

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>015111</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DIVERSICARE OF BIG SPRINGS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>500 ST. CLAIR AVENUE SOUTHWEST HUNTSVILLE, AL 35801</b>	
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)		
F 0655  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide a summary of Resident Identifier (RI) #1's Baseline Care Plans to RI #1 or RI #1's representative within 48 hours of RI #1 being admitted to the facility on [DATE] and readmitted to the facility on [DATE]. This deficient practice affected RI #1, one of three sampled residents. Findings include: RI #1 was admitted to the facility on [DATE], and readmitted on [DATE] with [DIAGNOSES REDACTED]. RI #1's admission Baseline Care Plan, dated 10/20/2019, was reviewed, and the section indicating whether a summary of the baseline care plan had been provided to RI #1 or RI #1's representative was not checked. RI #1's readmission Baseline Care Plan, dated 11/25/19, was also reviewed and the section indicating whether a summary of the care plan had been provided to RI #1 or RI #1's representative was not checked. On 7/29/2020 at 9:40 a.m., the surveyor conducted a telephone interview with RI #1's representative. RI #1's representative said within the first 48 hours of RI #1 being admitted to the facility no one discussed with her, or anyone in the family, the type care RI #1 would be receiving while in the facility, nor were they given a copy of the care plans. On 7/28/2020 at 1:26 p.m., the surveyor conducted an interview with Employee Identifier (EI) #1, the Social Worker (SW). After looking at RI #1's electronic records, EI #1 said Baseline Care Plans were completed for RI #1 when he/she was admitted to the facility on [DATE], and readmitted on [DATE]. When asked if the Baseline Care Plans were shared with or provided to RI #1's representative, EI #1 said there was nothing on RI #1's 10/20/2019 or 11/25/2019 Baseline Care Plans indicating they were. This deficiency was cited as a result of the investigation of complaint/report number AL 191.		

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

TITLE

(X6) DATE

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.