Printed: 05/12/2025 Form Approved OMB No. 0938-0391

OVIDER/SUPPLIER/CLIA FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER Birmingham Nursing and Rehabilitation Ctr LLC		P CODE
ect this deficiency, please con	tact the nursing home or the state survey	agency.
ARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
the resident's right to a dignates. E- TERMS IN BRACKETS In on observations, interviews a Resident Identifier (RI) #63 efficient practice affected RI in the server of th	ified existence, self-determination, com HAVE BEEN EDITED TO PROTECT C and record review, the facility failed to 8 the breakfast and lunch meals on 08/ #63, one of one resident observed requ on [DATE], with diagnoses to include v set (MDS) assessment with an Assessr a Brief Interview for Mental Status (BIN hitive skills for daily decision making; ar was observed being fed the breakfast CNA). El #5 was standing while feeding g lunch time, El #5 was again observed erview was conducted with El #5. The breakfast and lunch meals on 08/14/202 uld have been sitting but there was no urveyor conducted an interview with El ositioned when feeding a resident, El #6	onwinication, and to exercise his or ONFIDENTIALITY** 21055 ensure staff did not stand while 14/2023. uiring assistance at meal time. Vascular Dementia and Alzheimer's ment Reference Date (ARD) of (AS) score of three which indicated and RI #63 required one person meal by Employee Identifier (EI) I RI #63 the breakfast meal. If standing while feeding RI #63. surveyor asked EI #5, when she 23, what position was she in. EI #5 chair in RI #63's room. #2, the Director of Nursing (DON). #2 said, sitting in a chair at eye level
1 1 2	16/2023 at 10:46 AM, an interved feeding RI #63 the banding. EI #5 said, she should be pesident. The surveyor asked	14/2023 at 12:40 PM, during lunch time, EI #5 was again observed 16/2023 at 10:46 AM, an interview was conducted with EI #5. The served feeding RI #63 the breakfast and lunch meals on 08/14/2023 anding. EI #5 said, she should have been sitting but there was no 16/2023 at 12:05 PM, the surveyor conducted an interview with EI sked how staff should be positioned when feeding a resident, EI #esident. The surveyor asked EI #2, when standing, what type concern a dignity concern.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 015217

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
	Birmingham Nursing and Rehabilitation Ctr LLC		. 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0803 Level of Harm - Minimal harm or		tional needs of residents, be prepared i and meet the needs of the resident.	in advance, be followed, be
potential for actual harm	20304		
Residents Affected - Many	Substitutions or Changes and Appr	ne facility policies for Menu Planning an roval, and the facility menus and produc and Day 3; the following menu discrepa	ction sheets for Spring/Summer
	Four ounces of Chicken & Dumplir Supper on Monday, 08/14/2023.	ngs instead of six ounces were served	to residents on Regular diets for
	The Puree Diet menu for the Supper meal on Monday, 08/14/2023 for the S/S 2023 Menu, Week 1, Day 2 listed Seasoned Spinach for the vegetable, not Pureed Spinach. The production sheet for that meal also listed Seasoned Spinach, not Pureed Spinach,		
	Capri Vegetables were served instead of [NAME] Beans for Lunch on Tuesday, 08/15/2023 for residents on Regular, Mechanical Soft, and Puree diets. The production sheet for that meal did not match the S/S 2023 Menu for Week 1, Day 3 and, instead of [NAME] Beans, it listed Capri Vegetables to be prepared for the Regular, Mechanical Soft, and Puree diets.		
	Sweet Potato Tots/Puffs were not prepared to be served to residents on the Finger Food diet for Lunch on Tuesday, 08/15/2023 as listed on the S/S 2023 Menu for Week 1, Day 3, although they were in the facility's freezer.		
	This had the potential to affect 122 of 122 residents receiving meals from the facility's kitchen.		
	Findings Include:		
	The facility policy for Menu Plannin	g and Requirements dated 2016, docu	mented the following:
	Guideline: Menus are planned to provide nourishing, palatable, attractive meals that meet the nutritional needs of residents served, (based on age, size, gender, physical activity and state of health), in accordance with the Dietary Reference Intakes/Recommended Dietary Allowances as issued by the Food and Nutrition Board of the National Research Council, of the National Academy of Sciences, unless otherwise contraindicated by medical conditions and needs.		
	Procedure: .		
	2. Menus are planned in . (advance	e).	
	The facility policy for Menu Substitu	utions or Changes and Approval dated	2016, documented the following:
	Guideline: Substitutions, whether a one-time substitution or a permanent menu change are recorded using a facility specific document. The registered dietitian (RD) periodically reviews the documented menu substitutions or menu changes for nutritional equivalency and appropriateness.		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Birmingham Nursing and Rehabilitation Ctr LLC 1000 Dugan Avenue Birmingham, AL 35214			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0803	Procedure: .		
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	spread sheets are created and app menu changes.	nges to the menu, the appropriate spre proved by the registered dietitian for the	se days reflecting the permanent
		2 was identified as the menu for Monda ade of the Supper trayline on Monday,	
	PM:	ade of the Supper trayfine of Moriday,	00/14/2023, HOIII 3.24 F W to 3.33
	At 5:24 PM, trayline was ongoing with four staff members performing the assembly of resident trays and loading the third of seven delivery carts. One aide set-up the trays with beverages and cold food at the start of the trayline. Employee Identifier (EI) #11, the PM Cook, and EI #12, the Dietary Manager, were serving he food items from the steamtable onto plates. Another aide loaded trays onto the delivery carts. A fifth staff member, EI #7, the Dietary Supervisor, acted as a runner to replenish and assist the trayline.		
		gs was being served as the main entree the steamed spinach had been served	
	At 5:59 PM, the last of seven delivery carts left the kitchen with resident supper trays.		
	At 6:03 PM, the sizes of the serving utensils being used on the trayline for supper were verified with EI #12, the Dietary Manager.		
	On 08/14/2023 at 6:30 PM, EI #11, the PM Cook, was interviewed. EI #11 said he knew what to prepare a how much to serve by looking at the Menu Book. When asked what happened with the spinach; EI #11 sa there were only five bags in the freezer and he usually needs 10 to 12 bags, so it was not enough. EI #11 said a 4-ounce or a 6-ounce spoodle would be the correct serving size for Chicken and Dumplings. Upon being asked how he would know which spoodle size to use, EI #11 said it was in the book (Menu Book).		
	revealed the serving size for Chick- low, they go down a size. El #11 fu 4-ounce spoodle so everybody cou Week 1, Day 2 also revealed that the Spinach, on the Pureed Diet. Also	was located in the trayline area. El #1 en and Dumplings was a 6-ounce spoorther said they did not have enough Chald have some. The Menu Book for Mor he extended menu listed Seasoned Spathe production sheet called for Season rmally the Pureed Diet vegetable would nough spinach.	dle. El #11 said when they were nicken & Dumplings, so he used a nday Supper, S/S 2023 Menu, inach, not Pureed Seasoned ed Spinach, but not for any Pureed
	The S/S 2023 Menu, Week 1, Day	3 was identified as the menu for Tueso	lay, 08/15/2023.
	The Regular Diet for Lunch on the	S/S 2023 Menu, Week 1, Day 3 listed t	he following:
		ked Fresh Sweet Potato, [NAME] Bean	s. Fruit Crisp, and Cornbread.
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED
	015217	B. Wing	08/16/2023
NAME OF PROVIDER OR SUPPLIER Birmingham Nursing and Rehabilitation Ctr LLC		STREET ADDRESS, CITY, STATE, ZI 1000 Dugan Avenue Birmingham, AL 35214	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The Alternate Regular Diet for Lunch Baked Pork Chop, Loaded Mashed The Finger Food Diet for Lunch on Roast Turkey Strips, Sweet Potato The Production Sheet for Lunch on Sweet Potato Tots (finger food), Cafinger food), [NAME] Beans (alternative following observations were medicated particular to the following observations were medicated particular forms and the steam of the steam	ch on the S/S 2023 Menu, Week 1, Day	y 3 listed the following: ted the following: Fruit, and Cornbread. owing: les, Sliced Potatoes (alternate . 08/15/2023, from 12:23 PM to Sliced Turkey, Capri Vegetables, ed Mashed Potatoes, and Pureed M Cook, Turkey Strips, Pork Chop Strips, lition, the Steamer contained a pan or Fries in were not made from box of Sweet Potato Puffs. El #12 said, she had only worked cility prepared the Spring/Summer of further said, the information was need in the served to the residents was

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER Birmingham Nursing and Rehabilitation Ctr LLC		STREET ADDRESS, CITY, STATE, ZI	P CODE
Birmingham Narsing and Nerrabine	ation ou leo	Birmingham, AL 35214	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Monday, 08/14/2023 for the S/S 20 portion size. EI #12 further stated, i lose weight. Upon being asked the menu or on the production sheet fo said, the residents might not get the Sweet Potato Tots/Puffs not being: Week 1, Day 3 on 08/15/2023; EI # did not know why Capri Vegetables and Pureed diets when the Tuesda [NAME] Beans for the Regular, Me problem when items on the Produc stated, the staff prepared and cook On 08/16/2023 at 9:56 AM, EI #7, t facility for about five months. When said, they got those menus from (n. further stated, EI #10 was the new and menus all came from the facilit the residents was nutritionally adeq follow the menu. EI #7 said, a 6-ou Regular diets at supper on Monday 4-ounce spoodle being used to sen the proper serving size. Upon being Pureed Diet menu or on the produc 08/14/2023; EI #7 said, if staff were to the Pureed diets and pureed spin When asked why Sweet Potato Tot S/S 2023 Menu, Week 1, Day 3 on been done, the cook did not follow served on the Finger Food diets at said, not following the menu, becau being listed on the Production Sheet the Tuesday Lunch, S/S 2023 Meni Soft, and Pureed diets; EI #7 said, extended menu. EI #7 further said, residents would get upset if the me	the Administrator, said the menus wer	four ounces was not the correct amount of nutrients, they could listed on either the Pureed Diet ek 1, Day 2 on 08/14/2023; EI #12 ch. When asked the concern for esday Lunch, S/S 2023 Menu, ne menu, they should get it. EI #12 or the Regular, Mechanical Soft, 7 3 for 08/15/2023 identified 2 said, communication was the he approved menu. EI #12 further is on the menu. I. EI #7 said, she had worked at the ner 2023 Menu for the facility, EI #7 for the facility's corporation. EI #7 for the facility's corporation. EI #7 for the facility some served to ifferent diets and textures; they hould have been served for the Veek 1, Day 2. EI #7 said, a problem, the person was not getting the not being listed on either the 23 Menu, Week 1, Day 2 on easoned Spinach would be served her stated, a resident could choke. Her Food diets at Tuesday Lunch, freezer; EI #7 said, it should have a Sweet Potato Tots/Puffs not being k 1, Day 3 on 08/15/2023; EI #7 problem with Capri Vegetables of Pureed diets on 08/15/2023 when the production sheet and the not following the menu, and

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER Birmingham Nursing and Rehabilitation Ctr LLC		STREET ADDRESS, CITY, STATE, Z 1000 Dugan Avenue Birmingham, AL 35214	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dining RD website prepared the Spensured the diet served to the resident the facility ordered from approved conserve nutrients, and the staff website prepared the Production Sheet for portion of Chicken and Dumplings 6-ounce serving as listed on the S/not being followed and the resident monitoring of the trayline and week being asked the concern for Puree production sheet for Monday Supp thought they would still puree it. El that puree food is pureed, but it she	in/16/2023 at 11:23 AM, EI #10, the facility or the facility dents was nutritionally adequate; EI #1 yendors, the staff was trained on appropriate trained to handle and store food provided the Spring/Summer 2023 Menu. When being served for the Regular diets at significant served for th	by. When asked how the facility 0 said the diets were RD approved, oved cooking techniques to operly. El #10 did not know who asked the problem with a 4-ounce upper on 08/14/2023, instead of a said, the menu spread sheet was or the meal. El #10 further stated, uation of a problem like that. Upon a Pureed Diet menu or on the 08/14/2023; El #10 said, he control should be in place to assure and the production sheets. When

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Birmingham Nursing and Rehabilitation Ctr LLC		1000 Dugan Avenue Birmingham, AL 35214	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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	Procure food from sources approve in accordance with professional sta	ed or considered satisfactory and store indards.	, prepare, distribute and serve food
Residents Affected - Many	Based on observation, interview, the 2022 United States (U.S.) Food and Drug Administration (FDA) Food Code, and the facility's policies for Dishwashing: Machine Operation, Proper Handwashing and Glove Use, and Handwashing; the facility failed to prevent the potential for cross contamination on 08/13/2023 when Employee Identifier (EI) #8, a PM Aide, failed to wash hands during dishwashing when going from handling dirty dishes to clean ones.		
	This had the potential to affect 122	of 122 residents receiving meals from	the facility's kitchen.
	Findings Include:		
	The facility's policy for Dishwashing: Machine Operation dated 2016, documented the following:		
		Services staff shall maintain the operat • . to ensure effective cleaning and san and service of food.	
	Procedure: .		
	7. Follow the procedure for proper standard sequence is as follows:	preparation and loading of dishes into t	the dishwashing machine. The
	a. Scrape all dishes and remove fo	od debris.	
	c. Stack dishes in racks .		
	e. Monitor that the dishwashing ma temperatures.	chine is maintaining operating guidelin	es for wash, rinse, and final rinse
	f. Use clean, washed hands to pull	out clean racks .	
	The facility's policy for Proper Hand	d Washing and Glove Use dated 2016,	documented the following:
	Guideline: All employees will use p	roper handwashing procedures .	
	Procedure: .		
	2. The proper procedure for washir	ng hands is as follows:	
	a. Turn on water as hot as comfort	able.	
	b. Wet hands and apply soap.		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Birmingham Nursing and Rehabilit	ation Ctr LLC	1000 Dugan Avenue Birmingham, AL 35214	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0812 Level of Harm - Minimal harm or	c. Scrub 15 to 20 seconds or more back of hands and forearms.	: getting under nails, between fingers,	and all exposed areas, such as
potential for actual harm	d. Rinse hands thoroughly.		
Residents Affected - Many	e. Dry hands with paper towel or a	ir dyer (dryer).	
	f. Turn off faucet with paper towel.		
	3. All employees will wash hands .	between tasks.	
		g, dated September 2019, included the	-
	Policy: Staff will use proper handwashing technique to prevent the spread of infection.		of infection.
	The 2022 U.S. FDA Food Code included the following:		
	. 1-201.10 Statement of Application and Listing of Terms.		
	(A) The following definitions shall a	pply in the interpretation and application	on of this Code.
	(B) Terms Defined.		
	Handwashing Sink.		
		atory, a basin or vessel for washing, a al hygiene and designed for the washir	
	Warewashing means the cleaning a EQUIPMENT.	and SANITIZING of UTENSILS and FC	OOD-CONTACT SURFACES of
	2-301.11 Clean Condition.		
	FOOD EMPLOYEES shall keep the	eir hands and exposed portions of their	arms clean.
	2-301.12 Cleaning Procedure.		
	` '	an their hands and exposed portions o as for at least 20 seconds, using a clear	
	2-301.14 When to Wash.		
	FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-30 12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. and:.		vith exposed FOOD, clean
	(E) After handling soiled EQUIPME	ng soiled EQUIPMENT or UTENSILS; .	
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NAME OF BROWINGS OR SURBLUS	- D	STREET ADDRESS, CITY, STATE, ZI	D CODE
	NAME OF PROVIDER OR SUPPLIER		PCODE
Birmingham Nursing and Rehabilita	ation Ctr LLC	1000 Dugan Avenue Birmingham, AL 35214	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0812	(I) After engaging in other activities	that contaminate the hands.	
Level of Harm - Minimal harm or potential for actual harm	2-301.15 Where to Wash.		
Residents Affected - Many		eir hands in a HANDWASHING SINK o elean their hands in a sink used for FOC ink .	
	4-501.16 Warewashing Sinks, Use	Limitation.	
	(A) A WAREWASHING sink may n	ot be used for handwashing .	
	During the initial kitchen observation on 08/13/2023 at 4:15 PM, EI #8, a PM Aide, was seen breaking down returned resident trays from a transport cart and then washing the dishes by using the dishwashing machine. EI #8 was observed loading dirty dishes onto a rack and pushing it into the dishmachine. Then shortly, EI #8 was observed walking from the dirty side of the dishmachine to the clean side of the dishmachine. EI #8 then began unloading washed trays and glasses from racks on the clean side. EI #8 was asked if there was a handwashing sink he was using around the corner. EI #8 showed how he used the sprayer, which hung over the scraping sink, to rinse off his hands.		
	EI #8 was interviewed on 08/13/2023 at 4:38 PM. When asked if he had been instructed on the importance of washing his hands between going from the dirty side of the dishmachine to the clean side; EI #8 said, Yes. EI #8 said, germs could get on the clean dishes. Upon being asked if he had been told it was okay to use the sprayer to wash his hands, EI #8 walked over to the hand sink in the kitchen and pointed to it.		
	On 08/16/2023 at 9:33 AM, EI #12, the Dietary Manager, was interviewed. EI #12 was asked the problem with staff going from working on the dirty side of the dishmachine to the clean side of the dishmachine without washing their hands at a hand washing sink. EI #12 said, cross contamination.		
	the problem with staff going from w	at 9:56 AM, EI #7, the Dietary Supervisorking on the dirty side of the dishmaching sink. EI #7 further stated, they have.	hine to the clean side without
		/16/2023 at 11:23 AM, EI #10, the Regern with staff going from the dirty side oand washing sink.	• •

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NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Birmingham Nursing and Rehabilitation Ctr LLC 1000 Dugan Avenue Birmingham, AL 35214				
For information on the nursing home's	plan to correct this deficiency, please con	tact 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	Provide and implement an infection	n prevention and control program.		
Level of Harm - Minimal harm or potential for actual harm	21055			
Residents Affected - Few	I .	ews, the facility failed to ensure Employ or sanitized her hands during the delive	· , ,	
	This affected the residents in Roon	n Locators (RL) #'s 1-4, on one of two ເ	units at the facility.	
	Findings Include:			
	On 08/13/2023 at 6:11 PM, the din located.	ner meal cart was delivered to the Nort	h Hall where RL #1-#4 were	
	On 08/13/2023 at 06:13 PM, EI #6 entered RL #1 with a dinner tray. EI #6 was not observed to sanitize her hands before removing the tray from the meal cart.			
	On 08/13/2023 at 6:14 PM, EI #6 went back to the meal cart, and did not sanitizer her hands when exiting RL #1. EI #6 went to the meal cart, removed another tray and took it into RL #1. EI #6 did not sanitize her hands before removing the dinner tray from the meal cart.			
	On 08/13/2023 at 6:15 PM, EI #6 exited RL #1 and went back to the meal cart, and without sanitizing he hands, removed another meal tray from the cart. EI #6 took the meal tray into RL #2.			
	On 08/13/2023 at 6:17 PM, EI #6 ethe meal cart. EI #6 took the meal	exited RL #2, did not sanitize her hands tray into RL #3.	, and removed another tray from	
	On 08/13/2023 at 6:18 PM, EI #6 e	xited RL #3 and did not sanitize her ha	nds.	
	and took the tray into RL #4. EI #6	8/13/2023 at 6:19 PM, EI #6 removed another meal tray from the meal cart, without sanitizing hands, bok the tray into RL #4. EI #6 returned to the meal cart, removed another try and took the tray into RL thout sanitizing her hands before removing the meal tray from the meal cart.		
	On 08/13/2023 at 6:20 PM, EI #6 e	xited RL #4 with a dinner plate in her h	and and walked off floor.	
	On 08/13/2023 at 6:23 PM, EI #6 c #4.	ame back to the hall with a residents m	neal tray and took the tray into RL	
	On 08/13/2023 at 6:26 PM, an interview was conducted with EI #6. When asked what should she do before removing a tray from the meal cart, and after exiting the resident's room after setting up the tray, EI #6 sa she should wash her hands. The surveyor asked EI #6 why did she not wash or use hand sanitizer on he hands when she was observed passing out the dinner meal trays. EI #6 said, she did not know. When as what was there a potential for when hands were not sanitized between the passing out of meal trays, EI # said, germs could be spread.		fter setting up the tray, EI #6 said, ash or use hand sanitizer on her aid, she did not know. When asked	
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			NO. 0930-0391
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NAME OF PROVIDER OR SUPPLIER Birmingham Nursing and Rehabilitation Ctr LLC STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Dugan Avenue Birmingham, AL 35214		IP CODE	
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/16/2023 at 12:05 PM, the surveyor conducted an interview with EI #2, the Director of Nursing (DON). When asked when should staff sanitize their hands during meal times, EI #2 said, between passing of each tray. EI #2 said, when hands were not sanitized properly when passing meal trays there was a potential for spreading germs.		#2 said, between passing of each