

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  06/26/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47408</b></p> <p>Based on observations, interviews, and resident record review, the facility failed to ensure Resident Identifier (RI) #26's nebulizer mask was in a storage bag and dated. This affected RI #26, one of two residents sampled for Respiratory Care.</p> <p>Findings include:</p> <p>RI #26 was admitted to the facility on [DATE] with diagnoses to include: Chronic Obstructive Pulmonary Disease.</p> <p>RI #26's June 2024 Electronic Medication Record documented Albuterol 2.5 mg (milligrams)0.5 ml (milliliters) could be given every six hours as needed.</p> <p>On 06/23/2024 at 3:40 PM RI #26 was observed with the nebulizer at the bedside not covered, and no date on the tubing.</p> <p>On 06/24/2024 at 11:12 AM RI #26's nebulizer was observed at the bedside uncovered and no date on the tubing.</p> <p>On 06/24/2024 at 5:40 PM Licensed Practical Nurse (LPN) #3 was asked about nebulizer masks and tubing. LPN #3 said, there was no date on the nebulizer tubing, it should be changed and dated on Wednesday on the 11 to 7 shift. LPN #3 said, the facility could verify the tubing was changed by dating a piece of tape and putting it around the tubing, it was to be done weekly. LPN #3 said, the mask should be covered when not in use and the cover should be dated. LPN #3 said, the concern of not dating the nebulizer tubing or storage bag was the growth of bacteria.</p> <p>On 06/24/2024 at 5:50 PM the Director of Nursing (DON) was asked about nebulizers and masks. The DON said, there was no date on the nebulizer tubing, and it should be changed and dated weekly every Wednesday. The DON said, the facility verified the tubing was changed by the QA (Quality Assurance) nurse checking it. The DON said, the nebulizer mask should be covered when not in use and the cover should be dated. The DON stated, the concern with the nebulizer tubing not dated was not knowing when it was last changed and the concern with the nebulizer mask not covered was germs and bacteria.</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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