STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015372	A. BUILDING ______ B. WING ______	08/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY HEALTH CARE AND REHABILITATION CENTER	**2061 POOLE DRIVE, NW HUNTSVILLE, AL 35810**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS From 8/27/19 to 8/29/19, a recertification survey was conducted in conjunction with the investigation of complaint/report number AL00036408. No deficiencies were cited as a result of the investigation of complaint/reportnumber AL00036408. Regency Health Care and Rehabilition Center is not in substantial compliance with 42 CFR Part 483 Health Standard Requirements for Long Term Care Facilities.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F 550		9/27/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 09/20/2019

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.

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F 550	Continued From page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interviews, resident record review and review of a facility policy titled "Dignity", the facility failed to ensure Resident Identifier (RI) #50's dignity was maintained during care. RI #50 reported to the surveyor that he/she was rushed to complete tasks during care which resulted in RI #50 feeling unimportant. This deficient practice affected RI #50, one of 20 sampled residents. Findings include: Review of a facility policy titled "Dignity" with a review date of 2019, revealed the following: "STANDARD: According to federal regulations, the facility must promote care for residents in a manner, and in an environment, that maintains or enhances each resident's dignity, and respect, in full recognition of his or her individuality. Dignity means that in their interactions with residents, staff carry out activities, which assist the resident	F 550	This plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. F550 Resident Rights/Exercise of Rights 1. On 08/30/2019 RI #50's ADL care plan was updated to reflect his/her preference for ADL care to be provided at their individual preferred pace. 2. On or before 09/25/2019, the administrator or designee will conduct interviews with 100%of the residents in this facility, to determine if any other	

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F 550 Continued From page 2

to maintain and enhance his/her self-esteem and self worth. ... Respecting resident's social status, speaking respectfully, listening carefully, treating residents with respect ..."

RI #50 was admitted to the facility on 7/12/2019 with a diagnosis of Parkinson's Disease.

Review of RI #50's five day Minimum Data Set (MDS) assessment with an Assessment Reference Date of 7/19/19 revealed RI #50 had a BIMS (Brief Interview for Mental Status) score of 15 which indicated RI #50 had intact cognitive skills for daily decision making. RI #50 also required extensive assistance of one person physical assistance with bed mobility, transfer, dressing, toilet use, and personal hygiene.

Review of Occupational Therapy notes revealed a COTA (Certified Occupational Therapy Assistant) Employee Identifier (EI) #1, worked with RI #50 on 8/26/19.

On 8/27/19 at 4:13 PM RI #50 told the surveyor, some Certified Nursing Assistants (CNA)s can be impatient and RI #50 said he/she could not move as fast as they wanted him/her to move. RI #50 said, he/she reported this to an occupational therapist, who was checking into the concern. RI #50 said, he/she asked one CNA why she was angry and the CNA replied to RI #50, she was not angry she was just in a hurry. RI #50 said, it made him/her feel like he/she was not very important because the staff were in such a hurry.

On 8/29/19 at 8:40 AM EI #1 Certified Occupational Therapy Assistant (COTA), was asked who she was to report to if a resident made a complaint. EI #1 said, the Rehab Director

F 550

residents feel as though their ADL care is not being provided at their individual preferred pace. For residents that are unable to answer the survey for themselves, the resident's responsible party will be contacted. All residents who feel they require care at a different pace than currently provided, will have their care plans updated to reflect their individual preferences.

3. On or before 09/27/2019, all staff will be educated on this facility's dignity policy. Any staff members returning to work or hired after 09/27/2019, will be educated prior to returning for their next scheduled shift.

4. The administrator or designee will conduct additional interviews for the next twelve (12) weeks, starting the week of 09/30/2019, to determine if the resident’s rights and preferences are being honored. The first four (4) weeks will include three (3) interviews per week. The following four (4) weeks will include two (2) interviews per week. And the final four (4) weeks will include one (1) interview per week. Interviews will consist of cognitively intact residents as well as responsible parties. This plan of correction will be monitored in the monthly QAPI meetings for three (3) months.

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F 550	Continued From page 3 EI #3. EI #1 was asked if RI #50 ever voiced concerns or made a complaint to her. EI #3 said, RI #50 had mentioned that the care givers rushed him/her. When asked what she said, to RI #50, EI #1 said, she told RI #50 about the care givers having a lot of people to see. When asked what she did with that information that they were rushing RI #50, EI #1 replied, she did not do anything. When asked if she reported it to EI #3, EI #1 replied, no. When asked why she did not report to EI #3, EI #1 said, she did not think it was a huge concern. When asked what was done differently since RI #50 reported to her that he/she felt rushed, EI #1 said, she did not know of anything. On 8/29/19 at 11:02 AM EI #3, Rehab Director was asked if anyone, including EI #1 reported to her about RI #50 feeling rushed with care. EI #3 said, no. On 8/29/19 at 11:56 AM, EI #4 Director of Nursing was asked who should be informed if a resident voiced concerns to EI #1 the COTA, about a CNA rushing the resident. EI #4 said, they were good about letting her know. When asked if she was informed that RI #50 voiced a concern of being rushed by a CNA, EI #4 said, no. When asked what should have been done with that information, EI #4 replied, it would have been helpful if EI #1 had reported it and RI #50 could have received follow up. When asked what the potential harm was for RI #50 if staff did not report such concerns timely, EI #4 said, RI #50 may not have the greatest experience at the facility. When asked what would be done to provide staff with information to better meet RI #50's needs, EI #4 said, inservice and educate CNAs and the staff taking care of RI #50, that	F 550		

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F 550	Continued From page 4 due to RI #50's disease process, RI #50's movements may be a little slower.	F 550		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interview and review of Resident Identifier (RI) #83's record, the facility failed to ensure RI #83's Minimum Data Set (MDS) admission assessment, section J was accurately completed on 8/6/19 for falls with major injury. This affected RI #83, one of two residents reviewed for falls. Findings include: RI #83 was admitted to the facility on 7/30/19. Review of RI #83's admission Minimum Data Set (MDS) assessment with an Assessment Reference date of 8/6/19 revealed RI #83 had a fall with major injury since admission or reentry or a prior assessment. On 8/28/19 at 2:56 PM Employee Identifier (EI) #6 Licensed Practical Nurse/MDS coordinator, was asked about RI #83's MDS on section J for falls with major injury. EI #6 said, the section for major injury was marked by error and the MDS should not have reflected that a major injury occurred while the resident was in the facility. When asked why she answered that portion of section J to reflect that RI #83 had a major injury	F 641	This plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. F641 Accuracy of Assessments 1. The mistaken entry discovered in RI #83□s admission MDS assessment was corrected on 8/28/2019. 2. To ensure all active residents have an accurate assessment, the administrator or designee will complete a 100% audit of all active residents' most recent assessment and any mistaken entries found during the audit will be corrected. This audit will be completed by 09/30/2019. 3. An education in-service on the facility's policy titled "Conducting an Accurate Resident Assessment", as well as a	9/30/19

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F 641	Continued From page 5 while a resident at the facility, EI #6 said, it was just a mistake. When asked why it was important for the resident's MDS to be coded correctly, EI #6 said, so the assessment of the resident would be accurate. When asked how RI #83 could have been negatively affected by the inaccurate coding of section J, EI #6 replied, the MDS was used for billing and the care plans were developed from the MDS assessment, and the MDS and care plans may not match.	F 641	practice guideline, which provides step-by-step instructions for conducting an accurate resident assessment, will be provided to all MDS team members, on or before 09/25/2019. Any MDS team members returning to work or hired after 09/25/2019, will be educated prior to returning for their next scheduled shift. 4. The administrator or designee will conduct additional audits for the next twelve (12) weeks, starting the week of 09/30/2019. The first four (4) weeks will include three (3) audits per week. The following four (4) weeks will include two (2) audits per week. And the final four (4) weeks will include one (1) audit per week. This plan of correction will be monitored in the monthly QAPI meetings for three (3) months.	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 761		9/27/19

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F 761	Continued From page 6 §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that expired medications, Cerotive liquid and Orasol gel 20% were removed from stock. This deficient practice was observed during the medication storage observation in of the facility's central supply area. Findings include: On 8/28/19 at 9:30 AM, medication storage was observed in the central supply area with Employee Identifier (EI) #5, Central Supply Coordinator. Two expired medications were found in the central supply area. Cerovite liquid was observed with an expiration date of 1/19 and Orasol Gel packets were observed with an expiration date of 6/19. On 8/28/19 at 11:00 AM, EI #5, the Central Supply Coordinator, was asked what process he used to replace medications to make sure they were in date. EI #5 replied that he checked every week. EI #5 was asked why this happened. EI #5 stated, it was his fault, he did not look in that corner of the shelf and it was his responsibility. EI	F 761	This plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. F761 Label/Store Drugs and Biologicals 1. The expired medications were immediately discarded, once found. 2. A 100% audit of the central supply storage room, both medication rooms, all four (4) medication carts, the treatment cart, and the treatment supply room, was completed on 08/29/19. Any expired items were immediately discarded. A second 100% audit will be completed on or before 9/27/2019. Any expired items will be immediately discarded. The facility's policy titled, "Medication	

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F 761	Continued From page 7 # 5 was asked what was the potential negative outcome of storing outdated medications. EI #5 responded, allergies or someone could get sick. On 8/29/19 at 11:28 AM, EI #4, the Director of Nursing was asked what were the expired medications used for. EI #4 replied, tooth pain and Iron supplement. EI #4 was asked why expired medications were being stored in the central supply. EI #4 replied "I do not know." EI #4 was asked if a nurse could have access to the central supply room to get medications. EI #4 replied yes. DONNA MILSTEAD, REGISTERED NURSE DEBORAH CAMPBELL, REGISTERED NURSE BELINDA BROWN, REGISTERED NURSE GRACE BAULDREE, REGISTERED NURSE JAHEIDI COOPER, SOCIAL WORKER	F 761	Storage" was updated to include the following lines: "The medication rooms, med carts, and central supply storage are inspected monthly by the consultant pharmacist and Director of Nursing or designee for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our Destruction of Unused Drugs Policy." The policy was also updated to include the following section: "Expiration Dates: Upon initial receipt of all medications, whether prescription or over-the-counter, the nurse or central supply clerk receiving the medication will inspect the medication for an expiration date. Any medications not marked with an expiration date will be returned to the provider and the Director of Nursing will be informed of the refusal." 3. On or before 09/27/2019, education will be provided to all licensed nurses and the central supply staff, regarding labeling and storage of drugs and biologicals and the facility's "Medication Storage" policy. Any licensed nurses returning to work or hired after 09/27/2019, will be educated prior to returning for their next scheduled shift. 4. The administrator or designee will perform audits, beginning the week of 09/30/2019 of the central supply room,	

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F 761	Continued From page 8	F 761	medication rooms, medication carts, the treatment cart, and the treatment supply room. For the first four (4) weeks, the audit will be conducted once per week. For the next four (4) weeks, the audit will be conducted every other week. Followed by an audit once per month, for two (2) months. This plan of correction will be monitored in the monthly QAPI meetings for four (4) months.	