

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER FAIR HAVEN		STREET ADDRESS, CITY, STATE, ZIP 1424 MONTCLAIR ROAD BIRMINGHAM, AL 35210	
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	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review and review of a facility policy titled Change in a Resident's Condition or Status the facility failed to contact Resident Identifier (RI) # 1's resident representative/sponsor upon identification of a wound to his/her sacrum area on 8/19/2020. This affected one of three sampled residents reviewed for notification of change. Findings Include: Review of a facility policy titled Change in a Resident's Condition or Status, revised May 2017, revealed: Policy Statement Our facility shall promptly notify the .representative (sponsor) of changes in the resident's medical . condition and/or status . Policy Interpretation and Implementation . 4. . a nurse will notify the resident's representative when: .b. There is a significant change in the resident's physical .status . 5. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical . status . RI # 1 was admitted to the facility on [DATE]. RI #1's nurse's notes included a noted dated 8/19/2020, signed by Employee Identifier (EI) #1, Licensed Practical Nurse (LPN) that documented the following: 8/19/20 Nurse made aware of open area to resident's sacrum. Nurse went into resident's room, assessed the wd (wound), slough, measured the wd. MD (Medical Doctor) notified, hospice notified. Wd care orders received . There were no notes that indicated RI #1's sponsor was informed upon the identification of the new wound or upon receiving new orders for treatment. RI # 1's physician's orders [REDACTED]. On 9/17/2020 at 3:14 p.m., an interview was conducted with RI #1's responsible party/sponsor. When asked about the wound to RI #1's coccyx area, RI #1's sponsor said she did not know when it first occurred. RI #1's sponsor stated that she had a problem with the facility not calling her regarding RI #1's wound. When asked if the facility had called when the wound was identified on 8/19/2020, RI #1's sponsor stated the facility did not call her when they identified the wound. An interview was completed with EI # 1, LPN, on 9/17/2020 at 7:05 p.m. EI # 1 stated she was the nurse working with RI #1 on 8/19/2020 when the wound was identified. When asked if she had contacted RI #1's sponsor to inform them about the wound, EI #1 said no, but she should have. EI #1 was asked what the potential negative outcome was of not notifying a resident's sponsor or family of changes. EI #1 stated the sponsor or family not knowing about the change. On 9/17/2020 at 7:17 p.m., an interview was conducted with EI #2, Registered Nurse/Director of Nursing. EI #2 was asked who was responsible for notifying a resident's family when there was a change in condition. EI #2 replied, the primary nurse or the supervisor. EI #2 was asked who was responsible for notifying RI #1's sponsor or family on 8/19/2020 upon identification of a wound to his/her coccyx. EI #2 replied, the primary nurse who was assigned to the resident. EI #2 was asked when family members should be notified. EI #2 said immediately. EI #2 was asked why it was important that the sponsor or family members be notified when there was a change in condition. EI #2 replied, because they have decision making power involving care when there was a significant change. EI #2 was asked what family member was notified on 8/19/2020 when RI #1's wound was identified. EI #2 replied, they were not notified on 8/19/2020.		
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.