

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Birmingham Nursing and Rehabilitation Ctr LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Dugan Avenue Birmingham, AL 35214	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29671</p> <p>Based on interviews, record review, review of the of facility policies ABUSE PREVENTION, and HUMAN RESOURCES MANAGEMENT POLICY AND PROCEDURES and the Alabama Department of Public health's (ADPH) Online Reporting System, the facility failed to ensure Resident Identifier (RI) #1 was free from misappropriation of funds from his/her personal funds.</p> <p>On 05/28/2024 the facility administrator was informed by the Business Office Manager (BOM) that RI #1 reported he/she had loaned Certified Nursing Assistant (CNA) #1 \$250.00, and he/she had not been paid back as intended on 05/24/2024 and that today CNA #1 had told him/her it would be June 7, 2024 before she could repay the loan.</p> <p>This was cited as a result of investigation of complaint/report number AL00048072, and affected one of three residents reviewed for misappropriation of resident property.</p> <p>Findings Include:</p> <p>Review of an undated facility policy ABUSE PREVENTION, documented POLICY: . The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to: facility staff . DEFINITIONS: g) Misappropriation of Resident Property: The deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent.</p> <p>Review of a facility policy HUMAN RESOURCES MANAGEMENT POLICY AND PROCEDURES with an effective date of July 1, 2003, documented POLICY: The company forbids acceptance of tips, gifts or loans from our residents or family members. Gifts are to be returned with an explanation that our policy does not permit their acceptance .Procedures .C. Employees may not purchase, offer to purchase or borrow belongings of residents or family members .E. Soliciting money from . residents . may result in disciplinary action up to and including termination.</p> <p>The ADPH Online Facility Report Incident dated 05/28/2024, identified . Incident Type .Other Facility Incidents . Narrative summary of Incident: . 05/28/2024 during a phone conversation with the Business Office Manager, RI #1 mentioned that he/she had loaned CNA # 1, \$250.00 and that she had not paid him/her back as intended on May 24, 2004 and that today she told him/her it would be June 7, 2024 before she could repay the loan.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 015217
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RI #1 was admitted to the facility on [DATE] with diagnoses of Sarcopenia. RI #1 was discharged from the facility on 05/22/2024.</p> <p>A review of Resident #1's five (5) day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/08/2024, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 14 of 15, indicating the resident was cognitively intact.</p> <p>On 06/10/24 at 3:40 PM during an interview with RI #1, the resident confirmed he/she lent CNA # 1 \$250.00. The resident said he/she called the Business office manager on 5/28/24 and reported the incident. The resident said he/she gave a statement and received the \$250.00 back on 5/28/24. The resident said he/she was trying to help the CNA out by loaning her the money and did not feel threatened when she asked him/her to borrow the money. The resident said he/she was satisfied with the outcome of the matter and was happy to have received the money back.</p> <p>On 06/10/24 at 4:55 PM during an interview with CNA #1, the CNA confirmed she borrowed \$250.00 from RI #1. CNA #1 said the resident had asked if he/she could do anything for her so she requested to borrow \$250.00. The CNA said she gave the facility \$250.00 on 05/28/24 and it was returned to the resident. The CNA said she was aware borrowing money from a resident was against the facility policy and she had been trained on the policy prior to borrowing the money from RI #1. The CNA confirmed as a result of the incident she was terminated from her position at the facility effective 05/28/24.</p> <p>On 06/10/24 at 4:45 PM during an interview with the administrator, the administrator said she became aware of the incident involving CNA # 1 and RI # 1 on 05/28/2024. The administrator said that an investigation was started, and the incident was reported to ADPH. The administrator said the investigation revealed that CNA # 1 borrowed \$250.00 from RI #1, and CNA # 1 was terminated from her position due to the incident.</p> <p>On 06/13/24 at 1:00PM, during an interview with the BOM, it was mentioned that the BOM had received a call from RI # 1 on 5/28/24 to discuss insurance changes following his/her discharge on 5/22/24. The BOM stated that at the conclusion of the call, RI # 1 informed her that a CNA had borrowed \$250.00 and had not repaid it. The BOM reported the incident, leading to an investigation. The BOM confirmed that the facility received the \$250.00 from CNA #1, and she personally visited RI # 1's residence on 05/28/24 to deliver the money, obtaining a signed receipt. The BOM noted that upon delivering the money to RI # 1, he/she appeared calm, appreciative, and satisfied with the outcome.</p> <p>This deficiency was cited as a result of complaint/report number AL00047985</p> <p>*****</p> <p>The facility took immediate actions to correct the non-compliance and prevent reoccurrence by:</p> <ul style="list-style-type: none"> - On 05/28/2024, RI # 1, a former resident who had discharged on [DATE], called the BOM to discuss his/her insurance. During the conversation, he/she mentioned that he/she had loaned CNA #1 money on 05/10/2024 and she had not paid it back on 05/24/2024. CNA # 1 told RI # 1 that it would be 06/07/2024 before it would be paid back. - A report was made to the Alabama Department of Public Health (ADPH) on 05/28/2024. <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - 5-day report completed and submitted to ADPH on 05/28/2024. - An A-HOC QAPI meeting was held on 05/28/2024. - Repayment of the loan was completed on 05/28/2024. - CNA #1 was terminated effective 05/28/2024. - Education for all staff, all departments was started on 05/28/24 on Tips, Gifts, Loans, and Abuse (Misappropriation). Completed 06/04/2024. - Education for residents and discussion at the next two resident council meetings (June, July) on Tips, Gifts, and Loans. (Determine if any further events have occurred). Interview residents who do not attend council meetings on 6/4, 6/13, 6/20, and after July council meeting. ongoing. - Report findings of 6/4 resident council meeting to monthly QAPI. Completed 6/7/24. - Report findings of July resident council meeting to monthly QAPI in July. Dates to be determined, Ongoing. - Compliance has been met no further concerns identified. <p>*****</p> <p>After review of documentation supporting the above corrective actions, including the facility's investigation file, and in-service/education records, the surveyor verified the facility implemented corrective actions including monitoring that began 05/28/2024, thus F602 was cited at past non-compliance.</p>