

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  015402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  El Reposo Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  260 Milner Chapel Road Florence, AL 35634	

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 - Immediate jeopardy to resident health or safety</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 reviews, the facility's policy titled, Compliance with Reporting Allegations of Abuse/Neglect/Exploitation, Facility Reported Incidents (FRIs) received by the Alabama State Survey Agency, and the facility's investigative files, the facility failed to protect residents' right to be free from sexual perpetrated another other residents.</p> <p>On 02/24/2024, Certified Nursing Assistant (CNA) #8 entered Resident Identifier (RI) #40's room and saw RI #212 in the room leaned over RI #40 whose shirt was pulled up. RI #212's face near RI #40's breast. CNA #8 said it appeared that RI #212's mouth was on RI #40's breast. The residents were immediately separated, and redness was noted to RI #40's breast.</p> <p>It was determined the facility's noncompliance with one or more requirements of participation had cause, or was likely to cause, serious injury, harm, impairment, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.12 Freedom from Abuse, Neglect and Exploitation.</p> <p>On 07/03/2024 at 6:46 PM, the Administrator, the Director of Nursing/Director of Nursing Services, were provided the IJ template and notified of the findings at the immediate jeopardy level and substandard quality of care in the area of Freedom from Abuse, Neglect, and Exploitation at F 600-Free from Abuse and Neglect.</p> <p>The IJ began on 02/24/2024 and conti ued until 03/01/2024 when the facility implemented corrective action to correct the identified deficient practice and prevent reoccurrence.</p> <p>This deficiency was cited as a result of a Facility Reported Incident, complaint/report number AL00047084.</p> <p>The survey team applied the reasonable person concept to determine scope and severity.</p> <p>Findings include:</p> <p>A review of the facility's policy titled, Compliance with reporting Allegations of Abuse/Neglect/Exploitation, with a revised date of 06/04/2021, revealed:</p> <p>. Compliance Guidelines:</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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility must develop and operationalize policies and procedures for . protection of residents and for the prevention .</p> <p>The purpose is to assure that the facility is doing all that is within its control to prevent occurrences.</p> <p>4. Identification: The facility will identify events, occurrences, patterns and trends that may constitute: .</p> <p>b. Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes . sexual abuse, physical abuse, .</p> <p>ii. Sexual Abuse is the non-consensual sexual contact of any type with a resident.</p> <p>iii. Physical Abuse includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment.</p> <p>RI #40 was admitted to the facility on [DATE] and had diagnoses that included Alzheimer's Disease and Dementia.</p> <p>A Review of RI #40's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/21/2023, indicated RI #40's Brief Interview Mental Status (BIMS) was one of 15, which indicated the resident was severely cognitive impaired.</p> <p>RI #212 was admitted to the facility on [DATE] and had diagnoses that included Dementia.</p> <p>A Review of RI #212's Significant Change MDS with an ARD of 12/28/2024, indicated RI #212's BIMS was four of 15, which indicated the resident was severely cognitive impaired.</p> <p>The Alabama Department of Public Health Online Incident Reporting System Report dated 02/24/2024 at 3:02 PM, documented:</p> <p>. Narrative summary of incident:</p> <p>(RI #22) resident had (his/her) call light on and told (CNA #8), that (RI #212) had been in (RI #40)'s room for a long time with the door shut. Certified Nursing Assistant (CNA #8), . went across the hall as fast as she could and (RI #212) was leaned over (RI #40) and had (RI #40's) shirt pulled up with (his/her) mouth on (RI #40's) breast. (CNA #8) immediately yelled for (him/her) to stop . (CNA #10) and (CNA #8) immediately got (RI #212) out of the room. When (CNA #8) was walking down the hall with (RI #212), (He/she) stated, (He/She) was trying to get a good licking. (RI #40) looked scared. Abuse Coordinator informed. Both families, (Medical Director), (Administrator) and (Certified Registered Nurse Practitioner), with . Behavioral Health, and Ombudsman will be made aware . (local law enforcement) made aware.</p> <p>The undated facility's incident summary documented:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>. Allegation:</p> <p>On 02/24/2024, at approximately 2:00 PM, (CNA #8) opened (RI #40)'s door to find (RI #212) standing in front of (RI #40) who was sitting in (his/her) recliner. (RI #40)'s shirt was pulled up which exposed (his/her) breast. (RI #212) was bent over with (his/her) hands on the arms of (RI #40)'s recliner. CNA's view of scene was (RI #212)'s back side and (RI #40) facing her. From the view of CNA, it appeared that (RI #212) had (his/her) mouth on (RI #40)'s breast area.</p> <p>Immediate Action Taken: .</p> <p>(Licensed Practical Nurse (LPN) #6) performed skin assessment on (RI #40) and noted . a slightly small, reddened area on (his/her) right breast area.</p> <p>Conclusion of Investigation: After investigating the allegation, the abuse committee has concluded that (RI #212) was sexually inappropriate toward (RI #40) and therefore, sexual abuse was substantiated.</p> <p>The facility's investigative file included a handwritten and signed statement from CNA #8 that included: . (RI #212) was leaned over (RI #40) with (his/her) mouth on (RI #40)'s breast . (RI #212) said he/she was trying to get a good licking. (RI #40) looked scared.</p> <p>On 07/03/2024 at 5:31 PM, RI #40 was observed in his/her room and an interview was attempted. RI #40 was non-interviewable.</p> <p>An interview was conducted with RI #22 on 07/03/2024 at 5:37 PM. RI #22 stated he/she pressed the call light to inform staff that RI #212 had went into RI #40's room. RI #22 stated he/she knew something was going on and knew RI #40 could not defend himself/herself.</p> <p>A telephone interview was conducted with CNA #8 on 07/03/2024 at 4:02 PM. CNA #8 stated she answered a call light from another resident who informed her that RI #212 had went into RI #40's room and closed the door. CNA #8 stated when she walked in the room, she saw RI #40 in the recliner and RI #212's hands were on RI #40's chair and RI #212 was leaned over RI #40 with his/her face close to RI #40's right breast. She stated she intervened and then removed RI #212 from room. CNA #8 stated RI #40 had his/her mouth open like he/she was in shock. She stated RI #212 stated he/she was trying to get a licking. CNA #8 stated a reasonable person in this situation would be scared.</p> <p>An interview was conducted with the Administrator on 07/03/2024 at 2:34 PM. The Administrator stated she was told that RI #212 was found in RI #40's room. RI #212 was bent over RI #40. RI #40's shirt was up. The Administrator stated RI #40 had a slight redness to the chest area like the skin had been touched. The Administrator stated the abuse committee concluded that RI #212 was sexually inappropriate with RI #40, therefore sexual abuse was substantiated. The Administrator stated RI #40 was not capable to give consent to sexual interactions and stated a reasonable person would feel fearful if this happened to him/her.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A telephone interview was conducted with Registered Nurse (RN) #4 on 07/03/2024 at 3:08 PM. RN #4 stated CNA #8 told her what happened, and they escorted RI #212 out of the room and assessed RI #40. RN #4 stated RI #40 had a look of surprise on his/her face. RN #4 stated RI #40 had a reddened area on the top of the right breast. RN #4 stated a reasonable person would have been angry if this incident had happened to him/her.</p> <p>A telephone interview was conducted with RI #40's daughter. She stated that she was informed RI #212 came into RI #40's room and lifted RI #40's shirt and was thought to be kissing RI #40's breast, which startled RI #40. She stated RI #40 would have been frightened and scared if he/she did not have Dementia and was his/her normal self.</p> <p>*****</p> <p>The facility took immediate action following the incident that occurred on 02/24/2024 that included:</p> <p>CNA #8 immediately intervened and separated RI #212 and RI #40.</p> <p>RI #212 was placed on 1:1 until discharged to a Geri-psych facility on 02/28/2024.</p> <p>RI #40 was assessed for injury. A small, reddened area was noted on RI #40 's breast. The resident was assessed the following two days and no injury was noted.</p> <p>The abuse coordinator was notified, and incident reported to residents' family/sponsors, Medical Director, ADPH, ombudsman, and local law enforcement</p> <p>The facility investigated the incident and substantiated sexual abuse.</p> <p>On 02/27/2024 through 03/01/2024 all staff were educated on Abuse to include wandering residents and sexually inappropriate behaviors.</p> <p>On 02/29/2024 the QA Committee reviewed the incident.</p> <p>On 2/28/24, The facility began monitoring residents for signs of potential abuse by documenting each behavior exhibited and weekly subcommittee meetings to review all behaviors and interventions. Interventions were changed as needed. If something immediate arises, Administrator, Abuse coordinator, Medical Director is to be notified.</p> <p>*****</p> <p>Upon review and verification of the information provided in the facility's corrective action plan, in-service/education records, Sub-Committee Meetings minutes and the facility's investigation, as well as staff interviews, the survey team determined the facility implemented corrective actions from 02/24/2024 to 03/01/2024, with on-going monitoring implemented; thus, immediate jeopardy past noncompliance was cited.</p> <p>*****</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>41928</p> <p>Based on observations, interviews and the facility's policy titled, Labeling and Dating Foods (Date Marking), the facility failed to ensure out of date food was discarded on 06/30/2024 during the initial kitchen observation.</p> <p>This had the potential to affect 57 of 57 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>A facility's policy titled, Labeling and Dating Foods (Date Marking), documented, . Procedure: . 2. Date marking for refrigerated storage food items .</p> <p>*Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines .</p> <p>4. Prepared food or opened food items should be discarded when:</p> <p>*The food items does not have a specific manufactured expiration date and has been refrigerated for 7 days</p> <p>*The food items is leftover for more than 3 days</p> <p>*The food item is older than expiration date .</p> <p>On 06/30/2024 at 4:20 PM, an initial kitchen tour was conducted with the Dietary Manager (DM). An observation was made of a quart of buttermilk with a use by date of 06/29/2024, a Ziploc or re-sealable bag of bologna with a use by date of 06/29/2024, a Ziploc bag of Deli Turkey with a use by date of 06/27/2024 and a Ziploc bag of Deli Smoked Ham with a use by date of 06/29/2024 in the reach in cooler.</p> <p>During the initial kitchen tour conducted on 06/30/2024 at 4:20 PM, an interview was conducted with the DM. The DM stated the quart of buttermilk, Ziploc bags of bologna, Deli Turkey and Deli Smoked Ham, should have been discarded by the used by date on the label. The DM admitted these items should not have been in the cooler. The DM stated the concern of having these items in the cooler after the use by date was the items could be used when they were possibly unsafe.</p>		