

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OF SUPPLIER PRATTVILLE HEALTH AND REHABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP 601 JASMINE TRAIL PRATTVILLE, AL 36066	
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, medical record review, and review of the facility's policy titled, Change in Medical Condition of Resident/ Guest(s), the facility failed to ensure Resident Identifier (RI) #1's sponsor and physician for were immediately notified upon identification of a significant weight loss of 19 pounds from 5/10/2020 to 6/10/2020. This affected one of seven sampled residents reviewed for notifications. Findings Include: On 8/5/2020 the State Agency received an anonymous complaint alleging RI #1's sponsor had not been immediately notified of a 20 pound weight loss from May 2020 to June 2020. The complainant alleged the weight loss was noted on 6/10/2020, but the sponsor had not been notified until 6/21/2020, 11 days later. Review of the facility's policy titled, Change in Medical Condition of Resident/ Guest(s), with an effective date of 11/28/2016, revealed: PURPOSE: To keep the physician, who is in charge of medical care, and family members/ legal representatives, responsible for health care decisions and other resident / guest representatives informed of the resident / guest(s) medical condition so they may direct the plan of care as needed. STANDARD: Notification of the physician, legal representative, or interested family member, should occur promptly, according to federal regulations, when there is a change in the resident / guest(s) condition. Change in condition is defined as: . A significant change in the resident/guest(s) physical, mental or psychosocial status (i.e., a deterioration in health, mental or psychosocial status in either life-threatening conditions or clinical complications) . Examples of a change in condition may include: . Loss of appetite / unplanned weight loss / gain. RI #1 was re-admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of RI #1's weight records revealed RI #1 weighed 126 pounds on 5/10/2020 and 107 pounds on 6/10/2020. This was a significant weight loss of 19 pounds or 15 percent in one month. Review of RI #1's Nurses Notes revealed RI #1's sponsor was not notified of the weight loss until 6/21/2020 when Employee Identifier (EI) #1, a Licensed Practical Nurse (LPN) contacted her. There was no documentation in the medical record of the physician being notified of RI #1's weight loss. RI #1's sponsor was interviewed on 9/15/2020 at 2:20 PM. The sponsor stated EI #1 had contacted her sometime in June about RI #1's weight loss, but could not recall the exact date. However, the sponsor said no one had notified her about RI #1 losing weight until EI #1 called her. An interview was conducted on 9/15/2020 at 3:10 p.m. with EI #1, LPN. EI #1 was asked when she notified the sponsor of RI #1's 19 pound weight loss. EI #1 stated, It was on the 21st (of June). EI #1 was asked, what was the facility policy for contacting the sponsor about significant changes. EI #1 stated, ASAP (as soon as possible). EI #1 was asked, was 11 days ASAP. EI #1 stated, No ma'am. EI #1 was asked when she should have notified the sponsor about RI #1's significant weight loss. EI #1 stated when she found out on June 10th. During a follow-up interview on 9/18/2020 at 7:55 a.m., EI #1 was asked if she had documented evidence of Physician or CRNP (Certified Registered Nurse Practitioner) notification of RI #1's weight loss. EI #1 replied, no. A phone interview was conducted on 9/16/2020 at 6:55 p.m. with EI #4, the Medical Director. EI #4 was asked when the facility notified him of a 19 pound weight loss on RI #1 that occurred between 5/10/2020 and 6/10/2020. EI #4 replied, the Nurse Practitioner (EI #3) made him aware one morning, but he did not remember when. During a phone interview with EI #3, the CRNP, on 9/17/2020 at 2:35 p.m., EI #3 stated she was not made aware of RI #1's significant weight loss until July 28th, 2020. A phone interview was conducted on 9/16/2020 at 4:56 p.m. with EI #2, Registered Nurse/ Director of Nursing. EI #2 stated when RI #1 lost 19 pounds in one month, the physician and family should have been notified. When asked how soon the family and physician should be notified of a significant weight loss, EI #2 replied, ASAP. EI #2 further stated 11 days would not be considered ASAP, and the family and physician should be notified as soon as staff is aware of a weight loss. This deficiency was cited as a result of the investigation of complaint/report #AL 730.		
F 0635 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, resident record review, and review of a facility policy titled Admission Physician's Orders, the facility failed to ensure Resident Identifier (RI) #6, who was admitted to the facility on [DATE], had physician orders in place for immediate care and treatment of [REDACTED]. This affected one of one closed records reviewed for central venous catheter care. Findings include: Review of a facility policy titled Admission Physician's Orders, with an effective date of 7/21/2011, revealed the following: . STANDARD: The Physician's Plan of Care on admission may include the following: . Treatments . Specialized Therapies . RI #6 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. Review of RI #6's radiology report and hospital notes revealed RI #6 had a tunneled central line/catheter placed on 8/4/2020. Review of RI #6's plan of care for Potential for Complication r/t (related to) Central Line, with a start date of 8/5/2020, revealed interventions to clean the central line site and flush the central line as ordered. However, review of RI #6's physician's orders for the duration of his/her stay at the facility revealed no orders for cleaning, providing a dressing, or flushing RI #6's central line. On 9/18/2020 at 11:30 a.m., Employee Identifier (EI) #2, the Director of Nursing, was asked what orders for care and treatment should be in place for a resident admitted to the facility with a central line. EI #2 replied, dressing changes and flushes. EI #2 verified there were not any orders for RI #6 for dressing changes and flushes. When asked why there were not any physician orders for the care and treatment of [REDACTED], EI #2 stated, whoever admitted RI #6 should have ensured orders were in place. EI #2 was asked why it would be important to have orders for care and treatment of [REDACTED]. EI #2 said, to make sure the staff provides appropriate care, avoid complications, and maintain the central line. This deficiency was cited as a result of the investigation of complaint/report #AL 018.		
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.