

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2020
NAME OF PROVIDER OF SUPPLIER BIRMINGHAM NURSING AND REHABILITATION CENTER EAST		STREET ADDRESS, CITY, STATE, ZIP 733 MARY VANN LANE BIRMINGHAM, AL 35215	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interviews, record review, and review of a facility policy titled Notification of a Change in a Resident's Status, the facility failed to ensure the representative for Resident Identifier (RI) #1 was notified of a positive Covid-19 (Coronavirus Disease) test result. This affected one of three residents sampled for notification of change in status. Findings include: A review of a facility policy titled, Notification of a Change in a Resident's Status, no date, revealed, Policy: The attending physician/physician extender . and the resident representative will be notified of a change in a resident's condition . Procedure: 1. Guideline for notification of physician/responsible party . f. abnormal lab findings . 2. Documentation in the Interdisciplinary Team (IDT) notes: a. Resident change in condition . c. Notification of responsible party. A review of RI #1 Physician Order, with a date of 8/26/2020, revealed, May do resident and staff Covid 19 testing for all as required . A review of RI #1 Laboratory Report, with a collected date of 09/18/2020 and resulted date of 09/19/2020, revealed, . SAR (Severe Acute Respiratory) COV (COVID-19) POSITIVE. On 9/30/2020 at 11:12 AM, an interview was conducted with RI #1's representative. The representative was asked when she was made aware that RI #1 tested positive for Covid-19 virus on 9/19/2020. RI #1's representative replied, she was not aware that RI #1 tested positive and that she had gotten a call from someone at the nursing home saying there was a positive case in the facility, but was not told the positive case was RI #1. The representative was asked if she was notified when RI #1 was moved to the Covid unit. RI #1's representative replied, no. The representative was asked when she was notified that RI #1 had been moved back to his/her regular room. RI #1's representative replied, she was not notified. On 10/1/2020 at 12:30 PM, an interview was conducted with Employee Identifier (EI) #4, Licensed Practical Nurse. EI #4 was asked when the results for RI #1 Covid-19 test was received. EI #4 replied, she worked day shift and came in at 6:30 am and the results were back. EI #4 was asked what time was RI #1's representative notified of the results. EI #4 replied, she was unsure of the time, but possibly before lunch and that the representative for RI #1 did not answer the phone and she was unable to leave a message. EI #4 was asked when did she make a second attempt to notify RI #1's representative. EI #4 replied, she did not attempt to make a second attempt to contact the representative. EI #4 was asked who else made an attempt to contact RI #1's representative. EI #4 replied, no one. EI #4 was asked why she did not make a second attempt to notify RI #1's representative. EI #4 replied, she was unsure. On 10/1/2020 at 11:54 AM, an interview was conducted with EI #1, Director of Nursing. EI #1 was asked what was the policy on notifications. EI #1 replied, that any change made by the Doctor or Nurse Practitioner (Certified Registered Nurse Practitioner), representatives or families were notified within twenty-four hours. EI #1 was asked what type of occurrence required notification. EI #1 replied, falls, incidents, change in condition, change in medication or if a resident required transfer to the hospital. EI #1 was asked when was testing positive for Covid-19 considered a change in status. EI #1 replied, always. EI #1 was asked when should resident representatives be notified of positive Covid-19 results. EI #1 replied, within 24 hours and it should be documented in the nurses notes. EI #1 was asked to read the nurses notes for RI #1 and tell the surveyor when RI #1's representative was notified of the positive Covid-19 test result. After reviewing the nurses notes for RI #1, EI #1 replied, there was no notification documented in the nurses notes. EI #1 was asked why RI #1's representative was not notified of the positive Covid-19 test result. EI #1 replied, she was told the representative was unreachable. EI #1 was asked how she knew that. EI #1 replied she asked if the representative had been notified and was told the representative could not be reached. EI #1 was asked where that information was documented. EI #1 replied, it was not documented. EI #1 was asked what steps should be taken when a representative is unable to be reached. EI #1 replied that staff should have tried to reach the representative a second time. EI #1 was asked when RI #1's representative was notified of room changes to the Covid unit and back to the regular room. EI #1 replied, based on nurses notes, never.</p>		
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.