

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 015183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2020
NAME OF PROVIDER OF SUPPLIER NORTH MOBILE NURSING AND REHABILITATION CTR		STREET ADDRESS, CITY, STATE, ZIP 4525 ST STEPHENS ROAD EIGHT MILE, AL 36613	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and review of Resident Identifier (RI) #9's medical record, the facility failed to ensure RI #9 was served his/her meals on regular dishware during five of five days of the survey. This deficient practice affected RI #9, one of three residents observed for meals. Findings include: RI #9 was admitted to the facility on [DATE], RI #9's Quarterly Minimum Data Set (MDS) with an assessment reference date of 8/12/2020, identified RI #9 was moderately impaired in cognitive skills for daily decision making, with a Brief Interview for Mental Status score of 11. RI #9 was assessed as having no behaviors and required supervision with eating. A review of RI #9's care plans did not include a problem and/or approach as to why the resident was not served meals on regular dishware. On 8/25/2020 at 11:45 AM, RI #9 was served his/her lunch meal on a Styrofoam hinged plate and the resident's liquids were in Styrofoam cups. On 8/25/2020 at 5:36 PM, RI #9 was served his/her dinner meal on paper products and not regular dishware. On 8/26/2020 at 7:50 AM, RI #9 was served his/her breakfast meal on paper products and not regular dishware. On 8/27/2020 at 7:42 AM, RI #9 was served his/her breakfast meal on paper products and not regular dishware. On 8/28/2020 at 12:00 PM, RI #9 was served his/her lunch meal on paper products. When the resident was asked why was his/her meals being served on paper products, RI #9 replied I don't know. When asked if anyone informed him/her that his/her meals would be served on paper products, RI #9 said no. During a telephone interview on 8/28/2020 at 6:13 PM, RI #9's responsible party stated he didn't know why RI #9's meals were being served on paper products. When asked if he had been informed the resident would be served meals on paper products, RI #9's responsible party said no. On 8/29/2020 at 12:18 PM, RI #9 was served his/her lunch meal on paper products and not regular dishware. This deficiency was cited as the result of the investigation of complaint/report number AL 875.		
F 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, review of Resident Identifier (RI) #3's medical record and a facility policy titled, DISCHARGE AND TRANSFER POLICIES - INVOLUNTARY, the facility failed to ensure RI #3's discharge notice dated 6/11/2020 included the name, address (mail and email) and telephone number of the entity to which the resident and/or the resident's representative can appeal the resident's discharge, the Alabama Medicaid Agency. The facility also failed to ensure the discharge notice contained the email address of the Office of the State Long-Term Care (LTC) Ombudsman. These deficient practices affected RI #3, one of one sampled residents reviewed for discharge. Findings include: The facility's policy titled, DISCHARGE AND TRANSFER POLICIES - INVOLUNTARY dated May 2019, documented: POLICY: Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not . RESPONSIBILITY: All staff, monitored by the Director of Nursing and Executive Director. PROCEDURE: , i. you have the right to appeal this decision in writing to the Alabama Medicaid Agency within 30 days of the date of this notice at the address shown below . RI #3 was admitted to the facility on [DATE]. RI #3's 30-day discharge notice signed by Employee Identifier (EI) #1, the Administrator and dated 6/11/2020, indicated the discharge notice was sent to and contact information, with the exception of the email address, for the Local and State LTC Ombudsman. In an interview on 8/27/2020 at 12:39 PM, EI #1, the Administrator confirmed RI #3's discharge notice was sent to Local and State LTC Ombudsmen. When asked was information for the Alabama Medicaid Agency included in letter that was sent, EI #1 stated no. This deficiency was cited as the result of the investigation of complaint/report number AL 974		
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.