING INSTRUCTIONS: HOOD (and) FILTERS, the facility failed to ensure the kitchen was maintained with food labeled and a clean environment on 02/10/2025 during the initial kitchen tour when the following observations were made:</p> <p>1) food items in dry storage and the freezer were not labeled with an opened and use by date;</p> <p>2) vents in the stove hood were not free of dust and grease like substance.</p> <p>This had the potential to affect 161 of 161 residents receiving meals from the kitchen.</p> <p>Findings include:</p> <p>1) An undated facility policy titled POLICY AND PROCEDURE ON LABELING AND DATING FOOD ITEMS documented: . ALL READY TO EAT FOODS THAT IS PREPPED IN FACILITY MUST HAVE LABEL THAT INCLUDES: NAME OF FOOD AND USE BY OR EXPIRATION DATE.</p> <p>On 02/10/2025 at 5:32 PM during the initial tour of the kitchen, observations were made with the Dietary Manager (DM). In the dry storage area a bag of coconut flake had no opened or use by date; a bag of artificial flavor gelatin dessert had an opened date of 01/06/2025 and no use by date; a bag of cinnamon sugar blend had an opened date of 10/31 with no year and no use by date. In the freezer, a bag of nine chicken patties had no opened date or use by date; a second bag of six chicken patties were open and had no opened or use by date; and seven chicken fingers in a bag had no opened or use by date; a bag of squash and a bag of garlic biscuits were open and had no opened or use by date.</p> <p>On 02/12/2025 at 04:04 PM an interview was conducted with the DM. The DM stated, the facility policy on labeling and dating was every item that was opened must be labeled with the name of the item, the date it was opened, and a use by date. The DM stated, items should be labeled and dated so staff would know it was out of date and needed to be discarded. The DM stated, undated food items can make people sick if the item was opened too long. The DM stated, any employee that opened an item was responsible for labeling and dating the item. When asked about staff being trained on labeling food, the DM stated, she reminded staff daily to label items. The DM stated, the coconut and cinnamon blend sugar in dry storage had no opened or use by date on it. The DM said, the items in the freezer not labeled and dated were breaded chicken patties, chicken fingers, and garlic biscuits. The DM said, the potential harm to residents when items were not labeled with opened and use by dates, was food could be stored too long and it could make residents sick.</p> <p>On 02/12/2025 at 04:31 PM an interview was conducted with the Registered Dietician (RD). The RD stated, items should be labeled so employees would know by what date to use the items. The RD stated, food items should be labeled with the food name, the date it was opened, and the expiration date. The RD stated, when food was not labeled with an opened and use by date it could be spoiled or grow bacteria.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2) An undated facility policy titled POLICY AND PROCEDURE CLEANING INSTRUCTIONS: HOOD (and) FILTERS documented: . POLICY STOVE HOOD AND FILTERS WILL BE CLEANED AT LEAST MONTHLY .</p> <p>On 02/10/2025 at 5:32 PM, during the initial tour of the kitchen, dust and a grease like substance was observed on the stove hood vents.</p> <p>On 02/12/2025 at 4:13 PM an interview was conducted with the DM. The DM stated, there was dust on the vents on 02/10/2025, when the surveyors came in the vents were dirty. The DM stated, the vents were dirty because it had been a couple of weeks since they were cleaned and it was a medium amount of dust on the vents. The DM stated, the facility policy on cleaning the vents was once a month. The DM stated, staff should run the vents through the dishwasher or take them outside and clean them. The DM further stated, it was important that the stove hood vents were cleaned so it would help with the smoke going up in the hood.</p> <p>On 02/12/2025 at 4:20 PM an interview was conducted with the RD who stated, it was important the stove vents were cleaned because particles could fall in the food and be a potential for contaminating the food. The RD stated, staff had been in-serviced on the danger of dust in the stove hood vents in the last six months. The RD stated, the vents were dirty on 02/10/2025 and they needed to be cleaned.</p>