

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>015448</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/05/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTH HAMPTON NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>213 WILSON MANN ROAD OWENS CROSS ROADS, AL 35763</b>	
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F 000	INITIAL COMMENTS  On 9/5/19 a recertification survey was conducted in conjunction with the investigations of complaint/report #AL00036467 and #AL00036469. No deficiencies were cited as a result of the investigation of #AL00036467. F607 and F609 were cited as a result of the investigation of #AL00036469. South Hampton Nursing and Rehabilitation Center is not in substantial compliance with 42 CFR Part 483 Health Standard Requirements for Long Term Care Facilities.	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of a facility policy titled "Abuse Investigations", the facility failed to ensure Employee Identifier (EI) #5, Licensed Practical Nurse (LPN) was suspended during an investigation into an allegation of misappropriation of Resident Identifier (RI) #8's property (medication).  This deficient practice was identified during the	F 607	The plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements, and state requirements when necessary.  The facility does suspend employees for all allegations of abuse.	10/5/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/23/2019

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 607	<p>Continued From page 1</p> <p>review of 1 of 3 facility abuse investigative files.</p> <p>Findings Include:</p> <p>A review of a facility policy titled "Abuse Investigations", with a review/ revised date of 5/10/17, documented the following: "... 7. Employees of this facility who have been accused of resident abuse will be suspended from duty until the results of the investigation have been reviewed by the Administrator. ..."</p> <p>RI #8 was admitted to the facility on 11/11/2016. Review of the resident's medication included Tramadol HCl 50 milligram tablet every six hours for pain.</p> <p>A review of a facility file documented an allegation was made against EI #5 on 7/16/19. The allegation was EI #5 took RI #8's medication Tramadol.</p> <p>A review of a facility document titled " Time Card Report" for EI #5, indicated EI #5 worked on 7/17/19 and 7/18/19.</p> <p>An interview was conducted with EI #4, Registered Nurse (RN/ Director of Nursing (DON)/ Abuse Coordinator on 9/5/19 at 2:00 p.m. EI #4 was asked when she was made aware of the allegation that EI #5 took RI #8's medication. EI #4 stated three CNA's came to her on 7/16/19. EI #4 was asked did she consider this an allegation of abuse. EI #4 stated at the time she did not because it was the same ones who always complained about things and she could never get anything concrete. EI #4 was asked if taking someone's medication would be misappropriation of resident property. EI #4</p>	F 607	<ol style="list-style-type: none"> <li>1. A match back was completed on RI#8s narcotic medication was completed on 7/17/19 by the DON and none were found missing. A drug screen was completed on EI#5 on 7/19/19 which was found to be negative.</li> <li>2. All reports of abuse allegations since last survey were reviewed for suspension of the employee allegedly involved in the abuse and none were found deficient.</li> <li>3. DON and Administrator were inserviced by the Corporate QA nurse on 9/23/19 regarding Abuse investigations to include the employee must be suspended immediately and remain suspended during the investigation. Facility staff will be inserviced regarding the facility's Abuse Policy and Procedures, to include the necessity to suspend the accused employee and the timelines for reporting to the state agency, this will be done by the DON/Designee, and will be completed by 10/5/19.</li> <li>4. The DON will notify the Administrator immediately of any type of abuse allegations, to ensure the employee involved will be suspended immediately and will remain so during the investigation. Also to ensure it is reported timely to the state agency. This will be documented in the investigation report. All Abuse allegation reports reported to the state agency will be reviewed by the Administrator and signed off on to ensure reported timely and employees involved are suspended. This will be done for 3 months. Thereafter all Abuse allegations will be brought to the monthly QA meeting. Any deficient practices will be corrected</li> </ol>		

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F 607	Continued From page 2 stated, absolutely. EI #4 was asked when was the first day of the investigation. EI #4 stated, 7/17/19. EI #4 further stated the last day of the investigation was 7/19/19. EI #4 was asked if EI #5 worked on 7/17/19 and 7/18/19. EI #4 stated EI #5 worked 7/17/19 and 7/18/19. EI #4 was asked if EI #5 was suspended during the investigation. EI #4 stated no, she worked and performed her normal duties to include passing medication on 7/17/19 and 7/18/19. EI #4 was asked what was the potential harm to other residents. EI #4 said she (EI #5) could be doing the same thing to other residents. EI #4 was asked if the abuse policy was followed concerning suspending an employee during an investigation. EI #4 stated, no.  An interview was conducted with EI #3, the Administrator, on 9/5/19 at 5:19 p.m. EI #3 was asked if EI #5 worked during the investigation into misappropriation of RI #8's property. EI #3 stated she worked on 7/17/19 and 7/18/19. EI #3 was asked if she should have been working during the investigation. EI #3 stated, no. EI #3 stated EI #5 was not suspended during the investigation. EI #3 was asked what the abuse policy stated about employees involved in an allegation. EI #3 stated that the employee needed to be suspended. EI #3 stated the abuse policy was not followed. EI #3 was asked why should someone be suspended during an investigation. EI #3 stated to make sure the resident is not further abused. EI #3 further stated EI #5 worked and completed her normal duties to include giving medication.	F 607	and will result in further education and or disciplinary actions. The abuse investigation documentation will be maintained in the DON's office and the Facility QA Nurse will maintain the QA minutes documentation.		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)  §483.12(c) In response to allegations of abuse,	F 609		10/5/19	

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F 609	<p>Continued From page 3</p> <p>neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of facility policies titled "Reporting Abuse to State Agencies and other Entities" and "Abuse Investigation", the facility failed to report an allegation of misappropriation of Resident Identifier (RI) #8's property to the State Agency within 24 hours.</p> <p>This deficient practice was identified during the review of 1 of 3 facility abuse investigative files.</p>	F 609	<p>The facility does report all allegations of abuse to the state agency within 24 hours.</p> <p>1. A match back was completed on RI#8s narcotic medication was completed on 7/17/19 by the DON and none were found missing. A drug screen was completed on EI#5 on 7/19/19 which was found to be negative.</p> <p>2. All reports of abuse allegations since</p>		

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F 609	Continued From page 4  Findings Include:  A review of a facility policy titled "Reporting Abuse to State Agencies and other Entities" with a review/ revised date of 11/21/16, documented the following: "... All suspected violations, allegations and/or incidents of abuse will be immediately reported to appropriate state agencies ..."  A review of a policy titled "Abuse Investigations", with a review/revised date of 5/10/17, documented the following: " Type of Allegation ... Misappropriation of resident property ... 24 hour reporting ..."  A review of a facility file documented an allegation was made against Employee Identifier (EI) #5 on 7/16/19. The allegation alleged EI #5 took resident Identifier (RI) #8's medication Tramadol.  An interview was conducted with EI #4, Registered Nurse (RN) / Director of Nursing (DON)/ Abuse Coordinator, on 9/5/19 at 2:00 p.m.. EI #4 was asked when she was made aware of the allegation that EI #5 took RI #8's medication. EI #4 stated three CNA's came to her on 7/16/19. EI #4 was asked why this was not considered an allegation of abuse. EI #4 stated because she knew there was a rift between the parties involved. EI #4 was asked if taking someone's medication would be considered misappropriation of resident property. EI #4 stated, absolutely. EI #4 was asked if the allegation was reported to the State Agency. EI #4 stated, no. EI #4 was asked if she completed an investigation, why the findings were not reported. EI #4 stated it never crossed her mind that it would be reportable. EI #4 was asked if this	F 609	last survey were reviewed for timely reporting to the state agency and none were found deficient. 3. DON and Administrator were inserviced by the Corporate QA nurse on 9/23/19 regarding Abuse investigations to include the employee must be suspended immediately and remain suspended during the investigation. Facility staff will be inserviced regarding the facility's Abuse Policy and Procedures, to include the necessity to suspend the accused employee and the timelines for reporting to the state agency, this will be done by the DON/Designee, and will be completed by 10/5/19. 4. The DON will notify the Administrator immediately of any type of abuse allegations, to ensure the employee involved will be suspended immediately and will remain so during the investigation and to ensure it is reported timely to the state agency. This will be documented in the investigation report. All Abuse allegation reports reported to the state agency will be reviewed by the Administrator and signed off on to ensure reported timely and employees involved are suspended. This will be done for 3 months. Thereafter all Abuse allegations will be brought to the monthly QA meeting. Any deficient practices will be corrected and will result in further education and or disciplinary actions. The abuse investigation documentation will be maintained in the DON's office and the Facility QA Nurse will maintain the QA minutes documentation.		

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F 609	Continued From page 5 allegation should have been reported to the State Agency. EI #4 stated, yes. EI #4 was asked what their abuse policy stated regarding misappropriation of property. EI #4 stated it should have been reported within 24 hours.  An interview was conducted with EI #3, the Administrator, on 9/5/19 at 5:19 p.m. EI #3 stated she received a copy of an email containing the allegation that EI #5 took RI #8's medication. EI #3 was asked if taking someone's medication would be misappropriation of resident property. EI #3 stated, yes. EI #3 was asked if this allegation was reported to the State Agency. EI #3 stated, no. EI #3 was asked if the allegation should have been reported to the State Agency. EI #3 stated, yes. EI #3 further stated the facility policy stated all allegations of misappropriation of resident property should be reported to the State Agency within 24 hours.	F 609			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812		10/1/19	

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F 812	Continued From page 6  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and the 2017 Food and Drug Administration (FDA) Food Code, the facility failed to ensure the food-contact surfaces of insulated 6-ounce bowls and insulated 8-ounce coffee cups used for resident meal service were clean. This had the potential to affect 64 of 64 residents receiving meal trays, 64 of 65 residents in the facility.  Findings include:  The 2017 FDA Food Code included the following: "... 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES ... shall be kept free of ... soil accumulations. ... 4-603.14 Wet Cleaning. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be effectively washed to remove or completely loosen soils by using the manual or mechanical means necessary such as the application of ... acid, alkaline ... cleaners ..."  The 2017 FDA Food Code further included the following in "Annex 3 - Public Health Reasons/Administrative Guidelines": Page 491 "... Cleanability 4-202.11 Food-Contact Surfaces. The purpose of the requirements for multiuse food-contact surfaces is to ensure that such surfaces are capable of being easily cleaned ...	F 812	1. The dietary manager promptly removed all insulated bowls and coffee cups that showed residue from service. The bowls and coffee cups with residue were de-limed and cases of new bowls and mugs were ordered. 2. All Dietary staff will be educated by the Dietary Manager on Cleaning Dishes including removing dishes with residue from service. Education will begin 9/23/19 and will be completed by 10/1/19. 3. The dish cleaning policy was revised to ensure dishes are clean. All Dietary staff will be educated on Cleaning Dish Policy by the Dietary Manager. Dietary staff education began 9/23/2019 and will be completed by 10/1/19. 4. The Dietary Manager or designee will monitor dishes pulled from the dish machine for 1 breakfast, 1 lunch, and 1 supper meal weekly x 4 weeks, then monthly for an additional 2 months to ensure the assigned staff members are monitoring for residue in dishes. Monitoring will begin the week of 9/23/2019. Any concerns found will be documented as to follow-up with additional education and will increase the monitoring time by 2 months. The monitoring tools will be signed off on weekly by the Administrator/Designee and maintained in the Dietary Manager's office.		

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F 812	<p>Continued From page 7</p> <p>Food-contact surfaces that do not meet these requirements provide a potential harbor for foodborne pathogenic organisms. Surfaces which have imperfections such as cracks, chips, or pits allow microorganisms to attach and form biofilms. Once established, these biofilms can release pathogens to food. Biofilms are highly resistant to cleaning and sanitizing efforts. ..."</p> <p>Page 504 "... Equipment 4-501.11 Good Repair and Proper Adjustment. ... a chemical sanitizer will not sanitize a dirty dish ..."</p> <p>Page 513 "... 4-603.12 Precleaning. ... Depending upon the condition of the surface to be cleaned, detergent alone may not be sufficient to loosen soil for cleaning. Heavily soiled surfaces may need to be presoaked ...</p> <p>Objective 4-701.10 Food-Contact Surfaces and Utensils. Effective sanitization procedures destroy organisms of public health importance that may be present on ... food equipment, or utensils after cleaning, or which have been introduced into the rinse solution. It is important that surfaces be clean before being sanitized to allow the sanitizer to achieve its maximum benefit. ..."</p> <p>During the initial tour of kitchen on 9/3/2019 at 5:45 PM, the interior food-contact surfaces of 6-ounce insulated bowls and 8-ounce insulated coffee cups stored on a rack in the kitchen were checked. One of the five insulated coffee cups checked had a heavy residue inside the cup. Three of the five insulated bowls checked had heavy residue on the interior surface of the bowls. It was also observed that the dishwashing machine used chlorine as the sanitizing method.</p> <p>On 9/4/2019 at 10:24 AM, an observation was</p>	F 812			

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F 812	<p>Continued From page 8</p> <p>made of dishwashing following the resident breakfast service. Insulated bowls and insulated coffee cups were observed being placed upside down on trays located on a storage rack in kitchen. Employee Identifier (EI) #1, the Dietary Manager, was questioned about the items stored on the rack during an interview at 10:30 AM. When asked if the bowls and cups on the rack were ready for resident meal service, EI #1 said yes. Upon inspecting the interior food-contact surface of the 6-ounce insulated bowls with EI #1, 23 of the 36 bowls checked had residue inside. When asked if these bowls were clean; EI #1 said no, they were dirty. Upon inspecting the interior food-contact surface of the 8-ounce insulated coffee cups, three of the fourteen cups checked contained residue. EI #1 was asked what would be the concern with the cups and bowls containing residue. EI #1 said the residue would touch the clean food and it would be "cross-contamination".</p> <p>On 9/4/2019 at 3:37 PM, EI #2, the Registered Dietitian, was interviewed. EI #2 confirmed that 64 of the 65 facility residents received meals from the kitchen. When asked about the insulated coffee cups and the insulated soup bowls observed with heavy residue inside on the food contact surfaces, EI #2 said it could be a mineral build-up. Upon being asked if the food-contact surfaces of these bowls and cups were clean, EI #2 said no.</p> <p>PATRICIA LAIR, NUTRITION/DIETITIAN ANGELA PARKER, SOCIAL WORKER REGINA HARBISON, REGISTERED NURSE TASHIA CHILDS, REGISTERED NURSE</p>	F 812			