

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER DIVERSICARE OF RIVERCHASE		STREET ADDRESS, CITY, STATE, ZIP 2500 RIVERHAVEN DRIVE BIRMINGHAM, AL 35244	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews with residents and staff, a review of the, Certified Nursing Assistant (CNA) Position Description, Care Giver Information Sheet and a review of the ADL (Activities of Daily Living) bath sheets, the facility failed to routinely provide showers as scheduled to residents who required ADL assistance. This deficient practice affected RI (Resident Identifier)'s #1, RI #2 and RI #3, three of three residents sampled for assistance with ADL care. Findings include: The position description for the POSITION TITLE: CNA, with no effective date, documented: KEY RESPONSIBILITIES: 1. To perform or assist the resident with completing Activities of Daily Living (ADL) . RI #1 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. RI #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/02/20 revealed his/her Brief Interview for Mental (BIMS) Score was a 13, which indicated the resident was cognitively intact. Also, in Section G of the MDS the resident was totally dependent on staff for bathing. RI #1's Care Giver Information Sheet documented, ADL/Assist/Shower .TTS (Tuesdays, Thursdays and Saturdays) 7/3 . On 09/15/20 at 10:05 a.m. an interview was conducted with RI #1. RI #1 was asked if he/she had received a shower. RI #1 said no, he/she had not. RI #1 was asked when was the last time he/she received a shower. RI #1 said it had been a while, about a couple of weeks ago. The ADL Bathing records revealed RI #1 had received two showers out of thirteen scheduled for the month of July 2020, and three showers out of thirteen scheduled for the month of August 2020. On 9/16/20 at 10:55 a.m. an interview was conducted with EI (Employee Identifier) #3, CNA. EI #3 was asked if she was assigned to provide care to RI #1. EI #3 said she provided care for the resident sometimes. EI #3 was asked what type of care did RI #1 require. EI #3 said RI #1 was total care. EI #3 was asked if she had provided RI #1 a shower. EI #3 said she had not given RI #1 a shower. EI #3 was asked if she had washed RI #1's hair prior to it being cut. EI #3 said no that she only took it down, RI #1 had som plaits and she took the rubber bands off her hair. EI #3 was asked what did she do after taking RI #1's plaits down. EI #3 said, she tried to comb RI #1's hair but is was matted up bad, so she left it alone. On 09/15/20 at 12:16 p.m. an interview was conducted with EI #4, CNA. EI #4 was asked if she was assigned to provide care to RI #1. EI #4 said she had provided care to RI#1. EI #4 was asked what type of care did RI #1 require. EI #4 said she/he was total care. EI #4 was asked if she had provided RI #1 a shower. EI #4 said she gave RI #1 a shower about a month ago. EI #4 was asked if she washed RI #1's hair. EI #4 said yes, she washed RI #1's hair and in the process of washing his/her hair it was matted and she could not comb it. On 9/16/20 at 3:49 p.m. an interview was conducted with EI #2, Registered Nurse (RN), Supervisor. EI #2 was asked what type of care did RI #1 require. EI #2 said she/he required assistance with all ADLs including bathing. EI #2 was asked when was RI #1's shower days. EI #2 said Tuesday, Thursday, and Saturday. EI #2 was asked to review RI #1's ADL sheet for July 2020 and see how many times it was indicated she/he received a shower. EI #2 said it was documented 2 times. EI #2 was asked how many times was it indicated she/he received a shower for August 2020. EI #2 said three times. RI #2 was re-admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. RI #2's Quarterly MDS with an ARD date of 09/02/20 revealed the resident was totally dependent on staff for bathing. RI #2's, Care Giver Information Sheet documented, ADL/Assist/Shower .TTS 3-11 . During the initial tour on 09/14/20 at 5:49 p.m., an interview was conducted with RI #2. RI #2 was asked if she/he had received a shower. RI #2 said she/he only received a shower on Thursdays. RI #2 was asked when was the last time she/he had received a shower. RI #2 said about a month ago. RI #2's ADL's bathing record revealed she/he had received four showers out of seven scheduled between September 1-September 16. On 09/16/20 at 3:49 p.m., an interview was conducted with EI #2. EI #2 was asked when was RI #2's shower days. EI #2 said Tuesday, Thursday, and Saturday's, 3-11 p.m. EI #2 was asked how many times was it indicated RI #2 was provided a shower between September 1-16. EI #2 said four. RI #3 was admitted to the facility on [DATE] and re-admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. RI #3's Annual MDS with an ARD date of 08/05/20 revealed a BIMS score of 15 indicating the resident was cognitively intact. Also, Section G revealed the resident was totally dependent on staff for bathing. RI #3's Care Giver Information Sheet, documented, ADL/Assist/Shower .MWF (Mondays, Wednesdays and Fridays) 3/11 . On 09/14/2020 at 4:15 p.m. an interview was conducted with RI #3. RI #3 was asked if she/he had any concerns with receiving a shower. RI #3 said she/he needed a shower. RI #3's ADL bathing record revealed she/he had received one shower out of thirteen scheduled for the month of July 2020 and received two showers out of seven scheduled between September 1-September 16. On 9/16/20 at 3:49 p.m. an interview was conducted with EI #2. EI #2 was asked when was RI #3's shower days. EI #2 said Monday, Wednesday, and Friday's on 3-11 shift. EI #2 was asked how many times was it indicated that RI #3 received a shower in July 2020. EI #2 said one time. EI #2 was asked how many times was it indicated RI #3 received a shower for September 2020, between September 1-16. EI #2 said 2. On 9/16/20 at 3:49 p.m. an interview was conducted with EI #2. EI #2 was asked when providing ADL care to residents, would that include washing a resident's hair. EI #2 said when a resident got a shower their hair should be washed too. EI #2 was asked if the resident refused a shower, what was the protocol. EI #2 said, the CNA would go tell the charge nurse. The charge nurse would talk with resident to see why she/he refused and document it on the shower sheet. EI #2 was asked if she had documentation of RI #1, RI #2 and RI #3 refusing to take a shower. EI #2 said she did not see any documentation. EI #2 was asked when should showers be provided. EI #2 said as scheduled three times a week. EI #2 was asked who was responsible for ensuring ADL care was provided in accordance with the plan of care. EI #2 said nursing. On 09/16/20 at 5:36 p.m., an interview was conducted with EI #1, Administrator. EI #1 was asked if a resident was total assistance with ADL care, was he/she dependent on staff for care. EI #1 said yes. EI #1 was asked when should showers be provided. EI #1 said three times a week. EI #1 was asked where would the CNA document if the resident received a shower. EI #1 said in the Kiosk on the shower sheet. EI #1 was asked if there was no documentation the for showers provided, how would you know if the resident received a shower. EI #1 said you would not know. EI #1 was asked who was responsible for ensuring ADL care was provided in accordance with the plan of care. EI #1 said the nursing staff. This citation was written as a result of the investigation of complaint/report number AL 009</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.