

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  03/26/2025
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 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** 41928</b></p> <p>Based on interviews, record review, review of a facility policy titled ABUSE PREVENTION, review of a Facility Reported Incident (FRI) submitted by the facility to the State Agency, and review of the facility's investigative file, the facility failed to ensure Resident Identifier (RI) #3 and RI #4 were free from physical abuse.</p> <p>On 01/26/2025, Certified Nursing Assistant (CNA) was transferring RI #3 back to the room when RI #4 hit RI #3 and they got into a physical altercation.</p> <p>This deficient practice affected RI #3 and RI #4, two of four residents sampled for abuse.</p> <p>This deficiency was cited as a result of the investigation of complaint/report number AL00050195.</p> <p>Findings include:</p> <p>A review of an undated facility policy titled, ABUSE PREVENTION, revealed:</p> <p>POLICY: The facility is committed to protecting the residents from abuse by anyone including, but not limited to: . other residents .</p> <p>DEFINITIONS:</p> <p>a) Abuse: Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse may be resident to resident, .</p> <p>d) Physical Abuse: This includes but is not limited to hitting, slapping, pinching and kicking.</p> <p>RI #3 was admitted to the facility on [DATE] with diagnosis to include Depression, Generalized Anxiety Disorder, Adjustment Disorder with Depressed Mood, and Pseudobulbar Disorder.</p> <p>RI #3's Admission Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 12/11/2024 indicated that RI #3 had a Brief Interview for Mental Status (BIMS) of 14 of 15 which indicated that RI #3 was cognitively intact.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RI #4 was admitted to the facility on [DATE] with diagnosis to include Bipolar and Depression.</p> <p>RI #4's Admission MDS assessment with an ARD of 12/10/2024, indicated RI #4 had a BIMS of 11 of 15 which indicated that RI #4 was cognitively intact.</p> <p>On 01/26/2025 at 6:39 PM the facility submitted a FRI to the State Agency that alleged physical abuse had occurred between RI #3 and RI #4. The report indicated RI #3 going back in his/her room from the dining room. RI #4 was on RI #3's side of the room adjusting heat unit and RI #3 hit RI #4 on both forearms.</p> <p>A review of the facility's signed investigation summary dated 01/31/2025, documented, (CNA #4) was the only witness to the incident. (CNA #4) took (RI #3) via wheelchair to room . (RI #3) noticed that (RI #4) had a bag on (his/her) bed that had potato chips sticking out the top. (RI #3) asked if they were (his/hers) and grabbed at the bag. (RI #4) hit (RI #3) on the R (right) shoulder. (RI #3) started slapping back . CNA (#4) separated the residents and called for the charge nurse.</p> <p>On 03/24/2025 at 4:21 PM, an interview was conducted with RI #4 who said his/her previous roommate cursed him/her. RI #4 stated RI #3 beat him/her up with his/her good hand. RI #4 stated a nurse had to come and get RI #3 off him/her and the police had to be called. RI #4 stated after the incident he/she was moved another room.</p> <p>On 03/25/2025 at 5:49 PM an interview was conducted with RI #3 who stated he/she got into a fight with his/her previous roommate because the roommate was in his/her snacks. RI #3 stated the nurse stopped them. RI #3 stated the facility sent him/her out and moved RI #4.</p> <p>On 03/25/2025 at 4:25 PM, an interview was conducted with CNA #4. She stated the altercation happened when RI #3 noticed his/her chips hanging out of RI #4's bag. He/she asked RI #4 if he/she had his/her chips and went to take the chips when he/she was going past the bed. RI #4 hit RI #3 and RI #3 hit back. CNA #4 said she called for the nurse.</p> <p>On 03/26/2025 at 10:01 AM, an interview was conducted with the Administrator regarding the incident. The Administrator stated RI #3 thought RI #4 had his/her bag of chips and attempted to grab them. RI #4 hit RI #3 and they started hitting each other. The Administrator stated the facility's investigation determined the residents made contact by hitting each other on the arms.</p> <p>During the interview on 03/26/2025 at 10:01 AM, the Administrator stated interventions that were implemented was RI #4 was moved permanently, both residents were seen by Integrated Behavior Health (IBH), care plans were updated, RI #3's Celexa was increased due to mood changes, urinalysis was obtained for both residents, staff were educated on how to recognize behaviors that were potential dangers to others and abuse training, and monitoring of all residents behaviors for potential dangers to others.</p> <p>*****</p> <p>The facility implemented the following corrective actions:</p> <p>- 01/26/2025, RI #3 and RI #4 separated</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 01/26/2025, Body audits of both RI #3 and RI #4, No injury noted.</p> <p>- 01/26/2025, RI #3 sent out to emergency room for psych evaluation. resident returned to facility no new orders.</p> <p>- 01/26/2025, RI #3 placed on 1:1 until seen by Integrated Behavior Health (IBH).</p> <p>- 01/26/2025, RI #4 room change</p> <p>- 01/26/2025, Medical Doctor and Representatives notified.</p> <p>- 01/26/2025 Emergency QAPI</p> <p>- 01/27/2025, RI #3 Urinalysis completed -Negative</p> <p>- 01/28/2025, RI #4 Urinalysis completed -Positive for UTI, Nitrofurantoin 100 mg ordered.</p> <p>- 01/27/2025- 02/07/2025, employee training on Recognizing and reporting Behaviors that may cause inappropriate resident to resident interactions/Abuse Prevention.</p> <p>- 01/27/2025, RI #3 and RI #4 care plans updated to include Resident Physically aggressive to peers.</p> <p>- 01/30/2025, RI #3 and RI #4 seen by IBH</p> <p>- 01/27/2025, Audits of Behavior Monitoring sheets for 5 weeks by social service. Administrator will review for completeness and accuracy.</p> <p>*****</p> <p>Upon review of the facility's corrective actions, it was determined the facility implemented changes with newly developed and ongoing monitoring to effectively prevent re-occurrence following the incident of resident-on-resident abuse that occurred on 01/26/2025. The facility is in compliance with F600. Correction date 02/07/2025.</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41928</p> <p>Based on interviews, medical record review and review of a facility policy titled, Behavior Management and Psychopharmacological Medication Monitoring Protocol, review of Facility Reported Incidents (FRIs) received by the Alabama State Survey Agency, and review of the facility's investigative file, the facility failed to ensure appropriate interventions were developed to manage Resident Identifier (RI) #2's wandering behaviors and ensure residents' safety.</p> <p>This deficient practice affected RI #2, one of four residents sampled for behaviors.</p> <p>This deficiency was cited as a result of the investigation of complaint/report number AL00049492.</p> <p>Findings include:</p> <p>A review of the Facility's policy titled, Behavior Management and Psychopharmacological Medication Monitoring Protocol, with a date of revision date of 2/25, documented, .</p> <p>PURPOSE: Residents with behaviors that are displayed routinely, that effect the resident's psychosocial well-being or that of other residents, or behaviors that can have potential for harm to self or others will be assessed with the development of a behavior program.</p> <p>DEFINITIONS: .</p> <p>Behavioral Interventions are the individualized non-pharmacological approaches to care that are provided as part of a supportive physical and psychosocial environment, and are directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities as well as maintaining or improving a resident's mental, physical or psychosocial well-being.</p> <p>PROCEDURE: .</p> <p>2. Established resident with new onset of adverse behaviors: .</p> <p>f) The Interdisciplinary Care team will update the care plan to include problem behavior, goals and approaches .</p> <p>RI #1's Minimum Data Set (MDS) assessment with an Annual Reference Date (ARD) of 01/21/2025 indicated RI #1 had a Brief Interview for Mental Status (BIMS) of 11 of 15 which indicated that RI #1 had intact cognition.</p> <p>RI #2 was admitted to the facility on [DATE] with diagnosis to include Dementia without Behaviors, Alzheimer's Disease with late onset, Adjustment Disorder with Anxiety, and Mood Disorder due to Physiological Condition with Depressive Features.</p> <p>(continued on next page)</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RI #2's Quarterly MDS assessment with an ARD of 08/21/2024 indicated RI #2 had a BIMS of 2 of 15 which indicated that RI #2 had severely impaired cognition.</p> <p>A review of RI #2's care plan documented Focus Resident has behavior wandering into other resident's room . Date Initiated: 09/17/2024 . Goal The resident's safety will be maintained through the review date. Date Initiated: 09/17/2024 . Interventions . Monitor resident behavior and document. Date Initiated: 09/17/2024 .</p> <p>The facility's signed investigative summary dated 11/06/2024 documented, (CNA (Certified Nursing Assistant) #4) stated (RI #1) was yelling. She entered the room and noted (RI #2) standing to the right side and near the head of (RI #1)'s bed. (RI #1) stated that (RI #2) had entered (his/her) room from the bathroom. (RI #1) stated (he/she) had been yelling at (RI #2) to go back the other way and that (RI #2) had slapped (him/her) on the forehead. (RI #2 and RI #1's room) share a bathroom. (RI #2) had entered (RI #1)'s room after using the bathroom. (RI #2) immediately did not remember the incident. (RI #1) stated (he/she) yelled and pushed against (RI #2) to prevent (RI #2) from getting in (his/her) bed. (RI #1) also stated that (he/she) did not think (RI #2) meant to hit (him/her) forehead, that (RI #2) might have stumbled as (RI #1) pushed (his/her) hand away.</p> <p>A review of Investigative File, included a witness statement from RI #1. The statement was dated for 10/31/2024 at 10:05 AM. The statement documented, Q: can you tell me what happened last night? A: yes, . did not mean any harm. (He/she) came out of the bathroom the wrong way and tried to get in bed with me. I tried to push (him/her) away and (he/she) slapped me. (He/she) did not mean any harm though.</p> <p>On 03/24/2025 at 4:10 PM, an interview was conducted with RI #1. RI #1 stated he/she never had a problem with another resident while at the facility and if he/she did, RI #1 would tell the Administrator. RI #1 said he/she had never been hit by another resident.</p> <p>An interview was conducted with Licensed Practical Nurse (LPN) #5 on 03/25/2025 at 3:06 PM. LPN #5 stated she recalled RI #2 had two episodes of wandering into other residents' room. The one incident with RI #1 and another one about six weeks before that one. LPN #5 stated the night RI #2 wandered into RI #1's room, she was called to assist. LPN #5 stated she separated the two and conducted an assessment. LPN #5 said RI #2 was confused wandered into RI #1's room thinking that was his/her bed and tried to get in the bed. LPN #5 stated interventions implemented after the incident were observing resident more frequently and taking resident to the bathroom.</p> <p>An interview was conducted with CNA #4 on 03/25/2025 at 4:25 PM. CNA #4 stated RI #2 got confused a lot. CNA #4 stated the bathroom doors confused him/her. CNA #4 stated RI #2 would go in one door and go out the other door. CNA #4 stated when she got in the room RI #2 was standing over RI #1. CNA #4 stated she explained to RI #2 that he/she walked into the wrong room and took RI #2 back into his/her room and put to bed. CNA #4 stated the incident was reported to charge nurse then Administrator.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/26/2025 at 10:01 AM an interview was conducted with the Administrator regarding the incident. The Administrator said that RI #2 had entered the room and RI #1 told RI #2 to get out. The Administrator said staff heard the yelling and the residents were separated and assessed no injury noted. The Administrator stated RI #2 had previous wandering behaviors and had to be redirected back to his/her room. The last incident of wandering was documented on 09/17/2024. When asked if the interventions implemented on 09/17/2024 were effective, the Administrator stated not necessarily, that was why the facility had a Plan Do Study Act (PDSA). When asked how was the facility was monitoring RI #2, the Administrator stated staff just keeping a closer eye on RI #2 and watching where he/she was going. The Administrator stated, it was a concern when residents with behaviors that had a potential to harm to other residents were not monitored which could lead to incidents of abuse.</p> <p>*****</p> <p>The facility implemented the following corrective actions:</p> <p>10/30/2024 - Residents immediately separated. RI #2 assisted back to his/her room. One-on-One supervision provided until assessed by Integrated Behavioral Health (IBH) assessed on 10/31/2024.</p> <p>10/30/2024 - Body Audits conducted revealed no injuries.</p> <p>10/30/2024 - MD notified. RI #1 assessed, and he/she felt safe.</p> <p>10/31/2024 -Investigation started</p> <p>10/31/2024- Stop sign place on RI #1's door and RI #2's name placed on their door (inside bathroom).</p> <p>10/31/2024 -Trauma assessment for RI #2</p> <p>10/31/2024-Behavior meeting regarding RI #2 with care plan updates. Labs completed. RI #2 positive for Urinary Tract Infection; treatment started.</p> <p>10/31/2024- QAPI reviewed incident and response. Plan Do Study Act. Behavior Monitoring and Intervention Report Audit by Social Services/ADM/Nurse Management 5 times per week for 2 weeks, 3 times a week for 2 weeks, and then weekly. ADM monitor audits. Any behaviors noted on the audit to have the potential to harm either resident will be reported to the ADM and Interdisciplinary team to determine interventions needed. QAPI will review November, December, and January 2025 for monitoring.</p> <p>11/10/2024 - Education completed with all staff on Behavior Policy to include that all behaviors were potentially harmful to other residents should have immediate intervention.</p> <p>11/10/2024- Education completed with all staff on Abuse Policy</p> <p>*****</p> <p>Upon review of the facility's corrective actions, it was determined the facility had implemented corrective actions from 10/30/2024 through 11/10/2024 with newly developed and ongoing monitoring to effectively prevent re-occurrence. The facility is in compliance with F740.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41928</b></p> <p>Based on observations, interviews, and facility policies titled Procedure for Infection Control for Laundry Department, and CONTACT PRECAUTIONS, the facility failed to ensure:</p> <p>1)The north hall clean linen closet was clean and free from contaminants.</p> <p>This deficient practice had the potential to affect one of two linen closets observed.</p> <p>2) Resident's laundry was handled in a manner to prevent the spread of infection.</p> <p>This deficient practice had the potential to affect 129 of 129 residents in the facility.</p> <p>3) A staff member implemented Enhanced Barrier Precautions as indicated when providing care to Resident Identifier (RI) #8.</p> <p>This deficient practice affected Resident Identifier (RI) #8, one of one resident reviewed for transmission-based precautions.</p> <p>Findings include:</p> <p>1) On 03/24/2025 at 11:51 AM, surveyor observed north hall linen closet. Surveyor observed five used dirty gloves around the closet, used tissues on both the floor and shelves, hair tracks on the floor, and hair on three PPE gowns.</p> <p>On 03/24/2025 at 12:02 PM, an interview was conducted with the Infection Preventionist (IP) during an observation of the north hall linen closet. The IP stated she saw trash on the floor, linen balled up, dirty gloves, lift pads that should be in bags, pillow that need to be in bags, hair tracks, a resident's leg brace that should not be in there, gloves in the corner, and hair on gowns. The IP said she could not tell if the items were dirty or clean. The IP stated, it looked like a nightmare in there and the closet looked that way every Monday. The IP stated the concern of the linen closet being in that condition was everything was contaminated.</p> <p>2) Review of an undated facility's polity titled, Procedure for infection Control for Laundry Department, revealed, . When handling clean linen, all laundry employees will: .</p> <p>not allow linen to touch their uniform or body .</p> <p>Wear gloves and gowns during separation of laundry and folding laundry .</p> <p>Our goal is to ensure that the facility has a consistent access to clean linen .</p> <p>On 03/24/2025 at 12:16 PM, surveyor observed, the Floor Tech (FT) assisting with folding residents' laundry. During the observation the FT was folding residents' personal clothing items with the clothing items contacting his body and clothing.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/24/2025 at 12:28 PM, an interview was conducted with the FT. He stated when folding clothes the clothing should not touch staff's body or clothing. The FT stated the concern of clean laundry touching his body or clothing was cross-contamination.</p> <p>On 03/25/2025 at 11:08 AM, an interview was conducted with the Housekeeping Supervisor. She stated the concern of staff allowing clean linen to come in contact with their clothing was cross-contamination.</p> <p>39580</p> <p>3) A review of an undated facility policy titled, CONTACT PRECAUTIONS, revealed:</p> <p>POLICY:</p> <p>Contact Precautions are a transmission based precaution that will be utilized to reduce the risk if transmission of epidemiologically important micro-organisms by direct or indirect contact .</p> <p>DEFINITION: .</p> <p>B. Enhanced Barrier Precautions expands the use of PPE (Personal Protective Equipment) beyond situations in which expose to blood or body fluids is anticipate(d), refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs (Multi-Drug Resistant Bacterias) to staff hands and clothing.</p> <p>EQUIPMENT:</p> <p>1. Door sign that reads Contact Precautions .</p> <p>PROCEDURE: .</p> <p>3. Apply protective equipment as indicated upon entering the room .</p> <p>The facility's door sign for EBP stated:</p> <p>ENHANCED BARRIER PRECAUTIONS . STOP . PROVIDERS AND STAFF MUST ALSO: . Wear gloves and a gown for the following High-Contact Resident Care Activities. Transferring</p> <p>Changing Linens .</p> <p>RI #8 was admitted to the facility on [DATE]. RI #8 had diagnoses that included Pressure Ulcer of Right Hip, Stage 4; Pruritus; and Disorder of the Skin and Subcutaneous Tissue.</p> <p>A review of RI #8's physician orders revealed an order dated 01/23/2025 for . ENHANCED BARRIER PRECAUTIONS DUE TO WOUND . The orders also contained an order for wound care to be provided for . PRESSURE ULCER OF RIGHT HIP, STAGE 4 .</p> <p>(continued on next page)</p>		

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