

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/23/2021
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NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546
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E000 SS=	Initial Comments SKLD Beltline Nursing and Rehabilitation had an abbreviated survey from 11/17/21-11/23/21. Intakes: MI0012057, MI00123356, MI0023425, MI00124028, MI00124047, & MI00124079 Census: 131	E0000		
F0000 SS=	INITIAL COMMENTS SKLD Beltline Nursing and Rehabilitation had an abbreviated survey from 11/17/21-11/23/21. Intakes: MI0012057, MI00123356, MI0023425, MI00124028, MI00124047, & MI00124079 Census: 131	F0000		
F0550 SS= D	Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a) (2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State	F0550	Resident #112 was interviewed to ensure dignity and respect was upheld. Care plan has been reviewed to ensure appropriate interventions are in place to promote resident preferences and rights. Current residents in the facility have the potential to be affected. Like residents will be interviewed to ensure they are be cared for and treated with dignity and respect. Nursing staff will be educated on "Resident Rights – Dignity & Respect" which will include but is not limited to caring for and treating all residents in a respectful and dignified manner. The hospice company providing services in the facility has been notified and the aide has been re-educated on the expectations of the facility.	12/21/2021

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

TITLE

(X6) DATE

Electronically Signed

12/14/2021

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.

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	<p>plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to treat residents with dignity and respect and failed to provide an environment that promoted and enhanced resident quality of life for 1 (R112) of 13 residents reviewed for dignity, resulting in the potential for feelings of frustration, depression, and loss of self-worth and an overall deterioration of psychosocial well-being.</p> <p>Findings include:</p> <p>According to R112's Admission Record, the resident was initially admitted to the facility on 8/7/2020 with diagnoses that included cerebral infarction, dementia, and palliative care.</p> <p>During observation and interview with R112 throughout the survey revealed the resident was unable to make needs known, occasionally able to understand others, and required extensive assistance with ADLs (activities of daily living).</p>		<p>The Administrator/designee will conduct random audits on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure residents are cared for and treated in a respectful and dignified manner. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for sustained compliance thereafter.</p>		

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	<p>Review of R112's Care Plan End of Life revealed,</p> <p>"Focus ... Resident has a terminal prognosis r/t Multiple chronic medical conditions ...revision 6/15/2021</p> <p>Goals ... Resident's dignity and preferences will be maintained at highest level through the review date. Date Initiated: 05/28/2021 ...</p> <p>Interventions ... Encourage resident to express feelings, listen with non-judgmental acceptance, compassion. Date Initiated: 05/28/2021 ...</p> <p>Interventions ... Work cooperatively with hospice team to ensure the resident's spiritual, emotional, intellectual, physical and social needs are met. Adjust plan of care as indicated. Date Initiated: 05/28/2021 ..."</p> <p>During an observation and interview on 11/18/2021 at 11:05 AM Hospice Aide "V" was in the 600 Hall pushing R112 backwards in her wheelchair. Hospice Aide "V" was loudly telling a facility CNA (Certified Nursing Assistant) "I don't get paid enough to get beat up." R112 appeared to be confused and distressed. There were no footrests on the wheelchair. Hospice Aide "V" stated, "Where are her footrests? She has to go to the hairdresser right now" then pushed the resident into her room. While resident was in the doorway of her room, the hospice aide pushed herself past the resident to get into the hallway stating to resident "(R112) you are going to squish me." Looking at the Surveyor, Hospice Aide "V" stated, "She (R112) has already scratched my arm today." The hospice aide then asked a CNA that was giving care to R112's roommate, "Where are her (R112) footrests?" Surveyor observed the resident's footrests in the window next to her bed. The CNA told the hospice aide "They are right there in her</p>				

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	<p>window." With noticeable agitation, Hospice Aide "V" put the footrests on R112's wheelchair and walked out of room down hall leaving the resident in her room.</p> <p>During an observation and interview on 11/18/2021 at 11:20 AM, R112 was in her room sitting in her wheelchair trying to remove the footrests. Her feet were tangled in the footrests. R112 was in visible distress and crying. Her hair was disheveled and apparently did not go to her hair appointment. Hospice Aide "V" was not in the resident's room nor visible in hall. Licensed Practical Nurse (LPN) "W" came to the resident's room and stated to Surveyor, "(R112) tries to take the foot rests off the wheelchair when they are on. The hospice aide told me she thought because you were here and that the footrests had to be on the resident's wheelchair regardless of if staff is with her. She misunderstood. Footrests should not be on a wheelchair if a resident can self-propel. (R112) can self-propel. I don't know if (R112) went to her hair appointment. Her hair does not look like she went to the hairdresser. I don't even know if the hairdresser is here. (R112) is assigned to me today."</p> <p>During an interview on 11/23/2021 at 4:47 PM, Director of Nursing (DON) "B" stated, "All staff, including agency, hospice, and vendors should treat residents with dignity and respect. (R112's) nurse should have stepped in and made sure she was comfortable and gone to her hair appointment. The hospice aide should not have left her like that."</p>				
F0554 SS= D	Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as	F0554	Resident #105 no longer resides in the facility. Resident #107 no longer resides in the facility. Current residents that prefer to administer	12/21/2021	

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	<p>evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to perform a resident assessment for the self-administration of medication for 2 of 13 residents (R105 & R107), reviewed for self-administration of medication, resulting in the potential for the mismanagement of medication and adverse side effects.</p> <p>Findings include:</p> <p>R105</p> <p>According to the MDS (Minimum Data Set) dated 11/8/2021, R105 admitted on 11/5/2021 and discharged on 11/7/2021, had clear speech, made his needs known, understood others, received insulin injections, required supervision with bed mobility, and diagnoses that included diabetes mellitus and respiratory failure with hypoxia.</p> <p>During an interview on 11/22/2021 at 12:38 PM R105 stated, "My family brought me insulin from home. I did not give myself any insulin. On Saturday morning (11/6/2021) I told them I needed Humira (an immunosuppressive drug used in the treatment of arthritis). I told the staff, I don't know if it was a nurse or aide, my family could bring it in. I was 2 weeks late in taking it. No one told me I couldn't take it once I got it. I don't remember telling the facility I took the Humira. They didn't give me any insulin right then. The one nurse said the doctor wanted to know what I took. I couldn't tell them exactly what I took because my family took it home."</p> <p>During an interview on 11/23/2021 at 4:47 PM DON "B" stated, "There is no self-administration of medications evaluation for (R105). I did not</p>		<p>their own medication will be reviewed by the IDT to ensure the residents who desire to self-administer medications will follow the policy and procedure related to "Self-Administration of Medications".</p> <p>Facility nurses will be educated on the Self-Administration of Medication policy and ensuring proper assessments for self-administration of medications.</p> <p>The DON/designee will conduct random audits on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure the policy for Self-Administration of Medications is followed for residents that request to self-administer medications. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The DON will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for sustained compliance thereafter.</p>		

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	<p>know until after he left over that weekend (11/7/2021), he had taken medications here from home."</p> <p>Review of R105's medical records did not indicate a Self-Administration of Medications Evaluation had been completed for R105.</p> <p>Review of R105's Order Summary did not include an order for self-administering medications.</p> <p>Review of R105's Care Plan did not include a person-centered treatment plan for self-administering medications.</p> <p>Review of R105's Progress Note 11/6/2021 00:00 revealed, " ... Nurse states patient was brought to (sic) Humira pens from home with him, but nursing was not notified patient did self-administer 1 dose. Both pens are within staff possession at this moment. Order was denied for patient's request to self-administer Humira. Nursing to continue to monitor and care team notified ..."</p> <p>Review of R105's Progress Note 11/6/2021 14:58 revealed, " ...Note Text: The family of the resident brought in Humira, and the resident self-administered, this writer is unaware of the amount that was taken by this resident. This writer had spoken to (name of family) earlier regarding the need to have an order to self-administer and was advised to bring the Humira in and that Nurse's would administer the Insulin per MD orders. The Facility Physician was notified."</p> <p>R107</p> <p>According to the Brief Interview Mental Status dated 11/18/2021, R107 scored 11/15 (moderately cognitively impaired) on his BIMS (Brief Interview Mental Status), had clear speech,</p>				

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	<p>able to make his needs known, understood others, and diagnoses that included diabetes mellitus, acute respiratory failure, and chronic obstructive pulmonary disease.</p> <p>During an observation and interview on 11/18/2021 at 12:00 PM R107 had on his bedside dresser a basin tub containing multiple prescription medications. R107 stated, "Those medications came with me from the hospital. I came to this facility on 11/16/2021 at 11:00 PM. A nurse or aide, put that tub there. They never said anything about me not having it or what was in it. The tub and medications were in a bag and the staff had to take the whole tub and stuff in it out to place it on the dresser."</p> <p>During an observation and interview on 11/18/2021 at 12:05 PM Licensed Practical Nurse (LPN) "X" entered R107's room, observed the basin tub containing the medications and stated, "I didn't know there was anything over there." Observation of each item in the basin with LPN "X" revealed 13 prescription medications including 3-insulin pens, an inhaler, oral rinse, allergy nasal sprays, anti-fungal powders, anti-fungal ointments, and anti-seizure pills.</p> <p>During an interview and record review on 11/23/2021 at 4:47 PM with Director of Nursing (DON) "B" of R107's medical records, DON "B" stated, "I don't see an evaluation for self-administering medications for (R107)."</p> <p>Review of R107's Order Summary indicated no orders for the resident to self-administer medications.</p> <p>Review of R107's Care Plan did not include a person-centered treatment plan for self-administering medications.</p>			

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F0558 SS= E	<p>Review of facility policy Self-Administration Medications 7/11/2018, revealed, "POLICY: It is the policy of this facility to respect the wishes of alert, competent residents to self-administer prescribed medication choosing to and capable of self-administration. PURPOSE: To determine the ability of alert residents to participate in self-administration of medications. To maintain the safety and accuracy of medication administration. PROCEDURE: 1. Upon admission, alert residents will be informed of their right to self-administer medications. 2. If a resident, desires to participate in self-administration, the interdisciplinary team will assess and periodically re-evaluate the resident based on change in the resident's status ...4. If the resident is a candidate for self-administration of medications, this will be indicated in the chart ...9. Appropriate notation of these determinationthe resident's care plan ..."</p> <p>Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility to failed to ensure call lights were in reach for 3 residents (R104, R108, & R110), water cups within reach for 2 residents (R104 & R110), of 13 residents reviewed for accommodation of needs, resulting in the potential for residents to not meet their highest practicable level of well-being.</p> <p>Findings include:</p>	F0558	<p>Residents #104, #108 and #110 have call lights in place and fluids available and accessible.</p> <p>All like residents in the facility have the potential to be affected and will have call lights and fluids available and accessible.</p> <p>All current staff will be educated on the Call Light and Hydration policy specifically having call lights and fluids available and accessible.</p> <p>The Administrator/designee will conduct random audits on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure residents have call lights and fluids available and accessible. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p>	12/21/2021	

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R104	<p>According to the Minimum Data Set (MDS) dated 11/5/2021, R104 was unable to complete his BIMS (Brief Interview Mental Status) indicating cognitive impairment, required extensive assistance and totally dependent on staff for ADLs (activities-of-daily living), required the use of oxygen, and diagnoses that included stroke, chronic kidney disease, use of a urinary catheter, chronic obstructive pulmonary disease (COPD), malnutrition, diabetes mellitus, blindness in one eye, glaucoma, and lack of coordination.</p> <p>Review of R104's Care Plan Oxygen Therapy dated 7/15/2021, revealed, " ...Interventions ... Provide reassurance and allay anxiety: Have an agreed-on method for the resident to call for assistance (e.g., call light, bell) ..."</p> <p>Review of R104's Care Plan at Risk for Falls, dated 1/2/2021, revealed, ""Focus ...r/t: delusions, new environment, cognitive impairment, requires assistance with mobility and transfers, incontinence, possible medication side effects, history of falls, and overall chronic and debilitating medical Conditions ... Goals ... will remain free from falls ... Interventions ... Be sure call light is within reach ..."</p> <p>Review of R104's Kardex did not reveal the type of call light or placement the resident required for his accommodations of need.</p> <p>During an observation and interview on 11/17/2021 at 12:59 PM R104 was lying in bed stating out loud, "I'm thirsty, I want some water." Observed bedside table approximately two (2) foot away from resident's left side of bed, out of his reach. Observed on 11/17/2021 at 1:09 PM Registered Nurse (RN) "TU" entered resident's</p>		The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for sustained compliance thereafter.		

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	<p>room and offered resident water. At 1:14 PM RN left resident's room, with the tray table in the same position, approximately two (2) feet away from resident's left side and out of reach. Resident stated, "I got some water, but I may want more. I can't reach the cup when it is over there."</p> <p>During an observation and interview on 11/17/2021 at 1:35 PM on the 200 hall three (3) call lights were on for rooms 209, 211, and 216. At 1:39 PM therapy staff walked by all three rooms without inquiring on any call lights. No other staff were on the hall. No staff at Nursing Station 1. At 1:41 PM therapy staff entered hall, walked entire length and exited the other end without inquiring on any call lights. At 1:42 PM Dietician "XX", answered room 209 call light. Dietician "XX" stated "I think staff are with other people as this tends to be a busy time."</p> <p>During an observation and interview on 11/17/2021 at 1:43 PM, Certified Nurse Aide (CNA) "YY" entered the hall and stated, "I don't work this hall I just came to get wipes." CNA "YY" looked for wipes in the linen closet and left the hall. There were three (3) call lights on and unanswered.</p> <p>During an observation and interview on 11/17/2021 at 1:44 PM Dietician "XX" answered Room 211 call light stating to Surveyor "I can't help any of these residents, they need brief changes. I don't know where anyone is at." At this time a male nurse exited room 200, went to the medication cart and left the hall. The three (3) call lights continued to signal for assistance.</p> <p>During an observation and interview on 11/17/2021 at 1:46 PM Dietician "XX" answered room 214's call light then stated to Surveyor, "Room 211 wanted to know if he could get up and walk. I need to see if he can use a gait belt</p>				

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	<p>and I'll help him. The other two need assistance at their bed to use the toilet."</p> <p>During an observation and interview on 11/7/2021 at 1:48 PM Unit Manager (UM) "WW" came to assist room 209 stating to Surveyor, "I am the Unit Manager. I have staff on this hall." UM "WW" looked and could not find staff on the 200 hall. UM "WW" stated, "There are staff on 100. One is in the shower room, one is in the nutrition room, and one is in with a resident on the 100 hall. There are 3 aides and 2 nurses for 100 and 200 halls with 38-39 residents."</p> <p>During an interview on 11/17/2021 at 1:50 PM CNAs "S" and "R" entered 200 hall. CNA "S" stated, "Aides try to stay on their own halls. But if I go to another hall to get supplies and a light is going off, I'll tell the nurse so the aide on that hall can answer it. I don't normally answer other hall call lights. If I am on 100 hall and call lights are going off on 200 halls, you can hear them sometimes if you are in the hall. But you do not know which resident is calling for assistance unless you go look at the call light board at the nursing station."</p> <p>Observed on 11/17/2021 at 2:00 PM Nursing Station 1 call light board on wall behind desk. Rooms 100-300 were on the board. When a call light was initiated, a light behind the number lit up. The room numbers would light up but were not identifiable/visible away from the station's desk.</p> <p>During an observation and interview on 11/22/2021 at 9:38 AM, R104's bedside table was approximately three (3) feet from resident with three (3) Styrofoam water cups with lids and straws. One cup was not labeled, the other two were full and dated "11/22 8 am." The resident could not reach over the bolster mattress to access</p>			
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	<p>the waters. R104 stated, "I can't reach them, can you get them for me?"</p> <p>During an observation and interview on 11/22/2021 at 9:38 AM Certified Nursing Assistant (CNA) "BB" stated, "The tray table has to be close enough for him (R104) to reach it. It is not close enough for him to reach his waters. I've seen him drink water on his own. He drank three waters today. He was so thirsty. " Observed CNA "BB" leave R104's room with the tray table and water cups still approximately three (3) feet from resident's left side and not within his reach.</p> <p>During an observation on 11/23/2021 at 3:12 PM R104 was supine in bed. Tray table out of reach of resident to his left side by approximately two (2) feet.</p> <p>Review of R104's Incident Report #1433 dated 6/6/2021 16:40 (4:40 PM) reported the resident had fallen and was found on the floor next to his bed. His call light was found on the floor.</p> <p>Review of R104's Incident Report #1479 dated 7/11/2021 10:30 (AM) reported the resident had fallen out of his bed trying to reach his table.</p> <p>R108</p> <p>According to the Minimum Data Set (MDS) dated 11/15/2021, R108 scored 10/15 (moderately cognitively impaired) on his BIMS (Brief Interview Mental Status). During observations and interviews with R108 it was apparent the resident had clear speech, made his needs known, and understood others.</p> <p>Review of R108's Admission Record, dated 11/8/2021, indicated his diagnoses included acute on chronic right-sided heart failure and anemia.</p>				

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	<p>Review of R108's Care Plan indicated the resident had limitations in his range-of-motion but did not provide a person-centered treatment plan for interventions in placement and/or type of call light.</p> <p>Review of R108's Kardex did not provide an intervention for placement and/or type of call light as a guide for nursing staff.</p> <p>During an observation and interview on 11/18/2021 at 3:30 PM R108 was asking for help with his tray table. When asked if he could use his call light resident replied he could not find it and would have used it to call for assistance. Observed the call light under his bed tangled in bed remote cord and wheels of tray table. R104 stated, "I don't get out of bed on my own so I did not do it."</p> <p>R110</p> <p>According to the Minimum Data Set (MDS) dated 9/3/2021, R110 was not able to complete the BIMS (Brief Interview Mental Status), she required extensive assistance of two-persons with physical support for toileting, extensive assistance of one-person for drinking, had impairment on left side of her upper and lower extremities, always incontinent of bowel and bladder, and diagnoses that included stroke, difficulty swallowing, contractures of left hand and foot, and dementia.</p> <p>Review of R110's Care Plan COMMUNICATION dated 8/31/2021, revealed, "Focus ... The resident has a communication and/or comprehension concern r/t Cognitive deficits, Dementia, Stroke ... Goals ... will be able to make basic needs known ... will maintain current level of communication function Interventions ... Ensure/provide a safe</p>				

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	<p>environment: Call light in reach ..."</p> <p>Review of R110's Care Plan Alteration in Musculoskeletal Status dated 5/17/2021, revealed, "Focus ... limited ROM and complications of CVA r/t contracture left upper arm, left forearm, and left hand ...Goals ... will remain free of injuries or complications related to contractures ...Interventions ... Be sure call light is within reach ..."</p> <p>Review of R110's Care Plan at risk for falls, dated 4/2/2020, revealed, "Focus ... r/t debility, CVA, use/side effects of medications, new environment, strength concerns/poor trunk control, and incontinence ...Goals ... will remain free from fall related injury ...Interventions ... Be sure call light is within reach ..."</p> <p>Review of R110's Kardex did not reveal the type of call light or placement the resident required for her accommodations of need.</p> <p>During an observation and interview on 11/18/2021 at 11:35 AM R110 was lying on her back in her bed at 30 degrees plus. Resident asked Surveyor for her right foot to be placed on a pillow. Her soft-touch call light was wrapped around the frame of the bed behind the resident's head-of-the bed. The call light was out of the resident's vision and reach. The resident could not ask for assistance from staff. Observed to the right side of resident's bed approximately two (2) feet was a tray table with a lidded glass of thickened clear liquid not within resident's reach.</p> <p>During an observation and interview on 11/18/2021 at 11:40 AM Licensed Practical Nurse (LPN) "W" entered R110's room observing the resident's tray table and glass. LPN "W" stated, "I don't think (R110) can reach the table or water." Then the LPN observed R110's call light</p>			
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	<p>tangled in the bed frame behind the resident's head. LPN "W" stated, "The call light should be within the resident's reach. I don't know how it got there or how long it has been there."</p> <p>During an observation on 11/23/2021 at 2:28 PM R110 was in bed with eyes open. Her call light was behind her pillow at the top of the bed out of reach and sight of resident.</p> <p>During an interview on 11/23/2021 at 4:47 PM Director of Nursing (DON) "B" stated, "My expectations of call lights are to be within reach of the resident and the resident's preferences to be in place. All staff are to answer call lights."</p> <p>Review of facility policy, "Call Light" dated 7/11/2018, revealed, "POLICY:It is the policy of this facility to provide the resident a means of communication with nursing staff ... Be sure call lights are placed within reach of residents who are able to use it at all times. There is no reason to place the call light within the reach of a resident who is physically and cognitively unable to use the call light ..."</p> <p>According to the Journal of Nursing Care Quality (July-September 2010, Volume 25), regarding call light use, "It is one of the few means by which patients can exercise control over their care on the unit. When patients use the call light, it is usually to summon the nurse ...Patients expect that when they push the call light button, a nursing staff member will answer or come to them."</p> <p>Be sure that call light/ bed control system is in an accessible location within patient's reach. Knowledge of location and use of call light is essential for patient to be able to call for assistance quickly. Reaching for an object when in bed can lead to an accidental fall." Potter,</p>			

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F0690 SS= D	<p>Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations 26224-26229). Elsevier Health Sciences. Kindle Edition.</p> <p>Review of the State Operations Manual (SOM) dated 11/2018, revealed, "Neglect is the failure of the facility, its employees or service provides to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress."</p> <p>Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of</p>	F0690	<p>Resident #113's drainage bag was emptied, and plan of care reviewed and updated, resident was assessed for UTI and no abnormal findings noted.</p> <p>Residents in the facility with indwelling catheters have the potential to be affected and will be reviewed to ensure they are receiving proper catheter care and preventing infections.</p> <p>Nursing staff will be educated on the Catheter, Drainage Bag policy and monitoring for sign and symptoms of UTI.</p> <p>The DON/designee will conduct random audits on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure residents with indwelling catheters have their drainage bags emptied properly and are monitored for infections as needed. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The DON will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for</p>	12/21/2021

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	<p>bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure appropriate catheter care including monitoring the patency of tubing, collection bag, and irrigation in 1 of 2 residents (R113) reviewed for urinary catheters, resulting in the likelihood for recurring urinary tract infections.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated 9/21/2021, R113 scored 11/15 (moderately cognitively impaired) on the BIMS (Brief Interview Mental Status), had clear speech, able to make needs known, understood others, required extensive assistance of two-person physical support with a mechanical lift for transfers, had an indwelling catheter, always incontinent of bowel, oxygen therapy, with diagnoses including acute/chronic respiratory failure, diabetes mellitus, and diastolic congestive heart failure.</p> <p>Review of R113's Order Summary dated 6/11/2021 revealed, " ...Irrigate urinary catheter with 50 cc sterile irrigation solution as needed for occlusion ..."</p> <p>Review of R113's Care Plan dated 5/9/2021, revealed, "Focus ...Utilizes catheterization/ostomy r/t: Catheter use ...Goals ...will show no s/sx (signs or symptoms) of urinary infection ...Interventions ...Empty urine bag Q shift and as needed (full) ... Follow medical providers orders for change of catheter and</p>		sustained compliance thereafter.	

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	<p>irrigation. Refer to current orders revision 5/10/2021 ..."</p> <p>Review of R113's Kardex revealed " ...Bladder ...Resident has a Foley catheter ...Provide catheter care every shift ...Empty urine bag Q (every) shift and as needed (full) ..."</p> <p>During an observation and interview on 11/22/2021 at 2:01 PM R113 was in bed with a urinary catheter bag hanging from bed frame to the left resident. The bag was filled to above 2000 ml with dark-colored urine. The tubing from the bag to the resident, had white-cloudy sediment in it. R113 stated, "How full is it? Staff has not looked at all day. They (nursing staff) tell me they are short-staffed and can't get to me. I'm on a diuretic so I pee a lot. I'll probably get an another UTI (urinary tract infection) now."</p> <p>During an observation and interview on 11/22/2021 at 2:09 AM Agency Licensed Practical Nurse (LPN) "VV" viewed R113's urine collection bag and tubing with Surveyor and Certified Nursing Assistant (CNA) "LL". The urine collection bag was filled past the 2000 ml with dark-colored urine. The tubing from the bag to the resident had white-cloudy sediment in it. Both LPN "VV" and CNA "LL" eyes opened wide and said in unison "Wow." LPN "VV" stated, "I don't know much about (R113). I didn't get report this morning. I didn't know she had a catheter. The catheter is not on my list. A urine collection bag should be emptied during rounds and orders for irrigation should be followed. I do not have time right now; I've got doctor's orders for someone else."</p> <p>During an observation and interview on 11/22/2021 at 2:15 PM, CNA "LL" stated, "(R113's) catheter bag is to be changed morning and nights. But we don't empty it until afternoons.</p>				

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F0692 SS= D	<p>It did not have anything in it earlier today." CNA "LL" emptied the collection bag with a total of 2500 ml urine.</p> <p>Review of R113's Order Summary dated 7/15/2021 revealed, "Furosemide (Lasix) Tablet 40 MG Give 1 tablet by mouth two times a day for Hx CHF (history of congestive heart failure) ..."</p> <p>Review of R113's Progress Note 9/12/2021 07:20 (7:20 AM) revealed, "...Patient returned from (name of hospital) ER. Patient is diagnosed with UTI ..."</p> <p>Review of R113's Progress Note 11/22/2021 19:32 (7:32 PM) revealed, "...a small a bloody discharge from her Foley catheter site ..."</p> <p>According to CDC (Centers for Disease Control) at http://www.cdc.gov/HAI/ca_uti/uti.html, "Catheter-Associated Urinary Tract Infections (CAUTI)...III. Proper Techniques for Urinary Catheter Maintenance...Recommendation...III.B. Maintain unobstructed urine flow..."</p> <p>Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g) (2) Is offered sufficient fluid intake to</p>	F0692	<p>Residents #104 #109 and #110 have fluids available, accessible and offered to promote adequate hydration.</p> <p>Current residents in the facility that depend on staff for ADL's have the potential to be affected and will have fresh fluids available, accessible and are offered fluids.</p> <p>Nursing staff will be educated on the Hydration policy specifically having fluids available, accessible, and offered to those who need assistance to promote adequate hydration.</p> <p>The DON/designee will conduct random</p>	12/21/2021

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	<p>maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00124028.</p> <p>Based on observation, interview, and record review, the facility failed to offer sufficient fluids to three (3) residents (R104, R110, & R109) of 13 residents reviewed for hydration care and services, resulting in unmet fluid needs and the potential for alteration in hydration status.</p> <p>Findings include:</p> <p>R104</p> <p>According to the Minimum Data Set (MDS) dated 11/5/2021, R104 was unable to complete his BIMS (Brief Interview Mental Status) indicating cognitive impairment, required extensive assistance and totally dependent on staff for ADLs (activities-of-daily living), required the use of oxygen, and diagnoses that included stroke, chronic kidney disease, use of a urinary catheter, chronic obstructive pulmonary disease (COPD), malnutrition, diabetes mellitus,, and lack of coordination.</p> <p>Review of R104's Care Plan Actual Impairment to Skin Integrity dated 11/22/2021, revealed, "...Interventions ... Encourage good ...hydration in order to promote healthier skin ..."</p> <p>Review of R104's Care Plan dated 11/16/2021, revealed, "Focus ...Swallowing Problem ...Goals ... will maintain weight and nutritional balance</p>		<p>audits on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure residents have fluids available, accessible, and offered to those who need assistance to promote adequate hydration. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The DON will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for sustained compliance thereafter.</p>		

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	<p>Interventions ... Do not use straws ..."</p> <p>Review of R104's Care Plan Nutritional Problem or Potential Nutritional Problem dated 12/31/2020, revealed, "Focus ...poor vision ...Goals ... will maintain adequate nutritional status ...Interventions ...Diet ... Thin Liquids ... Monitor weights, intake, skin and hydration status ..."</p> <p>During an observation and interview on 11/17/2021 at 12:59 PM R104 was lying in bed. Resident stating loudly, "I'm thirsty, I want some water." Observed on tray table with a Styrofoam drinking cup dated "11/17 11 A". The drinking cup had 1/4 of its volume of liquid. R104 was unable to reach drinking cup due to position of table. Registered Nurse (RN) "TU" stated, "(R104) can have thin liquids. I'll get him some." Observed on 11/17/2021 at 1:09 PM RN "TU" enter resident's room and offered resident water from the cup at bedside. At 1:14 PM RN "TU" left room, with the drinking cup empty of water. (R104) stated, "I got some water, but I may want more. I can't reach the cup when it is over there."</p> <p>During an interview on 11/17/2021 at 1:10 PM, Certified Nursing Assistant (CNA) "R" stated, "Waters get passed in the morning and then after lunch. Depending on who passes waters the cups get dated and timed."</p> <p>During an observation on 11/18/2021 at 12:45 PM R104 was in bed with tray table to his left side. No drinking cup was visible in his bed area.</p> <p>During an observation on 11/22/2021 at 9:38 AM R104 was in bed with his bedside table approximately three (3) feet from resident with three (3) Styrofoam drinking cups. One cup was not labeled.</p>			
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	<p>During an interview on 11/22/2021 at 9:38 AM CNA "BB" stated, "I've seen (R104) drink water on his own. He drank three waters today. He was so thirsty. Cups should be dated so you know the freshness of the water and how much the resident drinks."</p> <p>During an observation on 11/23/2021 at 3:12 PM was supine in bed. His water cup at bedside was dated "11/23 10 AM" and was empty.</p> <p>Review of R104's Provider Progress Note date 11/22/2021 revealed, " ...He is seen today for UTI follow up. Sent to ER on 11/21 (2021) for lethargy, tachycardia and low-grade fever. Diagnosed with UTI ..."</p> <p>Review of R104's Laboratory results dated 11/19/2021 revealed, "Sodium (Na+) 145, BUN (Blood Urea Nitrogen) 37, Glucose 162." It is noted the resulting serum osmolarity (2 x Na+) + (BUN/2.8) + (Glucose/18) = 312.2. (>296=dehydrated, <282 over-hydrated) R104 was dehydrated.</p> <p>According to https://www.cdc.gov/antibiotic-use/uti.html, " ...UTIs are common infections that happen when bacteria, often from the skin or rectum, enter the urethra, and infect the urinary tract ...Prevention ...stay well hydrated ..."</p> <p>R110</p> <p>According to the Minimum Data Set (MDS) dated 9/3/2021, R110 was not able to complete the BIMS (Brief Interview Mental Status), she required extensive assistance of one-person for drinking, had impairment on left side of her upper and lower extremities, and diagnoses that included stroke, difficulty swallowing, contractures of left hand and foot, and dementia.</p>				

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	<p>Review of R110's Order Summary dated 9/27/2021, revealed, "Dietary/Diet ... Nectar-Like consistency ... No straws, small, single sips ..."</p> <p>Review of R110's Care Plan Nutritional Problem or Potential Nutritional Problem dated 9/25/2020, revealed, "Focus ...R/T Dx (related to diagnosis ...CVA (stroke) w/(with) weakness, Dementia, advanced age, dysphagia with need texture modified diet, variable appetite/intake, hx poor po (history poor by mouth), low Albumin levels, low BMI ... Goals ... will maintain adequate nutritional status ...Interventions ... Diet ...Nectar-thick liquids ... provide set-up and assist as needed for feeding ... Encourage fluid intake ..."</p> <p>Review of R110's Kardex revealed, " ...Food/Fluids ...Diet ...Nectar-thick liquids ...Encourage fluid intake ..."</p> <p>During an observation on 11/18/2021 at 11:35 AM R110 was in bed with a lidded plastic glass containing a cloudy thickened liquid on the tray table. The glass was not dated.</p> <p>During an observation and interview on 11/18/2021 at 11:40 AM Licensed Practical Nurse (LPN) "W" entered R110's room and looked at the resident's tray table and glass. The LPN stated, "I don't think (R110) can reach the table or water. The water is not dated. I don't know how long it has been here." LPN "W" offered R110 a drink. R110 stated, "Yes, thank you." After taking a sip the resident made a grimace and stated, "Not very good or cold." LPN "W" did not replace R110's water.</p> <p>During an interview on 11/18/2021 a 3:40 PM R110 was in bed with a plastic lidded glass containing a cloudy thickened liquid. The glass was not dated.</p>				

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	<p>R109</p> <p>According to the Minimum Data Set (MDS) dated 9/8/2021, R109 scored 14/15 (cognitively intact), able to make her needs known, understood others, required extensive assistance of one-person physical assist with bed mobility, extensive assistance of two-person physical assist and mechanical lift for transfers and toileting, independent with eating, impairment in both upper extremities, and diagnoses that included enlarged heart, diabetes mellitus, and cancer.</p> <p>During an observation and interview on 11/18/2021 at 11:40 AM, LPN "W" stated, "Everyone (referring to residents) has water. Water is passed each shift. Water is passed in the mornings after breakfast." Surveyor observed with LPN "W" (R109's) tray table with a Styrofoam water cup. LPN stated, "Her (referring to R109) water is dated "the 17th". Water has not been passed to her since yesterday (11/16/21) at 5:00 PM. I've not been paying attention to resident's water today."</p> <p>During an observation and interview on 11/23/21 at 2:28 PM, CNA "QQ" was in the shared room of R109 and R110 assisting R109 with grooming. CNA "QQ" stated, "Some of residents got water today and some did not." Observed R109 and R110 with no water at bed side or visible in room.</p> <p>During an interview on 11/23/2021 at 4:47 PM Director of Nursing (DON) "B" stated, "Water is passed every shift. When the nurses and staff are in offering water and left for the resident, it should be within reach. Whether the water is thickened or not the residents still should have water."</p>			
F0695 SS= E	Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care,	F0695	Resident #104, #108, #110, #111 and 113 oxygen was checked to ensure it was	12/21/2021

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	<p>including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate and adequate oxygen management and tubing care for 5 of 5 residents (R104,R108, R110, R111 and R113) reviewed for respiratory and oxygen care, resulting in the potential of a vulnerable population being at risk for infection and harm.</p> <p>Findings include:</p> <p>R104</p> <p>According to the Minimum Data Set (MDS) dated 11/5/2021, R104 was unable to complete his BIMS (Brief Interview Mental Status) indicating cognitive impairment, required extensive assistance and totally dependent on staff for ADLs (activities-of-daily living), required the use of oxygen, and diagnoses that included chronic obstructive pulmonary disease (COPD).</p> <p>Review of R104's Care Plan oxygen therapy dated 7/15/2021, revealed, "Focus ... r/t Respiratory illness ... r/t COPD and Sleep Apnea ...Goals ... resident will have no s/sx of poor oxygen absorption ...dated 7/26/2021 ...Interventions ... Give medications as ordered by physician ..."</p>		<p>appropriately oxygen tanks/tubing are properly managed and the tubing/masks/nasal cannulas are dated.</p> <p>Residents residing in the facility receiving oxygen therapy have the potential to be affected and will be reviewed to ensure their oxygen tank/tubing is properly managed and the tubing/masks/nasal cannulas are dated.</p> <p>Nursing staff will be educated on the Oxygen Use and Oxygen Handling and Storage, Resident policy, specifically the management of oxygen tanks/tubing and the dating of tubing/masks/nasal cannulas.</p> <p>The Administrator/designee will conduct random audits on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure oxygen is properly stored and the tubing/masks/nasal cannulas are dated. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for sustained compliance thereafter.</p>		

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	<p>During an observation and interview on 11/17/2021 at 12:59 PM R104 was lying in bed, wearing oxygen set at 2lpm (liters per minute). The tubing was not dated.</p> <p>During an observation on 11/22/2021 at 9:38 AM lying on his back. Oxygen set at 3 lpm with either nasal cannula in his nostrils. Oxygen tubing not labeled/dated.</p> <p>During an observation on 11/23/2021 at 3:12 PM R104 was supine in bed not wearing his oxygen. The oxygen concentrator was running at 3.5 lpm.</p> <p>R108</p> <p>According to the Minimum Data Set (MDS) dated 11/15/2021, R108 scored 10/15 (moderately cognitively impaired) on his BIMS (Brief Interview Mental Status). During observations and interviews with R108 it was apparent the resident had clear speech, made his needs known, and understood others.</p> <p>Review of R108's medical records indicated his diagnoses included acute on chronic right-sided heart failure and anemia.</p> <p>During an observation on 11/18/2021 at 11:50 AM R108 was awake in his bed wearing oxygen via a nasal cannula with tubing running on the floor and connected to an oxygen concentrator by the room's sink. The oxygen tubing was not labeled/dated. Family Member (FM) "N" walked to R108's bedside and walked on the oxygen tubing. No oxygen signage was on the door to R108's room.</p> <p>Observed on 11/18/2021 at 3:30 PM R108 in bed wearing oxygen. Oxygen concentrator was around corner of room running with oxygen</p>			

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	<p>tubing on the floor. Certified Nurse Aide (CNA) "PP" entered R108's room stepping on the oxygen tubing. CNA "PP" exited room after assisting resident and did not inform nurse the tubing needed to be changed. No oxygen signage was on the door to R108's room.</p> <p>During an observation on 11/22/2021 at 10:30 AM R108 was in his bed wearing oxygen via nasal cannula (NC). The oxygen tubing ran along the floor of his room and to an oxygen concentrator around the corner of his room next to bathroom door and under the sink. The plastic bag tied to the concentrator was dated 11/22/21. The filter cover and back of concentrator was covered with dust. No oxygen signage was on the door to R108's room.</p> <p>During an observation on 11/23/2021 at 2:50 PM R108 R108's oxygen concentrator filter was covered with dust. The oxygen tubing was not dated. No oxygen signage was on the door to R108's room.</p> <p>R110</p> <p>Review of R110's Order Summary dated 9/23/2021, revealed, "O2 @ 2 Liters per minute via NC (nasal cannula) as needed to keep pulse ox above 90% when checked each shift every shift for hypoxemia ...Oxygen Equipment Management--change out, date & label all tubing/bags/set ups...clean filter and wipe down machine every night shift every Sun (Sunday) for cleaning routine ..."</p> <p>Review of R110's Care Plan Altered Respiratory Functioning dated 4/2/2020, revealed, "Focus ... and/or difficulty breathing r/t SOB (shortness of breath) ... Goals ... will have no complications related to alterations in respiratory function ...Refer to physician orders ..."</p>				

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	<p>Interventions ..." It was noted interventions did not reflect physician orders of the use of and management of oxygen."</p> <p>During an observation and interview on 11/18/2021 at 11:35 AM R110 was lying in her bed oxygen via NC. The nasal cannula was attached to tubing that ran along on the floor to an oxygen concentrator with a humidifier. Neither the tubing nor humidifier was dated. The nasal cannula was only in her left nostril.</p> <p>During an observation on 11/18/2021 at 11:40 AM Licensed Practical Nurse (LPN) "W" entered R110's room and noticed the resident did not have her oxygen on. LPN "W" readjusted the nasal cannula into R110's nostrils without cleaning her hands or donning gloves before touching it.</p> <p>During an observation on 11/22/2021 at 2:48 PM R110 was not in her room while the oxygen concentrator was running at 3.5 lpm and the oxygen tubing was not labeled/dated. R110 was found in the West dining room. No staff was in the room. R110 was not wearing oxygen.</p> <p>During an observation and interview on 11/22/2021 at 2:50 PM CNA "JJ" stated, "I took (R110) down to the dining room about 20 minutes ago. I would check on the computer to see if a resident needed oxygen. I don't work over here so I don't know what (R110) is to be on (referring to R110's oxygen needs)."</p> <p>During an observation and interview on 11/22/2021 at 2:53 PM, LPN "II" stated, "(R110) is to be on oxygen all the time. She is on hospice." Observed LPN taking resident's oxygen level on room air at 91%.</p> <p>During an observation on 11/23/21 at 2:34 PM R110 was in bed receiving incontinence cares</p>			

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	<p>from two (2) CNAs. R110 was wearing oxygen tubing that was not labeled/dated.</p> <p>R111</p> <p>According to R111's Admission Record, the resident was initially admitted 5/26/2021 with diagnoses that included asthma and diabetes mellitus.</p> <p>During observation and interview throughout the survey, R111 was alert, made her needs known, and understood others.</p> <p>Review of R111's Order Summary dated 8/12/2021 revealed, "...3L oxygen NC continuous every day and night shift for Hypoxia (absence of enough oxygen in the tissues to sustain bodily functions) ...Oxygen Equipment Management--change out, date &label all tubing/bags/set ups...clean filter and wipe down machine every night shift every Sun for cleaning routine ..."</p> <p>Review of R111's Kardex revealed, "...Special Needs ...OXYGEN SETTINGS: O2 via NC 3L (oxygen via nasal cannula 3 liters per minute) ..."</p> <p>During an observation and interview on 11/18/2021 at 10:50 AM R111 was in bed oxygen via a nasal cannula that was attached to an oxygen condenser via a long clear tubing. Tubing at condenser was dated "11/11/21". Dust covered the filter and back of condenser. Oxygen was set at 3.5 lpm (liters per minute).</p> <p>R113</p> <p>Review of R113's Order Summary dated 6/11/2021 revealed, "Oxygen Equipment Management: change out, date &label all tubing/ bags/ set-ups... clean filter &wipe down machine</p>				

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	<p>every night shift every Sun for cleaning routine ..."</p> <p>Review of R113's Care Plan dated 6/23/2021, revealed, ""Focus ...oxygen therapy r/t Ineffective gas exchange ...Goals ... will have no s/sx of poor oxygen absorption through the review date. Interventions ... OXYGEN SETTINGS: O2 via N/C @ 4L ATC. Humidified ..."</p> <p>During an observation on 11/22/2021 at 2:01 PM R113's oxygen concentrator and tubing. The oxygen tubing was dated "11/11/2021."</p> <p>During an observation on 11/23/2021 at 2:28 PM R113's oxygen concentrator humidifier was dated 11/10/2021 with the oxygen tubing bag on concentrator dated 11/1/2021.</p> <p>During an observation on 11/23/2021 at 2:47 PM R113 was participating in a group activity in a common area. She was using portable oxygen. The oxygen tubing was dated 11/1/2021.</p> <p>During an interview on 11/23/2021 at 4:47 PM, Director of Nursing (DON) "B" stated, "When someone walks on the oxygen tubing the tubing should be changed out, labeled and dated. The oxygen tubing should be changed on Sunday nights by the resident's nurse. The tubing is to be labeled and dated. The concentrators and filters should be cleaned when the tubing is changed. It is the nurses' responsibility to change the tubing when they are notified the tubing is walked on and a respiratory assessment is to be done. Staff, all staff, should follow up with the resident's nurse when oxygen is not on the resident."</p> <p>During an interview on 11/23/2021 at 6:36 PM Registered Nurse (RN) "RR" stated, "Oxygen tubing is changed out by nurses on Sunday nights. It is to be labeled/dated for infection</p>			

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	control." It is noted the dates in November 2021 for oxygen tubing to be changed, labeled, and dated up to end of survey 11/23/2021 were 11/7/2021, 11/14/2021, & 11/21/2021. Review of facility policy Oxygen Administration adopted 07/11/2018, revealed, " ...POLICY: It is the policy of this facility that oxygen therapy is administered, as ordered by the physician ... PURPOSE: The purpose of the oxygen therapy is to provide sufficient oxygen to the blood stream and tissues ...PROCEDURE ...Supplies ..." No Smoking/Oxygen" signs ...15. Post the "NO SMOKING-OXYGEN IN USE" outside the resident's room and inside the resident's room as required by STATE ... INSTRUCTIONS FOR TUBING AND HUMIDIFIER CHANGES ...Label humidifier with the day ...Oxygen tubing is to be replaced every seven (7) days ...nasal prongs are to be replaced every seven (7) days ..."				
F0842 SS= D	Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records,	F0842	Resident #102 and Resident #107 no longer resides in the facility. Resident #108's record has been reviewed to ensure personal property is inventoried and accounted for. Residents in the facility that are newly admitted to the facility have the potential to be affected. New residents have been reviewed to ensure personal property has been inventoried appropriately. Nursing staff will be educated on the Personal Property, Resident policy, specifically the recording of all personal items recorded on the Personal Property, Resident Inventory List and care plans are updated to ensure the needs of the residents are met.	12/21/2021	

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	<p>regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00123356.</p>		<p>The DON/designee will conduct random audits on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure all personal items are recorded on the Personal Property, Resident Inventory List and care plan reflect the needs of the residents. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The DON will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for sustained compliance thereafter.</p>	

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	<p>Based on interview and record review, the facility failed to maintain complete and accurate medication record in 3 of 13 residents (R102, R108, & 107) reviewed for medical records, resulting in facility staff not having a clear picture of how to meet the needs of the resident.</p> <p>Findings include:</p> <p>R102</p> <p>According to the MDS (Minimum Data Set) dated 10/2/2021, R102 was unable to complete the Brief Interview Mental Status assessment indicating cognitive impairment, did not state if broken or loosely fitting full or partial denture, and diagnoses that included diabetes mellitus, chronic kidney disease, and hypertension.</p> <p>Review of R102's Grievance and Satisfaction Form dated 10/7/2021, reported the resident's dentures had been lost.</p> <p>During an interview on 11/22/2021 at 12:10 PM Family Member (FM) "DD" stated, "My mother was admitted to the facility with her dentures. They were lost while she was there. She did not come home with them. She would like her dentures so she can eat."</p> <p>Review of R102's "Personal Property, Resident Inventory List" dated 9/28/2021, did not have documentation of resident's dentures.</p> <p>Review of R102's Care Plans revision on 10/24/2021, revealed, "Focus ... Resident has nutritional problem or potential nutritional problem r/t T2DM, HTN, CKD stage 3 ...LOST DENTURES ...Goals ... Resident with have least restrictive diet with no teeth. Date Initiated: 10/05/2021 ...Interventions ... Refusing to eat,</p>			
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	<p>appears concerned during meals ..."</p> <p>Review of R102's Progress Note 10/5/2021 15:00 revealed, "Nutrition/Weight Note Text: RD (Registered Dietician) informed (R102) has lost her dentures ..."</p> <p>R108</p> <p>During an interview on 11/18/2021 at 3:30 PM R108 stated, "I wear dentures. I brought them with me when I came here."</p> <p>During an observation and interview on 11/18/2021 at 11:50 AM R108 was awake in his bed wearing his dentures with a denture-soaking container next to his bed on a dresser.</p> <p>Review of R108's "Personal Property, Resident Inventory List" dated 11/11/2021, did not have documentation of resident's dentures.</p> <p>Review of R108's Baseline Care Plan did not have a person-centered treatment plan for the resident's dentures.</p> <p>Review of R108's Progress Notes, including Nutrition Notes, prior to 11/15/2021 did not have documentation of resident having dentures.</p> <p>R107</p> <p>During an observation and interview on 11/18/2021 at 12:00 PM R107 had on his bedside dresser a basin tub containing multiple prescription medications. R107 stated, "Those medications came with me from the hospital. I came to this facility on 11/16/2021 at 11:00 PM. A nurse or aide, put that tub there. They never said anything about me not having it or what was in it. The tub and medications were in a bag and the staff had to take the whole tub and stuff in it</p>			

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F0880 SS= F	<p>out to place it on the dresser."</p> <p>During an observation and interview on 11/18/2021 at 12:05 PM Licensed Practical Nurse (LPN) "X" stated, "Facility protocol states when a resident comes in with belongings the admitting nurse and CNA should inventory the items. (R107) came in late at night but that shouldn't make any difference. His belongings would have come in bags and these medications should have been gone through upon arrival. The staff that put this on his dresser should have known better. When a resident is admitted, the admitting nurse and CNA should go through the personal belongings with the resident and/or family. On the inventory sheet there are specific items that should be put on the form including dentures and medications."</p> <p>During an interview on 11/18/2021 at 12:35 PM, Registered Nurse (RN) "TU" stated, "In the admission pack is an inventory form that needs to be filled out upon admission."</p> <p>During an interview on 11/23/2021 at 4:47 PM Director of Nursing (DON) "B" stated, "Inventory of resident's belongings, all of their belongings, needs to be done during the admission process."</p> <p>During an interview on 11/23/2021 at 6:36 PM Registered Nurse (RN) "RR" stated, "I did (R107's) admission. I was not aware he had any medications at his bedside."</p> <p>Review of R107's "Personal Property, Resident Inventory List" dated 11/16/21 did not have documentation of the medications.</p> <p>Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe,</p>	F0880	<p>No specific residents were identified in this deficiency.</p> <p>Residents currently residing in the facility</p>	12/21/2021	

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	sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a) (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.		<p>have the potential to be affected.</p> <p>The identified band-aide was disposed of properly per policy from the spa tub located on 400 hall. Identified cotton ball was disposed of properly per policy from the bedside table. Urinals were removed from the bed side table, cleaned per policy and place in an area close to reach for the residents.</p> <p>Staff performing COVID 19 test, including the COVID 19 Vendor Testing Group will be educated on the Artificial Nails, Proper urinal placement, proper disposal of bandages, completing COVID testing properly and appropriate PPE use.</p> <p>All staff will be educated on the Artificial Nails, Urinal Placement and Removal, Regulated Medical Waste Management policy, specifically proper disposal of blood bandages and Guidance- COVID-19 Core Practices policy, specifically will include PPE and appropriate application of masks.</p> <p>Director of Nursing/designee will conduct random audits on 5 nursing staff members or from the Vendor Testing Group weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been achieved to ensure proper infection control practices are being followed including a clean surface/barrier underneath pending COVID test, utilization of disinfecting wipes to decontaminate surfaces, the disposal of the card and/or other contaminated products in a biohazardous waste container.</p> <p>Administrator/designee will conduct random audits on 5 nursing staff members weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance</p>	

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	<p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00123425.</p> <p>Based on observation, interview, and record review, the facility failed to follow the standards of infection control during 1) Covid-19 testing of residents, 2) disposal of Covid-19 tests, 3) wearing Personal Protection Equipment (PPE), 3) 4) wearing of long and/or artificial fingernails, 5) proper disposal of blood bandages, for review of facility-wide infection control practice, 6) urinal use for 2 residents (R107 & R108) of 2 residents reviewed for infection control practice during urinal use, resulting in the potential for cross-contamination, harborage of bacteria, and spread of a communicable disease to 131 vulnerable residents at risk for infection.</p> <p>Findings include:</p> <p>Covid-19 Testing</p> <p>During an observation and interview on 11/22/2021 at 9:45 AM Vendor "Z" was in the 100-hall with a mobile cart containing Abbott BinaxNOW Covid-19 testing kits, and 11 pending tests on the top shelf. There was no barrier underneath the pending test. No disinfectant wipes were on the cart. A clear garbage bag was tied to the cart containing completed Covid-19</p>		<p>has been achieved to ensure proper infection control practices are being followed including proper disposal of blood bandages, proper use of PPE/mask use and artificial nail length.</p> <p>Director of Nursing/designee will conduct random audits on 5 nursing staff members weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been achieved to ensure proper infection control practices are being followed including urinal placement and removal.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for sustained compliance thereafter.</p> <p>Directed Plan of Correction: Directed Plan of Correction- Infection Control Consultant</p> <ul style="list-style-type: none"> • The facility has contracted with an Infection Control Consultant. <ul style="list-style-type: none"> o IC Consultant will exercise independent judgement in performance of duties under the contract. o IC Consultant completed certification from Centers for Disease Control and Prevention. o The IC consultant is contracted to work with the facility for a minimum of 3 months. o The IC Consultant will assist the facility in completing/reviewing the CMS IC Self-Assessment o The IC consultant will review the IC Policies and procedures and make recommendations for revisions based off the root cause analysis. o The Infection Control consultant responsibilities and QAPI Committee 		

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	<p>test cards, gloves, gowns, and miscellaneous garbage. Vendor "Z" stated, "I am a nurse from an outside company that performs Covid-19 tests for staff and residents of the facility. I perform the Covid-19 test and place them on the cart for 15-minutes pending results. When the test is done, I read the card and place them in the garbage bag tied to the cart. When I'm done testing staff and residents, the garbage bag goes into a garbage can wherever the facility's management tells me. I follow (Abbott BinaxNOW) manufacturer's guidelines. The cart had dust and debris on the shelves when I got it out of the facility's storage room. I didn't wipe down the cart before I started this morning. I didn't know to wipe down the cart in between tests."</p> <p>During an observation and interview on 11/22/2021 at 10:00 AM Vendor "AA" exited 200 hall and entered the 100-hall with a 3-shelf mobile cart with Abbott BinaxNOW test kits, and four (4) Covid-19 pending tests. The pending tests were not on a barrier. The shelves of the cart had dust and debris on it. Vendor "AA" stated, "The contracted company comes in the facility twice a week to test residents and facility staff. There are two of us testing residents today. We get the carts from a storage space in another building here at the facility. I was not provided disinfectant wipes to clean it off and I didn't even think to clean it today. There are four (4) pending Covid-19 tests sitting on the shelf without a barrier. Yes, PPE, supplies, and our reports sit there next to the pending tests. When the tests are done after 15-minutes we are to put them in the clear bag (observed a clear garbage bag tied to cart containing Covid-19 test cards, gowns, gloves, and miscellaneous garbage). When we are done with testing the bags are to go where facility management tells us the best place to throw it away. I've done about 40 resident tests today."</p> <p>During an interview and record review on</p>		<p>completed a Root Cause analysis and addressed noncompliance identified in the CMS 2567.</p> <ul style="list-style-type: none"> ∩ The facility Infection Preventionist, Quality Assurance and Performance Improvement (QPI) committee and Governing Body participated in the completion of the RCA. ∩ The IC consultant and QAPI committee will complete a root cause analysis and address the non-compliance by 12/21/2021. • Immediate actions were taken, and an Infection Prevention Plan and Core practices were implemented consistent with the requirement at 42 CFR 483.80 for the affected residents impacted by noncompliance identified in the CMS 2567. The plan includes: <ul style="list-style-type: none"> o Staff are provided with and use Personal Protective Equipment (PPE) in accordance with the Centers for Disease Control (CDC) guidelines. o Standard Infection Control Practices o Safe COVID 19 testing per manufacturer and Centers for Disease Control guidelines. o Disposal of biohazardous materials per Centers for Disease Control guidelines. o Disinfection and cleaning of resident and physical plant environment to infection control o Residents impacted by failure of the above practices are identified for enhanced monitoring and/or precautions to minimize further spread of infection. o Required staff will receive instructions before they begin their next work shift. The instructions will include demonstrations. o The facility will develop a plan for monitoring the progress of the corrective action and tracking performance improvement. This plan will include requiring facility supervisors to conduct scheduled and objective rounds throughout the facility to ensure appropriate infection control procedures are followed. During the rounds, ad hoc education will be 		

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	<p>11/23/2021 at 10:08 AM Vendor "MM" stated, "The company is contracted with the facility to perform Covid-19 testing on staff and residents depending on positivity rate. We follow CDC (Centers for Disease Control) guidelines for BinaxNOW use and disposal. Our staff is given basic infection prevention procedures and virtually on CDC infection control guidelines for Covid-19 and testing. Our staff must also pass a competency test of 80% or better. The information includes proper disposal of PPE and Covid-19 tests. The tests do not have to be disposed as biohazard waste. Our staff at the facility are expected to use a general waste receptacle for BinaxNOW tests not biohazard waste. The company absoulety follows manufacturer's guidelines." Vendor "MM" reviewed with Surveyor Abbott BinaxNOW guidelines and CDC BinaxNOW guidelines at https://www.cdc.gov/csels/dls/preparedlabs/documents/Lessons-Learned-Antigen-Test-BinaxNOW-Ag-Card.pdf . Vendor "MM" stated, "The tests are to be disposed of in bio-hazard waste. The carts our staff use during testing should be wiped down with disinfectant before and after use."</p> <p>According to https://www.cdc.gov/csels/dls/preparedlabs/documents/Lessons-Learned-Antigen-Test-BinaxNOW-Ag-Card.pdf , "Abbott BinaxNOW Covid-19 AG Card Test Helpful Testing Tips ...Avoid cross-contamination between specimens, which includes decontamination surfaces before processing another specimen ...safely dispose of the card in a biohazardous waste container ..."</p> <p>PPE (Personal Protection Equipment)</p> <p>MASKS</p> <p>During an observation on 11/17/2021 at 9:30 AM</p>		<p>provided to persons who are not correctly utilizing equipment and/or infection prevention/control practices.</p> <ul style="list-style-type: none"> • The IC consultant will work with facility and ensured that all appropriate staff that provided direct care, as well as staff that enter into resident rooms: dietary, therapy, activities, laundry, housekeeping and maintenance are fully trained on infection prevention and control to include the following topics: <ul style="list-style-type: none"> o Targeted COVID19 Training for Nursing Homes o Keep COVID19 out o Safe COVID 19 testing per manufacturer and Centers for Disease Control guidelines o Appropriate use of PPE o Standard Infection Control Practices o Disposal of Biohazardous Materials o Disinfection and cleaning of resident and physical plant environment related to infection control • Upon completion of the trainings, the facility must validate staff competency using a post training test. • Based on the training above the facility will develop a schedule for employee follow up supervision and work performance appraisal. <ul style="list-style-type: none"> o Facility supervisors will observe and appraise employee implementation of the knowledge, skills and procedures. 		

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	<p>Certified Nursing Assistant (CNA) "F" was having a conversation with the transportation driver and greeted the Surveyor with her surgical mask under her chin and not over her nose or mouth.</p> <p>Observed on 11/18/2021 at 3:30 PM Housekeeping "E" walking down 100-hall with utility cart wearing surgical mask under chin not covering mouth or nose.</p> <p>Observed on 11/22/2021 at 9:00 AM Housekeeping "E" walk into the facility, past the manned-screening station, into the business office then into the conference room, and out into the resident's area of the facility while wearing a surgical mask under chin and not covering mouth and nose.</p> <p>Review of facility policy "Infection Prevention and Control Novel Coronavirus updated 07/14/2021 revealed, "This document is designed to provide guidance to the facility regarding the COVID19 core practices that should remain in place whether or not the facility is experiencing outbreaks of SARS-CoV-2 ...The facility will implement source control measures and Physical Distancing Measures ...Source control refers to use of well-fitting cloth masks, facemasks, or respirators to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing ... Staff members will wear well-fitting source control at all times while they are in the facility, including in breakrooms or other spaces where they might encounter co-workers ..."</p> <p>Artificial Nails</p> <p>During an observation and interview on 11/17/2021 at 1:10 PM CNA "R" was wearing artificial nails that extended ¼ inch past her</p>			

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	<p>fingertips on both hands. CNA "R" placed both of her hands in her pockets and did not answer when asked what the facility's policy was on wearing artificial nails.</p> <p>During an observation and interview on 11/17/2021 at 1:31 PM, CNA "S" was wearing artificial nails that extended ¼ inch past her fingertips on both hands. CNA "S" stated, "I am wearing artificial nails and they are long. I am agency so I can wear what I want."</p> <p>R108</p> <p>During an observation and interview on 11/18/2021 at 3:30 PM CNA "PP" entered R108's room wearing artificial nails extending 1/4 inch passed fingertips on both hands. R108 stated, "Wow, look at those nails, look how long they are. How do you work with those?" CNA stated, "Direct care staff are not to wear nails like this. Bacteria can get under them."</p> <p>R107</p> <p>During an observation on 11/18/2021 at 12:00 PM, Licensed Practical Nurse (LPN) "X" entered R107's room with a glucometer to test the resident's blood sugar level. The LPN was wearing artificial nails that extended more than 1/4 inch on each fingertip on both hands.</p> <p>During an observation and interview on 11/18/2021 at 12:30 PM LPN "X" administered R107's insulin while wearing artificial nails that extended more than 1/4 inch on each fingertip on both hands. LPN "X" stated, "I should have them (referring to her artificial nails) shorter."</p> <p>During an observation and interview on 11/22/2021 at 10:51 AM LPN "Y" was at the 700-hall nursing station. She was wearing artificial</p>				

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	<p>nails extending beyond 1/4 inch of all fingertips on both hands. LPN "Y" stated, "I've had education on infection control, hand hygiene, and artificial nails. These are my nails and clearly they extend past the 1/4-inch recommended length."</p> <p>R110</p> <p>According to the Minimum Data Set (MDS) dated 9/3/2021, R110 was not able to complete the BIMS (Brief Interview Mental Status), she required extensive assistance of two-persons with physical support for toileting, extensive assistance of one-person for drinking, had impairment on left side of her upper and lower extremities, always incontinent of bowel and bladder, and diagnoses that included stroke, difficulty swallowing, contractures of left hand and foot, and dementia.</p> <p>During an observation and interview on 11/23/2021 at 2:34 PM CNA "QQ" was performing bowel incontinence care for R110. CNA "QQ" had fingernails that extended ¼ inch past her fingertips on both hands. The CNA stated, "These are not artificial nails, they are mine. They should be shorter."</p> <p>During an observation on 11/23/2021 at 3:10 PM LPN "Y" was assisting a resident with ice from the nourishment room. The LPN was wearing artificial nails that extended ¼ inch beyond her fingertips on both of her hands.</p> <p>During an interview on 11/23/2021 at 3:31 PM, Infection Control Preventionist (ICP) "UU" stated, "I knew the facility had long nails and just didn't know the policy for it."</p> <p>During an interview on 11/23/2021 at 4:47 PM Director of Nursing (DON) "B" stated, "I</p>			
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	<p>reviewed the policy on fingernails and in the handbook. There are to be no acrylic nails and the nails are to be cut short. I believe there is the possibility of skin tears with the longer nails."</p> <p>During an interview on 11/23/2021 at 6:36 PM Registered Nurse (RN) "RR" stated, "Fingernails that are long are not allowed and nursing staff shouldn't have them. Management has told staff a number of times not to wear long or artificial nails and don't enforce it."</p> <p>Review of Resident Council Minutes May 2021 indicated a confidential informant stated CNA's fingernails were too long and impeded care.</p> <p>"Do not wear artificial fingernails or extenders if duties include direct contact with patients at high risk for infection and associated adverse outcomes." Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations 29994-29995). Elsevier Health Sciences. Kindle Edition.</p> <p>"Be sure that fingernails are short, clean, and healthy. Artificial nails should be removed. Natural nails should be less than inch long from fingertip." Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations 30923-30925). Elsevier Health Sciences. Kindle Edition.</p> <p>Biohazard material - Blood</p> <p>During a tour of the facility, at 2:05 PM on 11/17/21, with Environmental Service Director (EVS) "C", it was observed that a large band aid (roughly 2 x 3 inches) was found crumpled and soiled with blood, sitting in the spa tub of the 400 Hall.</p>			

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	<p>R107</p> <p>During an observation and interview on 11/18/2021 at 12:25 PM on R107's bedside dresser was a cotton ball with dried blood stuck to a band-aid. R107 stated, "Staff took that off my arm the other day and put it there and forgot it."</p> <p>Urinals</p> <p>R107</p> <p>During an observation and interview on 11/18/2021 at 12:00 PM R107 was awake in bed with his tray table next to his right side. On the tray was a urinal with urine in it, Styrofoam water cup, a can of diet soda, television remote, eyeglasses, and cell phone. R107 stated, "I would like the urinal not to be within sight of you, it is embarrassing. Staff sits it on the tray table in front of me when they empty it. I hear staff dumping it out in the bathroom, but I don't know if they dump it in the sink or toilet. It does not come back wet, so I doubt they wash it after they empty it." The top of the table had a sticky substance on it.</p> <p>During an observation and interview on 11/18/2021 at 12:25 PM R107 was awake in bed with his tray table in front of him. A urinal was on the tray table with the resident's lunch tray, Styrofoam water cup, an opened soft drink, a cell phone, and a can of name brand shower gel next to it. R107 stated, "Staff say only place for the urinal is on my tray table. When I use it and it spills my bed gets wet and I have a wet bed to sleep in until the bedding gets changed. There has to be another way to keep the urinal close, out of sight, and not next to my food."</p> <p>During an observation on 11/18/2021 at 3:30 PM R107 in bed with urinal containing urine on his</p>				

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	<p>tray table. A drinking cup of water and a soda can next to it. The top of the table had a sticky substance on it.</p> <p>During an observation on 11/22/2021 at 10:42 AM R107 was in bed with his urinal containing urine sitting on tray table. The top of the table had a film of a sticky substance on it.</p> <p>During an observation and interview on 11/22/2021 at 3:08 PM R107's urinal was over half full of urine on his tray table next to television remote and Styrofoam water cup. R107 stated, "I've been waiting for someone to come empty it. It stinks." Observed a film of sticky substance on top of table.</p> <p>During an observation on 11/23/2021 at 2:50 PM R107 was in bed with urinal containing urine on his tray table. A drinking cup, television remote, and personal papers were next to the urinal. The top of the table had a sticky substance on it.</p> <p>R108</p> <p>During an interview and observation on 11/18/2021 at 11:50 AM R108 was awake in his bed. Family Member (FM) "N" was visiting with him. In front of R108 was his tray table with a urinal containing urine. Also on the table was a Styrofoam water cup and television remote. The surface of the tray table had a sticky substance covering it. FM "N" stated, "I am (R108's) DPOA (Durable Power of Attorney). (R108) is a clean man. He always kept his apartment clean, dishes washed, and things put away. He would not want the urinal on the table where he keeps his belongings and eats his food. It would be nice if you could please have the facility put the urinal someplace he could reach it and not be where his food is kept, or others see it."</p>			

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	<p>During an observation and interview on 11/18/2021 at 3:30 PM R108 was in his bed with a urinal containing urine on the tray table next to his bed. R108 stated, "If I got to use it, I have no choice. If there is no place to put it except for there I have no choice. I need it so I don't urinate all over myself and the bed. I'd like it not with my food and personal things." Observed the tray table to also have the resident's water cup, denture cup, and personal papers. The top of the table had a sticky substance on it.</p> <p>During an observation on 11/22/2021 at 10:30 AM, on R108's tray table was a urinal with urine. R108, asked Unit Manager (UM) "WW" to empty urinal. UM donned gloves, emptied into toilet, and placed it back on tray table on paper towel. Tray table had a film of dried sticky substance. Also on table was a ball cap, hand mirror, two (2) ace bandages, box of tissues, two (2) boxes of denture adhesives, container of hair gel, and denture cup.</p> <p>During an observation on 11/23/2021 at 2:50 PM R108 was in his bed with a urinal containing urine on his tray table. Next to the urinal was the resident's denture cup and telephone.</p> <p>During an interview on 11/23/2021 at 4:47 PM DON "B" stated, "The resident's preference of where they would like the urinal kept should be in a care plan. Staff should clean spilled urine. Staff should put the urinal in a bag and store it somewhere else besides the tray table where the resident eats."</p> <p>"...Do not place the bed pan or urinal on the over-bed table. The bedside stand is for storing the patient's personal possessions and hygiene equipment ..." Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle</p>				

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	<p>Locations 52232-52233). Elsevier Health Sciences. Kindle Edition.</p> <p>During an interview and record review on 11/23/2021 at 3:31 PM Infection Control Preventionist (ICP) "UU" stated "Residents and staff are tested for Covid-19 twice a week from an outside vendor. The vendor's staff get training on the correct way to perform the tests, how to practice infection control, and how to dispose of the tests before they come to the facility. There are times when the DON or me spot-watch and monitor the contracted staff. Neither of us monitored the testing yesterday (11/22/2021). The company brings in the BinaxNOW test kits. The tests are to be disposed in a normal garbage." Reviewed online https://www.cdc.gov/csels/dls/preparedlabs/documents/Lessons-Learned-Antigen-Test-BinaxNOW-Ag-Card.pdf with ICP "UU". ICP "UU" stated, "I didn't know the tests were to be disposed as bio-hazard waste. The vendor has been disposing the tests in the facility's regular garbage. I don't know if the vendor is wiping the cart surface down between tests. I knew some of the facility staff had long nails and just didn't know the policy for it. Expectations of staff wearing masks are to wear the mask when entering the facility, and while on the floor with residents over their mouth and nose for infection control. Anything with blood on it should be handled with gloves, disposed of in bio-hazard waste, and exposed surface cleaned with disinfectant."</p>			
F0921 SS= F	Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.	F0921	Room 109 was cleaned to ensure windowsill and casing was free of dirt, dust and debris in the track. The 600 Spa was audited to ensure proper quantity and location of gloves and linens were available and properly stored to avoid	12/21/2021

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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00123425 & MI00124079</p> <p>Based on observation and interview, the facility failed to thoroughly clean and maintain facility premises. This resulted in an increased potential for cross-contamination of infection and a possible decrease in satisfaction of living, affecting 131 residents.</p> <p>Findings include:</p> <p>Observed on 11/17/2021 at 1:10 room 109's window sill and casing had dirt, dust, and debris in the track along with dried bug carcasses, and broken pieces of wood.</p> <p>During an observation on 11/17/2021 at 1:30 PM with Environmental Services (EVS) "C" of the 600-hall Spa room seven open boxes of gloves were found on the windowsill, shower bed, and by the door. It was also observed that clean linens and towels were stacked and stored on the shower bed, left open and exposed to contamination between residents.</p> <p>During an observation on 11/17/2021 at 2:05 PM with EVS "C" of the 400-hall Spa room a large band aid (roughly 2 x 3 inches) was found crumpled and soiled with blood, sitting in the spa tub. It was also observed that there was a soaking wet towel hanging over the shower chair with a brown (quarter sized) spot visible on the outside of the towel.</p> <p>During an interview on 11/18/2021 at 10:55 AM Housekeeping "O" stated, "Every day housekeeping is to dust, clean bathroom, sweep</p>		<p>potential cross contamination between residents.</p> <p>The 400 Spa was audited, and the band-aide was properly disposed of per infection control practices. The wet towel with debris was removed from shower chair.</p> <p>Room 703, 620, 211, and 212 floors were cleaned to remove paper, debris, and sticky substances on the floor.</p> <p>The 600 Spa was audited to ensure the toilet and floor was cleaned. The broom was removed and stored appropriately, and personal belongings were removed and labeled.</p> <p>Room 208 sink bowel and floor was cleaned to remove stains.</p> <p>Room 505 window was cleaned</p> <p>All like residents in the facility have the potential to be affected and the environment will be audited to ensure dressings are disposed of properly, cleanliness of floors, toilets/bathrooms, proper storage of gloves/lines and cleanliness of spas are maintained. Housekeeping and maintenance will utilize a checklist monitoring system to ensure cleanliness and repairs are upheld timely.</p> <p>Nursing staff and environmental services will be educated on Housekeeping Guidelines to ensure infection control practices are followed specifically for disposing of soiled dressings, proper storage of gloves, linens and personal belongings labeled/removed from spas and the cleanliness of the floors, toilets/bathrooms and spas to promote a safe and sanitary environment.</p> <p>The Administrator/designee will conduct random audits on 5 residents rooms, bathrooms and/or facility spas weekly times 4</p>		

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	<p>and mop floors, and wipe down windowsills. Windowsills are a major problem because of the clutter of resident belongings in them. The residents don't have anywhere else to put their things. Housekeeping has to move resident's things around to clean. Sometimes there is too much stuff to move."</p> <p>During an observation on 11/18/2021 at 11:00 AM of room 703 were pieces of paper and toaster pastry scattered on the floor throughout the room. A sticky substance that made the Surveyor's shoes stick to the floor was also throughout the room. In the bathroom were pieces of toaster pastry and paper.</p> <p>During an observation on 11/18/2021 at 11:30 AM in room 620, there was a large red sticky substance splattered approximately three feet in area on the floor in the middle of the room.</p> <p>During an observation on 11/18/2021 at 11:45 AM of the 600-Hall Spa room revealed the toilet was filled with feces, urine, and toilet paper. Toilet paper and pieces of paper were scattered over the floor. A package of wet wipes was opened with wet wipes half pulled out of package on a shelf by the sink. Two hairbrushes were on the side of the bathtub along with three shirts and a pair of sweatpants on hangers. None of the clothing was labeled. In the bathtub was a long piece of cardboard. A broom was against the bathtub and wall. The bristles of the broom were covered in dust and debris. There were two shower chairs in the shower area. On the floor under the largest shower chair was one bottle of body soap and one bottle of name brand shampoo that was opened and leaking on the floor.</p> <p>During an observation on 11/18/2021 at 11:50 AM of room 211 were pieces of paper, bandage wrappers, and a dried light-brown sticky</p>		<p>weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure infection control practices are adhered to specifically to disposal of dressings, storage of gloves, lines and personal belongings labeled/removed from spas, cleanliness of facility floors, toilets/bathrooms and spas. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for sustained compliance thereafter.</p>		

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	<p>substance were on the floor.</p> <p>During an observation on 11/18/2021 at 3:30 PM of room 211 pieces of paper, bandage wrappers, and dried light-brown sticky substance were on the floor.</p> <p>During an observation on 11/22/2021 at 10:42 AM of room 211 were the same pieces of paper, bandage wrappers, and dried light-brown sticky substance were on the floor.</p> <p>During an observation on 11/22/2021 at 2:01 PM of room 703, on the floor of the bedroom were pieces of paper, toaster pastry, and a sticky substance that made Surveyor's shoes stick to the floor. In the bathroom were pieces of the toaster pastry and paper.</p> <p>During an observation and interview on 11/22/2021 at 2:27 PM Nursing Home Administrator (NHA) "A", EVS "C", and Corporate Maintenance "GG" toured R113's room with Surveyor. EVS "C" stated, "Resident rooms are cleaned every day." Observed pieces of toaster pastry and paper on both the bathroom and bedroom floor, and a sticky substance on the bedroom floor.</p> <p>During an interview on 11/22/2021 at 2:50 PM, Certified Nursing Assistant (CNA) "HH" stated, "Housekeeping is usually down this hall (600-hall) sometime after lunch. I do not know where they are today."</p> <p>During an observation on 11/22/2021 at 3:08 PM of room 211 were pieces of paper, bandage wrappers, and dried light brown sticky substance on the floor.</p> <p>During an observation on 11/22/2021 at 3:20 PM of room 212 pieces of chips, paper, and debris</p>			

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F0925 SS= F	<p>were in the corners on the floor.</p> <p>During an observation on 11/22/2021 at 3:25 PM of room 208 the sink bowl and on the floor under it was a stain with raised edges in a dark-brown color. A dried brown substance was in the toilet bowl.</p> <p>During an interview on 11/22/2021 at 4:04 PM, Environmental Services (EVS) "C" stated, "There is one housekeeper off sick today. I'm down three staff in laundry. I'm doing the best that I can."</p> <p>During an interview on 11/22/2021 at 5:00 PM Family Member (FM) "NN" stated, "When my husband picked up his mother from the facility, he took pictures of the room 505's window, and it was filthy. Disgusting. "</p> <p>During an observation on 11/23/2021 at 2:50 PM of room 211 were pieces of paper, bandage wrappers, and dried light-brown sticky substance on the floor as observed four days earlier.</p> <p>Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00123425</p> <p>Based on observation, interview, and record review, the facility failed to provide a pest free environment effecting 131 residents, resulting in pest (ants) infestations within the building physical plant.</p> <p>Findings include:</p>	F0925	<p>Room 703, 620 and 612 floors and bathrooms were cleaned and treated for ants.</p> <p>All like residents in the facility have the potential to be affected and the environment will be audited to ensure cleanliness of floors and pest control treats for ants.</p> <p>Environmental services and maintenance will be educated on pest control.</p> <p>The Administrator/designee will conduct random audits on 5 resident's rooms, bathrooms and/or facility weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure facility is pest free.</p>	12/21/2021

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	<p>Observed on 11/22/2021 at 2:01 PM in room 703 were approximately 40 live ants on the bathroom covering pieces of toaster pastry, paper, and debris.</p> <p>During an observation and interview on 11/22/2021 at 2:27 of room 703 with PM Nursing Home Administrator (NHA) "A", Corporate Maintenance "GG", Environmental Service Director (EVS) "C" stated, "I put out ant bait. The pest control company comes out regularly. As soon as ants sense food they are on it."</p> <p>Observed on 11/22/2021 at 2:50 PM in room 620 were approximately six (6) live ants on the floor by the heat register.</p> <p>Observed on 11/22/2021 at 3:00 PM in room 612 were approximately four (4) live ants in the bathroom. No food or debris on the floor.</p> <p>During an interview on 11/22/2021 at 4:04 PM EVS "C" stated, "Ants are ongoing in the facility since I was working in maintenance here. A pest control comes in to treat the facility."</p> <p>Review of the facility's "Service Inspection Report/Detailed Service Report" revealed multiple invoices dated 8/17/21, 8/27/21, 9/30/21, 10/19/21, 11/16/21, and 11/18/21 related to specific pest control services. None of the invoices treated for ants.</p>		<p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 12/21/2021 and for sustained compliance thereafter.</p>		