STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 - Few	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** 41928 Based on interviews, record reviews and review of a facility policy titled, Contraband Discovery Policy, the facility failed to ensure staff did not search Resident Identifier (RI) #27's room on 12/07/2022 without first obtaining RI #27's consent. This deficient practice affected RI #27, one of one sampled resident reviewed for for improper room searches. Findings include: A facility policy titled Contraband Discovery Policy, revised 10/18/2022, documented: .Use for conducting inspections and searches, with consent, of current residents and residents' rooms under circumstances where there is reasonable suspicion that the resident may be concealing contraband. For purposes of this policy . non-compliant use of tobacco products as per the facility smoking policy is considered contraband. GUIDELINES: 1. If facility staff identify items or substances that pose risks to residents' health and safety and are in plain view, they may confiscate them. 2. Facility staff should not conduct searches of a resident or their personal belongings, unless the resident, or their representatives agrees to a voluntary search and understands the reason for the search. 3. Obtain consent from resident and/or resident representative to search resident's body or personal possessions. 6. Inform the resident and/or resident representative that he/she and or his/her room will be searched and the reason for the search. Give the resident the opportunity to surrender the suspected contraband and to the extent possible, give the resident the opportunity to be present during the search. RI #27 was admitted to the facility on [DATE]. Review of RI #27's quarterly Minimum Data Set assessment, with an Assessment Reference Date of 12/22/2022, indicated RI #27 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated RI #27 was cognitively intact. RI #27's Resident Progress Notes, documented: (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 - Few	.12/07/2022 13:50 (1:50 PM) . staff found a vape in (RI #27's) top bedside drawer tucked inside a sock. vape was handed to the administrator who informed staff to take another peek while (he/she's) not in (his/her) room to see if (he/she) had any other vaping devices. After inspecting resident's room further staff found a brown paper bag containing four more vaping devices. The brown bag was turned into DON before resident returned to (his/her) room . This note was made by Employee Identifier (EI) # 17, Licensed Practical Nurse (LPN). RI #27 was interviewed on 02/21/2023 at 5:18 PM. RI #27 stated he/she never gave staff permission to search his/her room. EI #17 was interviewed on 02/19/2023 at 9:05 AM. EI #17 stated in December she was told to search RI #27's room. She stated RI #27 was at therapy, and she saw something in his/her open drawer. She stated it was a sock with something sticking out of it. EI #17 stated she walked over and looked at the sock and tried to close the drawer. EI #17 said when she did this, she felt the shape of a vape inside the sock, so she removed it and took it to EI #1, the Administrator. According to EI #17, EI #1 instructed her to go ahead and search RI #27's room. EI #17 indicated EI #18, Certified Nursing Assistant (CNA) was also present at the time the search was conducted. A follow-up telephone interview was conducted with EI #17 on 02/22/2023 at 12:29 PM. EI #17 stated she did not obtain consent from RI #27 prior to searching the room. She stated EI #1 never told her she needed to. EI #18, CNA, was interviewed on 02/20/2023 at 5:39 PM. She stated she did witness EI #17 search RI #27's room in early December 2022. EI #18 stated RI #27 was in therapy at the time of the search. She stated EI #17 went in RI #27's room and searched a purple backpack, while she stood outside the the room to keep watch. During an interview with EI #1, Administrator, on 02/23/2023 at 4:31 PM, EI #1 acknowledged searching RI #27's room without his/her consent would be a violation of resident rights. This deficiency was cited as a result of complaint/report numbers AL00043096 and AL00043372.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41928 Based on observations, interviews, resident record review, and review of a facility policy titled Comprehensive Care Plans, the facility failed to develop and implement a care plan with person-centered safety interventions addressing Resident Identifier (RI) #27's noncompliance with the facility's non-smoking policy, including smoking and vaping inside the facility unsupervised in his/her room from 11/15/2022 through 02/13/2023. Facility staff did not know what to do or how to respond on occasions when RI #27 was found using a vape or smoking in his/her room. This failure affected RI #27, one of 23 sampled residents for whom care plans were reviewed. In addition, this failure placed all 109 residents residing in the facility at risk for immediate jeopardy, as it was likely to result in serious injury, serious harm, serious impairment, or death. On 02/24/2023 at 5:05 PM, the facility's Administrator, Employee Identifier (EI) #1 and the [NAME] President (VP) of Clinical Operations, EI #36, were provided a copy of the immediate jeopardy template and notified of the immediate jeopardy findings in the area of Comprehensive Resident Centered Care Plan, F656-Develop/Implement Comprehensive Care Plans. Findings include: A review of the policy titled Comprehensive Care Plans, reviewed 04/14/2021, revealed: . POLICY STATEMENT A person-centered Comprehensive Care Plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. .GUIDELINE: . 4. Each resident's Comprehensive Care plan is designed to: a. Incorporate identified problem areas; b. Incorporate risk factors associated with identified problems . RI #27 was admitted to the facility on [DATE] with diagnoses to include Depression, Bipolar Disorder, Anxiety Disorder, Muscle Weakness, Lack of Coordination, Seizures, and Hemiplegia (paralysis of one side of the body) affecting Dominant Side. During the survey, document review and interviews with staff revealed RI #27 had multiple documented episodes of non-compliance with the facility's non-smoking policy, including vaping and smoking in his/her room and hiding vaping and smoking materials from facility staff. This noncompliance was documented to have occurred from 11/15/2022 through 02/13/2023, despite repeated education to RI #27 on the facility's non-smoking policy. Cross reference F689 and F867. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of RI #27's comprehensive care plans revealed the first care plan related to RI #27's noncompliance was created on 01/26/2023 by EI #15, the MDS/Care Plan Coordinator. This care plan documented: .Problem Start Date: 01/26/2023 Category: Behavioral Resident demonstrates non-compliance with physician orders and/or plan of care as evidenced by: continuing to vape in (his/her) room despite being asked not to . On 01/26/2023 at 3:57 PM, EI #15, the MDS/Care Plan Coordinator, was interviewed. When asked at what point RI #27 first demonstrated noncompliant behavior, EI #15 said since 11/15/2023, according to the progress notes. When asked what had been done to address the concern of noncompliance with the facility's non-smoking policy, EI #15 said they offered a nicotine patch, but RI #27 continued to vape, so the patch was discontinued. EI #15 confirmed RI #27's care plan addressing non-compliance with the facility's non-smoking policy was not initiated until 01/26/2023. When asked why a care plan had not been developed prior, EI #15 said she thought progress notes were effective enough. When asked when a care plan should have been initiated, EI #15 said on 11/15/2023, when RI #27's noncompliance was first noted. EI #15 said the risk of not developing a care plan would be harm to the resident. EI #15 further stated the facility policy for person-centered care plans had not been followed. On 01/26/2023 at 4:46 PM an interview was conducted with EI #2, Director of Nursing (DON). EI #2 was asked, what was the smoking/vaping policy for the facility. EI #2 said the facility was non-smoking, meaning no smoking or vapes were allowed. EI #2 was asked when she first became aware of RI #27 vaping in his/her room. EI #2 replied, she could not remember the exact date, but indicated they notified the doctor and got RI #27 a nicotine patch. However, EI #2 said RI #27 continued to use a vape, so they had to discontinue the nicotine patch. When asked what interventions were put in place to address RI #27's noncompliance after the nicotine patch was discontinued, EI #2 said she did not think they did anything different. EI #2 was asked when a care plan should have been put in place. EI #2 said immediately after finding the vape. When asked why that was not done, EI #2 said EI #15, the MDS/Care Plan Coordinator, did not do it. EI #2 further stated the facility policy for person-centered care plans had not been followed. On 02/18/2023 at 11:00 AM, the surveyor conducted another interview with EI #2, the DON. When asked what interventions were currently in place to address RI #27's noncompliance with the facility's non-smoking policy, EI #2 said they were offering snacks of choice, a smoke detector in RI #27's room (initiated 02/13/2023), and an in-room sitter for RI #27 (initiated on 02/15/2023). EI #2 said prior interventions had not prevented RI #27 from continuing to be noncompliant, but indicated they had had no further instances since 02/13/2023. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with EI #6, the Medical Director, on 02/19/2023 at 2:30 PM. EI #6 indicated he participated in a discussion in December 2022 regarding interventions that may help address RI #27's noncompliance with the facility's non-smoking policy. EI #6 said he did not recall making any suggestions, but they were trying to come up with options. EI #6 said the nicotine patch was discontinued due to RI #27 continuing to vape, and indicated medications for smoking cessation were not an option for RI #27. When asked what the facility could have done about RI #27 continuing to violate the facility's non-smoking policy, EI #6 said there were really only two options: one being to change the policy, which was not a good idea, or to find alternate placement that would be a better fit. EI #6 indicated that after multiple violations of the facility's non-smoking policy, they should have discussed transferring RI #27 out of the facility for his/her own well-being, as well as for the safety of others in the facility. When asked what approaches could have been attempted to prevent the continued noncompliance, EI #6 said they could have initiated the one on one (in-room sitter) sooner. An interview was conducted with EI #1, the Administrator, on 02/17/2022 at 1:39 PM. EI #1 stated the facility had a meeting in December 2022 to discuss the concern of RI #27's noncompliance with the facility's non-smoking policy. However, when asked if they had discussed a need for a care plan addressing these continued behaviors, EI #1 said she did not recall discussing a care plan. EI #1 further stated she did not remember anyone saying RI #27 would need a care plan in place for his/her behavior of noncompliance related to smoking and vaping. EI #1 acknowledged the facility had a breakdown in the care plan process, and said the facility was not aware there no care plan addressing RI #27's noncompliance until it was brought to the facility's attention during the survey. This deficiency was cited as a result of complaint/report numbers AL00043096 and AL00043372. ********** The facility submitted an acceptable Removal Plan on 02/26/2023 for F656 that outlined the following: 1. Comprehensive Care Plan education was provided by SCC (Signature Care Consultant) on 01/25/2023 to DON, the MDS coordinator & each department manager responsible for MDS assessments/evaluations upon admission, quarterly, annually & with significant change. Care Planning residents with behaviors education was completed on 01/25/2023 by the Special Projects MDS RN and on 02/25/2023 by the VPCO (Vice President of Clinical Operations) to the DON, MDS coordinator & each department manager responsible for MDS assessments/evaluations upon admission, quarterly, annually & with significant change. The facility developed a care plan on 01/26/2023 for behaviors non-compliant with physician orders and facility policies as evidenced by vaping in her room. The facility updated the plan of care continually with appropriate interventions to address noncompliance with the facility's nonsmoking policy with person-centered safety interventions for RI #27 for noncompliance with the facility's nonsmoking policy. The following are the revisions and interventions to R#27's plan of care: -Vape materials were confiscated, and a nicotine patch was ordered on 11/24/2022. - The Administrator discussed non-compliant behavior in violation of facility policy with R#27 on 02/22/2023 and is documented in the progress note. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	- A room search was completed on 02/18/2023 and documented in the progress notes with R#27's consent and she was present. - Social Services Director (SSD) educated R#27 on the non-smoking policy 02/22/2023, RI#27 signed the Smoke Free/Non-Smoking policy and was given a copy and a copy was uploaded into the Matrix medical record. - Laundry staff continue to monitor resident clothing and personal items for any burn holes. All Laundry staff was educated by the housekeeping supervisor on 02/21/2023. All housekeeping staff and the HCSG (Healthcare Services Group) housekeeping supervisor were educated by the HCSG (Healthcare Services group) District manager for Housekeeping and Laundry on 02/25/2023. The education included how to audit resident personal laundry for burn holes, soot, or tears and report their findings to the laundry supervisor. - Education to a friend on 12/7/2022 by a staff nurse on not bringing vape or smoke materials into the facility. - Psych referral for non-compliant behavior and evaluation on 1/11/2023, and 12/28/2022. - Collaboration with DHR and Gateway for discharge planning on 12/30/2022, 01/17/2023, 2/6/2023, 2/7/2023, 2/13/2023, 2/15/2023, and 2/16/2023. - Provide snacks as a diversion to smoking on 01/27/2023. - Education to family (Father) by SSD on 02/13/2023 on the non-smoking facility policy and not bringing vape or smoke materials into the facility. - Maintenance placed a smoke detector in the room on 02/13/2023. - 1:1 supervision implemented 02/15/2023 and continues. - 30-day Discharge planning initiated 02/15/2023. 2. All residents residing in the facility were at a safety risk and fire hazard due to a lack of appropriate safety measures developed for residents with noncompliance on the plan of care. All staff in all departments were interviewed by the Staff Development Coordinator (SDC) on 02/17/2023, 02/18/2023, and 02/19/2023 to identify any other residents with behaviors that are non-compliant with the Facility Smoking/Non-Smoking Policy facility. Any resident identified with non-compliant behavior to the Facility Smoking/Non-Smoking policy has a behavior monitoring plan and care planned and implemented. - All residents were interviewed by a member of the interdisciplinary team (IDT) the interdisciplinary team consisted of the SSD, DON, Admissions Liaison, Admissions Coordinator, Life Enrichment Director, SDC, ADON, Unit Manager, Medical Records, and MDS coordinator. These were completed on 02/21/2023 on smoking choices. - Five residents were identified as a smoker or requesting to smoke met with the SSD and signed the Non-Smoking policy. This was completed on 02/21/2023. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	- Any resident identified as a smoker or requesting to smoke have behavior monitoring implemented observing for any non-compliant behaviors related to not smoking/vaping in the facility and the plan of care revised with approaches and interventions to monitor and manage those residents' behaviors. This was completed on 02/21/2023. - The Interdisciplinary team consisting of the DON, SSD, Administrator, Life Enrichment Director, Signature Care Consultant (SCC), and [NAME] President of Clinical Operations (VPCO) completed an Interdisciplinary Psychotropic review/Behavior meeting on 02/17/2023 and 02/18/2023 to identify and discuss residents displaying challenging behaviors, as well as those residents receiving psychoactive medications. Residents with behavior issues have Target Behaviors identified on the EMAR for documentation. Behavior management care plans were reviewed to evaluate goals and the effectiveness of the interventions and revised as necessary. 3. Comprehensive Care Plan education was provided by SCC (Signature Care Consultant) on 01/25/2023 to DON, the MDS coordinator & each department manager responsible for MDS assessments/evaluations upon admission, quarterly, annually & with significant change. This education focused on care plans are ongoing and revised as information about the resident and the resident's condition or behavior change. The nurse/Interdisciplinary Team is responsible for the review and updating of care plans. The care plan should reflect the current status of the resident and be updated with changes in the resident's status: a. When there has been a significant change in the resident's condition. b. Changing goals. c. When the desired outcome is not met. d. When the resident has been readmitted to the facility from a hospital stay; and e. At least quarterly - Care Planning residents with behaviors was completed on 01/25/2023 by the Special Projects MDS RN and on 02/25/2023 by the VPCO (Vice President of Clinical Operations) to the DON, MDS coordinator & each department manager responsible for MDS assessments/evaluations upon admission, quarterly, annually & with significant change. This education focused on care plans are ongoing and revised as information about the resident and the resident's condition or behavior change. The nurse/Interdisciplinary Team is responsible for the review and updating of care plans. The care plan should reflect the current status of the resident and be updated with changes in the resident's status: a. When there has been a significant change in the resident's condition. b. Changing goals. c. When the desired outcome is not met. d. When the resident has been readmitted to the facility from a hospital stay; and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	e. At least quarterly The Governing Body consisting of the Chief Nursing Officer (CNO), Senior [NAME] President of Operations (SVPO), Senior [NAME] President (SVPC), [NAME] President Operations (VPO), and [NAME] President of Clinical Operations (VPCO) reviewed and granted the approval of the Comprehensive Care Plans policy on 01/25/2023 created on 04/06/2015, revised last on 07/19/2018, and reviewed 04/14/2021 by the Senior Clinical Leadership team consisting of the Chief Nursing Officer (CNO), Senior [NAME] President of Clinical Operations (SVPCO), [NAME] President of Regulatory (VPR), and the [NAME] President of Operations (VPO). - The Comprehensive care Plan policy was in-serviced at the Signature Whitesburg Gardens on 01/25/2023 by the Signature Care Consultant (SCC) to the to DON, the MDS coordinator & each department manager responsible for MDS assessments/evaluations. The VPCO trained the Staff Development Coordinator (SDC) and Assistant Director of Nursing (ADON) on 02/20/2023 on the Comprehensive Care Plan policy. The VPCO educated the Comprehensive Care Plan policy to the following disciplines on 02/25/2023: Staff Development Coordinator (SDC), ADON, DON, Department Managers for Housekeeping, Maintenance, Dietary, Admissions, Social Services, Business Office, Life Enrichment and/ or Administrator. - The VPCO reviewed the Comprehensive Care Plan policy and prepared and reviewed the training for staff on Comprehensive Care Plans policy on 02/24/2023. - In-servicing will be completed on 02/26/2023 with all LPNs, RNs, MACs, and C.N.A.s, therapy, and all department managers by the SDC, VPCO, and/or department manager. This education focused on care plans are ongoing and revised as information about the resident and the resident's condition or behavior change. The nurse/Interdisciplinary Team is responsible for the review and updating of care plans. The care plan should reflect the current status of the resident and be updated with changes in the resident's status: a. When there has been a significant change in the resident's condition. b. Changing goals. c. When the desired outcome is not met. d. When the resident has been readmitted to the facility from a hospital stay; and e. At least quarterly - The Director of Nursing (DON) provides oversight five days a week to the nurse/Interdisciplinary Team to ensure care plans are reviewed and updated with changes. - The DON was educated on of DON responsibilities in providing oversight to the nurse/Interdisciplinary Team (IDT) to ensure care plans are reviewed and updated with changes and re-educated on 02/24/2023 by the VPCO. ********** (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 02/26/2023 at 11:15 PM, after review of the information provided in the facility's Removal Plan, in-service/education records, as well as staff interviews, and observations, the survey team determined the facility implemented the immediate corrective actions as of 02/26/2023 and the scope and severity was lowered to an F level, to allow the facility time to further address and monitor the deficient practice in order to achieve compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055 Based on interviews, record review, review of the facility's RESIDENT HANDBOOK & (and) ADMISSION DOCUMENTS, review of an article published by the United States Food and Drug Administration titled E-Cigarettes, Vapes, and Other Electronic Nicotine Delivery Systems (ENDS), and review of two reports to the State Survey Agency via the Alabama Department of Public Health Online Incident Reporting System, the facility failed to develop, implement, and revise effective person-centered safety interventions for Resident Identifier (RI) #27, a resident found to have multiple documented episodes of noncompliance with the facility's non-smoking policy dating back to 11/15/2022, including smoking inside the facility unsupervised and falling asleep with ENDS, also known as vapes, in his/her hand. On 02/06/2023, RI #27 was observed lighting a cigarette in the presence of Employee Identifier (EI) #22, a Certified Nursing Assistant (CNA), who then left the room and the resident unattended to notify EI #23, the Charge Nurse. When the Charge Nurse arrived to RI #27's room, she found a lighter, vape and a pack of cigarettes in RI #27's neck pillow. EI #23 also observed around three to four burned cigarettes in a cup on a table beside RI #27's bed. Seven days later, on 02/13/2023, while providing care, another CNA, EI #24, found a previously lit cigarette in RI #27's bed. EI #24 also found a cup on RI #27's over-the-bed table containing ashes and approximately three to five cigarette butts RI #27's behavioral care plan was not created until 01/26/2023, and did not address smoking cigarettes or provide guidance to staff on how to respond if RI #27 was found smoking or vaping. This deficient practice placed all 109 residents residing in the facility in immediate jeopardy, as it was likely to result in serious injury, serious harm, serious impairment, or death. On 02/24/2023 at 5:05 PM, the facility's Administrator, Employee Identifier (EI) #1 and the [NAME] President (VP) of Clinical Operations, EI #36, were provided a copy of the immediate jeopardy template and notified of the findings of substandard quality of care at the immediate jeopardy level in the area of Quality of Care, F689-Free of Accident Hazards/Supervision/Devices. The immediate jeopardy began on 11/15/2022 and continued until 02/26/2023. Findings include: Cross Reference F656 and F867. On 01/18/2023, the State Survey Agency received an anonymous complaint via the Alabama Department of Public Health Online Incident Reporting System. This report indicated the facility was non-smoking, but RI #27 had fallen asleep while vaping and had 30 plus vapes and cigarettes confiscated. The complainant indicated these thing had been reported to the Administrator, EI #1, and the Director of Nursing (DON), EI #2, but nothing had been done. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 02/15/2023, the State Survey Agency received a second anonymous complaint via the Alabama Department of Public Health Online Incident Reporting System. This report indicated RI #27 was smoking in his/her room. The report further indicated RI #27 had cigarettes and a lighter, which was recently found in his/her pillow case and taken away. The complainant alleged these concerns were reported to EI #1, the Administrator, and EI #2, the DON, but RI #27 continued to smoke in his/her room. Review of an undated article published by the United States Food and Drug Administration (FDA) titled E-Cigarettes, Vapes, and Other Electronic Nicotine Delivery Systems (ENDS), revealed the following: .E-cigarette Problems and Potential Violations There are no safe tobacco products, including ENDS. In addition to exposing people to risks of tobacco-related disease and death, FDA has received reports from the public about safety problems associated with vaping products including: Overheating, fires, and explosions Lung injuries Seizures and other neurological symptoms . These problems can seriously hurt the person using the ENDS product and others around them. The facility's RESIDENT HANDBOOK & ADMISSION DOCUMENTS, revised 08/01/2021, documented the following: . Certain Items Are Not Allowed In Your Room, Ever. Any type of smoking or vaping materials or items, including lighters. Smoking Our Facility is (a) smoke-free facility . RI #27 was admitted to the facility on [DATE] with diagnoses to include Depression, Bipolar Disorder, Anxiety Disorder, Muscle Weakness, Lack of Coordination, Seizures, and Hemiplegia (paralysis of one side of the body) affecting Dominant Side. RI #27's most recent quarterly Minimum Data Set assessment, with an Assessment Reference Date of 12/22/2022, revealed RI #27 scored a 14 on the Brief Interview for Mental Status, indicating he/she was cognitively intact. A review of RI #27's Resident Progress Notes revealed the following entries were made by EI #17, a Licensed Practical Nurse (LPN) providing care for RI #27 on the 6 AM - 6 PM shift: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	. 11/15/2022 8:40 (8:40 AM) . While returning to resident's room to update (him/her) on (his/her) labs staff discovered (him/her) with a vape in (his/her) hand. (He/She) quickly attempted to tuck it into the folds of (his/her) arms but handed it over, without any issues, when staff requested the vape. Staff notified DON of issue at 8:39 AM. Currently awaiting any instruction for further action . 11/15/2022 13:33 (1:33 PM) .Upon entering room staff noticed an orange object in resident's left hand. When asked to show staff (his/her) hands resident attempted to hide the object underneath (him/her). (He/She) eventually grabbed the object after staff asked three times and staff noticed it was another vape. Staff confiscated another vape for the second time today, notifying DON and administrator. After confiscating first vape staff was instructed to notify (Medical Director, EI #6) of resident smoking in (his/her) room and to request order for Nicorette patches or gum. MD notified but no response has been received . 11/15/2022 16:44 (4:44 PM) Resident was under the impression that (he/she) would be able to go outside to smoke. Staff informed resident that, per administrator, the facility is 100% smoke free and (he/she is) unable to go outside to smoke. (He/She) informed staff that (he/she) had cigarettes in (his/her) room in addition to the two vapes that were confiscated earlier during the shift. (He/She) surrendered (his/her) cigarettes without and (any) issues but told staff that (he/she) wants to be able to have them back when (he/she) goes out for doctor's appointments or with family. Staff informed (him/her) that (his/her) request would be discussed with management . 11/19/2022 11:49 (11:49 AM) .Resident was asleep in bed and unable to (be) awakened. Staff noticed vape cartridge in resident's hand as (he/she) slept. Attempted to awaken resident to request the vape and re-enforce no smoking policy. Due to failed attempts to awaken resident staff managed to remove vape form (from) resident's hand as (he/she) slept. After confiscating vape staff notified DON and administrator of the issue at hand . 11/24/2022 12:07 (12:07 PM) Offgoing nurse informed staff of resident vaping in room prior to shift change . Staff informed MD (medical doctor) of resident's continued vaping . 11/29/2022 14:30 (2:30 PM) Staff went to respond to resident's call light. Upon entering resident's room staff found (RI #27) sitting on the edge of (his/her) bed vaping. Resident did not notice staff until (he/she) was asked to hand over the vape. Resident asked staff to let (him/her) keep the vape. (He/She) was informed, once again, that Signature Healthcare is a smoke free facility. (He/She) then asked if staff could pretend she didn't catch vaping and just allow (him/her) to put it away. Staff informed (RI #27) that we could not do that and the vape must be taken and reported. (He/She) handed staff the vape without any issues . After leaving resident's room staff reported to DON . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	12/07/2022 13:50 (1:50 PM) Resident had a visitor earlier during the shift. Staff noticed (RI #27) completing a list of things that (he/she) wanted (his/her) guest to purchase for (him/her). After the guest exited (RI #27's) room nursing staff introduced herself and asked for the guests name. (RI #27's guest) was educated on the no smoking policy being enforced at the facility and explained that guests are not allowed to bring cigarettes or vapes into the facility on resident's behalf. She stated that she does not "buy those kinds of things. I only buy (him/her) snacks, drinks and other junk food. Several hours later staff found a vape in (RI #27's) top bedside drawer tucked inside a sock. Vape was handed to the administrator who informed staff to take another peek while (he/she is) not in (his/her) room to see if (he/she) had any other vaping devices. After inspecting resident's room further staff found a brown paper bag containing four more vaping devices. The brown bag was turned into DON before resident returned to (his/her) room . 12/21/2022 9:06 (9:06 AM) During morning med pass staff entered resident's room to find (him/her) asleep with a vaping device in (his/her) hand. Staff attempted to awaken resident to administer medications and remove vape from resident's room. However, after several attempts, resident continued sleeping. Staff removed vaping device from resident's hand and allowed (him/her) to continue resting undisturbed . 12/27/2022 10:55 (10:55 AM) . Upon entering resident's room (he/she) quickly tucked something inside (his/her) gown. When asked if (he/she) was vaping (he/she) immediately said no. But, when asked to remove the object (he/she) had just hidden, (he/she) removed a vaping device from the roll of (his/her) gown. Staff removed vape and reported the event to DON and administrator . 12/27/22 16:28 (4:28 PM) Upon entering resident's room staff found (him/her) with a vape in (his/her) hand. Staff held out hand for (him/her) to hand it over. (He/She) complied but became belligerent . Staff took the second vape today to the DON and reported what had transpired . 12/28/2022 15:00 (3:00 PM) (EI #31), CNA, went into resident's room and discovered (him/her) in bed with a vaping device. She confiscated the vape and turned it in to the administrator . 12/31/2022 16:12 (4:12 PM) Staff found resident sleeping with vape on (his/her) stomach during morning med pass. Vape removed from (his/her) possession and DON notified of findings . 01/05/2023 11:48 (11:48 AM) Resident found sleeping with vape in (his/her) hand this morning when staff went into (his/her) room during med pass . 01/14/2023 9:48 (9:48 AM) During morning med pass resident was found asleep with a vape in (his/her) hand. (He/She) handed it to staff without any issues. Within an hour staff went into the room . While passing (RI #27's) bed staff noticed (him/her) asleep with another vape in (his/her) hand. Staff called out to (him/her) to ask (him/her) to hand over the vape. (He/She) then stated Why did you come back in here to bother me again? Staff explained that while providing care to (his/her) roommate another vape was spotted in (his/her) hand when glancing at (him/her). (He/She) then stated Well don't look at me then. I can't afford to keep buying these things. (He/She) handed staff the second vape without any issues. Findings were reported to DON and administrator . 01/19/2023 9:06 (9:06 AM) During morning med pass staff saw a vaping device inside of (RI #27's) neck pillow. (He/She) handed staff the device without any issues. Vape turned in to DON . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	01/19/2023 17:41 (5:41 PM) Second vaping device removed from resident's room prior to shift change . On 02/19/2023 at 9:05 AM, an interview was conducted with EI #17. EI #17 said 11/15/2022 was the first time she recalled seeing RI #27 with a vape. EI #17 confirmed multiple occurrences of finding vapes and a pack of cigarettes in RI #27's possession. When asked if she also found a lighter at the time she found cigarettes, EI #17 said she did not see one at that time, but had not looked. EI #17 said she thought a lighter was found in RI #27's room at a later time. EI #17 indicated she reported all findings of vapes and cigarettes and turned the items in to the DON or the Administrator and documented them in RI #27's progress notes. When asked if EI #1 and EI #2 gave her further instructions on how to address RI #27's noncompliance each time they were notified, EI #17 said she was told to continue providing education on Signature Healthcare of Whitesburg Gardens being a smoke-free facility, which she was already doing, and to confiscate the vapes and document what had been done. EI #17 also indicated she was instructed to search RI #27's room on only one occasion in December 2022, but was not provided any instructions or training on how to conduct the search. On 02/19/2023 at 1:34 PM, a telephone interview was conducted with EI #31, the CNA that found a vape in RI #27's possession on 12/28/2022. EI #31 said on that day she was walking down the hall and smelled a fruity smell. EI #31 said she walked in RI #27's room and saw RI #27 laying there with eyes closed with a vape on his/her chest. EI #31 said when she touched RI #27, RI #27 immediately opened his/her eyes. EI #31 said she informed RI #27 this was a non-smoking facility and he/she was not supposed to have the vape. EI #31 said she went and informed EI #17 and also notified EI #1 and EI #2. EI #31 said she had personally confiscated three vapes off of RI #27. EI #31 recalled one day when RI #27 was in his/her room vaping and blowing the smoke out of his/her nose and mouth, blowing it everywhere. The surveyor asked EI #31 if she thought RI #27 understood the risk of vaping and smoking in the facility. EI #31 said she thought RI #27 did know the risks, but RI #27 was just going to do what he/she wanted to do. When asked if she had ever been in-serviced on what to do if she saw any vapes, cigarettes or lighters in RI #27's room, EI #31 said staff had been told to take them from RI #27 and turn them in to EI #1 and EI #2. A review of RI #27's Resident Progress Notes revealed the following entries were made by EI #26, an LPN providing care for RI #27 on the 6 PM - 6 AM shift: . 11/24/2022 4:56 (4:56 AM) At approx. (approximately) 0430 (4:30 AM), CNA notified the nurse of a resident having a vape in (his/her) hand holding it, the nurse went to the resident's room and turned on the light and the resident had (his/her) back turned away from the door towards #B bed with a vape in (his/her) hand up to (his/her) face, the nurse asked (him/her) what does (he/she) have in (his/her) hand? and asked for the vape which was warm to touch, nurse once again educated the resident on smoking in the facility and smoking while having a nicotine patch on (him/her) person, resident . just shrugged (his/her) shoulders, nurse notified DON and attempted to notify MD of the above and no answer of the phone will have on coming nurse to notify MD . 01/07/2023 18:34 (6:34 PM) CNA informed this nurse of the resident lying in bed with (his/her) hand on (his/her) chest, holding a vape, vape was confiscated, the administrator was notified, DON was notified via text, resident was again educated on not smoking in the facility, (he/she) then stated ya, I know will continue to monitor during my shift . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	01/10/2023 5:03 (5:03 AM) CNA instructed this nurse to come into the resident's room, upon arrival CNA pointed to the foot of (his/her) bed, while he had (RI #27) on (his/her) side performing peri care pointed to the foot of her bed, while he had (him/her) on (his/her) side performing peri care and the nurse picked up a vape with tissue wrapped around it with a hair tie, DON notified, administrator, notified, vape was confiscated and placed in a clear bag to be given to administrator, will continue to monitor during my shift . 01/17/2023 4:02 (4:02 AM) The resident was seen . with a hand on (his/her) chest and a vape in (his/her) hand with Kleenex wrapped around it with a hair tie. The nurse confiscated and informed DON . On 02/21/2023 at 12:38 PM, a telephone interview was conducted with EI #26. EI #26 said she had confiscated several vapes from RI #27 and felt RI #27 was putting all the residents in jeopardy and the facility was not doing anything about it. EI #26 said administrative staff knew RI #27 was using the vape and just kept telling the staff to take them away from RI #27. EI #26 said on 11/24/2022, she went in to administer RI #27's medications and observed RI #27 laying in bed with a vape in his/her left hand. EI #26 said she immediately confiscated the vape and educated RI #27. EI #26 said she told RI #27 smoking was not allowed, and he/she could start a fire. EI #26 said she called EI #1 and EI #2 and put the vape in a bag and left the bag at the nurses station. EI #26 said on 01/07/2023 and 01/10/2023, a CNA, EI #37, informed her he observed RI #27 with a vape in his/her hand. EI #26 said each time she would confiscate the vape and notified EI #1 and EI #2. EI #26 said the last time she observed RI #27 with a vape was on 01/17/2023. When asked what she had been told to do if she observed RI #27 with a vape, EI #26 said the only thing the nurses were told to do was to leave the vapes on the cart and there was nothing administration could do about RI #27 having the vapes. EI #26 said she had never personally seen RI #27 with a cigarette lighter or cigarettes, but the first time she observed RI #27 with a vape, the vape was hot and you could tell RI #27 had just used it. A review of RI #27's Resident Progress Notes revealed the following entries were made by EI #15, an LPN providing care for RI #27 on the 6 AM - 6 PM shift: .01/08/2023 15:05 (3:05 PM) CNA notified the nurse that the resident was vaping in (his/her) room Nurse educated resident that this facility was a non smoking one. Resident verbalized understanding. Resident was asked if (he/she) had any more which (he/she) denied. DON and administrator notified. Will continue to monitor and follow current orders . 02/19/2023 at 12:21 PM, an interview was conducted with EI #15. EI #15 said on 01/08/2023, she was told by EI #31, a CNA, RI #27 was vaping in his/her room. EI #15 said she confiscated the vape and took it to the DON's office. When asked what the DON (EI #2) instructed her to do, EI #15 said nothing. EI #15 said she was just told to leave the vape in EI #2's office. EI #15 said she educated RI #27 the facility was a non-smoking facility. When asked if she had ever smelled any smoke in RI #27's room, EI #15 said yes, but could not provide a date. The surveyor asked EI #15 if she knew the source of the smoke, and EI #15 said what she smelled would have come from a vape, because it did not smell like a cigarette. EI #15 said she probably told the nurse on the hall at that time, but could not recall. A review of RI #27's Resident Progress Notes revealed the following entries were made by EI #23, an LPN providing care for RI #27 on the 6 PM - 6 AM shift: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	. 02/06/2023 5:11 (5:11 AM) At 2:45am, I was notified by CNA, that when she went in resident's room, resident was lighting a cigarette, with a lighter. This nurse went and asked resident for lighter and the cigarette. Resident gave me and (an) empty plastic cup. The cup obtained (contained) a few cigarettes. Resident refused to give me the lighter. I then help my CNA provide ADL care to resident. When I went to remove neck pillow, to turn resident, I found, a pack of cigarettes, a vape, and a lighter. I removed all iteams (items) from neck pillow. I then educated resident on the facilities (facility's) policy on no smoking and the dangers of smoking in the facility. Resident understood. (EI #6, the Medical Director), the administrator, notified. DON attempted to be notified. Message left . 02/06/2023 5:23 (5:23 AM) All cigarettes, vape, lighter and empty cup with cigarettes, placed in 600 hall narc (narcotic) box. Will notify dayshift nurse . On 02/17/2023 at 7:15 PM, an interview as conducted with EI #23. EI #23 said on 02/06/2023 at 2:45 AM she was notified by a CNA, EI #22, that when she went in RI #27's room to perform ADL (Activities of Daily Living) care she witnessed RI #27 with a cigarette lighter, attempting to light a cigarette. EI #23 said EI #22 asked for the lighter and cigarette and RI #27 did not comply so she came and got her. EI #23 said EI #22 reported RI #27 was trying to smoke in the room. EI #23 said when she and EI #22 entered RI #27's room, she asked RI #27 if he/she was trying to smoke in the facility, and RI #27 stated I don't know what you are talking about. EI #23 told RI #27, I did see you with a lighter and a cigarette. EI #23 said RI #27 would not give her the lighter or cigarettes, and when she looked on the bedside table, she saw a cup containing approximately three to four burned cigarettes, which appeared to have already been smoked. EI #23 said she asked RI #27 a second time to give her the cigarettes and lighter, and RI #27 again said, I don't know what you are talking about so she told RI #27 she was going to help the CNA do ADL care. EI #23 said when EI #22 pulled the covers down, she picked up RI #27's neck pillow and felt a lighter, a vape, and a pack of cigarettes in the neck pillow. EI #23 said before she left the room, she educated RI #27 about the dangers of smoking in the room and then she took the items to the narcotic box on the med cart and locked them up. EI #23 said she notified EI #6, the Medical Director, EI #1 and EI #2. EI #23 said EI #6 did not give any instructions or orders, and EI #2 said to keep them locked in the med cart and she would get them when she returned to work. When asked what was the risk to RI #27 and the other residents in the facility if RI #27 was smoking cigarettes and vaping in her room, EI #23 said RI #27 took a lot of medications and often falls asleep, which could result in a fire. EI #23 also said RI #27's roommate did not need to inhale second hand smoke. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 02/20/2023 at 1:22 PM, a telephone interview was conducted with EI #22, the CNA working on 02/06/2023. EI #22 said she had just completed her rounds when RI #27 put on his/her call light. EI #22 said she went in RI #27's room, RI #27 was in the bed laying on his/her back and had a cigarette in his/her right hand. EI #22 said RI #27 reached over to the bedside table and grabbed the lighter that was sitting there. EI #22 said RI #27 reached over like it was nothing, got the lighter off the table and lit his/her cigarette. EI #22 said RI #27 then puffed two hard times and blew the smoke out. The surveyor asked EI #22 what she did at that time. EI #22 said she immediately left the room. EI #22 said it startled her, so she walked out to get the nurse. When asked if she asked RI #27 for the cigarette or lighter before she exited the room to notify the nurse, EI #22 said no. When asked why she left RI #27 with a lit cigarette, EI #22 said she was shocked. EI #22 said she had never seen a resident just light a cigarette and smoke it on the inside of the building like it was nothing. EI #22 said when she left the room RI #27 still had the lit cigarette in his/her mouth. EI #22 said when she informed the nurse of everything that happened, the nurse immediately went to the room and she went back with the nurse. When asked how long it took for them to return to the room, EI #22 said maybe three to four minutes. EI #22 said RI #27 tried to deny smoking in the facility. EI #22 said the nurse asked RI #27 for the cigarette, and RI #27 said he/she did not have one. EI #22 said you could smell the cigarette smoke and the nurse found a cigarette lighter and a smoked cigarette in a cup on the table. EI #22 was asked if she had been provided any information about RI #27 being non-compliant with the facility's non-smoking policy. EI #22 said no. EI #22 said she was just informed of RI #27's level of care. EI #22 said she had not received any in-services on monitoring RI #27 and had not been instructed on what to do if she saw RI #27 with a lighter, cigarette or vape. A review of RI #27's Resident Progress Notes revealed the following entries were made by EI #27, an LPN providing care for RI #27 on the 6 AM - 6 PM shift: . 02/06/2023 10:03 (10:03 AM) Nurse gave evidence of vapor and cigarettes to Social Worker of facility. All facility nursing supervisor aware . EI #27 was interviewed on 02/20/2023 at 4:20 PM. EI #27 said she had never seen RI #27 with vapes, cigarettes or a lighter, but indicated some had been turned in to her. EI #27 could not recall the specifics but said she usually documents a progress note about what happened and who she notified. When asked what the facility had instructed staff to do if they observed RI #27 with vapes, cigarettes or cigarette lighters in his/her room, EI #27 said they had been told to notify EI #1, the Administrator, or EI #2, the DON. EI #27 said nothing had been put in place related to RI #27's noncompliance, other than to turn any of these items in to the Administrator when they were found. EI #27 stated at this point, RI #27's noncompliance was a safety concern. EI #27 further explained she had not received any training from the facility related to monitoring RI #27's noncompliance until 02/20/2023. A review of RI #27's Resident Progress Notes revealed the following entries were made by EI #28, the Social Service Designee (SSD): . 02/06/2023 12:45 (12:45 PM) The SSD and Assistant SSD spoke with resident regarding violations of the facility smoking policy again. Resident denied the cigarette being (his/hers). Resident admitted to only Vaping . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 02/18/2023 at 9:07 AM, an interview was conducted with EI #28. EI #28 was asked when she started working with RI #27 concerning his/her non-compliance. EI #28 said she started visiting with RI #27 each morning sometime in December, but did not make any documentation. The surveyor asked EI #28 if the interventions put in place to prevent RI #27 from vaping and smoking/having cigarettes in his/her room were successful. EI #28 said not completely because RI #27 still had vapes and/or cigarettes in his/her room. EI #28 was asked could she think of any other interventions that could have worked better or stopped the behavior. EI #28 said finding a nursing home that allowed smoking, or maybe placing RI #27 on one on one earlier. When asked what were the dangers of smoking and vaping in the facility, EI #28 said it was a fire hazard and second hand smoke was dangerous. EI #28 said, if a fire started, it could affect all residents in the building. 02/19/2023 at 10:00 AM, a follow-up interview was conducted with EI #28. When asked what she discussed when she met with RI #27, EI #28 said she discussed with RI #27 that the facility policy did not allow smoking in the building and that it was a safety concern to smoke or vape. EI #28 said RI #27 always denied being noncompliant, despite staff confiscating the items. EI #28 was asked how her conversations with RI #27 changed, as the noncompliance continued. EI #28 said they did not change, she just continued to tell RI #27 the facility did not allow smoking or vaping. A review of RI #27's Resident Progress Notes revealed the following entries were made by EI #25, an LPN providing care for RI #27 on the 6 PM - 6 AM shift: . 02/13/2023 3:56 (3:56 AM) At 03:30 (3:30 AM) residents call light went off and the assigned cna went to answer it. While doing patient care, the cna saw a used cigarette in the residents bed and cigarette buts (butts) in a cup on the residents over bed table. No burns noted to the residents body or bed. The administrator and DON were notified. Will continue to monitor the rest of shift for any signs of cigarette smoke . 02/19/2023 at 11:17 AM, the surveyor conducted an interview with EI #25. EI #25 said on the on the morning of 02/13/2023, RI #27 put the call light on at 3:30 AM and EI #24, the CNA that was assigned to RI #27, went down to see what RI #27 needed. EI #25 said about 3:45 AM, she was sitting at the nurses station when EI #24 called her and said she needed to show her something. EI #25 said she got up and met EI #24 in the hallway and EI #24 had a cigarette in her hand. EI #25 said EI #24 found the cigarette in RI #27's bed. EI #25 said EI #24 informed her RI #27 had some cigarette butts in a cup on the over bed table as well. EI #25 said she went to RI #27's room to make sure RI #27 and RI #27's roommate were okay. EI #25 said she wanted to make sure RI #27 had not dropped any ashes on him/herself or in the bed. When asked what her observation was when she entered the room, EI #25 said she saw the cigarette butts in a cup on top of the over bed table. EI #25 said it was probably about three or four cigarette butts in the cup. EI #25 said she did not ask RI #27 anything about the butts or cigarettes. The surveyor asked EI #25 if she had ever educated RI #27 about the facility's non-smoking policy. EI #25 said she had, probably about a month prior, when someone found a vape in RI #27's room. When asked how RI #27 responded, EI #25 said RI #27 just said okay. The surveyor asked EI #25 what she did with the cigarette on 02/13/2023. EI #25 said she put in in a Ziploc bag and another nurse called EI #1 and EI #2 and told them what had been found. EI #25 said she documented what happened and put this on the 24 hour report. When asked if this was the first time she put anything on the 24 hour report pertaining to RI #27 and his/her non-compliance with the facility's non-smoking policy, EI #25 said it was. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 02/19/2023 at 4:20 PM, a telephone interview was conducted with EI #24, the CNA providing care to RI #27 on 02/13/2023. EI #24 said she went to RI #27's room on 02/13/2023 because her call light was on. EI #24 said RI #27 said he/she needed changing. EI #24 said when she rolled RI #27 to his/her left side to provide care, she saw a cigarette in the bed. EI #24 said it was a smoked cigarette and more than half of the cigarette had been smoked. EI #24 said she did not see a lighter or smell any smoke at that time. When asked if she saw any other cigarette butts, EI #24 said when she moved RI #27's over the bed table, a cup containing cigarette butts fell to the floor. EI #24 said there was cigarette ash and about four or five cigarette butts in the cup. EI #24 said she had also previously seen RI #27 asleep with a vape in his/her hand. When asked what she did when she saw RI #27 with the vape, EI #24 said she did not do anything or tell anyone because she did not know RI #27 could not have it. 29671 Review of RI #27's comprehensive care plans revealed the first care plan related to RI #27's noncompliance was created on 01/26/2023 by EI #15, the MDS/Care Plan Coordinator. This care plan documented: .Problem Start Date: 01/26/2023 Category: Behavioral Resident demonstrates non-compliance with physician orders and/or plan of care as evidenced by: continuing to vape in (his/her) room despite being asked not to . On 01/26/2023 at 3:57 PM, EI #15, the MDS/Care Plan Coordinator, was interviewed. When asked at what point RI #27 first demonstrated noncompliant behavior, EI #15 said since 11/15/2023, according to the progress notes. When asked what had been done to address the concern of noncompliance with the facility's non-smoking policy, EI #15 said they offered a nicotine patch, but RI #27 continued to vape, so the patch was discontinued. EI #15 confirmed RI #27's care plan addressing non-compliance with the facility's non-smoking policy was not initiated until 01/26/2023. When asked why a care plan had not been developed prior, EI #15 said she thought progress notes were effective enough. When asked when a care plan should have been initiated, EI #15 said on 11/15/2023, when RI #27's noncompliance was first noted. EI #15 said the risk of not developing a care plan would be harm to the resident. On 02/18/2023 at 11:00 AM, the surveyor conducted an interview with EI #2, the DON. When asked the safety risks associated with RI #27 smoking and vaping in the facility, EI #2 said fire and second hand smoke. When asked what interventions were cu [TRUNCATED]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33739 Based on observations, interviews, record review and review of a facility policy titled, Medication Ordering and Receiving From Pharmacy Provider, the facility failed to ensure medications were available at scheduled medication times for Resident Identifier (RI) #30. This deficient practice affected RI #30, one of four residents reviewed for medication availability. Finding include: 1) Review of a facility policy titled, Medication Ordering and Receiving From Pharmacy Provider, dated 01/2022, revealed the following: . POLICY Medications and related products are received from the provider pharmacy on a timely basis. The nursing center maintains accurate records of medication order and receipt. PROCEDURES . a. All new medication orders are transmitted to the pharmacy. e. New medications . If the first dose of medication is scheduled to be given before the next regularly scheduled pharmacy delivery, please telephone or transmit the medication orders to the pharmacy immediately upon receipt. Timely delivery of new orders is required so that medication administration is not delayed. g. New admission orders: When transmitting medication orders for a newly admitted resident, the pharmacy should be given date of birth, social security number, attending physician . RI #30 was admitted to the facility 01/24/2923. On 01/25/2023 at 8:45, the AM medication pass for RI #30 was observed. EI #9, Registered Nurse prepared Eliquis, Norvasc, Atorvastin, Vitamin D 400 Units, Magnesium Oxide, Multivitamin, and Potassium. She indicated to the surveyor RI #30's Lasix, Metoprolol, Protonix and Doxycycline were not in the cart. A review of Admission orders received to the facility on [DATE] at 11:09 AM indicated the Metoprolol, Protonix, Doxycline and Lasix were on the on the admission/discharge orders. A review of the Pharmacy sheet indicated the orders received to the Pharmacy 1/24/23 at 1:56 PM. On 1/25/23 at 10:45 AM an interview with EI #12, the admitting nurse revealed she got the orders before the resident arrived she entered the information in the system then called to ensure the pharmacy received them. EI #12 was asked what medication were ordered; she said all the ones on the discharge from hospital list. EI #12 was asked why was the Lasix, Protonix, Metoprolol and Doxycycline not delivered; she said she did not know, it was ordered. EI #12 was asked what should be done if medication not available; she said notify the Pharmacy and the Doctor. EI #12 was asked what was being done to ensure medications were available. She was asked what time did she send it to the Pharmacy; she said before 3:00 PM. EI #12 was asked when should resident medications not be available. EI #12 said they should always be available. EI #12 was asked how often were new resident medications not available. She said a few times. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/25/23 at 12:05 PM an interview was conducted with EI #9. EI #9 was asked what medications that were due on the morning pass were not available; she said the Lasix, Protonix, Metoprolol and Doxycycline. EI #9 was asked how often new resident medications were not available; she said she had only worked there about a week and it had occurred a few times. EI #9 was asked what did she do when medications were not available; she said call pharmacy, and if needed call the doctor, and she told the unit manager. EI #9 was asked what was the harm in resident medications not available. EI #9 said doctors orders were not followed if medications were not given due to being unavailable. On 01/26/2023 at 5:00 PM, an interview was conducted with EI #2, the Director of Nursing (DON). EI #2 was asked what was the policy for medications to be available. EI #2 said it should be available for the medication pass. EI #2 was asked if RI #30 was admitted on [DATE] before 3:00 PM when should medications have been available. EI #2 said that night around 8:00 PM. She was asked to read off the medications ordered and then asked if the Lasix, Protonix, Metoprolol and Doxycline were on the list; she said yes. EI #2 was asked why those medications were not available for the morning medication pass; she said she was not sure. EI #2 was asked how often medications were not available for new residents. She said they have had the problem for several weeks and they were working on it. EI #2 was asked if they were working on it and medications were still not available was there still a problem; she said yes. 02/20/2023 at 6:42 PM, a follow-up interview was conducted with EI #2. EI #2 said the problem with medications not being available were the medications upon admission. EI #2 said when residents were admitted in the evening, the next morning they would not have all their medications for the medication pass. When asked why this was, EI #2 said the way their system was set up, if residents are not in the building by 5 PM so that the orders can be activated, the order is not transmitted to the pharmacy in time for the night time delivery. This deficiency was cited as a result of the investigation of complaint/report number AL00043096.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20304 Based on observations, interviews, medical record review, and review of facility policies titled, Expired Medications and Medication Storage Controlled Medication Storage, the facility failed to ensure: 1) a stock bottle of expired Multivitamin was not left on a medication cart; and 2) liquid Lorazepam 2 mg (milligram)/ml (milliliter), belonging to Resident Identifier (RI) #s 70, 85, 56, 217, 110, 48 and 72 were stored in a permanently affixed compartment in the refrigerator. These deficient practices affected one of four medication carts observed, and six residents with their liquid Lorazepam stored in the refrigerator. Findings include: 21055 1) Review of a facility policy titled, Expired Medications, with a reviewed date of 10/01/2018, revealed the following: . PROCEDURE: . 2. Nursing inspects containers regularly for expiration dates. Nursing also does frequent inspections of Medication carts for expired drugs . On 02/16/2023 at 9:52 AM, the surveyor observed Employee Identifier (EI) #16, Licensed Practical Nurse (LPN)/Unit Manager, prepare medications. EI #16 searched the medication cart drawer and removed a container of Multivitamin (MVI), a stock medication. The container of MVI was dated with an open date of 08/20/2022, and the expiration date on the container was 01/2023. The surveyor asked EI #16 should the container of MVI be on the medication cart. EI #16 said no. When asked what could potentially occur when an expired medication is administered, EI #16 said there was a potential for the medication to lose its strength. The surveyor asked EI #16 what should happen when a medication/vitamin expires. EI #16 said it should be taken off the medication cart and discarded. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/21/2023 at 5:15 PM, the surveyor conducted an interview with EI #2, the Director of Nursing (DON). When asked where expired stock medications should be stored, EI #2 said there were bags and boxes in the medication room to put expired medications in. EI #2 said expired medications should be pulled out and never left in the medication drawer on the medication cart. The surveyor asked EI #2 when expired medications should be pulled off the medication cart. EI #2 said as soon as they have been identified as being expired. When asked who would be responsible for ensuring expired medications are not left on the medication cart, EI #2 said the nurse who is preparing to give the OTC (Over The Counter), the nurse management does random cart checks, and the pharmacy consultant does monthly checks as well. The surveyor asked EI #2, with those three processes in place, should there ever be an expired OTC medication on the cart. EI #2 said no. 2) Review of a facility policy titled, Medication Storage Controlled Medication Storage, dated 11/2017, revealed the following: . POLICY Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal and record keeping in the nursing center in accordance with federal, state and other applicable laws and regulations. PROCEDURES . 4. Controlled medications requiring refrigeration are stored within a locked, permanently affixed box within the refrigerator . Resident Identifier (RI) #70 was admitted to the facility on [DATE]. RI #70's Physician Order Report dated 01/23/2023 - 02/23/2023, revealed RI #70 had an order for Lorazepam (Ativan) - Schedule IV concentrate 2 mg/ml give 0.25 ml by mouth every 2 hours as needed for anxiety/behaviors. RI #85 was admitted to the facility on [DATE]. RI #85's Physician Order Report dated 01/23/2023 - 02/23/2023, revealed RI #85 had an order for Lorazepam - Schedule IV concentrate 2 mg/ml administer 0.25 ml as needed for anxiety/restlessness. RI #56 was admitted to the facility on [DATE]. RI #56's Physician Order Report dated 01/23/2023 - 02/23/2023, revealed RI #56 had an order for Lorazepam - Schedule IV concentrate 2 mg/ml give 0.5 ml by mouth sublingual every 2 hours as needed for agitation. RI #217 was admitted to the facility on [DATE]. RI #217's Physician Order Report dated 01/25/2023 - 02/25/2023, revealed RI #217 had an order for Lorazepam - Schedule IV concentrate 2 mg/ml give 1 ml oral as needed for agitation. RI #110 was admitted to the facility on [DATE]. RI #110 had expired and was not in the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	RI #110's Physician Order Report dated 01/25/2023 - 02/25/2023, revealed RI #110 had an order for Lorazepam - Schedule IV concentrate 2 mg/ml give 0.25 ml sublingual every 4 hours as needed for anxiety. RI #48 was admitted to the facility on [DATE]. RI #48 had expired and was no longer in the facility. RI #72 was admitted to the facility on [DATE]. On 02/23/2023 at 10:36 AM, the surveyor observed the medication room on the 3rd station with Employee Identifier (EI) #13. EI #13 unlocked the refrigerator and the surveyor observed boxes of Lorazepam 2 mg (milligrams)/ml (milliliters) belonging to RI #s 70, 85, 56, 217, 110, 48 and 72. The surveyor asked EI #13 should the boxes of Lorazepam be in a locked compartment affixed to the shelf in the refrigerator. EI #13 said she had seen it that way in several places she had worked, but she was not sure how it should be stored at this facility. On 02/23/2023 at 11:39 AM, the surveyor showed the Unit Manager, EI #16, the boxes of Lorazepam in the medication refrigerator. The surveyor asked EI #16 where the Lorazepam should be stored. EI #16 said in a locked box in the refrigerator. When asked why it should be stored in a locked box, EI #16 said for safety. On 02/23/2023 at 11:53 AM, the surveyor conducted an interview with EI #2, the Director of Nursing. When asked how the liquid Lorazepam in the refrigerator should be stored, EI #2 said in a locked refrigerator. The surveyor asked EI #2 if the Lorazepam should be stored in a permanently affixed compartment. EI #2 said not as long as it was behind two locks. On 02/24/23 at 10:13 AM, the surveyor conducted a telephone interview with EI #11, the pharmacist. When asked what Schedule of drug was Lorazepam, EI #11 said it was a Schedule IV. The surveyor asked how the liquid Lorazepam should be stored in the refrigerator. EI #11 said it should be in a separate, locked container in the refrigerator. This deficiency was cited as a result of the investigation of complaint/report number AL00043096.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20304 Based on interview, medical record review, the 01/13/2023 diet order for Resident Identifier (RI) #50, the 01/24/2023 breakfast tray ticket for RI #50, and the facility's policy for Dining and Food Preferences, the facility failed to ensure RI #50 received large portions for breakfast on 01/24/2023. This had the potential to affect all residents receiving meals from the facility's kitchen. Findings Include: The facility's policy for Dining and Food Preferences, revised 9/2017, included the following: Policy Statement Individual dining, food, and beverage preferences are identified for all residents/patients. Procedures . 7. The individual tray assembly ticket will identify all food items appropriate for the resident/patient based on diet order, . and preferences. RI #50 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include End Stage Renal Disease, Gastro-esophageal Reflux Disease, Non-pressure Ulcer of Buttock Limited to Breakdown of Skin, Dementia, Anemia, Nausea with vomiting, and Vitamin Deficiency. RI #50's diet order, dated 01/13/2023, was for a Regular Diet with Special Instructions: Renal, 1500 ml (milliliters) per day fluid restriction, and large portions at breakfast. RI #50's Breakfast tray ticket for Tuesday, Menu Week 4, Day 24 on 01/24/2023 was reviewed and no instructions for large portions were found on the ticket. During an interview with Employee Identifier (EI) #4, the Registered Dietitian, on 01/24/2023 at 4:07 PM, it was confirmed that the Large Portions for Breakfast instruction was not printed on the breakfast tray ticket for RI #50. EI #4 said she did not understand why the ticket was not correct. EI #4 further said breakfast was important for RI #50 because it is the only meal that the resident really eats.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20304 Based on interview, medical record review, the diet orders for Resident Identifier (RI) #60, RI #39, and RI #50, the tray tickets for breakfast, lunch, and dinner on 1/24/2023, and the facility's policies for Therapeutic Diets, Fluid Restriction, and Dining and Food Preferences; the facility failed to ensure RI #60, RI #39, and RI #50 received meals according to their therapeutic diet orders. This had the potential to affect all residents receiving meals from the facility's kitchen. Findings Include: The facility's policy for Therapeutic Diets, revised 9/2017, included the following: Policy Statement All residents have a diet order, including regular, therapeutic, and texture modification, that is prescribed by the attending physician . Definitions 'Therapeutic diet' is defined as a diet ordered by a physician . as part of the treatment for a disease or clinical condition. The facility's policy for Fluid Restriction, revised 9/2017, included the following: Policy Statement A fluid restriction will be implemented only as part of a therapeutic diet prescription. The facility's policy for Dining and Food Preferences, revised 9/2017, included the following: Policy Statement Individual dining, food, and beverage preferences are identified for all residents/patients. Procedures . 7. The individual tray assembly ticket will identify all food items appropriate for the resident/patient based on diet order . 1.) RI #60 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include End Stage Renal Disease, Dependence on Renal Dialysis, Type 2 Diabetes Mellitus with Diabetic Polyneuropathy, and Cognitive Communication Deficit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	RI #60's diet order, dated 09/20/2022, was for a CCD (Consistent Carbohydrate Diet) Renal with Special Instructions: fluid restriction 1200 for Dietary 1 glass per tray 480 ml (milliliters) from Nursing NAS (No Added Salt). RI #60's breakfast, lunch, and dinner tray tickets for Tuesday, Menu Week 4, Day 24 on 01/24/2023 were reviewed. The tray tickets indicated RI #60 was to receive a CCD Renal diet with NAS and a 1000 ml fluid restriction. The breakfast tray ticket included 8 ounces (240 ml) 2 % (percent) Milk and 4 ounces (120 ml) Cranberry Juice as fluid. The lunch tray ticket included two 8-ounce glasses of water for 16 ounces (480 ml) and 6 ounces (177 ml) Decaffeinated Coffee or Tea as fluid. The dinner tray ticket included two 8-ounce glasses of water for 16 ounces (480 ml) and 6 ounces (177 ml) Decaffeinated Tea as fluid. Employee Identifier (EI) #4, the Registered Dietitian, was interviewed on 01/24/2023 at 4:07 PM. EI #4 said the tray tickets for RI #60 were wrong. EI #4 said the tray tickets should indicate a 1200 ml fluid restriction and one 8-ounce glass (240 ml) of fluid per tray. EI #4 said an additional 4 ounces (120 ml) of Cranberry Juice was later approved for breakfast, but the remaining liquid was to be used for snacks and medication pass. EI #6, the Medical Director, was interviewed on 01/25/2023 at 12:20 PM. EI #6 said the diet order instructions were not being followed for RI #60. 2.) RI #39 was admitted to the facility on [DATE] with diagnoses to include End Stage Renal Disease and Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease. RI #39's diet order, dated 01/13/2023, was for a CCD with Special Instructions: Renal diet. RI #39's breakfast, lunch, and dinner tray tickets for Tuesday, Menu Week 4, Day 24 on 01/24/2023 were reviewed. The tray tickets indicated RI #39 was to receive a CCD diet. EI #4, the Registered Dietitian, was interviewed on 01/24/2023 at 4:07 PM. EI #4 said the tray tickets for RI #39 were wrong because Renal was not included. EI #6, the Medical Director, was interviewed on 01/25/2023 at 12:20 PM. EI #6 said, if the Renal diet was not included, RI #39 could get too much protein and sodium, which could cause further deterioration of the patient's kidney function. 3.) RI #50 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include End Stage Renal Disease, Dependence on Renal Dialysis, Dementia, and Other Disorders of Electrolyte and Fluid Balance. RI #50's diet order, dated 01/13/2023, was for a Regular Diet with Special Instructions: Renal, 1500 ml per day fluid restriction, and large portions at breakfast. RI #50's breakfast, lunch, and dinner tray tickets for Tuesday, Menu Week 4, Day 24 on 01/24/2023 were reviewed. The tray tickets indicated RI #50 was to receive a Regular diet. RI #50's tray tickets also included Needs High Potassium foods. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	EI #4, the Registered Dietitian, was interviewed on 01/24/2023 at 4:07 PM. EI #4 said the tray tickets for RI #50 were wrong because the resident was supposed to be on a Regular Renal diet with a 1500 ml fluid restriction. EI #4 said she did not know why the tray tickets indicated Needs High Potassium foods and further said that was concerning. EI #6, the Medical Director, was interviewed on 01/25/2023 at 12:20 PM. EI #6 said it is usually not the case for high potassium foods to be used in kidney disease. EI #6 further said we are trying to prevent excessive electrolytes and protein in the individual's system via the Renal diet and Dialysis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20304 Based on observation, interview, the facility's policies for Staff Attire, Food Preparation, and Food Storage: Cold Foods, and the 2017 Food Code of the United States (U.S.) Public Health Service and U.S. Food and Drug Administration (FDA); the facility failed to ensure food safety by: 1.) Employee Identifier (EI) #7 not wearing a beard covering over his mustache while serving the breakfast meal on [DATE], 2.) keeping boiled eggs with a use by date of [DATE] in the Walk-in Cooler on [DATE], 3.) keeping Temperature Control for Safety (TCS) food in the Station #2 resident refrigerator at 53 (degrees) Fahrenheit (F) and the freezer at 15 F on [DATE], and 4.) the Station #1 resident refrigerator having no thermometer for staff to monitor the temperature on [DATE] and [DATE]. This had the potential to affect all residents receiving meals from the facility's kitchen. Findings Include: 1.) The 2017 Food Code of the U.S. Public Health Service and the FDA included the following: . Hair Restraints ,d+[DATE].11 Effectiveness. (A) . FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLESERVICE and SINGLE-USE ARTICLES. The facility's policy for Staff Attire revised ,d+[DATE], included the following: Policy Statement All employees wear approved attire for the performance of their duties. Procedures 1. All staff members will have their . facial hair properly restrained. The facility's policy for Food Preparation revised ,d+[DATE], included the following: Policy Statement (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	All foods are prepared in accordance with the FDA Food Code. Procedures . 2. Dining Services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination. During a kitchen observation on [DATE], the assembly of breakfast trays for residents was observed from the first tray assembled at 7:00 AM to the last cart of trays leaving the kitchen at 8:35 AM. EI #7, the Assistant Dietary Manager, served food from the steamtable onto plates and bowls for the residents and performed additional food related tasks during this time. During the entire resident breakfast tray assembly process, EI #7 wore his beard cover pulled down below his mouth so that his moustache was exposed. EI #7 was interviewed on [DATE] at 9:17 AM. When asked why a beard cover should be worn during food production and service, EI #7 said to prevent hair from falling into the food. EI #5, the Dietary Manager, was interviewed on [DATE] at 5:22 PM. EI #5 said, when foodservice staff did not cover facial hair during food preparation and service, cross-contamination would be a problem if hair fell into the food and contaminated it. EI #4, the Registered Dietitian, was interviewed on [DATE] at 5:25 PM. EI #4 said hair in one's food was unsightly and unprofessional. EI #4 further said it could cause a gag reflex or appetite loss. 2.) The 2017 Food Code of the U.S. Public Health Service and the FDA included the following: . ,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) . refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) . refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: . (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1 . ,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in ,d+[DATE].17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ,d+[DATE].17 (A) . The facility's policy for Food Preparation, revised ,d+[DATE], included: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Policy Statement All foods are prepared in accordance with the FDA Food Code. Procedures . 17. all TCS foods that are to be held for more than 24 hours at a temperature of 41 F or less, will be labeled and dated with a 'prepared date' (Day 1) and a 'use by' date (Day 7). On [DATE] at 9:15 AM, an observation of the Walk-in Cooler in the kitchen was made with EI #5, the Dietary Manager. Inside a box of commercially prepared, peeled, boiled eggs was an opened package containing six eggs. The package of boiled eggs was labeled as being opened on ,d+[DATE] ([DATE]) and dated with a discard date of ,d+[DATE] ([DATE]). EI #5 said these should not be in here, they should have been thrown away. EI #5, the Dietary Manager, was interviewed on [DATE] at 5:22 PM. EI #5 was asked about the package of boiled eggs, labeled as opened on [DATE] and with a use by date of [DATE], which were in the Walk-in Cooler on [DATE]. EI #5 said the boiled eggs were clearly expired and needed to be thrown out. EI #4, the Registered Dietitian, was interviewed on [DATE] at 5:25 PM. When asked about the package of boiled eggs with the with a use by date of [DATE] that were in the Walk-in Cooler on [DATE], EI #4 said there was potential for cross-contamination and possibly Salmonella (a food-borne illness bacteria). 3.) The 2017 Food Code of the U.S. Public Health Service and the FDA included the following: . Temperature and Time Control ,d+[DATE].11 Frozen Food. Stored frozen FOODS shall be maintained frozen. ,d+[DATE].16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) . TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: . (2) At 5 C [Centigrade] (41 F) or less. The facility's policy for Food Storage: Cold Foods, revised ,d+[DATE], included the following: Policy Statement All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code. Procedures . 2. All perishable foods will be maintained at a temperature of 41 F or below . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3. Freezer temperatures will be maintained at a temperature of 0 F or below. On [DATE] at 5:35 PM, the residents' refrigerator on Nursing Station #2 was observed with EI #13, a Licensed Practical Nurse (LPN). EI #13 said the refrigeration temperature was 54 degrees Fahrenheit and the freezer was 15 degrees Fahrenheit. When asked what should the refrigerator's temperature be, EI #13 replied 32 to 41 degrees Fahrenheit. When asked what should the freezer's temperature be, EI #13 said no greater than zero degrees Fahrenheit. EI #13 said nine ice cream sandwiches and three individual chocolate/vanilla ice creams were in the freezer. Upon being asked how did the ice cream feel, EI #13 said it was not solid and she was able to squeeze it easily. EI #13 further said the ice cream needed to be thrown away. When asked how did the ice cream sandwiches feel, EI #13 said soft, not frozen. EI #13 said ice cream should be frozen solid and you should not be able to squeeze it. EI #13 said the refrigerator should never be 54 degrees Fahrenheit. EI #13 did not know how long the temperature had been 15 degrees Fahenheit in the freezer and 54 degrees Fahrenheit in the refrigerator. EI #13 said the risk of the freezer being 15 degrees Fahrenheit and the refrigerator being 54 degrees Fahrenheit was the food inside not being at the proper temperature. EI #13 said the refrigerator contained a 46-ounce jar of apple sauce that was 75% full, a box containing three chicken fingers, one 8-ounce nutritional shake, three individual coffee creamers, two small containers of Yoplait peach/strawberry yogurt, and a 46-ounce container of thickened apple juice. EI #13 was asked what was the risk of the freezer not being 0 degrees F or below and the refrigerator not being between 32 to 41 F. EI #13 said the residents could get sick. During an interview on [DATE] at 2:50 PM, EI #5, the Dietary Manager, said the 54 degree temperature reading for the Nursing Station #2 residents' refrigerator was too high. EI #5 said everything in the refrigerator was compromised due to biological growth. During an interview on [DATE] at 3:07 PM, EI #4, the Registered Dietitian, said the items in the Nursing Station #2 residents' refrigerator were at risk for causing food borne illness due to an unsafe temperature range. 4.) The 2017 Food Code of the U.S. Public Health Service and the FDA included the following: . Temperature and Time Control ,d+[DATE].11 Frozen Food. Stored frozen FOODS shall be maintained frozen. ,d+[DATE].16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) . TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: . (2) At 5 C [Centigrade] (41 F) or less. The facility's policy for Food Storage: Cold Foods, revised ,d+[DATE], included the following: Policy Statement (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code. Procedures . 4. An accurate thermometer will be kept in each refrigerator and freezer. A written record of daily temperatures will be recorded. On [DATE] at 6:08 PM, the residents' refrigerator on Nursing Station #1 was observed with EI #12, a LPN. Upon being asked what was the temperature of the refrigerator, EI #12 said she did not know because there was no thermometer. When asked why was there no thermometer, EI #12 said she did not know. EI #12 further said night shift checked the refrigerators. On [DATE] at 8:00 AM, the residents' refrigerator on Nursing Station #1 was observed with EI #2, the Director of Nursing. When asked what was the temperature in the refrigerator, EI #2 said she did not know. EI #2 further said there was no thermometer in the refrigerator and she did not know why there was no thermometer. Upon being asked how was staff supposed to know what the temperature was inside the refrigerator, EI #2 said she did not know. EI #2 said the risk of not checking the refrigerator temperature was the food not being at the correct temperature. During an interview on [DATE] at 2:50 PM, EI #5, the Dietary Manager, said without a thermometer in the refrigerator you cannot verify the temperature and therefore cannot verify that the food is being kept at a safe temperature. During an interview on [DATE] at 3:07 PM, EI #4, the Registered Dietitian, said the Nursing Station #1 residents' refrigerator needed to be in a safe temperature range, otherwise the food items were at risk for foodborne illness. EI #4 said the refrigerator temperature needed to be monitored via a thermometer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 41928 Based on interviews, review of a policy titled Quality Assurance/Performance Improvement (QAPI) Program Policy, and review of the facility's 12/23/2022 and 01/25/2023 QUALITY PERFORMANCE/PEER REVIEW FACILITY PLAN OF ACTION/CONTINUOUS QUALITY IMPROVEMENT, the facility's QAPI committee failed to thoroughly implement the 12/23/2021 and 01/25/2023 action plans, which included an action item for laundry staff to monitor residents clothing to evaluate for burn holes, soot, and evidence of smoking. This failure placed all 109 residents residing in the facility at risk for immediate jeopardy, as it was likely to result in serious injury, serious harm, serious impairment or death, due to the ongoing resident safety risk and fire hazard. On 02/24/2023 at 5:05 PM, the facility's Administrator, Employee Identifier (EI) #1 and the [NAME] President (VP) of Clinical Operations, EI #36, were provided a copy of the immediate jeopardy template and notified of the immediate jeopardy findings in the area of Quality Assurance and Performance Improvement (QAPI), F867-QAPI/Quality Assessment and Assurance (QAA). Findings include: During the survey, document review and interviews with staff revealed Resident Identifier (RI) #27 had multiple documented episodes of non-compliance with the facility's non-smoking policy, including vaping and smoking in his/her room and hiding vaping and smoking materials from facility staff. This noncompliance was documented to have occurred from 11/15/2022 through 02/13/2023, despite repeated education to RI #27 on the facility's non-smoking policy. Cross reference F656 and F689. The facility policy titled Quality Assurance/Performance Improvement (QAPI) Program Policy, reviewed and revised 10/19/2022, documented: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	PURPOSE STATEMENT: To provide a process that will enhance the care and experience for all residents . POLICY STATEMENT: It is the intent of the facility to conduct an on-going Quality Assurance/Performance Improvement (QAPI) program designed to systematically monitor, evaluate and improve the quality and appropriateness of resident care. QAPI supports the overall goals of the facility and examines both outcomes and processes relevant to these outcomes with the objective of improving the organization's overall performance with addressing care and management systems. DEFINITIONS . Quality Assurance and Performance Improvement (QAPI) is the coordinated application of two mutually reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, interdisciplinary, comprehensive, and date-driven approach to maintaining and improving safety and quality in nursing homes while involving residents and families in practical and creative problem solving. Quality Assurance (QA) is the specification of standards for quality of service and outcomes, and systems throughout the organization for assuring that care is maintained at acceptable levels in relation to those standards. QA is ongoing, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards. Performance Improvements (PI) (also called Quality Improvement- QI) is the continuous study and improvement of processes with the intent to improve services or outcomes and prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systematic problems or barriers to improvement . GUIDELINES . 6. The facility will identify areas for QAPI monitoring and tools/resources to be utilized. These monitoring activities should focus on those processes that significantly affect resident outcomes. 7. Completion of additional audits and assessments will be determined by concerns identified through the QAPI committee. 12. Based on audit findings, plans will be developed, and tasks assigned to appropriate Stakeholders to include required completion dates. The facility's 12/23/2022, QUALITY PERFORMANCE/PEER REVIEW FACILITY PLAN OF ACTION/CONTINUOUS QUALITY IMPROVEMENT, documented: PROBLEM AREA IDENTIFIED: Problem/Opportunity: Resident not compliant with No Smoking policy . 4-Step Action Plan: . 2. Measures put in place and systemic changes you will make to ensure the deficient practice does not reoccur: .Laundry to monitor residents clothing to evaluate for burn holes, soot, evidence of smoking . There was no DATE COMPLETED listed on this action plan. The facility's 01/25/2023, QUALITY PERFORMANCE/PEER REVIEW FACILITY PLAN OF ACTION/CONTINUOUS QUALITY IMPROVEMENT, documented: PROBLEM AREA IDENTIFIED: Problem/Opportunity: Resident not compliant with No Smoking policy . 4-Step Action Plan: . 2. Measures put in place and systemic changes you will make to ensure the deficient practice does not reoccur: .Laundry to monitor residents clothing to evaluate for burn holes, soot, evidence of smoking . There was still no DATE COMPLETED listed on this action plan. An interview was conducted with EI #32, Laundry Attendant, on 02/21/2023 at 4:55 PM. EI #32 stated she had not been told anything about observing RI #27's clothing when they come to the laundry. An interview was conducted with EI # 33, Laundry Aide, on 02/22/2023 at 9:51 AM. EI #33 stated she was not informed to observe RI #27's clothes for burn holes and soot until the day before, 02/21/2023. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with EI #34, Laundry Aide, on 02/22/2023 at 10:42 AM. EI #34 stated she was not told anything about monitoring RI #27's clothes. An interview was conducted with EI #21, Laundry Supervisor, on 02/22/2023 at 12:28 PM. When asked what she was told regarding RI #27's clothing, EI #21 stated she was instructed to check for holes and burn marks for all residents, not just RI #27. EI #21 said the Administrator, EI #1, and EI #2, Director of Nursing (DON), told her to do this during a safety meeting, she believed was about a month prior. EI #21 also stated she was told to instruct her workers to make sure they check for holes in clothes. When asked to provide the documentation of where she informed or educated her staff on the need to do this, EI #21 provided documentation of education dated the day prior, 02/21/2023. An interview was conducted with EI #1, the Administrator, on 02/16/2023 at 11:39 AM. EI #1 stated QAPI first discussed RI #27's noncompliance with the facility's non-smoking policy during the 12/23/2022 QAPI meeting. She stated the team discussed interventions they were working on to try to get RI #27 to comply with the policy and they were trying to identify the source of RI #27's vaping and smoking materials. EI #1 said QAPI next discussed RI #27 during the 01/25/2023 QAPI meeting. A follow-up interview was conducted with EI #1 on 02/17/2022 at 1:39 PM. During the interview, EI #1 acknowledged the QAPI committee failed to identify RI #27 did not have a care plan addressing the continued noncompliance with the facility's non-smoking policy. Another interview was conducted with EI #1 on 02/23/2023 at 4:31 PM. EI #1 stated EI #21, the Laundry Supervisor, was responsible for informing her laundry staff they were to look for burn holes, soot and evidence of smoking. When asked when laundry staff had been informed, EI #1 said she did not recall EI #21 saying staff had been inserviced, but she was of the impression EI #21 had told them. When asked why laundry staff were reporting they had not been told, EI #1 said she did not know. EI #1 said EI #21 should have educated her staff after the 12/23/2023 QAPI meeting. EI #1 indicated inservice records related to monitoring RI #27's clothing for burn holes, soot and evidence of smoking would be evidence staff were informed. When asked the importance of monitoring clothing for burn holes, soot or evidence of smoking, EI #1 said it would help determine if the resident had been smoking in his/her room and could indicate a risk of causing harm. EI #1 stated she was the one responsible for ensuring the facility's QAPI action plan was fully implemented, and indicated they should have gone through each item on the action plan to ensure everything was being done. This deficiency was cited as a result of complaint/report numbers AL00043096 and AL00043372. ********** The facility submitted an acceptable Removal Plan on 02/26/2023 for F867 that outlined the following: 1. Four laundry staff were educated by the HCSG housekeeping supervisor on 02/23/2023 to look for burn holes, soot, and evidence of smoking. The HCSG Housekeeping/Laundry District Manager re-educated six laundry staff and the HCSG housekeeping supervisor on 02/25/2023 to look for burn holes, soot, and evidence of smoking. The HCSG Housekeeping/Laundry District Manager educated the HCSG Housekeeping supervisor on her responsibilities for training laundry staff and monitoring residents' clothing for damage and other reasons such as cigarette burns. This was completed on 02/25/2023. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	2. All residents have the potential to be affected. The QAPI committee meet on 02/22/2023 to assess and revise action plans to promote resident safety due to RI #27's noncompliance with the facility's nonsmoking policy. 3. The [NAME] President of Clinical Operations (VPCO) educated members of the QAPI Committee (Administrator, Medical Director, DON, MDS coordinator, Maintenance Director, Registered Dietician, Business Office Manager (BOM), Admissions Coordinator, HCSG Housekeeping and Laundry Supervisor, SDC, Life Enrichment Director, and Assistant Business Office manager) on 02/24/2023 and 02/25/2023, regarding the QAPI process. - The education was to ensure the facility's QAPI committee understands the importance of developing and implementing effective plans to ensure problems are corrected, reducing residents' risk for safety and hazards. This was completed on 02/24/203 and 02/25/2023. The QAPI team analyzed data from the citations, audits, and interviews to ensure effective plans and interventions are in place. - The Quality Assessment and Assurance Committee (QAPI) meeting was held on 02/24/2023 and 02/25/2023, to complete a systematic, interdisciplinary, comprehensive, root cause analysis of the performance improvement action plans related to the Non-Smoking policy, Care Planning behaviors, Behavior Health policy, Accidents, and Supervision, Contraband Policy, QAPI, and non-compliant smokers process to reduce the risk of a hazard related to a fire. This included education provided by the VPCO. - On 02/24/2023 and 02/25/2023 the QAPI committee consisting of the Administrator, Medical Director, DON, MDS coordinator, Maintenance Director, Registered Dietician, Business Office Manager (BOM), Admissions Coordinator, HCSG Housekeeping and Laundry Supervisor, SDC, Life Enrichment Director, and Assistant Business Office manager led by the VPCO evaluated the effectiveness of the action plans for non-compliant smokers and developed a plan of correction addressing if necessary additional education and additional audits required. - The Plan of correction for QAPI (F867) is to review all action plans related to F656, F689, F740, F835, F837, and F867 and use root cause analysis to determine the effectiveness of the action plans and revise the plans with different interventions and approaches when compliance is not achieved for the established thresholds. Based on audit findings, plans will be developed, and tasks assigned to appropriate Stakeholders to include required completion dates. The Administrator provides oversight to the QAPI committee and program. The Administrator was trained on 02/24/2023 by the VPCO on the QAPI Program Policy. ********** On 02/26/2023 at 11:15 PM, after review of the information provided in the facility's Removal Plan, in-service/education records, as well as staff interviews, and observations, the survey team determined the facility implemented the immediate corrective actions as of 2/26/2023 and the scope and severity was lowered to an F level, to allow the facility time to further address and monitor the deficient practice in order to achieve compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015116	A. Building B. Wing	02/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Whitesburg Gardens	105 Teakwood Drive SW Huntsville, AL 35801

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33739 Based on observation, interviews and review of FUNDAMENTALS OF NURSING [NAME], the facility failed to ensure a Certified Nursing Assistant (CNA) changed her gloves and performed hand hygiene before applying a clean brief during incontinent care for Resident Identifier (RI) #110. This affected RI #110, one of one resident observed for incontinent care. Findings include: A review of Fundamentals of Nursing [NAME] 10th Edition Chapter 40 Pages 892 - 899 revealed . Bathing and Perineal Care . Equipment . Clean gloves, . (4) Remove soiled gloves and discard in trash a. wash back (1) Perform hand hygiene and apply clean pair of gloves . (5) . Clean, rinse and dry area thoroughly . Remove contaminated gloves . perform hand hygiene. RI #110 was admitted to the facility on [DATE]. On 01/25/2023 at 3:15 PM, Employee Identifier (EI) #10, a CNA was observed performing pericare for RI #110. EI #10 gathered her supplies, washed her hands and put on gloves. EI #10 cleaned RI #110's front and back, then with the same contaminated gloves, placed and secured a clean brief on RI #110. On 01/25/2023 at 3:25 PM, an interview was conducted with EI #10. EI #10 was asked when should she change her gloves during pericare. EI #10 said she should change between the dirty and clean task. EI #10 was asked what should she have done after she cleaned the back side of RI #110, and before placing the clean brief on RI #110. EI #10 said she should have removed the gloves, washed her hands, and put on a clear pair of gloves. EI #10 was asked if she changed her gloves, washed her hands after cleaning RI #110, before she placed the clean brief on RI #110. EI #10 said no. EI #10 was asked what would the harm be in using the same gloves to clean the peri area then place a clean brief on RI #110. EI #10 said cross contamination. On 1/26/2023 at 3:30 PM an interview was conducted with EI #3, Registered Nurse/Infection Preventionist. She was asked what was the policy for glove changes during pericare. EI #3 said they were to change after providing the pericare, they should wash their hands and put on new gloves, then place the clean brief. EI #3 was asked when should the CNA clean a resident, then with the same gloves, place the clean brief. EI #3 said they should not. EI #3 was asked when should the CNA wash their hands. EI #3 said before starting, between glove changes; she should have cleaned the resident, removed her gloves and washed her hands. EI #3 said the CNA should have put on new gloves then placed the clean brief. EI #3 was asked what was the harm in the CNA using the same gloves to clean a resident then placing a clean brief. EI #3 said it could contaminate the clean brief, it would be cross contamination.