

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 3/1/2022
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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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F0000 SS=	INITIAL COMMENTS SKLD Beltline was surveyed for an abbreviated survey from 2/15/22-3/1/22 which included intake #'s: 124834, 125114, 125463, 125551, 125617, 125753, 125773, 125852, 125880, 125906, 125918, 126023, 126048, 126057, 126060, 126135, 126177, 126189, 126237, 126242, 126244, 125247, 126249, 126314, 126443, 126489. Census: 125	F0000		
F0580 SS= D	Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A	F0580	Resident 107 no longer resides in the facility. Resident 111 continues to resident in the facility and has had no adverse reactions related to the event. All residents in the facility have the potential to be affected. The DON/designee will review resident medical records and incident reports to determine if notifications to the physician or legal representative were made for any changes of conditions or events. Deficiencies in practice will be addressed by the DON/designee with the clinician responsible for further corrective action/education. The DON/designee will educate Licensed and Registered Nurses by 3/25/22 on the Change of Condition policy to ensure the attending physician and responsible party are notified when the resident has experienced a change of condition and that there is appropriate documentation of the notification in the medical record. Staff who have not received education by 3/25/22 will be removed from the schedule until the education is completed.	3/25/2022

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

TITLE

(X6) DATE

Electronically Signed

03/17/2022

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>change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the proper notifications were made with a change in condition for 2 of 29 residents (Resident #107 & #111) reviewed for notifications, resulting in the lack of assessment, monitoring, and the potential for the worsening of medical conditions for Resident #107, and Resident #111's responsible party not being given accurate details related to an elopement.</p> <p>Finding include:</p> <p>Resident #107</p> <p>Review of an "Admission Record" revealed Resident #107 was originally admitted to the facility on 5/29/19, with pertinent diagnoses which included but not limited to Type 2 Diabetes Mellitus (a condition that effects the way your body processes blood sugar).</p> <p>Review of Resident #107's "Physician Orders"</p>		<p>DON/designee will audit 3 random medical records weekly x 4 weeks and then monthly thereafter x 2 months to ensure change of condition or event documentation includes physician and legal representative notification and accuracy of details related to the event or condition.</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>revealed the following orders for Insulin (a medication used to treat high blood sugar):</p> <p>1). "INSULIN Glargine Solution Pen-injector 100 UNIT/ML Inject 35 unit subcutaneously at bedtime for DM 2 please inform provider if BS 80 or >400.</p> <p>2). INSULIN Lispro (1 Unit Dial) Solution Pen-injector 100 UNIT/ML Inject as per sliding scale: if (blood sugar) 70 - 150 = 0 (units); 151 - 200 = 2 (units); 201 - 250 = 3 (units); 251 - 300 = 4 (units); 301 - 350 = 5 (units); 351 - 400 = 6 (units); >400 = 7 units, subcutaneously every 6 hours for Type 2 DM Please admin in addition to scheduled 6 units. At 12:00 A.M., 6:00 A.M., 12:00 P.M., and 6:00 P.M.</p> <p>3). INSULIN Lispro (1 Unit Dial) Solution Pen-injector 100 UNIT/ML Inject 6 unit subcutaneously every 6 hours for type 2 DM please hold if BS 120, inform provider if BS 70 or >400. At 12:00 A.M., 6:00 A.M., 12:00 P.M., and 6:00 P.M."</p> <p>Review of Resident #107's "Blood Sugar Record" indicated,</p> <p>2/23/2022 at 22:31 (10:31 P.M.) 453</p> <p>2/23/2022 at 23:20 (11:20 P.M.) 400</p> <p>2/23/2022 at 23:23 (11:23 P.M.) 453.</p> <p>Review of Resident #107's "Progress Notes" revealed, no documentation that the physician was notified regarding high blood sugar levels on 2/23/22.</p> <p>During an interview on 2/25/22 at 12:20 P.M., "Licensed Practical Nurse" (LPN) "V" reported that on 2/23/22 Resident #107 was having high</p>			

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	<p>blood sugars and has Insulin sliding scale orders in place that are based on the blood sugar level result, and stated, "... (Resident #107's) blood sugar was above 400... No, I did not contact the physician... we are supposed to call if blood sugar is above 400..." LPN "V" reported that Resident #107's blood sugar was not rechecked to ensure it was within normal limits.</p> <p>During an interview on 3/1/22 at 9:25 A.M. Regional Nurse Consultant "YY" reported that nursing staff are expected to notify the physician when a resident has a blood sugar that is above 400 and stated, "... it is a professional standard."</p> <p>Review of a facility policy "Hyperglycemia" dated 07/11/18 revealed, "It is the policy of this facility to prevent complications to the insulin controlled diabetic resident... 4. Notify physician of findings and results of your evaluation. Administer insulin and/or oral hyperglycemic per physician orders or transfer to acute hospital, if indicated... 7. Document in the medical record. Include resident's signs and symptoms; frequency and results of blood testing; any change in medication administration; type, time and amount of oral intake; resident's response to treatment."</p> <p>Review of a facility policy "Change in a Resident's Condition or Status" dated 07/11/18 revealed, "The facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). PROCEDURE: 1. The nurse will notify the resident's Attending Physician or physician on call when there has been a(an): a. accident or incident involving the resident;... d. significant change in the resident's physical/emotional/mental condition;... 7. The nurse will record in the resident's medical record</p>				

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	<p>information relative to changes in the resident's medical/mental condition or status..."</p> <p>Resident #111</p> <p>Review of a "Face Sheet" revealed Resident #111 had pertinent diagnoses which included but was not limited to dementia.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #111, with a reference date of 2/15/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 09, out of a total possible score of 15, which indicated Resident #111 had mild cognitive impairment.</p> <p>Review of a "Facility Reported Incident" dated 2/7/22 revealed: "On 2/5/22 at approximately 2:00 PM., resident (Resident #111) was let out of the facility by ("Central Supply" (CS) "H") who was working the front desk as receptionist. (Resident #111) told (CS "H") she (Resident #111) was going outside and would be right back. (Resident #111) was seen in the driveway sitting on her 4 wheeled walker. (Resident #111) did not exit or attempt to leave the facility. (Resident #111) sat and watched traffic. A ("Certified Nurse Aide"-CNA) named (CNA "D") went out and got (Resident #111) and brought her (Resident #111) back into the facility. (Resident #111) was dressed appropriately and wanted to go outside. Guardian wants resident to go outside. As an intervention the resident (Resident #111) gets a walk outside with other residents and activities when weather and dress is appropriate. (Resident #111) remains in the facility with no concerns."</p> <p>During an interview on 2/17/22 at 1:04 PM., Resident #111's Guardian "YYY" reported no call or email was given to her in regards to Resident #111 eloping from the facility on 2/5/22 unbeknownst to staff and out to a very busy</p>				

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F0583 SS= E	<p>roadway. Guardian "YYY" reported a call was made from the facility on 2/7/22 from a staff asking permission to take Resident #111 outside for walks, because Resident #111 really enjoys the outdoors. Guardian "YYY" reported she was not told that it was an actual mistake of a staff member who did not recognize Resident #111 as a resident, and let her (Resident #111) out of the building because she (Resident #111) said she was going to the store and would be right back. Guardian "YYY" reported she would have never given permission for Resident #111 to leave the facility without supervision. Guardian "YYY" stated "this is shocking, especially because Resident #111 has a diagnosis of vascular dementia."</p> <p>During an interview on 3/1/22 at 1:15 PM., "Nursing Home Administrator" (NHA) "A" reported he cannot be certain that Resident #111's guardian was told full details about Resident #111 leaving the facility on 2/5/22. NHA "A" reported he received many different versions of what happened that day. NHA "A" reported he personally did not call Resident #111's Guardian to notify of Resident #111's elopement.</p> <p>Personal Privacy/Confidentiality of Records §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications,</p>	F0583	<p>Resident 103 no longer resides in the facility.</p> <p>Residents 110, 111, 126, and 130 continue to reside in the facility and have had no adverse effects related to exposed data.</p> <p>All residents have the potential to be affected. An audit was conducted of each medication cart and kiosk to ensure resident privacy and confidentiality was protected. Any concerns were immediately addressed.</p> <p>The DON/designee will educate Licensed and Registered Nurses and CNA's by 3/25/22 on resident privacy and confidentiality related to</p>	3/25/2022	

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	<p>including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to protect the privacy and confidentiality of resident medical records for 5 of 29 residents (Resident #103, #110, #111, #126 and #130) reviewed for privacy, resulting in the potential for sensitive patient data to be used by non-medical staff without the resident's knowledge.</p> <p>Findings include:</p> <p>Resident #103</p> <p>In an observation on 2/16/22 at 9:00 AM., observed a medication cart parked outside room 709 a piece of paper was noted to be in public view of residents, visitors, non-nursing staff, vendors and this surveyor. review of the document titled "Alert Charting" with no date revealed personal information of Resident #1103's. The information noted on the document which was left on the medication cart in plain site</p>		<p>non-medical staff use of resident health information without the resident's knowledge. Staff who have not received the education by 3/25/22 will be removed from the schedule until the education is completed.</p> <p>The DON/designee will conduct 3 random audits of medication carts and kiosks weekly x 4 weeks, then monthly x 2 months to ensure resident privacy and confidentiality was protected.</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>included but not limited to: Resident #103's full name, "code status (DNR- Do Not Resuscitate), Covid-19 recovery, and weakness due to a fall at home."</p> <p>Resident #110</p> <p>In an observation on 2/16/22 at 9:00 AM., observed a medication cart parked outside room 709 a piece of paper was noted to be in public view of residents, visitors, non-nursing staff, vendors and this surveyor. review of the document titled "Alert Charting" with no date revealed personal information of Resident #110's. The information noted on the document which was left on the medication cart in plain site included but not limited to: Resident #110's full name, code status-"(Full Code), type of diet and blood sugar reading of 121."</p> <p>Resident #111</p> <p>In an observation on 2/16/22 at 9:00 AM., observed a medication cart parked outside room 709 a piece of paper was noted to be in public view of residents, visitors, non-nursing staff, vendors and this surveyor. review of the document titled "Alert Charting" with no date revealed personal information of Resident #111. The information included Resident #111's full name, code status, type of diet and a medication "ditropan at bedtime." "ditropan is a medication to decrease the urgency and frequency of urination. Resident #111 noted to be a "FULL CODE...."</p> <p>Resident #126</p> <p>In an observation on 2/16/22 at 9:00 AM., observed a medication cart parked outside room 709 a piece of paper was noted to be in public view of residents, visitors, non-nursing staff,</p>				

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	<p>vendors and this surveyor. review of the document titled "Alert Charting" with no date revealed personal information of Resident #126's. The information included Resident #126's full name, code status, type of diet and blood sugar readings #126 was to be "put to bed early PM with assist.... mechanical soft diet, feeder...Resident #126 noted to be a "FULL CODE...."</p> <p>During an interview on 2/16/22 at 9:10 AM., "Unit Manager" (UM) "U" reported he was assigned to the medication cart on the 700 hall. UM "U" reported he uses the "Alert Charting" piece of paper with the residents information it so he can make any necessary medication changes, keep track of vitals, and blood sugars. UM "U" reported he did not realize that the paper which identified residents full names, code status, certain medications, and blood sugar results (among other private information) could not be left out. UM "U" reported he was only gone away from the medication cart for a few moments. UM "U" stated "I was down he hall passing medications, but all the nurses use the paper like this, so obviously we need to put it in the medication cart, or where residents/visitors and other people cannot see the information."</p> <p>Resident #130</p> <p>During an observation on 2/23/22 at 4:00 P.M. of the medication cart on 200 hall, the computer was open with a screen that revealed Resident #130's medical record, including a picture and medication orders.</p> <p>During an interview on 2/23/22 at 4:06 P.M., "Registered Nurse" (RN) "LL" reported that she had stepped away from the computer to assist another resident.</p>				

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F0584 SS= E	<p>During an observation on 2/17/22 at 8:17 AM, an unattended (no staff was present at or around) medication cart with a laptop was parked between room 622 and the infection control nurse's office. The computer was on top of the medication cart with the laptop open and the screen was visible. The screen was not locked and the medical record for the resident residing in room 627 was accessible for anyone passing by. Licensed Practical Nurse "J" was observed coming out of the medication room across the hall and returned to the unattended open laptop.</p> <p>Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p>	F0584	<p>Resident 107 no longer resides at the facility.</p> <p>Resident's 104 and 126 continue to reside at the facility. The rooms of Residents 104 and 126 were cleaned; clothing and personal items were stored appropriately.</p> <p>All residents have the potential to be affected. Room rounds were conducted to identify rooms that were unclean/unkept and had the potential for cross-contamination, bacterial harborage, and uncomfortable odors. Any concerns identified were addressed. Deficiencies of unclean/unkept resident rooms will be addressed immediately by the Administrator/designee with nursing and/or housekeeping as appropriate for further corrective action/education.</p> <p>The DON/designee will educate nursing personnel by 3/25/22 on resident room cleanliness and organization to ensure resident has a homelike environment. Staff who have not received the education by 3/25/22 will be removed from the schedule until the education is completed.</p> <p>The Administrator/designee will educate housekeeping personnel by 3/25/22 on</p>	3/25/2022

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	<p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00126135.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a homelike environment for 3 of 29 residents (Resident #104, R#126, Resident #107) reviewed for homelike environment, resulting unclean/unkept resident rooms and the potential for cross-contamination, bacterial harborage, and uncomfortable odors.</p> <p>Findings include:</p> <p>In an observation on 2/15/22 at 7:45 AM., while doing a tour of the units this surveyor noted many resident rooms had items on the floors such as: piles of soiled clothing. Noted many rooms on 100 hall, had "dinner meals" in plastic/styrofoam containers on their bedside tables.</p> <p>During an interview on 2/15/22 at 8:00 AM., "Certified Nurse Aide" (CNA) "E" reported when the dietary staff are short staffed meals are served in styrofoam containers because the dietary staff that normally would do the dishes is pulled to either do dining assist, pass trays, or do the meal line. CNA "E" reported the facility is under construction, but none of the resident rooms typically have any decor, paintings or items to make resident rooms less "institutionalized." CNA "E" reported at times staff have donated home items for residents who don't have family to help bring in personalized items. CNA "E" stated "it's really sad to walk into the residents room and know that all day some of them only have white cinder blocks to stare at, its like being in a prison."</p>		<p>resident room cleaning schedules to ensure the resident has a homelike environment. Staff who have not received the education by 3/25/22 will be removed from the schedule until the education is completed.</p> <p>The Administrator/designee will conduct 3 random resident room audits per unit weekly x 4 weeks, then weekly x 2 months to ensure a clean, homelike environment.</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>Resident #104</p> <p>Review of a "Face Sheet" revealed Resident #104 had pertinent diagnoses which included: history of a stroke, left foot drop.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #104, with a reference date of 1/19/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #104 was cognitively intact.</p> <p>In an observation on 2/16/22 at 10:00 AM., observed Resident #104's room. In the corner of her room to the right of the bed, there were numerous random boxes, clothing on the floor, persona hygiene items. Noted the top of Resident #104's dresser were clothes, the drawers were open and had room for clothing. The closet was in disarray, with clothes strewn about on the closet floor. Noted on the left side of Resident #104's bed were more personal items, clothing and personal snacks. Resident #104 had no pictures, decorations, or decor in her room. the walls were dingy, and many areas of paint scraped off of them. The floor in Resident R#104's room was unkept.</p> <p>During an interview on 2/16/22 at 10:10 AM., Resident #104 reported the staff do not assist her in putting away her clothing into the drawers, or hanging clothing items up. Resident #104 reported she has no use of her left arm and it is very difficult to do these things without help. Resident #104 reported the housekeeping staff does not clean her room every day, and housekeeping does not sanitizer her bedside table.</p> <p>Resident #126</p> <p>Review of a "Face Sheet" revealed Resident #126</p>				

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	<p>had pertinent diagnoses which included: Bipolar disease and Type 2 diabetes.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #126, with a reference date of 2/15/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 11, out of a total possible score of 15, which indicated Resident #126 had mild cognitive impairment.</p> <p>In an observation on 2/17/22 at 10:00 AM., observed Resident #126's dresser to the left upon entrance to her room. The dresser was covered with random, scattered personal items, a wash basin, unfolded towels, wash clothes, a gripper sock, and had an overall disorganized, unsanitary appearance.</p> <p>In an observation on 3/1/22 at 11:40 AM., observed Resident #126's wash basin on her dresser. Resident #126's toothpaste was inside a tissues box. Resident #126's wash basin had personal items in it. The wash basin did not appear to have been touched from previous observations made by this surveyor. Resident #126's bedroom had no personal affects in any sort of order. Resident #126's clothing in her closet was hung up, and some items were on the floor of the closet. In the closet noted adult briefs not in packages but strewn about, empty styrofoam cups, adult brief package (empty) wrapper. Resident #126 did not have any wall hangings, photos, or decor of any type in her room.</p> <p>During an interview on 3/1/22 at 11:50 AM., Resident #126 reported the staff does not clean and organize her room they way she would like. Resident #126 reported there have never been any wall hangings, or decor on the walls. Resident #126 reported it would be nice to "have something pretty to look at."</p>			

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	<p>In an observation on 2/17/22 at 11:53 AM., noted room 501 to be in disarray. A long cord running across the room that belonged to a oxygen concentrator. Observed numerous random pieces of paper, wrappers, food items, dust and debris. A wash cloth noted on the floor, which was soiled, this surveyor had to step over wheelchair legs which were in the middle of the floor to observed the rest of the room. Both privacy curtains were visibly soiled. Resident belongings were in boxes, and totes unorganized, and items were strewn about very randomly.</p> <p>In an observation on 2/17/22 at 2:50 PM., The following resident rooms were noted to have their floors with various random items such as used gloves, straw wrappers, soiled linens, resident personal soiled clothing in piles. The rooms themselves were not homelike in any way, no noted appearance of wall hangings or decor. The majority of items noted in the rooms were personal hygiene items placed randomly on sinks, night stands, dressers, windowsills. All of these rooms had heavily soiled floors with dirt, dust and debris. Rooms included in this observation were the following : 600, 602, 603, 604, 617, and 618.</p> <p>Resident #107</p> <p>Review of an "Admission Record" revealed Resident #107 was originally admitted to the facility on 5/29/19.</p> <p>During an interview on 2/15/22 at 11:26 A.M., Family Member (FM) "III" reported that Resident #107's room was very dirty and stated, " ...it's junky and messy ...there are brown stains on her nightstand ...there were piles of dirty dishes piled up on the carts in the hall ..."</p> <p>During an observation on 2/16/22 at 9:27 A.M.</p>				

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	<p>Resident #107 was lying in her bed and the door was closed. There were brown liquid spilled stains on the nightstand, debris under the bed which included a disposable glove and a shaver, a plastic spoon and orange food substance dried on the windowsill.</p> <p>During an observation on 2/18/22 at 10:39 A.M. Resident #107's nightstand was cluttered and had brown liquid stains on it and running down the front on the drawers, the plastic spoon and food was still in the windowsill, and a glove and shaver along with dust and dirt under the bed.</p> <p>During an observation on 2/16/22 at 1:13 PM, room 617's floor was visibly soiled from the hallway. There was debris on the floor on both sides of the room. Both residents residing in 617 were confused and unable to say how the state of their room made them feel. There was small white pieces of paper, appearing to possibly be straw wrappers and other unknown paper material on the floor located under the sink, in the middle of the room and on the floor at the foot of the bed of Bed one (bed to the left upon entering the room). There was a used plastic knife behind the resident on the floor along the wall on the left side of the room. There was a plastic spoon on the floor next to the bedside table closest to the wall with the window. There was unknown white debris and unknown brown debris under the length of the bed on the left side of the room. Under the privacy curtain near the window was an empty plastic wrapper (it appeared to be a plastic utensil wrapper). Bed two (the bed to the right side of the room) had two cardboard supply boxes on the floor at the foot of the bed. On top of the boxes were opened bags of briefs and a picture frame full of photographs of people resting on the box and against the wall. The photograph frame wasn't hung on the wall. Under the picture frame was a cloth gown, not folded and draped over the box.</p>			
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	<p>There was an unknown white splatter stain on the floor next to the sink approximately 1-2 inches in diameter.</p> <p>During an observation on 2/17/22 at 8:14 AM, room 617's Bed one (bed to the left) still had debris under the bed and on the floor in front of the bedside table closest to the window. The plastic spoon and floor debris remained in the same spot as they did on 2/16/22 at 1:13 PM. Bed two still had cardboard boxes on the floor at the foot of the bed with the picture frame resting directly on the floor. There were eight hooks adhered to the wall next to Bed two with nothing hanging from them. The white splattered material near the sink remained.</p> <p>During an interview on 2/17/22 at 8:14 AM, Licensed Practical Nurse (LPN) "EEEE" confirmed all of the debris on the floor and reported many of the rooms look like this.</p> <p>Applying the reasonable person concept, a reasonable person would not want their room disheveled and unclean.</p> <p>During an observation on 2/17/22 at 7:52 AM, a roll of plastic trash bags rested on the handrail outside of room 114, and to the right of the door opening was a box of opened vinyl exam gloves obstructing the handrail.</p> <p>During an observation on 2/17/22 at 7:59 AM, there was a large roll of plastic bags on the handrail outside of room 216 obstructing the use of the hand rail. The handrail was also missing the plastic end cap with the metal area below the plastic exposed.</p> <p>During an observation on 2/17/22 at 8:45 AM, a broom and dustpan were sitting in room 215 near</p>			
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F0609 SS= D	<p>the sink area. No staff was present in the area and the items were not in use at that time.</p> <p>Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c) (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake#'s MI00126060, MI00126189 & MI00126443</p> <p>Based on interview and record review, the facility failed to immediately report a concern of neglect (elopement) and/or injury of unknown origin in 2</p>	F0609	<p>Resident 113 no longer resides in the facility.</p> <p>Resident 111 continues to resident in the facility. Resident has had no adverse effects related to the incident. Resident's care plan has been reviewed and revised to reflect current needs and preferences.</p> <p>All residents have the potential to be affected. Facility will review resident medical records and incident reports to determine if there are any unreported concerns of neglect or injury of unknown origin. Any concerns identified will be reported immediately to the appropriate agencies.</p> <p>The Regional Nurse Consultant will educate the Administrator and DON by 3/15/22 on reporting requirements to ensure timely reporting of abuse or neglect to appropriate agencies.</p> <p>The Administrator/designee will educate facility staff by 3/25/22 on abuse and neglect reporting process to ensure timely reporting of abuse or neglect to appropriate agencies. Staff who have not received education by 3/25/22 will be removed from the schedule until the education is completed.</p> <p>The Administrator/designee will conduct 3 random resident medical record reviews weekly x 4 weeks, then weekly x 2 months to ensure timely reporting of abuse or neglect. 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</p>	3/25/2022

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	<p>of 29 residents (Resident #111 and Resident #113) reviewed for elopement, resulting in the potential for further reportable incidents to not be reported timely to the State Agency.</p> <p>Findings include:</p> <p>Resident #111</p> <p>Review of a "Face Sheet" revealed Resident #111 had pertinent diagnoses which included but not limited to dementia.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #111, with a reference date of 2/15/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 09, out of a total possible score of 15, which indicated Resident #111 had mild cognitive impairment.</p> <p>Review of a "Facility Reported Incident" dated 2/7/22 revealed: "On 2/5/22 at approximately 2:00 PM resident (Resident #111) was let out of the facility by ("Central Supply" (CS) "H") who was working the front desk as receptionist. (Resident #111) told (CS "H") she (Resident #111) was going outside and would be right back. (Resident #111) was seen in the driveway sitting on her 4 wheeled walker. (Resident #111) did not exit or attempt to leave the facility. (Resident #111) sat and watched traffic. A ("Certified Nurse Aide"-CNA) named (name omitted) went out and got (Resident #111) and brought her (Resident #111) back into the facility. (Resident #111) was dressed appropriately and wanted to go outside. Guardian wants resident to go outside. As an intervention the resident (Resident #111) gets a walk outside with other residents and activities when weather and dress is appropriate. (Resident #111) remains in the facility with no concerns."</p> <p>During an interview on 2/15/22 at 1:10 PM.,</p>		<p>assuring substantial compliance is attained through this plan of correction by 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>Resident #111 reported when she went for walk last week she went to the gas station down the street to get a candy bar and a cherry coke, because they (the facility) doesn't have cherry coke and that is the kind of pop she (Resident #111) likes. Resident #111 reported she walked out the door, and told the lady at the door she was going to the store and would be right back. Resident #111 reported "it was a nice day for a walk, I love being outside." Resident #111 described the street, the gas station she went to and that the road is very busy, but she (Resident #111) paid attention to the cross-walk sign, and when it light up, she (Resident #111) crossed. Resident #111 reported she was gone about 45 minutes.</p> <p>During an interview on 2/16/22 at 2:30 PM., "Certified Nurse Aide" (CNA) "D" reported when she was coming back from a break she saw Resident #111 was alone at the top of the hill sitting on her 4-wheeled walker on the sidewalk near the entrance to the facility. CNA "D" reported the sidewalk is near a very busy highway. CNA "D" reported she knew that Resident #111 should not be near the highway, and definitely not alone. CNA "D" reported she was in her car pulling in from running to a store on her break. CNA "D" stated "I (CNA "D") got out of my car, I (CNA "D") walked to Resident #111 and walked her back down into the facility." CNA "D" reported she wasn't sure what was going on. CNA "D" reported no-one knew she was gone. CNA "D" reported no-one (other staff/nurses) called a code yellow, which is the elopement code. CNA "D" reported she let the nurse know on her unit, the other CNA's working, and the secretary. CNA "D" reported no one did anything. CNA "D" reported there was no head count of any kind, no one told (CNA "D") to write a statement or incident report. CNA "D" reported she later decided to write her own statement.</p>				

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	<p>During an interview on 3/1/22 at 12:55 PM., "Nursing Home Administrator" (NHA) "A" reported he learned of Resident #111 getting out of the building up to the end of the driveway, near a very busy highway. NHA "A" reported a staff member did call him on 2/5/22 after the incident happened. NHA "A" reported it was told to him, that she (Resident #111) only made it out into the parking lot in view of staff. NHA "A" reported he did not ask any more questions, and trusted what the staff (whom he could not recalls name) had said, and thought someone was with her. NHA "A" reported he learned on the following Monday 2/7/22 that Resident #111 actually made it out of the facility due to staff working at the door (screening entrance-Covid-19) did not know she was an elopement risk. NHA "A" reported the incident with Resident #111 eloping was not reported per policy and procedure.</p> <p>Review of the facility Policy/Procedure for "Abuse and Neglect" adopted 7/11/2018 reflected "It is the policy of this facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment, involuntary seclusion, misappropriation of property, exploitation, neglect or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven (7) federal components of prevention and investigation."</p> <p>The policy detailed how the facility would: "VII. Reporting/Response: Have procedures to: All allegations and/or suspicions of abuse must be reported to the Administrator immediately. If the Administrator is not present, the report must be made to the Administrator's Designee. All allegations of abuse will be reported to the appropriate State Agencies immediately after the</p>				

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F0610 SS= D	<p>initial allegation is received..."</p> <p>Resident #113</p> <p>Review of the facility's facility incident report, stated, "Type of Alleged Incident: Injury of Unknown Source", "Date/Time incident Discovered: 1/16/2022 11:30 AM", and "Date/Time Incident Occurred: 1/10/2022 11:48 PM". "Incident Summary: Resident (Resident #113) had hand and foot pain after her room move. Xrays ordered by doctor. Feet xrays were negative however she had some bruising. Hand has a metacarpal fx (fracture) and is being placed in a splint. Resident claims the pain started after the room move."</p> <p>Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intakes MI00126060, MI00126189, and MI00126237.</p>	F0610	<p>Residents 113 and 116 no longer reside at the facility.</p> <p>Resident 111 continues to reside at the facility. Resident 111 has had no adverse effects related to the incident. Resident's care plan has been reviewed and revised to reflect current needs and preferences.</p> <p>All residents have the potential to be affected. Facility will review any open facility-reported allegations of abuse or neglect that have not been thoroughly investigated. Any concerns identified will be investigated immediately.</p> <p>The Regional Nurse Consultant will educate the Administrator and DON by 3/15/22 on conducting thorough and complete investigations of allegations abuse and/or neglect.</p> <p>The Administrator/designee will educate facility personnel by 3/25/22 on initiating and conducting thorough and complete</p>	3/25/2022

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	<p>Based on interview and record review the facility failed to conduct a thorough and complete investigations for 3 of 7 residents (Residents #113, #116, #111) reviewed for facility reported investigations, resulting in missing documentation and missed evidence with the potential for elopements, injuries of unknown origin, and incontinence double briefing episodes to reoccur and/or not be resolved/investigated fully.</p> <p>Findings include:</p> <p>Resident #113</p> <p>During an interview on 2/16/22 at 1:51 PM, Unit Manager/Registered Nurse (UM/RN) "NN" reported she was present in the room during Resident #113's room change that was investigated by the facility for an injury of unknown origin. UM/RN "NN" reported those present for the room change/the alleged injury of unknown origin for Resident #113 being investigated was Resident #113, herself UM/RN "NN", Licensed Practical Nurse "TTT", and Certified Nurse Aides "QQQ", "UUU", and "VVV". This included five staff members present at the time of the room change.</p> <p>During an interview on 2/16/22 at 3:36 PM, Nursing Home Administrator (NHA) "A" confirmed CNA "VVV" had no documented witness statement/interview of what happened during the room change that could have explained the injury of unknown origin that was being investigated. NHA "A" confirmed they usually always interview everyone involved in an incident.</p> <p>During an interview on 2/17/22 at 1:02 PM, Nursing Home Administrator "A" reported Director of Nursing "B" completed the witness</p>		<p>investigations of allegations of abuse and/or neglect. Facility staff who have not received the education by 3/25/22 will be removed from the schedule until the education is completed.</p> <p>The Regional Nurse Consultant will audit documentation for all facility-reported incidents weekly x 4 weeks, then monthly x 2 months to ensure a thorough and complete investigation has been conducted.</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>statements.</p> <p>During an interview on 2/17/22 at 1:10 PM, Director of Nursing "B" reported Unit Manager/Registered Nurse (UM/RN) "NN" reported there was only four staff present and that is why there were only four witness statements.</p> <p>Review of Resident #113's "#1690 Other" investigation form (for Resident #113's injury of unknown origin), dated 1/15/2022, stated, "Witnesses" and only included short witness statements from UM/RN "NN", the resident herself, Licensed Practical Nurse "TTT", Certified Nurse Aide (CNA) "QQQ", and CNA "UUU". There were only four of the five staff witness statements; no witness statement from CNA "VVV" was done.</p> <p>Review of the facility's submitted incident report, dated 1/16/2022, stated, "Investigation was completed. Statements from all staff involved with the room move do not recall (Resident #113) hitting her hand during the transfer..."</p> <p>Review of the facility's facility incident report, stated, "Type of Alleged Incident: Injury of Unknown Source"... "Date/Time Incident Occurred: 1/10/2022 11:48 PM". "Incident Summary: Resident (Resident #113) had hand and foot pain after her room move. Xrays ordered by doctor. Feet xrays were negative however she had some bruising. Hand has a metacarpal fx (fracture) and is being placed in a splint. Resident claims the pain started after the room move."</p> <p>Review of the facility's investigation and investigation summary of Resident #113's injury of unknown origin provided no possible explanation of how this injury occurred. The investigation reached the conclusion it didn't happen during the room change based on the</p>				

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	<p>available witness statements, but it didn't address how else it could have occurred. The investigation, based on the facility provided documentation, ended at the room change and went no further to try and find how the resident fractured her left pinky finger and had injuries to both feet. Not all parties involved in the incident were interviewed.</p> <p>Resident #116:</p> <p>Review of Resident #116's facility reported incident form, investigation submitted 2/1/22, stated, "Incident Summary: Residents guardian came in the facility and said the patient (Resident #116) was double briefed and wet. Staff is auditing and investigating ...Investigation Summary/Actions Taken: The guardian (name) alleged that her resident was double briefed ...Audits were completed on the resident which saw no double briefing ...Hospice company, (Hospice brand name), had no care issues upon interviewing."</p> <p>Review of Resident #116's "Hospice Communication Report", dated 1/26/22, stated, "Summary of visit: ... Brief was double briefed ...pt (patient; Resident #116) was soaked with urine."</p> <p>Review of Resident #116's "Hospice Communication Report", dated 12/13/21, stated, "Summary of visit:.. Brief dry but changed as there were 2 briefs on pt (patient; Resident #116)".</p> <p>Review of Resident #116's census sheet, undated, indicated hospice services began on 10/15/2021.</p> <p>Both reviewed hospice communication reports, dated 1/26/22 and 12/13/21, were available in the resident's electronic medical record for staff</p>			

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	<p>review while they investigated the double briefing allegations. The facility's investigation found no double briefing, however the facility had documentation that indicated that Resident #116 had been in fact double briefed.</p> <p>Resident #111</p> <p>Review of a "Face Sheet" revealed Resident #111 had pertinent diagnoses which included: Dementia and Type 2 diabetes.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #111, with a reference date of 2/15/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 09, out of a total possible score of 15, which indicated Resident #111 had mild cognitive impairment.</p> <p>Review of a "Facility Reported Incident" dated 2/7/22 revealed: "On 2/5/22 at approximately 2 PM resident (Resident #111) was let out of the facility by ("Central Supply" (CS) "H") who was working the front desk as receptionist. (Resident #111) told (CS "H") she (Resident #111) was going outside and would be right back. (Resident #111) was seen in the driveway sitting on her 4 wheeled walker. (Resident #111) did not exit or attempt to leave the facility. (Resident #111) sat and watched traffic. A ("Certified Nurse Aide"-CNA) named (name omitted) went out and got (Resident #111) and brought her (Resident #111) back into the facility. (Resident #111) was dressed appropriately and wanted to go outside. Guardian wants resident to go outside. As an intervention the resident (Resident #111) gets a walk outside with other residents and activities when weather and dress is appropriate. (Resident #111) remains in the facility with no concerns."</p> <p>During an interview on 2/15/22 at 1:10 PM., Resident #111 reported when she went for walk</p>				

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	<p>last week she went to the gas station down the street to get a candy bar and a cherry coke, because they (the facility) doesn't have cherry coke and that is the kind of pop she (Resident #111) likes. Resident #111 reported she walked out the door, and told the lady at the door she was going to the store and would be right back. Resident #111 reported "it was a nice day for a walk, I love being outside." Resident #111 described the street, the gas station she went to and that the road is very busy, but she (Resident #111) paid attention to the cross-walk sign, and when it light up, she (Resident #111) crossed. Resident #111 reported she was gone about 45 minutes.</p> <p>During an interview on 2/16/22 at 2:30 PM., "Certified Nurse Aide" (CNA) "D" reported when she was coming back from a break she saw Resident #111 was alone at the top of the hill sitting on her 4-wheeled walker on the sidewalk near the entrance to the facility. CNA "D" reported the sidewalk is near a very busy highway. CNA "D" reported she knew that Resident #111 should not be near the highway, and definitely not alone. CNA "D" reported she was in her car pulling in from running to a store on her break. CNA "D" stated "I (CNA "D") got out of my car, I (CNA "D") walked to Resident #111 and walked her back down into the facility." CNA "D" reported she wasn't sure what was going on. CNA "D" reported no-one knew she was gone. CNA "D" reported no-one (other staff/nurses) called a code yellow, which is the elopement code. CNA "D" reported she let the nurse know on her unit, the other CNA's working, and the secretary. CNA "D" reported no one did anything. CNA "D" reported there was no head count of any kind, no one told (CNA "D") to write a statement or incident report. CNA "D" reported she later decided to write her own statement.</p>				

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	<p>During an interview on 3/1/22 at 12:55 PM., "Nursing Home Administrator" (NHA) "A" reported he learned of Resident #111 getting out of the building up to the end of the driveway, near a very busy highway. NHA "A" reported a staff member did call him on 2/5/22 after the incident happened. NHA "A" reported it was told to him, that she (Resident #111) only made it out into the parking lot in view of staff. NHA "A" reported he did not ask any more questions, and trusted what the staff (whom he could not recalls name) had said, and thought someone was with her. NHA "A" reported he learned on the following Monday 3/7/22 that Resident #111 actually made it out of the facility, due to staff working at the door (screening entrance-Covid-19). NHA "A" reported the incident with Resident #111 eloping was definitely not investigated per policy and procedure. NHA "A" reported he should have asked more detailed questions about Resident #111, and whom she was with at that time she was outside.</p> <p>Review of the facility Policy/Procedure for "Abuse and Neglect" adopted 7/11/2018 reflected "It is the policy of this facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment, involuntary seclusion, misappropriation of property, exploitation, neglect or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven (7) federal components of prevention and investigation."</p> <p>The policy detailed how the facility would: "V. Investigation: Have procedures to: Investigate all allegations of abuse, neglect, misappropriation of property and incidents such as injuries of unknown source. All allegations will be investigated by the Administrator or Designee</p>				

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F0656 SS= E	<p>immediately. The initial and final reporting of the allegations will be done by the Administrator or Designee. VII. Reporting/Response: Have procedures to: ... Analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences. Take all necessary corrective actions depending on the results of the investigation."</p> <p>Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must</p>	F0656	<p>Resident 102 no longer resides in the facility.</p> <p>Residents 106, 126, and 129 continue to resident in the facility. Resident's 106, 126, and 129 care plans were reviewed and revised as needed to meet their care needs and preferences.</p> <p>All residents with pacemakers, at risk for falls, or at risk for the development of pressure injuries have the potential to be affected. An audit was conducted of all residents to determine if there were any with pacemakers. Charts were reviewed for orders related to pacemaker function and assessment testing. Any concerns were addressed, and care plan revised.</p> <p>Fall risk assessments were completed for all residents. Care plans were initiated or revised as needed to reflect resident care needs and preferences.</p> <p>Braden scale assessments were completed for all residents. Care plans were initiated or revised as needed to reflect resident care needs and preferences.</p> <p>The DON will provide on-going oversight to the process of development and implementation of person-centered care plans. Deficiencies in practice will be addressed by the DON/designee with the</p>	3/25/2022

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	<p>document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intakes MI00125617, MI00125773, MI00125463, and MI00125753.</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement person centered care plans for 4 of 20 residents (Residents #102, #129, 106, & #126) reviewed for development and implementation of person-centered care plans, resulting in failure to properly monitor a pacemaker for Resident #102, a fall with injury for Resident #106, and pressures ulcer (and at risk for) for Residents #126 & Resident #129, as well as the potential for accidents, elopements and further medical complications/conditions to go unmonitored/assessed and updated as needed to meet the needs of the residents residing in the facility.</p> <p>Findings include:</p> <p>Resident #102</p> <p>Review of an "Admission Record" revealed Resident #102 was originally admitted to the facility on 6/1/18, with pertinent diagnoses which included: atherosclerotic heart disease (can cause blood flow obstructions).</p> <p>During an interview on 2/17/22 at 9:22 A.M.,</p>		<p>clinician responsible for further corrective action/education.</p> <p>The DON/designee will educate Licensed and Registered nurses by 3/25/22 on development and implementation of care plans for residents with pacemakers, residents at risk for pressure injury development, or residents at risk for falls, to ensure the measures meet the resident's medical, nursing, and mental and psychosocial needs. Staff who have not received education by 3/25/22 will be removed from the schedule until the education is completed.</p> <p>The DON/designee will randomly audit 3 resident records weekly x 4 weeks, then monthly x 2 months to ensure care plans for residents with pacemakers, at risk for falls, or at risk for pressure injury development are developed, revised, and interventions implemented to reflect the residents care needs and preferences.</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>"Family Member" (FM) "FFF" reported that Resident #102 passed away in the facility and stated, "...I have concerns that her pacemaker wasn't being checked...I told them (facility) about it and gave them the papers when she first came there...I wonder if the pacemaker was even working..."</p> <p>During an interview on 2/18/22 at 3:20 P.M., "Unit Manager" (UM) "FFFF" reported that she could not find any documentation in Resident #102's record of a pacemaker and stated, "...if she had a pacemaker...we should have documentation that she had a monitor at the bedside..."</p> <p>Review of Resident #102's "Physician Orders" revealed, no orders to monitor pacemaker.</p> <p>Review of Resident #102's "Care Plan" revealed, no Pacemaker care plan developed.</p> <p>Review of a faxed letter from Resident #102's Cardiologist dated 10/9/20 revealed, "...We have not received a download from your pacemaker since we saw you in clinic this past January. Could you please send one as soon as you can..."</p> <p>Review of Resident #102's communication sheet "Consultation/Appointment Information Form" dated 1/8/2020 revealed, "Reason for visit: Pacemaker Check. Findings: Normal pacemaker function. Battery integrity 8-27 months. Recommendations: Remote check with her carelink monitor 4/28/2020..."</p> <p>Review of Resident #102's "Nursing Admission Screening/History" dated 12/9/21 revealed, "...Cardiac/Circulation: Relevant history/dx (diagnosis): PACEMAKER..."</p> <p>Review of Resident #102's "Cardiologist Visit Note" dated 1/8/20 revealed,</p>				

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	<p>"...Problems:...Complete atrioventricular block, heart block - 3rd degree...Surgical history:...Pacemaker implantation...pacemaker was implanted...5/24/10..."</p> <p>This surveyor spoke with DON "B" on 2/23/22 at 1:03 P.M. and requested further documentation regarding Resident #102's pacemaker. No documentation was received prior to exit.</p> <p>Resident #129</p> <p>Review of an "Admission Record" revealed Resident #129 was originally admitted to the facility on 2/13/20, with pertinent diagnoses which included: contractures (inability to move) of the right and left upper extremities, and major depressive disorder.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #129, with a reference date of 2/10/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 2, out of a total possible score of 15, which indicated Resident #129 had severe cognitive impairment. Review of the "Functional Status" revealed that Resident #129 required extensive assistance of 2 people for mobility in bed. Review of the "Skin Conditions" revealed that Resident #129 was at risk for developing pressure ulcers.</p> <p>Review of Resident #129's "Pressure Ulcer Care Plan" revealed, "RESOLVED: The resident has Stage 3 pressure injury to left heel r/t (related to) disease process, Immobility, left hemiparesis Date Initiated: 12/15/2020 Created on: 12/16/2020 Resolved Date: 09/21/2021 ..." There was no current care plan for history of pressure ulcer, or the interventions related to prevention of pressure ulcers.</p> <p>Review of Resident #129's "Skin Integrity Care</p>				

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	<p>Plan" revealed, "The resident has potential impairment to skin integrity r/t incontinent of bowel and bladder, wears briefs, fragile skin, hx of skin issues, use/side effects of medications, and decreased mobility Date Initiated: 02/14/2020 Created on: 02/14/2020 Revision on: 02/28/2021 ...INTERVENTIONS: Encourage good nutrition and hydration in order to promote healthier skin. Date Initiated: 02/14/2020 Created on: 02/14/2020. Observe skin daily with care activities. Report any changes in coloration, integrity, etc. to nurse. Date Initiated: 02/14/2020 Created on: 02/14/2020."</p> <p>Review of Resident #129's "Braden Scale for Predicting Pressure Sore Risk" dated 2/5/22 revealed a score of 13, indicating at moderate risk.</p> <p>During an observation on 2/24/22 at 1:24 P.M., Resident #129 was lying in her bed, flat on her back, and her legs and feet were laying directly on the surface of the bed. Resident #129's protective boots were observed in her wheelchair.</p> <p>During an interview on 2/24/22 at 1:52 P.M., CNA "BBB" reported that he last checked on Resident #129 at approximately 10:00 A.M. (4 hours ago) and she wasn't wet. CNA "BBB" reported that Resident #129 has a wound on her foot and stated, "...she used to wear boots...but they were not on her today..."</p> <p>During an observation on 2/24/22 at 2:13 P.M. CNA "BBB" entered Resident #129's room with linen to provide cares. Resident #129 was lying flat on her back with her legs and feet laying directly on the surface of the bed. Resident #129's brief was saturated with urine, buttocks were observed with deep red creases noted on the buttocks and upper thighs from the brief and a large amount of feces.</p>				

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	<p>During an observation on 2/25/22 at 9:41 A.M. Resident #129 was lying in bed flat on her back, with both legs and feet directly against the surface of the bed. There are blue protective boots noted in her wheelchair at the bedside.</p> <p>During an interview on 2/25/22 at 10:26 A.M., DON "B" reported that Resident #129 did not have interventions care planned for the prevention of pressure ulcers. DON "B" reported that the standard interventions for skin integrity are turning and repositioning every 2 hours, and if at high risk then it would be more often. DON "B" reported that Resident #129 is not on the list for wound rounds, and referred this surveyor to the wound nurse, "Unit Manager" (UM) "NN" for further information.</p> <p>During an interview on 2/25/22 at 10:33 A.M., UM "NN" reported that Resident #129 should have pressure ulcer prevention interventions including offloading boots, and stated that those interventions should pull over to the Kardex for CNA's to reference. UM "NN" reviewed the record and reported that the care plan did not get re-initiated after Resident #129's last hospitalization and stated, "...I will update that."</p> <p>During an observation and interview on 2/25/22 at 1:44 P.M. Resident #129 was lying flat on her back in bed, with her legs and feet laying directly on the surface of the bed. Offloading boots were noted to be in the resident's wheelchair as before.</p> <p>During an interview and observation on 2/25/22 at 1:59 P.M. Resident #129 was in bed lying flat on her back. UM "BBBB" reported that Resident #129's wound on her foot had healed. Resident #129's feet were observed pressed directly against the surface of the bed, on the left heel a small scab was observed, surrounded by a reddened area. UM "BBBB" stated, "...I will make sure the</p>				

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	<p>CNA's know to put her boots on ..."</p> <p>Resident #106</p> <p>Review of a "Face Sheet" revealed Resident #106 had pertinent diagnoses which included: high blood pressure, muscle spasms and lack of coordination.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #106, with a reference date of 12/19/21, revealed a "Brief Interview for Mental Status" (BIMS) score of 09, out of a total possible score of 15, which indicated Resident #106 had mild cognitive impairment.</p> <p>Review of a "Physicians Progress Notes" revealed: "Date of Service 1/13/2022 General: (Resident #106) is seen today after a fall that occurred on 1/12 at approximately 1330. He (Resident #106) was found lying on his back, there was blood on the floor behind his (Resident #106) head as well as emesis (vomit). Per (Resident #106) he stated that "he (Resident #106) was throwing up in his bed when he turned to his side and rolled out of the bed, falling to the floor." There was a 2 cm laceration noted above his (Resident #106) right eyebrow (Resident #106) Requested to be transferred to the hospital returned from hospitalat 2:15 AM on 1/13/22 ..."</p> <p>Review of a "Progress Note "dated 1/14/2022 04:38 revealed "General Progress Note Text: This nurse was called to the (Resident #106) room where I observed him (Resident #106) face down on the floor on the side of his bed. The CNA stated while doing patient care the bed unlocked while (Resident #106) was turned on his side causing him (Resident #106) to fallout of bed. During my assessment (Resident #106) stated he hit his head and was yelling out when I touched</p>			

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	<p>his (Resident #106) left hip. (Resident #106) sent to Emergency Room (ER) at 8:30 PM...."</p> <p>Review of a facility "Incident Report" dated 2/1/22 revealed: "(Resident #106) Nursing Description: At 1330 (Resident #106) observed on the floor by nursing staff, (Resident #106) was lying flat on top of a fall mat next to his (Resident #106) bed. (Resident #106) stated he hit his head and was pointing to the left side of his head (Resident #106) asked assistance to be up on his wheelchair prior to the fall, (Resident #106) resident stated that he wanted to get upPatient Description: head to toe assessment performed, resident complained of pain to left side of head, no redness, bumps, or open areas noted to resident's head, no other injuries noted to resident's body, resident was transferred to his wheelchair from the floor via mechanical hooyer lift,. On call PCP notified of the fall On call (physician) ordered to put ice to the left side of (Resident #106) head that he (Resident #106) was complaining of pain ..."</p> <p>Review of a " Progress Notes" revealed: "2/8/202215:02 Event Note Text: Patient (Resident #106) yelling out in room. Found (Resident #106) on all 4's yelling. (Resident #106) Stated staff took too long to come to him..... Per (Resident #106) "took too long to come to my room."</p> <p>Review of Resident #106's current "Care Plan" revealed: "FOCUS-(Resident #106) At risk for falls due to history of falls, impaired balance/poor coordination, potential medication side effects, poor safety awareness, weakness, unsteady gait, noncompliance with preventative measures, incontinence with refusal to wear incontinence products Date Initiated: 10/31/2017 Created on: 10/31/2017Revision on: 11/19/2018." Further review of Resident #106's care plan revealed no</p>				

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	<p>new "Interventions" were put into place or updated to reflect "Falls/Falls with injury." The interventions that were updated were as follows: Staff to complete ADLs and have (Resident #106) up in w/c by 6 am Date Initiated: 02/08/2022 Created on: 02/08/2022 ... Offer (Resident #106) to be up on Broda chair in the morning. Date Initiated: 02/01/2022 Created on: 02/01/2022"</p> <p>During an interview on 3/1/22 "Licensed Practical Nurse" (LPN) "W" reported any residents care plan can be updated whenever something changes. LPN "W" reported (after looking at Resident #106's care plan with this surveyor) (Resident #106's) "falls care plan" should be updated to the status of the resident. LPN "W" reported each time Resident #106 has had a fall, the care plan should be looked at to either update/developed the focus area, or interventions put in place to keep Resident #106 safe.</p> <p>Resident #126</p> <p>Review of a "Face Sheet" revealed Resident #126 had pertinent diagnoses which included: Bipolar disease and Type 2 diabetes.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #126, with a reference date of 2/15/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 11, out of a total possible score of 15, which indicated Resident #126 had mild cognitive impairment.</p> <p>Review of Resident #126's "Electronic Medical Record" (EMR) revealed Resident #126 did not have a "Person Veneered" Care Plan for skin integrity, at risk for skin break down, or any skin related care plan. Further review of the EMR revealed Resident #126 had a history of "Pressure Ulcers."</p>				

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	<p>In an observation/interview on 2/17/22 at 4:00 PM., Resident #126's call light was on and this surveyor could hear Resident #126 calling for help from outside approximately 25-30 feet away from Resident #126's doorway. Resident #126 allowed this surveyor to enter the room. Resident #126 stated "I have been waiting for staff to come in and get my brief changed, I had a "BM" (bowl movement), and I am wet, it's starting to burn." Resident #126 reported 2 girls (CNA's) came in and said they'd be back. Resident #126 reported no one has come back to change her. Resident #126 reported her call light has been on since her "BM." Resident #126 reported she has been left in her bowl movement since "about 3:00 pm"</p> <p>In an observation/interview on 2/17/22 at 4:15 PM., observed "Certified Nurse Aide" (CNA) "E" complete a brief changed for Resident #126. While CNA "E" performed the brief change and pericare for Resident #126, it was noted Resident #126 had a linear open area with a partial scab hanging off the upper left coccyx, it appeared to be shearing/friction of the skin. Also noted was a small open area on the right buttock. CNA "E" reported Resident #126 had a history of pressure ulcers. CNA "L" was assisting CNA "E" with the care for Resident #126, and reported to this surveyor she (CNA "E") would inform the nurse of the 2 open areas.</p> <p>During an interview on 3/1/22 at 8:30 AM., "Regional Nurse Consultant" (RNC) "YY" reported "Resident #126's open areas were considered "pressure ulcers" as they were caused by friction and shearing (movements/dragging the skin while repositioning).</p> <p>During an interview on 3/1/22 at 11:12 AM., "Unit Manager" (UM) "NN" reported Resident #126 did have a pressure ulcer on her coccyx a few months back. UM "NN" reported Resident</p>				

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F0657 SS= E	<p>#126 should have a "Baseline/Person Centered" Care Plan on admission that covers the resident is "at risk for skin breakdown/integrity" UM "NN" reported typically with admissions nearly all residents who are immobile and cannot get in and out of bed on their own, without staff assistance should have a baseline care plan for "skin integrity as well as "at risk for falls/history of falls."</p> <p>Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: This citation pertains to intake MI00125114.</p>	F0657	<p>Resident 101 no longer resides at the facility.</p> <p>Residents 106 and 110 continue to reside at the facility. Residents 106 and 110 care plans and Kardex's were reviewed and revised as needed to meet their care needs and preferences.</p> <p>All residents have the potential to be affected.</p> <p>Resident care plans will be audited to ensure nursing services has reviewed and/or updated the care plan within the last quarter. The DON will provide on-going oversight to the process of development, revision, and implementation of person-centered care plans. Deficiencies in practice will be addressed by the DON/designee with the clinician responsible for further corrective action/education.</p> <p>The DON/designee will educate Licensed and Registered nurses and nursing management team members by 3/25/22 on care plan and Kardex revisions related to change in status or condition to ensure care needs and preferences are met. Staff who have not received the education by 3/25/22 will be removed from the schedule until education is completed.</p> <p>The DON/designee will audit will complete 3 random audits of resident care plans weekly x</p>	3/25/2022

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	<p>Based on interview and record review, the facility failed to review and revise a comprehensive, individualized plan of care for 3 of 30 residents (Resident #101, #110, & #106) reviewed for care plans, resulting in the potential for unmet care needs and impaired physical, mental, and psychosocial well-being.</p> <p>Findings include:</p> <p>Review of Fundamentals of Nursing (Potter and Perry) 9th edition revealed, "Reassessment allows you to validate a patient's nursing diagnoses, review the care plan, and determine whether the nursing interventions remain the most appropriate for a patient's needs. If the patient's status has changed and the nursing diagnosis and related nursing interventions are no longer appropriate, modify the nursing care plan. An out of date or incorrect care plan compromises the quality of nursing care. Review and modification enable you to provide timely nursing interventions to best meet the patient's needs...It is necessary to revise related factors and the patient's goals, outcomes, and priorities. Date any revisions. Revise specific interventions that correspond to the new nursing diagnoses and goals. Revisions need to reflect the patient's present status." Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations 17575-17578). Elsevier Health Sciences. Kindle Edition.</p> <p>Resident #101</p> <p>Review of an "Admission Record" revealed Resident #101 was originally admitted to the facility on 7/31/19, with pertinent diagnoses which included: heart failure, non-rheumatic aortic valve stenosis (disease of circulatory system, hypertensive heart disease and COPD (chronic obstructive heart disease).</p>		<p>4 weeks then monthly x 2 months to ensure care plans and Kardex's are being updated with change of status or medical condition and resident care needs and preferences are implemented.</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>During an interview on 2/15/22 at 12:03 P.M., "Legal Guardian" (LG) "DDD" reported that she attempted to contact the facility to schedule a care conference for Resident #101 and the facility would not return calls for months and stated, "...they eventually told me that they were short a Social Worker (SW) and they weren't doing care conferences at that time ..." LG "DDD" reported that an activities person eventually set up a video call and stated, "...I (LG "DDD") was very concerned with her appearance ...(Resident #101) looked frail ...lost weight ...they said that they weren't weighing her since she was on hospice ..." LG "DDD" reported that Resident #101 had been discharged from hospice on 7/25/21 due to improvement in her condition. LG "DDD" reported that she came in for a window visit on 11/16/21 out of concern and stated, "...the next day I got a call that (Resident #101) had passed away ..."</p> <p>Review of Resident #101's "Hospice Discharge Summary" revealed, "...Discharge Effective date: 7/25/21. Reason for Discharge: Not eligible for hospice services. Condition: Fair...Summary:...Collaborated with (Social Services Director (SSD) "I"), to advise of discharge from hospice due to improved prognosis and inability for patient to experience comfort from hospice visits..."</p> <p>Review of Resident #101's "Care Plan" revealed, "Focus: The resident has a terminal prognosis r/t (related to) Multiple chronic medical conditions. Resident has signed on with (Hospice Company name omitted). Date Initiated: 10/13/2020 Created on: 10/13/2020 Revision on: 10/15/2021...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: 10/13/2020.."</p>				

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	<p>The care plan was not updated to reflect hospice discharge on 7/25/21.</p> <p>During an interview on 2/16/22 at 12:36 P.M., SSD "I" reported that Resident #101's last care conference was on 4/8/21 and stated "...Resident #101) was due for a care conference in July 2021...that was right when I started...there may have been a lapse..."</p> <p>Review of Resident #101's "Multidisciplinary Care Conference" dated 4/8/21 revealed, "...Concerns or needs: Resident is a hospice patient and currently is comfort measures..."</p> <p>Review of Resident #101's "Weight Record" indicated the last weight recorded was 178.8 lbs on 4/14/21, and prior to that the last weight recorded was 182 lbs on 10/4/20. Resident #101's weight was not being monitored regularly.</p> <p>Resident #110</p> <p>Review of an "Admission Record" revealed Resident #110 was originally admitted to the facility on 4/1/21, with pertinent diagnoses which included: acquired absence of right leg, anxiety, stiff joints, diabetes mellitus 2 (a condition that effects the way your body processes blood sugar) and pain.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #110, with a reference date of 12/15/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #110 was cognitively intact. Review of the "Functional Status" revealed that Resident #110 required extensive assist of 2 people for toileting and personal hygiene.</p> <p>Review of Resident #110's "Care Plan" revealed,</p>				

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	<p>"RESOLVED: Resident utilizes foley catheterization 16 French r/t MD order...Date Initiated: 05/09/2021...Resolved Date: 02/16/2022"</p> <p>Review of Resident #110's "Kardex (CNA care guide)" on 2/18/22 revealed, "...Bowel/Bladder: CATHETER CARE: 16Fr/ 10mL Catheter..." This was inconsistent with the current care plan.</p> <p>Review of "Physician Orders" indicated that Resident #110's Catheter was discontinued on 2/15/22 at 11:44 P.M.</p> <p>During an interview on 2/16/22 at 1:00 P.M., Resident #110 reported that she had gotten her catheter removed yesterday, and the last time staff had been in to change her was at 2:00 A.M. (11 hours ago) and stated, " ...I think I am dry ...I haven't drank much..."</p> <p>During an interview and observation on 2/17/22 at 3:17 P.M., Resident #110 reported that she had wanted her catheter removed because it was getting uncomfortable, but it is not going well and stated, "...now I just sit in urine and wait to be changed...I am getting red down there...I can't tell when I need to be changed ...I want the catheter back now...they don't have enough manpower to change me every time I urinate..."</p> <p>During an interview on 2/18/22 at 2:12 P.M., CNA "LLLL" reported that she had not provided cares for Resident #110 yet and stated, "... (Resident #110) usually calls around 4:00 PM...she has a catheter so she just calls if she has a BM..." It was noted that Resident #110's catheter was discontinued on 2/15/22.</p> <p>During an interview on 2/18/22 at 2:31 P.M., CNA "LLLL" reported that she was not concerned about incontinence care with Resident</p>			

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	<p>#110's and stated, "...her Kardex says she has a catheter..."</p> <p>During an interview on 2/18/22 at 2:36 P.M., UM "FFFF" reported that the floor nurse updates the care plan and stated, "...depending on how busy it is...otherwise we verify in morning meeting that it gets updated...it looks like (Resident #110's) catheter was resolved on the care plan, but not on the Kardex...the CNA's don't use the care plan...they only see the Kardex..."</p> <p>Resident #106</p> <p>Review of a "Face Sheet" revealed Resident #106 had pertinent diagnoses which included: high blood pressure, muscle spasms and lack of coordination.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #106, with a reference date of 12/19/21, revealed a "Brief Interview for Mental Status" (BIMS) score of 09, out of a total possible score of 15, which indicated Resident #106 had mild cognitive impairment. Further review of Resident #106's MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status coding for the following functional areas revealed:</p> <p>....."A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>3. Two+ person's physical assist.</p> <p>B. Transfer - how resident moves between surfaces including to or from: bed, chair,</p>				

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	<p>wheelchair, standing position (excludes to/from bath/toilet).</p> <p>4. Total dependence - full staff performance every time during entire 7-day period.</p> <p>3. Two+ person's physical assist"</p> <p>J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands (excludes baths and showers).</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>2. One-person physical assist."</p> <p>Review of a "Physicians Progress Notes" revealed: "Date of Service 1/13/2022 General: (Resident #106) is seen today after a fall that occurred on 1/12 at approximately 1330. He (Resident #106) was found lying on his back, there was blood on the floor behind his (Resident #106) head as well as emesis (vomit). Per (Resident #106) he stated that "he (Resident #106) was throwing up in his bed when he turned to his side and rolled out of the bed, falling to the floor." There was a 2 cm laceration noted above his (Resident #106) right eyebrow (Resident #106) Requested to be transferred to the hospital returned from hospitalat 2:15 AM on 1/13/22 ..."</p> <p>Review of a "Progress Note "dated 1/14/2022 04:38 revealed "General Progress Note Text: This nurse was called to the (Resident #106) room where I observed him (Resident #106) face down on the floor on the side of his bed. The CNA stated while doing patient care the bed unlocked while (Resident #106) was turned on his side</p>				

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	<p>causing him (Resident #106) to fallout of bed. During my assessment (Resident #106) stated he hit his head and was yelling out when I touched his (Resident #106) left hip. (Resident #106) sent to Emergency Room (ER) at 8:30 PM...."</p> <p>Review of a facility "Incident Report" dated 2/1/22 revealed: "(Resident #106) Nursing Description: At 1330 (Resident #106) observed on the floor by nursing staff, (Resident #106) was lying flat on top of a fall mat next to his (Resident #106) bed. (Resident #106) stated he hit his head and was pointing to the left side of his head (Resident #106) asked assistance to be up on his wheelchair prior to the fall, (Resident #106) resident stated that he wanted to get upPatient Description: head to toe assessment performed, resident complained of pain to left side of head, no redness, bumps, or open areas noted to resident's head, no other injuries noted to resident's body, resident was transferred to his wheelchair from the floor via mechanical hoyer lift,. On call PCP notified of the fall On call (physician) ordered to put ice to the left side of (Resident #106) head that he (Resident #106) was complaining of pain ..."</p> <p>Review of a " Progress Notes" revealed: "2/8/202215:02 Event Note Text: Patient (Resident #106) yelling out in room. Found (Resident #106) on all 4's yelling. (Resident #106) Stated staff took too long to come to him..... Per (Resident #106) "took too long to come to my room."</p> <p>Review of Resident #106's current "Care Plan" revealed: "FOCUS-(Resident #106) At risk for falls due to history of falls, impaired balance/poor coordination, potential medication side effects, poor safety awareness, weakness, unsteady gait, noncompliance with preventative measures, incontinence with refusal to wear incontinence</p>				

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F0658 SS= D	<p>products Date Initiated: 10/31/2017 Created on: 10/31/2017Revision on: 11/19/2018." Further review of Resident #106's care plan revealed no new "Interventions" were put into place or updated to reflect "Falls/Falls with injury." The interventions that were updated were as follows: Staff to complete ADLs and have (Resident #106) up in w/c by 6 am Date Initiated: 02/08/2022 Created on: 02/08/2022 ... Offer (Resident #106) to be up on Broda chair in the morning. Date Initiated: 02/01/2022 Created on: 02/01/2022"</p> <p>During an interview on 3/1/22 "Licensed Practical Nurse" (LPN) "W" reported any residents care plan can be updated whenever something changes. LPN "W" reported (after looking at Resident #106's care plan with this surveyor) (Resident #106's) "falls care plan" should be updated to the status of the resident. LPN "W" reported each time Resident #106 has had a fall, the care plan should be looked at to either update/developed the focus area, or interventions put in place to keep Resident #106 safe.</p> <p>Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure professional standards were followed for the management of high blood sugar for 1 resident (Resident #107) reviewed for quality of care, resulting in the lack of assessment, monitoring, and documentation and the potential for the worsening of medical</p>	F0658	<p>Resident 107 no longer resides at the facility.</p> <p>All residents receiving sliding scale insulin for treatment of hyperglycemia have the potential to be affected.</p> <p>An audit was conducted to identify residents receiving sliding scale insulin. Identified resident's physician orders and comprehensive care plans were reviewed to ensure resident assessment, monitoring, and documentation of hyperglycemic events meet professional standards of quality.</p> <p>The DON/designee will provide oversight to the comprehensive care planning process to ensure treatment and services provided meet</p>	3/25/2022

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	<p>conditions.</p> <p>Finding include:</p> <p>Resident #107</p> <p>Review of an "Admission Record" revealed Resident #107 was originally admitted to the facility on 5/29/19, with pertinent diagnoses which included: muscle weakness, Type 2 Diabetes Mellitus (a condition that effects the way your body processes blood sugar), peripheral vascular disease (a circulation condition that reduces blood flow to the limbs), and chronic kidney disease.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #107, with a reference date of 1/26/20 revealed a "Brief Interview for Mental Status" (BIMS) score of 12, out of a total possible score of 15, which indicated Resident #107 had moderate cognitive impairment. Review of the "Functional Status" revealed that Resident #107 required extensive assistance of 2 people for personal hygiene.</p> <p>Review of Resident #107's "Care Plan" revealed, "The resident has risk for fluctuations in blood sugar and complications r/t (related to) diabetes, poor diet choices Date Initiated: 05/30/2019. INTERVENTIONS: Administer medication(s) as ordered by doctor. Refer to physician orders or eMAR (electronic Medication Administration Record) for current. Monitor/document for side effects and effectiveness. Adjust as directed by physician. Date Initiated: 05/30/2019...Obtain fingerstick glucose as ordered and prm (as needed). Report abnormals or changes in pattern to Physician for review and adjustment of plan of care as directed. Date Initiated: 05/30/2019..."</p> <p>Review of Resident #107's "Physician Orders"</p>		<p>professional standards of quality. Deficiencies in practice will be addressed by the DON/designee with the responsible clinician for further corrective action/education.</p> <p>The DON/designee will educate licensed and registered nurses by 3/25/22 on professional standards of practice for the management of hyperglycemia to include resident assessment, physician notification, resident monitoring, and documentation. Staff who have not received the education will be removed from the schedule until the education is completed.</p> <p>The DON/designee will randomly audit the eMARs of 3 residents with diabetes mellitus and receiving sliding scale insulin weekly then monthly x 2 months to ensure professional standards of practice for management of hyperglycemia are followed.</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>revealed the following orders for Insulin (a medication used to treat high blood sugar):</p> <p>1). "INSULIN Glargine Solution Pen-injector 100 UNIT/ML Inject 35 unit subcutaneously at bedtime for DM 2 please inform provider if BS 80 or >400.</p> <p>2). INSULIN Lispro (1 Unit Dial) Solution Pen-injector 100 UNIT/ML Inject as per sliding scale: if (blood sugar) 70 - 150 = 0 (units); 151 - 200 = 2 (units); 201 - 250 = 3 (units); 251 - 300 = 4 (units); 301 - 350 = 5 (units); 351 - 400 = 6 (units); >400 = 7 units, subcutaneously every 6 hours for Type 2 DM Please admin in addition to scheduled 6 units. At 12:00 A.M., 6:00 A.M., 12:00 P.M., and 6:00 P.M.</p> <p>3). INSULIN Lispro (1 Unit Dial) Solution Pen-injector 100 UNIT/ML Inject 6 unit subcutaneously every 6 hours for type 2 DM please hold if BS 120, inform provider if BS 70 or >400. At 12:00 A.M., 6:00 A.M., 12:00 P.M., and 6:00 P.M."</p> <p>Review of Resident #107's "Blood Sugar Record" indicated,</p> <p>2/23/2022 at 22:31 (10:31 P.M.) 453</p> <p>2/23/2022 at 23:20 (11:20 P.M.) 400</p> <p>2/23/2022 at 23:23 (11:23 P.M.) 453.</p> <p>Review of Resident #107's "Progress Notes" revealed, no documentation related to high blood sugar levels on 2/23/22.</p> <p>Review of Resident #107's "Medication Administration Record (MAR)/Audit Report" indicated that the following doses of Insulin were administered subsequently to the above blood</p>			

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	<p>sugar findings:</p> <p>1). Insulin Glargine Solution Pen-injector 100 UNIT/ML Inject 35 unit subcutaneously at bedtime for DM 2 please inform provider if BS 80 or >400 scheduled 02/23/2022 at 18:00 (6:00 P.M.), administered 02/23/2022 at 22:31 (10:31 P.M.) This medication was administered greater than four hours late.</p> <p>2). Insulin Lispro (1 Unit Dial) Solution Pen-injector 100 UNIT/ML Inject as per sliding scale: if (blood sugar) 70 - 150 = 0 (units); 151 - 200 = 2 (units); 201 - 250 = 3 (units); 251 - 300 = 4 (units); 301 - 350 = 5 (units); 351 - 400 = 6 (units); >400 = 7 units, subcutaneously every 6 hours for Type 2 DM Please admin in addition to scheduled 6 units. Scheduled 02/24/2022 at 00:00 (12:00 A.M.), administered 02/23/2022 at 23:20 (11:20 P.M.). 6 units was administered. It was noted that the indicated dose for blood sugar >400 is 7 units, and the resident was given 6 units.</p> <p>3). Insulin Lispro (1 Unit Dial) Solution Pen-injector 100 UNIT/ML Inject 6 unit subcutaneously every 6 hours for</p> <p>type 2 DM please hold if BS 120, inform provider if BS 70 or >400. Scheduled 02/24/2022 at 00:00 (12:00 A.M.), administered 02/23/2022 at (11:23 P.M.).</p> <p>During an interview on 2/25/22 at 12:20 P.M., "Licensed Practical Nurse" (LPN) "V" reported that on 2/23/22 Resident #107 was having high blood sugars and has Insulin sliding scale orders in place that are based on the blood sugar level result, and stated, "... (Resident #107's) blood sugar was above 400...I gave 6 units...No, I did not contact the physician...we are supposed to call if blood sugar is above 400..." LPN "V" reported</p>			

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F0677 SS= E	<p>that Resident #107's blood sugar was not rechecked to ensure it was within normal limits.</p> <p>During an interview on 3/1/22 at 9:25 A.M. Regional Nurse Consultant "YY" reported that nursing staff are expected to notify the physician when a resident has a blood sugar that is above 400 and stated, "...it is a professional standard."</p> <p>Review of a facility policy "Hyperglycemia" dated 07/11/18 revealed, "It is the policy of this facility to prevent complications to the insulin controlled diabetic resident...4. Notify physician of findings and results of your evaluation. Administer insulin and/or oral hyperglycemic per physician orders or transfer to acute hospital, if indicated...7. Document in the medical record. Include resident's signs and symptoms; frequency and results of blood testing; any change in medication administration; type, time and amount of oral intake; resident's response to treatment."</p> <p>ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to MI00125617, MI00125753, MI00126060, MI00126135, MI00126177, MI00126189, MI00126247, MI00125852, MI00125880, MI00125906, MI00125918, MI00126057 and MI00125551.</p> <p>Based on observation, interview, and record review the facility failed to ensure adequate activities of daily living (incontinence care, grooming, dental hygiene, and shower/baths)</p>	F0677	<p>Residents #103, 105, 107 and 116 no longer reside at the facility.</p> <p>Resident #106, 110, 119, 126, 127, 128 and 129 have received appropriate ADL Care, which included but was not limited to incontinence care, linen changes, grooming, nail care, dental hygiene, assistance with meals and showers/bathing. Care plans and Kardex have been reviewed and updated as needed.</p> <p>All residents have the potential to be affected.</p> <p>An audit was completed by 03/25/22 to ensure residents have received adequate ADL care which included incontinence care, linen changes, grooming, nail care, dental hygiene, assistance with meals and showers/bathing. Care plans and Kardex have been reviewed</p>	3/25/2022

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	<p>were provided consistently for 11 (Residents #116, 119, 103, 107, 129, 110, 105, 106, 116, 126, 127, and 128) of 29 residents reviewed for activities of daily living, resulting in soiled linens, being unkempt, and feeling dirty.</p> <p>Findings include:</p> <p>Resident #116</p> <p>During an interview on 2/24/2022 at 9:53 AM, Hospice Registered Nurse (HRN) "WWW" reported anytime double briefing is observed it is concerning and double briefing is "terrible". HRN "WWW" reported herself and Hospice Licensed Practical Nurse "XXX" observed two briefs on Resident #116 at different times. HRN "WWW" confirmed Resident #116 should not have been double briefed and it didn't help with healing in regard to the resident's coccyx and hip wounds. HRN "WWW" reported the saturated double briefs add moisture to the area which isn't desirable. HRN "WWW" confirmed Resident #116 nor the guardian ever desired double briefing to be done.</p> <p>During an interview on 2/24/22 at 11:51 AM, Hospice Licensed Practical Nurse (HLPN) "XXX" reported she would often come in and Resident #116 was saturated in urine and or urine and feces. HLPN "XXX" reported at times the sheets of the bed were soaked in addition to the brief or briefs. HLPN "XXX" reported for every 10 visits eight or nine times the resident's brief and bedding were saturated with urine due to an overly saturated brief(s). HLPN "XXX" reported hospice often had to do bedding changes and would educate facility staff at each visit. HLPN "XXX" reported she felt that basic daily needs were not being met and observed double briefing on a visit with Resident #116 once.</p>		<p>and updated as needed.</p> <p>The DON/designee will provide oversight to ADL care and services to ensure dependent residents are receiving adequate care. Deficiencies in practice will be addressed by the DON/designee with the responsible clinician/aide for further corrective action/education.</p> <p>The DON/designee will educate nursing staff by 3/25/22 on ensuring residents are receiving adequate ADL Care which includes, but is not limited to incontinence care, linen changes, grooming, nail care, dental hygiene, assistance with meals and showers/bathing. Staff who have not received the education will be removed from the schedule until the education is completed.</p> <p>The DON/designee will conduct random audits on 3 residents weekly x 4 weeks and then monthly x 2 months or until substantial compliance has been maintained by ensuring all residents are receiving adequate ADL Care which included, but not limited to incontinence care, linen changes, grooming, nail care, dental hygiene, assistance with meals and showers/bathing.</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 03/25/22 and for sustained compliance thereafter.</p>		

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	<p>During an interview on 2/24/22 at 10:50 AM, Resident #116's Guardian "YYY" reported she witnessed Resident #116 double briefed on three occasions and the bed pad was wet with the resident dripping wet (in urine). Guardian "YYY" confirmed double briefing was never desired.</p> <p>During an interview on 2/24/22 at 10:20 AM, Registered Nurse "FF" reported residents should not be double briefed.</p> <p>During an interview on 2/24/22 at 10:36 AM, Licensed Practical Nurse (LPN) "JJ" reported a resident shouldn't be double briefed unless they requested it and if that was the case it would be care planned.</p> <p>Review of Resident #116's most recent brief interview for mental status score, dated 12/31/2021, was scored two which reflected severe cognitive impairment.</p> <p>Review of Resident #116's activities of daily living (ADLs) care plan, dated 12/5/2020, stated, "Resident has an ADL self-care performance deficit r/t (related to) dementia.</p> <p>Review of Resident #116's bladder care plan, revised 2/12/22, stated, "The resident has bladder incontinence r/t (related to) confusion, dementia, impaired mobility". The care plan did not indicate to double brief the resident.</p> <p>Review of Resident #116's "Hospice Communication Report", dated 1/26/22, stated, "Summary of visit: ... Brief was double briefed ...pt (patient; Resident #116) was soaked with urine."</p> <p>Review of Resident #116's "Hospice Communication Report", dated 12/13/21, stated, "Summary of visit... Brief dry but changed as</p>				

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	<p>there were 2 briefs on pt (patient; Resident #116)".</p> <p>Review of Resident #116's census sheet, undated, indicated hospice services began on 10/15/2021.</p> <p>Review of Resident #116's face sheet, dated 2/24/22, included diagnoses of Alzheimer's Disease, encounter for palliative care, and muscle weakness.</p> <p>Review of the facility's "Incontinent Care" policy, dated 7/11/2018, stated, "Cleanse perineal/rectal area and apply a new brief...Do Rounds at least every 2 hours to check for incontinence.". Singular brief is noted in the policy and it didn't address putting two briefs on a resident.</p> <p>Applying the reasonable person concept, a resident would not desire to be placed in two briefs, then allowed to have both briefs saturated in urine, with urine saturation going beyond the double briefs and into the bedding. Being allowed to remain in soiled and saturated brief(s) and sheets could lead to physical discomfort due to skin irritation from the urine and/or mental discomfort coming from feeling helpless and being left in one's own urine and/or feces.</p> <p>Resident #119</p> <p>Review of an "Admission Record" revealed Resident #119 was originally admitted to the facility on 9/3/20, with pertinent diagnoses which included: cerebral infarction (stroke), muscle weakness, hemiplegia (paralysis on one side of the body), major depressive disorder, and contractures (inability to bend) of the left shoulder, elbow and wrist.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #119, with a reference</p>				

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	<p>date of 12/22/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #119 was cognitively intact. Review of the "Functional Status" revealed that Resident #119 required extensive assistance of one person for personal hygiene.</p> <p>Review of Resident #119's "ADL (Activities of Daily Living) Care Plan" revealed, The resident has an ADL self-care performance deficit r/t (related to) HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT NONDOMINANT SIDE Date Initiated: 09/03/2020. Interventions: ... Showering/Bathing per schedule or as needed. Monday/Thursday-Day Date Initiated: 09/03/2020 ..." There were no interventions for oral care or shaving.</p> <p>Review of Resident #119's "Kardex (CNA care guide)" revealed, "...ADL assist - usually 1 person with moderate level of assist...Shower/Bath: Monday evenings...Thursday evenings ..." There was nothing noted related to oral care or shaving.</p> <p>During an interview and observation on 2/16/22 at 9:51 A.M. Resident #119's call light was observed to be on and alarming. Resident #119 reported that he needed help with changing positions in bed and stated, "...my lights been on for a while..." Resident #119's teeth had thick white substance caked between the teeth and at the gum line. Resident #119 reported that he does not receive showers or get his teeth brushed.</p> <p>During an interview and observation on 2/16/22 at 12:30 P.M. Resident #119's call light was observed on and alarming. Resident #119 reported that the call light had been on for 20 minutes and that he was waiting for someone to boost him up in bed, and stated, "...someone came</p>				

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	<p>in and told me that they had to go find help ...my hip hurts ..." Resident #119 reported that he does not get up in his chair, because it takes staff too long to lay him back down. Resident #119 reported that he has not had a shower or brushed his teeth since he returned from the hospital about 2 weeks ago and stated, "...they told me that they have to look into my shower days ...they haven't figured it out yet ...I want one bad ..." Resident #119's teeth were observed caked with thick white film substance, lips were dry and flaky, and his fingernails were long with dark substance underneath them. Resident #119 stated, " ...I like to brush in the morning ..." At 12:47 P.M. "Licensed Practical Nurse" (LPN) "W" entered the room with "Certified Nursing Assistant" (CNA) "D" to boost the resident up in bed, but did not offer personal hygiene while in the room.</p> <p>During an interview and observation on 2/17/22 at 11:46 P.M., Resident #119 was lying in his bed and "Physical Therapist" (PT) "AAAA" was in the room assisting with getting dressed. Resident #119 reported that he still had not gotten a shower. PT "AAAA" stated, "...we will have to do therapy in here ...that catheter bag is too full and of course I cannot find a nurse..." Resident #119 reported that he had had abdominal spasms last night from his catheter backing up and stated, " ...I slept like hell...my brief was soaking wet...they had to change my bed..."</p> <p>During an interview on 2/18/22 at 9:25 P.M. Resident #119 reported that he had not gotten a clean gown this morning and stated, "...I might have therapy today...still no shower...the last time was in the hospital ..."</p> <p>During an interview on 2/23/22 at 4:08 P.M., Resident #119 reported that he still hasn't had any showers since he returned from the hospital on 2/8/22 and stated, "...they have not been in to set</p>				

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	<p>me up to brush my teeth today...I should brush them though..."</p> <p>During an interview and observation on 2/25/22 at 9:44 A.M., Resident #119 was lying in his bed and stated, "...I am embarrassed...I don't get up ...I tell them no to activities ...because I haven't had a shower ...I brought it up again a few days ago and they said that they would check the shower days, but never did ...they just gave me a clean gown ..." Resident #119 reported that he prefers to be clean shaven and stated, "...they never ask me about that...my sister will do it for me if she comes in..." Resident #119's fingernails are noted to be long with black substance underneath them. Resident #119 reported that a while back the dietician mentioned how long his nails were and reported it to a nurse.</p> <p>During an interview on 2/25/22 at 1:48 P.M., Resident #119 reported that he had not been offered a shower or oral care today.</p> <p>During an interview on 2/23/22 at 3:47 P.M., "Unit Manager" (UM) "BBBB" reported that the CNA's complete a "Skin Observation Shower" sheet with every full bath/shower and stated, "...I do not have any for (Resident #119) since the new year ...but (Resident #119) could tell you if he's had a shower...he's with it..." UM "BBBB" reported that there was no shower documentation in the CNA "POC (point of care)" charting from the past 30 days.</p> <p>Review of Resident #119's "POC" record on 3/1/22 for showers/baths from the past 30 days revealed one bed bath was performed on 2/24/22 and one refusal on 2/28/22.</p> <p>During an interview on 2/23/22 at 4:24 P.M., CNA "HHHH" reported that Resident #119 did not have scheduled shower days noted on her</p>				

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	<p>assignment sheet and stated, "...I have never given (Resident #119) a shower..."</p> <p>During an interview on 2/25/22 at 10:21 A.M., DON "B" reported that the CNA's should know that Resident #119 gets a shower and stated, "...it pops up for them as a task...it's on (Resident #119's) Kardex too..." DON "B" reported that Resident #119 is dependent on staff for assistance with personal hygiene and stated, "...he would not be able to do it on his own..." DON "B" reported that the only reason for a resident not to receive a shower would be if they refused, and all residents should receive oral care upon rising and as needed and stated, "...that is standards of care practice..."</p> <p>Resident #103</p> <p>Review of an "Admission Record" revealed Resident #103 was originally admitted to the facility on 12/21/21, with pertinent diagnoses which included: falls, stiffness in right and left shoulders, back pain, muscle weakness, difficulty walking, and cerebral infarction (stroke).</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #103, with a reference date of 12/28/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #103 was cognitively intact. Review of the "Functional Status" revealed that Resident #103 required extensive assistance of one person with personal hygiene.</p> <p>Review of Resident #103's "ADL Care Plan" revealed, "Resident has an ADL selfcare performance deficit r/t weakness, fatigue, pain, spinal stenosis (narrowing of the spinal canal) Date Initiated: 12/23/2021 ..." There were no interventions related to personal hygiene.</p>				

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	<p>Review of Resident #103's "Kardex" revealed, "...shower/bath: Saturday evenings, shower/bath: Wednesday evenings..." There was nothing noted related to shaving or oral care noted on the Kardex.</p> <p>During an interview and observation on 2/16/22 at 8:42 A.M. Resident #103 was lying in bed and reported concerns with wait time for incontinence care and stated, "...when I press my call light nobody comes for hours...they don't apologize, they just say they are the only one here...or working short staffed..." Resident #103 reported that he receives a bath every now and then and stated, "...it's hit or miss...and I don't even know what day they are supposed to be on..." Resident #103 had a full scruffy beard and stated, "...I prefer to be clean shaven...I have asked 4 times for help to shave and they always say they will but they never do...that is big for me!" Resident #103 reported that oral care has never been offered to him and stated, "...I don't even have a toothbrush...I think I left it at the hospital..." Resident #103's bedside nightstand was observed with no personal hygiene items.</p> <p>During an interview on 2/16/22 at 9:06 A.M., CNA "HH" reported that she had only worked one time on Resident #103's hall and stated, "...I am the only one on the hall today...I am reading the Kardex and going room by room ..." CNA "HH" reported that if she needed to get anyone out of bed that she would have to wait for someone from another hall to help her and stated, "...it's impossible to give quality care...hair and teeth are hard to get done..."</p> <p>During an interview and observation on 2/16/22 at 12:51 P.M. Resident #103 was completely dressed, lying in his bed and stated, "...they helped me get dressed...they didn't offer shaving or teeth this morning or ever ..."</p>				

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	<p>During an interview on 2/16/22 at 12:55 P.M., UM "U" reported that Resident #103 is independent for oral cares and stated, "...he can use his arms and hands...yes he needs to be set up...I am not a CNA so I don't know how they do it..."</p> <p>During an interview and observation on 2/16/22 at 1:08 P.M. CNA "HH" reported that she had assisted Resident #103 to get dressed today and stated, "...no I did not set him up for oral care...he didn't ask to be shaved ..." Resident #103's drawers and bathroom were inspected by CNA "HH", and no oral care supplies were found.</p> <p>During an interview on 2/17/22 at 3:30 P.M., CNA "VV" reported that she was not able to do oral care for any residents today and stated, "...the hall is just too heavy...and we they wanted us to do showers from yesterday too...we can't do it all..."</p> <p>During an interview on 2/23/22 at 3:45 P.M., UM "U" reported that if a resident refuses a shower it would be documented in the medical record. UM "U" provided this surveyor with all of Resident #103's "Skin Observation Shower" sheets for the past 60 days. Review of the documents revealed two documents, one dated 12/24/21, and one dated 1/19/22. Both of these documents indicated that a bed bath was performed, and the resident was not shaved.</p> <p>Review of Resident #103's "POC" record for showers from the past 30 days, indicated zero showers/baths and one refusal of shower/bath on 1/29/22.</p> <p>Resident #107</p> <p>Review of an "Admission Record" revealed Resident #107 was originally admitted to the</p>				

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	<p>facility on 5/29/19, with pertinent diagnoses which included: muscle weakness, Type 2 Diabetes Mellitus (a condition that effects the way your body processes blood sugar), peripheral vascular disease (a circulation condition that reduces blood flow to the limbs), and chronic kidney disease.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #107, with a reference date of 1/26/20 revealed a "Brief Interview for Mental Status" (BIMS) score of 12, out of a total possible score of 15, which indicated Resident #107 had moderate cognitive impairment. Review of the "Functional Status" revealed that Resident #107 required extensive assistance of 2 people for personal hygiene.</p> <p>Review of Resident #107's "ADL Care Plan" revealed, "The resident has an ADL self-care performance deficit ...Date Initiated: 05/30/2019...INTERVENTIONS:...bathing/dressing: limited x1 Date Initiated: 11/18/2020 ...eating: setup assistance, able to feed self Date Initiated: 11/18/2020 ...Showering/Bathing per schedule or as needed. Date Initiated: 05/30/2019 ..."</p> <p>Review of Resident #107's "Kardex" revealed, "...eating: set up assistance, able to feed self...shower/bathing per schedule or as needed...Clean peri-care with each incontinence episode..."</p> <p>During an interview on 2/15/22 at 11:26 A.M., Family Member (FM) "III" reported concerns of neglect for Resident #107 related to not being bathed, dirty fingernails, and not being assisted to eat. FM "III" reported that often times she finds Resident #107's meal tray untouched on the table in front of her.</p>				

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	<p>During an observation on 2/16/22 at 9:27 A.M. Resident #107 was lying in her bed and the door was closed. There was a tray of food on the table covered, and Resident #107 had a tube feeding running.</p> <p>During an interview on 2/16/22 at 9:35 A.M., CNA "MM" was sitting at the nurses station outside of Resident #107's room and stated, " ...I came in late today...I think (Resident #107) had care done before 7:00 AM...I don't know if she ate her breakfast ..."</p> <p>During an interview on 2/16/22 at 9:40 A.M., CNA "III" was sitting at the nurses station outside of Resident #107's room and reported that she had not been in Resident #107's room today and stated, "...I did not bring her tray to her or help her with breakfast...she didn't eat though because I saw the tray afterwards in the cart..." CNA "III" then entered Resident #107's room and exited the room with the uneaten breakfast tray and brought it to the cart.</p> <p>During an interview on 2/16/22 at 12:23 P.M., Resident #107 reported that she could feed herself, but needs help with set up. Resident #107 declined to comment when asked about showers or bathes.</p> <p>During an interview on 2/23/22 at 3:41 P.M., UM "NN" reported that "Skin Observation Shower" sheets are kept on file for a while. This surveyor and UM "NN" reviewed Resident #107's shower sheets from the past 60 days, which revealed 4 documents indicating a bed bath, with no nail care was performed on 2/10/22, a bed bath with no nail care was performed on 2/17/22, a bed bath with no nail care was performed on 2/23/22, and the last document was dated 1/8/22 indicating that a bed bath was performed. It was noted that Resident #107 was not in the facility, due to a</p>			

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	<p>hospitalization from 12/28/21-1/23/22. UM "NN" reported that the shower sheet from 1/8/22 must have been completed in error.</p> <p>Review of Resident #107's "POC" record for showers from the past 30 days, indicated a bed bath was performed on 2/2/22, 2/16/22 and 2/19/22, and there were no refusals documented. It was noted that this documentation was inconsistent with the "Skin Observation Shower" sheets that were reviewed.</p> <p>Resident #129</p> <p>Review of an "Admission Record" revealed Resident #129 was originally admitted to the facility on 2/13/20, with pertinent diagnoses which included: contractures of the right and left upper extremities, and major depressive disorder.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #129, with a reference date of 2/10/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 2, out of a total possible score of 15, which indicated Resident #129 had severe cognitive impairment. Review of the "Functional Status" revealed that Resident #129 required extensive assistance of one person for personal hygiene, and extensive assistance of 2 people for mobility in bed.</p> <p>Review of Resident #129's "ADL Care Plan" revealed, "The resident has an ADL self-care performance deficit r/t TBI (traumatic brain injury), seizure, osteoporosis, dysphagia, CHF (congestive heart failure), and Swallowing dysfunction Date Initiated: 02/14/2020 Created on: 02/14/2020 ...INTERVENTIONS: ... Provide supportive care, assistance with daily care needs (ADLs) as needed. Document assistance as needed Date Initiated: 02/14/2020 Created on: 2/14/2020...Showering/Bathing per schedule or as</p>				

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	<p>needed. Wednesday/Saturday- Day Date Initiated: 02/14/2020 Created on: 02/14/2020 ...bathing/dressing: maximum assist Date Initiated: 03/05/2020 Created on: 03/05/2020."</p> <p>During an interview and observation on 2/24/22 at 1:24 P.M., Resident #129 was lying in her bed smiling and her teeth were observed with thick white film along the gum line. Resident #129 stated, "...I don't know why they don't do a good job on my teeth...I can feel stuff on them ..." Resident #129 scraped her teeth with her fingernail. Resident #129 was wearing a facility gown and stated, " ...I haven't gotten dressed yet ..."</p> <p>During an interview on 2/24/22 at 1:52 P.M., CNA "BBB" reported that he last checked on Resident #129 at approximately 10:00 A.M. and she wasn't wet and stated, " ...I have not done oral care for her today ..."</p> <p>Resident #110</p> <p>Review of an "Admission Record" revealed Resident #110 was originally admitted to the facility on 4/1/21, with pertinent diagnoses which included: acquired absence of right leg, anxiety, stiff joints, diabetes mellitus 2 (a condition that effects the way your body processes blood sugar) and pain.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #110, with a reference date of 12/15/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #110 was cognitively intact. Review of the "Functional Status" revealed that Resident #110 required extensive assist of 2 people for toileting and personal hygiene, and total dependence requiring 2 or more people for transfers.</p>				

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	<p>During an interview on 2/15/22 at 9:06 A.M., Resident #110 reported that she would like to get up before 2:30 PM every day, go to activities, and do exercises, but the facility is understaffed and stated, " ...every time I ask to get up they tell me they can't ...they don't have enough people ...they say I am too big to handle ..." Resident #110 reported that she sits for hours in feces and stated, " ...I say I need help to get cleaned up and they know I had a BM (bowel movement) ...I have to repeat myself constantly ...one time I sat all day because they need two people to roll me ..." Resident #110 reported that her catheter bag frequently overflows, backs up, and soaks the bed and stated, "then I sit in urine because they won't come and change me ..." Resident #110 reported that she was told she couldn't get up to attend an activity on 2/13/22, due to short staffing and stated, "...I reported it to (UM "U")..."</p> <p>During an interview on 2/15/22 at 9:49 A.M., CNA "L" reported that she was not sure if Resident #110 was getting out of bed today and stated, " ...I was pulled from another hall ...I don't normally work with these residents."</p> <p>During an interview on 2/16/22 at 11:40 A.M., CNA "HH" reported that she has never gotten Resident #110 out of bed and stated, "...I will ask her if she wants to get up..."</p> <p>During an interview on 2/16/22 at 1:00 P.M., Resident #110 reported that she did not get out of bed yesterday and stated, " ...I wanted to get up before 2:30 PM and they were so late that I just stayed in bed ..." Resident #110 reported that she had her catheter removed the day before, and the last time staff had been in to change her was at 2:00 A.M. (11 hours ago) and stated, " ...I think I am dry ...I haven't drank much..."</p> <p>During an interview and observation on 2/17/22</p>				

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	<p>at 3:17 P.M., Resident #110 reported that she didn't get up again yesterday because staff did not come until after 2:30 P.M. and stated, "...I am not getting up today either ...it's already after 2:30 P.M..." Resident #110 reported that she had wanted her catheter removed because it was getting uncomfortable, but it is not going well and stated, "...now I just sit in urine and wait to be changed...I am getting red down there...I can't tell when I need to be changed ...I want the catheter back now...they don't have enough manpower to change me every time I urinate..."</p> <p>During an interview on 2/17/22 at 3:26 P.M. CNA "VV" reported that Resident #110 is usually up by now if she's getting up and stated, "... (Resident #110) had her catheter taken out and cannot tell when she is wet ...she is concerned that there is not enough staff to be able to change her when she needs it..." CNA "VV" reported that it takes at least 2 people to transfer Resident #110 into her wheelchair and stated, "...we usually only have 1 person working her hall after 3:00 PM...sometimes by the time we find help, (Resident #110) says never mind and doesn't want to get up anymore...and its takes a while to get her laid back down too ..."</p> <p>During an interview on 2/18/22 at 2:09 P.M., CNA "KKKK" reported that she had not provided cares for Resident #110 yet today and stated, "...she will call when she needs something..."</p> <p>During an interview on 2/18/22 at 2:12 P.M., CNA "LLLL" reported that she had not provided cares for Resident #110 yet and stated, "... (Resident #110) usually calls around 4:00 PM...she has a catheter so she just calls if she has a BM..."</p> <p>Review of "Physician Orders" indicated that Resident #110's Catheter was discontinued on</p>				

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	<p>2/15/22 at 11:44 P.M.</p> <p>During an interview on 2/18/22 at 2:31 P.M., CNA "LLLL" reported that she was not concerned about incontinence care with Resident #110's and stated, "...her Kardex says she has a catheter..."</p> <p>Review of Resident #110's "Kardex" on 2/18/22 revealed, "...Bowel/Bladder: CATHETER CARE: 16Fr/ 10mL Catheter..."</p> <p>During an interview on 2/18/22 at 2:36 P.M., UM "FFFF" reported that the floor nurse updates the care plan and stated, "...depending on how busy it is...otherwise we verify in morning meeting that it gets updated...it looks like (Resident #110's) catheter was resolved on the care plan, but not on the Kardex...the CNA's don't use the care plan...they only see the Kardex..."</p> <p>Resident #104</p> <p>Review of a "Face Sheet" revealed Resident #104 had pertinent diagnoses which included: history of a stroke, left foot drop.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #104, with a reference date of 1/19/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #104 was cognitively intact. Further review of Resident #104's MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status for coding for the following functional areas revealed:</p> <p>"J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands (excludes baths</p>			

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	<p>and showers).</p> <p>2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance.</p> <p>2. One-person physical assist."</p> <p>During an interview/observation on 2/15/22 at 10:00 AM., Resident #104 reported she does not get showers. Resident reported it has been over a week, and the staff are always unavailable to help her, so she gives herself a "wash up" daily. Resident #104 stated call lights take staff over 45 minutes or longer to get someone to come in, and once they (staff) come in they rush me." Resident #104 was noted to have very little movement with her left arm. Resident #104 reported she had a stroke, and when staff brings her meal trays in they do not assist her with opening containers, or set up the meal for her. Resident #104 reported staff leaves the meal tray on the table, she will turn her light on for help with the meal, and by the time anyone comes in the food gets cold. Resident #104 reported the staff does not help her with brushing her hair or teeth, and she has mentioned it many times, and nothing has changed. Resident #104 reported feeling sad, lonely and frustrated., and she would be better off doing her own care at home.</p> <p>In an observation on 2/15/22 at 11:40 AM., observed lunch trays being passed, noted Resident #104's meal tray had already been dropped off on Resident #104's bedside table. Observed Resident #104's meal tray which had tea, the meal was in a styrofoam container. Noted items on the tray that needed to be opened such as the straw, a cup of hot water with a cap (cup for tea), a package of crackers. observed Resident #104 turn her call light on for assistance with opening lunch items, and assistance with set up.</p>			
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	<p>Review of a "Grievance and Satisfaction" form dated 2/7/22 at 10:00 AM., (Resident #104) reports oral care not being done." The form revealed none of the areas for "resolution, notification, administrator acknowledgement" were left blank.</p> <p>Resident #106</p> <p>Review of a "Face Sheet" revealed Resident #106 had pertinent diagnoses which included: high blood pressure, muscle spasms and lack of coordination.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #106, with a reference date of 12/19/21, revealed a "Brief Interview for Mental Status" (BIMS) score of 09, out of a total possible score of 15, which indicated Resident #106 had mild cognitive impairment. Further review of Resident #106's MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status coding for the following functional areas revealed:</p> <p>....."A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>3. Two+ person's physical assist.</p> <p>B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet).</p> <p>4. Total dependence - full staff performance every time during entire 7-day period.</p>				

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	<p>3. Two+ person's physical assist"</p> <p>J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands (excludes baths and showers).</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>2. One-person physical assist."</p> <p>During an interview/observation on 2/25/22 at 8:30 AM., Resident #106 reports has had to sit in his urine/feces and wait for over an hour for staff to come in and help him. Resident #106 reported he has had multiple falls because staff take too long to help him, so he has tried to get staff's help, and ended up falling. Resident #106 reported he rarely gets showered. Resident #106 stated "they just want a check." Observed Resident #106's face which was noted to have food stuck in Resident #106's beard. Resident #106 reported he has tooth pain due to the staff note brushing his teeth. Resident #106 opened his mouth and pointed out left upper back tooth pain. Resident #106 was missing a few in front, mouth appeared full of saliva, also teeth had noticeable film on them. Resident #106 answered "yes" when asked if he had ever been "double briefed." (adult briefs for urination and bowel elimination).</p> <p>Review of Resident #106's "Dental Summary" dated 12/6/21 revealed: "(Resident #106) has broken teeth and decay present. Not restorable in this setting. (Resident #106) having pain on 12 & 13. Left referral to (OS) oral surgeon for extractions. (Resident #106) was seen today..scaling was completed by hand....heavy calculus. (tartar buildup) heavy plaque." (when</p>				

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	<p>plaque collects on teeth it hardens into tartar).</p> <p>Resident #126</p> <p>Review of a "Face Sheet" revealed Resident #126 had pertinent diagnoses which included: Bipolar disease and Type 2 diabetes.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #126, with a reference date of 2/15/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 11, out of a total possible score of 15, which indicated Resident #126 had mild cognitive impairment. Further review of Resident #126's MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status coding for the following functional areas revealed:</p> <p>"Bathing-How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support.</p> <p>3. Physical help in part of bathing activity.</p> <p>2. B. Support provided. (1 staff assist)."</p> <p>In an observation on 2/17/22 at 4:00 PM., Resident #126's call light was on and this surveyor could hear Resident #126 calling for help from outside approximately 25-30 feet away from Resident #126's doorway. Resident #126 allowed this survey or to enter the room. Resident #126 stated "I have been waiting for staff to come in and get my brief changed, I had a "BM" (bowl movement), and I am wet, it's starting to burn." Resident #126 reported 2 girls (CNA's) came in and said they'd be back. Resident #126 reported no one has come back to change her. Resident #126 reported her call light has been on since her</p>				

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	<p>"BM." Resident #126 reported she has been left in her bowl movement since "about 3:00 pm"</p> <p>In an observation/interview on 2/25/22 at 2:20 PM., Resident #126 they don't brush my teeth ever. reported the toothpaste and brush is up on the cabinet but the staff doesn't help her, or give it to her, nor do they remind her about brushing her teeth. Resident #126's lips were cracked, chapped and teeth appear to have a thick film on them. When resident spoke to this surveyor saliva buildup was noted in the corners of her mouth as well as noted saliva strings attached to both top and bottom lips. This surveyor noted a toothbrush in a toothbrush holder, and toothpaste in a basin on cabinet in room. The toothpaste was inside the tissue box.</p> <p>In an observation/interview on 3/1/22 at 8:00 AM., Resident #126 reported she did not get her teeth brushed last night. The toothbrush and toothpaste were still in the same spot as earlier observed on 2/24/22.</p> <p>Review of Resident #126's "Shower Sheets" revealed Resident #126 received 1 shower on 2/13/22 in the last 30 days.</p> <p>During an interview on 3/1/22 at 9:00 AM., "Licensed Practical Nurse" (LPN) "SS" stated all residents should have their teeth brushed twice daily.</p> <p>Resident #127</p> <p>Review of a "Face Sheet" revealed Resident #127 had pertinent diagnoses which included: history of stroke and muscle weakness.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #127, with a reference date of 1/28/22, revealed a "Brief Interview for</p>				

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	<p>Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #127 was cognitively intact. Further review of Resident #127's MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status for coding for the following functional areas revealed:</p> <p>...."J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands (excludes baths and showers).</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>3. One-person physical assist."</p> <p>In an observation/interview on 2/25/22 at 2:00 PM., Resident #127 noted to have dried crusted food on her face. Resident #127's lips appeared cracked/chapped, noted many missing teeth, front teeth chipped. When Resident #127 opened her mouth, stuck her tongue out there were food particles on her tongue and in her back teeth. Resident #127 reported staff does not brush her teeth.</p> <p>In an observation/interview on 3/1/22 at 8:15 AM., Resident #127 reported staff does not help her brush her teeth. Resident #127 stated "they (staff) don't do it at all, they (staff) didn't come in last night or this morning." Resident #127 was observed to have food on her face, as well as film and food stuck to teeth, which appeared cracked, chipped, stained, and had thick salvia in and around her mouth.</p> <p>Review of Resident #127's "Shower Sheets" revealed Resident #127 received "Bed Baths" on 2/5/22, 2/12/22 and 2/16/22 in the last 30 days.</p>				

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	<p>Resident #128</p> <p>Review of a "Face Sheet" revealed Resident #128 had pertinent diagnoses which included: history of falling, unsteady on feet and weakness.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #128, with a reference date of 1/28/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 11, out of a total possible score of 15, which indicated Resident #128 was mildly cognitively impaired. Further review of Resident #128's MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status for coding for the following functional areas revealed:</p> <p>....."J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands (excludes baths and showers).</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>2. One-person physical assist."</p> <p>In an observation/interview on 2/25/21 at 12:56 PM., Resident #128's chin area was noted to have white/gray hair approx. 1/4 inch long on chin and upper lip area, as well as the lower jaw line. Resident #128's hair appeared greasy. Resident #128 reported its been over a month since she has had a shower. Resident #128 reported she could brush her teeth but not good enough. Resident #128 reported sometimes she is left in her urine. Resident #128 stated "I've waited hours I guess.... I can't feel very well when I have to go (urinate), I just know because sometimes I smell it."</p>				

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	<p>Review of Resident #128's "Shower Sheets" revealed: 1 time in the last 30 days on 2/17/22 Resident #128 received a "Bed Bath."</p> <p>Review of a facility "Policy / Procedure Adopted 07/11/2018" revealed: "Nursing Clinical Section: Routine Procedures-Subject: AM (Morning) Cares.</p> <p>POLICY: It is the policy of this facility to prepare resident for morning activities and to observe resident's general condition</p> <p>PROCEDURE:</p> <p>Supplies:</p> <ul style="list-style-type: none"> o Warm, moist cloth o Towel o Oral hygiene equipment o Dentures, if applicable o Eyeglasses, if applicable o Bedpan, if applicable <ol style="list-style-type: none"> 1. Gather supplies. 2. Explain procedure to resident. 3. Provide privacy. 4. Wash hands, apply gloves. 5. Encourage resident to help care for him/herself. 6. Give resident perineal care if incontinent or soiled. 			

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	<p>7. Offer to assist resident to toilet or offer bedpan.</p> <p>8. Remove gloves, re-apply gloves</p> <p>9. Assist resident with picking out clothing and getting dressed.</p> <p>10. Remove gloves, re-apply gloves</p> <p>11. Give resident moist cloth and towel for cleaning hands and face, assisting if necessary.</p> <p>12. Give resident set-up for oral hygiene and/or administer procedures.</p> <p>13. Clean and provide dentures.</p> <p>14. Clean and adjust eyeglasses.</p> <p>15. Offer drink of water.</p> <p>16. Remove gloves, wash hands.</p> <p>17. Ensure call light is in place.</p> <p>18. Document all appropriate information in medical record."</p> <p>Review of a facility "Policy / Procedure Adopted 07/11/2018" revealed: "Nursing Clinical Section: Routine Procedures-Subject: Bedtime (PM) Cares.</p> <p>POLICY:</p> <p>It is the policy of this facility to prepare resident for the night.</p> <p>PROCEDURE:</p>				

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	<p>Supplies:</p> <ul style="list-style-type: none"> o Warm, moist cloth o Towel o Oral hygiene equipment o Bedpan and/or urinal, if applicable o Lotion o Night wear o Linen items <ol style="list-style-type: none"> 1. Gather supplies. 2. Explain procedure to resident. 3. Provide privacy. 4. Wash hands, apply gloves. 5. Encourage resident to help care for him/herself. 6. Assist the resident to use bathroom. 7. Assist resident to wash hands. 8. Remove gloves, re-apply gloves. 9. Assist resident with dental care. 10. Assist resident to undress and change into night wear. 11. Apply lotion, if applicable. 12. Remove gloves, re-apply gloves. 			

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F0684 SS= G	<p>13. Straighten bed linen, replace soiled linen.</p> <p>14. Assist resident into bed, ensure call light within reach.</p> <p>15. Remove gloves, re-apply gloves.</p> <p>16. Assist with removal and storage of eyeglasses and hearing aids.</p> <p>17. Offer drink of water.</p> <p>18. Remove gloves, wash hands.</p> <p>19. Adjust shades and ensure residents needs are met, turn off light.</p> <p>20. Document all appropriate information in medical record."</p> <p>Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intakes MI00126237, MI00125114, and MI00125463.</p> <p>Based on interview and record review the facility failed to ensure residents received treatment in accordance with professional standards for 3 of 30 residents (Residents #113, #102, and #101),</p>	F0684	<p>Residents #101, 102 and 113 no longer reside at the facility.</p> <p>Residents in the facility receiving Hospice services have the potential to be affected. An audit was conducted to identify residents receiving Hospice services. Hospice providers for identified residents were contacted to review communication and collaboration expectations to ensure quality of care, timely assessment and monitoring of residents. Care plans were updated as needed.</p> <p>Residents with pacemakers have the potential to be affected. An audit was conducted to identify residents with pacemakers. Care plans and orders were updated as needed.</p> <p>Residents with injuries have the potential to be affected. An audit was conducted to identify residents with new injuries. Care</p>	3/25/2022

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	<p>when the facility failed to communicate with hospice, assess an injury timely, and/or had a delay in treating an injury of unknown origin for Resident #113, failed to accurately assess and monitor a pacemaker for Resident #102, and failed to effectively assess and monitor hospice status for Resident #101, resulting in pain and delay of treatment, and the potential for negative outcomes due to lack of assessment and monitoring.</p> <p>Findings include:</p> <p>Resident #113:</p> <p>Review of Resident #113's hospice notes, with a fax date of 2/16/2022 at 9:21 AM (The hospice notes were not a part of the resident's records prior to the surveyor asking for them) included a note, dated 1/14/22, that stated, "Fingers were not bruised at last visit. Patient states fingers are broken due to improper (mechanical lift brand name) transfer when patient's room was changed." and "Patient (Resident #113) has increased edema but RN (Registered Nurse) unable to quantify edema due to patient's intolerance of having legs/feet touched. Patient's left hand has bruising on pinky, ring & middle fingers. Patient states they transferred her with a (mechanical lift brand name) when they moved her room & her fingers were pinched. She feels her fingers are broken. Reports they are painful." The hospice note, dated 1/21/22, stated "RN spoke with guardian who requested patient (Resident #113) be evaluated at the hospital due to drastic change in condition & her distrust of facility staff".</p> <p>During an interview on 2/16/22 at 11:19 AM, Nursing Home Administrator (NHA) "A" confirmed there was no progress notes from 1/11/2022-1/15/2022 and that Resident #113 had</p>		<p>plans, assessments, and orders were updated as needed.</p> <p>The Unit managers/designee will obtain Visit Calendars from each Hospice provider for each Hospice resident indicating the date and which discipline is scheduled to visit. Unit Managers/designee will utilize the Visit Calendar to ensure the facility receives timely documentation of the Hospice provider's visit and to ensure resident is receiving quality care and services, timely assessment, and monitoring.</p> <p>The DON/designee will educate Licensed and Registered Nurses by 3/25/22 on ensuring each Hospice resident is receiving quality care and services, specifically, completing timely assessment and monitoring of residents, collaboration with hospice providers; timely assessment and monitoring of residents with injuries; and timely assessment and monitoring of residents with pacemakers. Staff who have not received education by 3/25/22 will be removed from the schedule until the education is completed.</p> <p>The DON/designee will conduct random audits on 3 Hospice residents weekly x 4 weeks and then monthly x 3 months to ensure each Hospice resident is receiving quality care and services, specifically to ensure the Licensed Nurses are completing timely assessment and monitoring of residents, collaborating with hospice providers; timely assessment and monitoring of residents with injuries; and timely assessment and monitoring of residents with pacemakers. Deficiencies in practice will be addressed by the DON/designee with the responsible clinician for further corrective action/education.</p>		

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	<p>no documented falls around the injury of unknown origin identified by hospice on 1/14/2022. NHA "A" confirmed Resident #113 didn't get up often. On 2/16/2022 at 2:15 PM, NHA "A" confirmed the hospice notes indicated hospice observed the injuries to Resident #113's left hand and bilateral feet and didn't know why facility staff had no documentation of such injuries until the next day, 1/15/2022. NHA "A" reported he wasn't informed of this and stated, "This should have been told to me".</p> <p>During an interview on 2/16/22 at 1:51 PM, Registered Nurse (RN) "NN" reported Resident #113 usually refused to get up. RN "NN", reported Resident #113 became tearful during the room change, actively started sliding down in her wheelchair purposefully, staff got the mechanical lift's sling on her, the resident reached out forcefully and grabbed the mechanical lift's metal bar, and wouldn't cross her arms. RN "NN" reported she doesn't know how Resident #113 broke her finger. RN "NN" reported Resident #113 had no history of falls or finding the resident on the floor. RN "NN" stated, "She (Resident #113) did not want to leave that bed" (in regards to her usual daily activity).</p> <p>During an interview on 2/17/2022 at 10:53 AM, Registered Nurse (RN) "LL" reported she assessed Resident #113's injuries on 1/15/2022. RN "LL" reported she went into Resident #113's room on 1/15/2022 and the resident reported her hand and feet hurt, they were fractured, and they were fractured during her room move. RN "LL" reported during the assessment Resident #113 had "very swollen feet" more so than her usual foot edema, bruising to the hand (left), the areas didn't look normal, and an x-ray was ordered. RN "LL" reported Resident #113 was dependent on staff for transferring, dressing, and the "majority" of her care needs. RN "LL" stated, "She (Resident #113) was always in bed" and rarely got out of</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>bed. RN "LL" reported Resident #113's feet were very bruised, was surprised they weren't broken, and "the swelling was so bad on the left top of the foot".</p> <p>During an interview on 2/17/2022 at 10:25 AM, DON "B", Unit Manager "U", and Regional Nurse Consultant "C" reported hospice notes were supposed to be in the miscellaneous tab in the medical record. Review of Resident #113's electronic medical record revealed no hospice documentation for 1/14/2022.</p> <p>During an interview on 2/18/2022 at 9:01 AM, Director of Nursing (DON) "B" reported the nurse working on 1/14/2022 reported the hospice nurse never spoke to her on that shift. DON "B" confirmed there was no communication form or documentation to show communication between hospice and the facility occurred on 1/14/2022.</p> <p>Review of the facility's facility incident report, stated, "Type of Alleged Incident: Injury of Unknown Source" and "Date/Time Incident Occurred: 1/10/2022 11:48 PM". "Incident Summary: Resident (Resident #113) had hand and foot pain after her room move. Xrays ordered by doctor. Feet xrays were negative however she had some bruising. Hand has a metacarpal fx (fracture) and is being placed in a splint. Resident claims the pain started after the room move."</p> <p>Review of Resident #113's "#1690 Other" investigation form, dated 1/15/2022, stated, "Nursing Description: purple discoloration noted on bilateral lower feet and swelling. Bilateral feet are tender to the touch. Pt (patient; Resident #113) also has green and yellow discoloration on top of left hand ...Patient Description: I broke my feet and hand when I changed rooms the other day". "Notes: c/o (complain of) pain to bilateral feet/and left hand". "Other info ...recent room</p>				

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	<p>change from station 2 to station 1. Pt (patient) states her feet/hand got hurt during the transfer. Pt is dependent on staff for mobility. (mechanical lift brand name) transfer per kardex."</p> <p>Review of Resident #113's pain tool, dated 1/15/2022, stated, "Left hand (back) yellow/green discoloration of skin, tender to the touch ...Other (specify) right and left foot/toes - swelling with purple discoloration ...What makes the pain better? Not touching her feet, no blankets on her feet ...What makes the pain worse? When they are touched or moved. If blankets are over them".</p> <p>Review of Resident #113's pain scale scores, dated 12/1/2021-1/23/2022, revealed the highest pain score of 10 (on a 10 point scale) on 1/11/2021 at 4:19 PM. The resident's pain was not scored at a 10 any other time in that time frame.</p> <p>Review of Resident #113's census sheet, undated, indicated Resident #113 had a room change on 1/11/2022 and hospice services began on 9/4/2021.</p> <p>Review of Resident #113's activities of daily living (ADLs) care plan, revised 1/23/22, stated, "ADLs: 2 assist", "Bed mobility: 2 person", and "Transfer: (mechanical lift brand name) lift".</p> <p>Review of Resident #113's most recent brief interview for mental status score, dated 10/27/21, was scored 14 which reflected intact cognition.</p> <p>Review of Resident #113's face sheet, dated 2/17/2022, included diagnoses of morbid (severe) obesity, chronic obstructive pulmonary disease, and low back pain.</p> <p>Review of the facility's hospice policy, dated 7/11/2018, stated, "The goal of treatment for</p>				

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	<p>hospice or palliative care is not to cure but to provide comfort and maintain the highest possible quality of life for as long as possible."</p> <p>Resident #102</p> <p>Review of an "Admission Record" revealed Resident #102 was originally admitted to the facility on 6/1/18, with pertinent diagnoses which included: atherosclerotic heart disease (can cause blood flow obstructions).</p> <p>During an interview on 2/17/22 at 9:22 A.M., "Family Member" (FM) "FFF" reported that Resident #102 passed away in the facility and stated, "...I have concerns that her pacemaker wasn't being checked...I told them (facility) about it and gave them the papers when she first came there...she had fallen a few times just before she passed away...I wonder if the pacemaker was even working..."</p> <p>During an interview on 2/18/22 at 3:20 P.M., "Unit Manager" (UM) "FFFF" reported that she could not find any documentation in Resident #102's record of a pacemaker and stated, "...if she had a pacemaker...we should have documentation that she had a monitor at the bedside..."</p> <p>Review of Resident #102's "Physician Orders" revealed, no orders to monitor pacemaker.</p> <p>Review of Resident #102's "Care Plan" revealed, no Pacemaker care plan developed.</p> <p>Review of Resident #102's "Incident Reports" revealed, a fall on 11/16/21 with no injuries, a fall on 11/23/21 with no injuries, and a fall on 11/24/21 which resulted in being sent to the emergency room for a laceration to her face.</p> <p>During an interview on 2/18/22 at 3:04 P.M.,</p>				

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	<p>"Unit Secretary" (US) "Y" reported that the last documentation in Resident #102's record of her pacemaker was a fax received on 10/9/2020, from the cardiologist and a communication sheet from the residents last visit on 1/8/20.</p> <p>Review of a faxed letter from Resident #102's Cardiologist dated 10/9/20 revealed, "...We have not received a download from your pacemaker since we saw you in clinic this past January. Could you please send one as soon as you can..."</p> <p>Review of Resident #102's communication sheet "Consultation/Appointment Information Form" dated 1/8/2020 revealed, "Reason for visit: Pacemaker Check. Findings: Normal pacemaker function. Battery integrity 8-27 months. Recommendations: Remote check with her carelink monitor 4/28/2020..."</p> <p>Review of Resident #102's "Nursing Admission Screening/History" dated 12/9/21 revealed, "...Cardiac/Circulation: Relevant history/dx (diagnosis): PACEMAKER..."</p> <p>Review of Resident #102's "Nursing Admission Screening/History" dated 4/6/20 revealed, "...Cardiac/Circulation: Relevant history/dx (diagnosis): NONE..." There was no documentation of a pacemaker.</p> <p>Review of Resident #102's "Cardiologist Visit Note" dated 1/8/20 revealed, "...Problems:...Complete atrioventricular block, heart block - 3rd degree...Surgical history:...Pacemaker implantation...pacemaker was implanted...5/24/10..."</p> <p>This surveyor spoke with DON "B" on 2/23/22 at 1:03 P.M. and requested further documentation regarding Resident #102's pacemaker. No documentation was received prior to exit.</p>				

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	<p>Review of a facility policy "Care of Pacemaker" dated 7/11/18 revealed, "...Purpose: To have a system of monitoring residents with permanent pacemakers. Procedure:...Take apical and radial pulses once daily for one full minute...3. Examine pacemaker pocket monthly...Use of Telephone transmitter for pacemaker testing:...The contact number of the pacemaker lab should be indicated on the equipment and for reference should be record on the resident's health care plan..."</p> <p>Resident #101</p> <p>Review of an "Admission Record" revealed Resident #101 was originally admitted to the facility on 7/31/19, with pertinent diagnoses which included: heart failure, nonrheumatic aortic valve stenosis (disease of circulatory system, hypertensive heart disease and COPD (chronic obstructive heart disease).</p> <p>During an interview on 2/15/22 at 12:03 P.M., "Legal Guardian" (LG) "DDD" reported that she attempted to contact the facility to schedule a care conference for Resident #101 and the facility would not return calls for months and stated, "...they eventually told me that they were short a Social Worker (SW) and they weren't doing care conferences at that time ..." LG "DDD" reported that an activities person eventually set up a video call and stated, "...I (LG "DDD") was very concerned with her appearance ...(Resident #101) looked frail ...lost weight ...they said that they weren't weighing her since she was on hospice ..." LG "DDD" reported that Resident #101 had been discharged from hospice on 7/25/21 due to improvement in her condition. LG "DDD" reported that she came in for a window visit on 11/16/21 out of concern and stated, "...the next day I got a call that (Resident #101) had passed away ..."</p>				

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	<p>Review of Resident #101's "Hospice Communication Notes" dated 7/23/2021 at 11:26:28 A.M. revealed, "... Joint visit provided by this writer ("Hospice Social Worker" (HSW) "OOOO") and ("Hospice Registered Nurse" (HRN) "PPPP") for patient discharge due to improved prognosis...We collaborated with facility (SSD "I") regarding discharge- she verbalizes understanding. Reinforced availability to reevaluate should patient's condition change..."</p> <p>Review of Resident #101's "Hospice Discharge Summary" revealed, "...Discharge Effective date: 7/25/21. Reason for Discharge: Not eligible for hospice services. Condition: Fair...Summary:...Collaborated with (Social Services Director (SSD) "I"), to advise of discharge from hospice due to improved prognosis and inability for patient to experience comfort from hospice visits. Contact information provided and hospice will reach out periodically to evaluate the need for future services..."</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #101, with a reference date of 10/15/21 indicated "Yes" to receiving Hospice Care during the past 14 days.</p> <p>During an interview on 2/16/22 at 11:21 A.M., Hospice Quality Manager (HQM) "EEE" reported that Resident #101 was discharged from hospice services on 7/25/21 due to condition improving and no longer qualifying for services. HQM "EEE" reported that they (Hospice) collaborated with (SSD "I") at the facility and sent the discharge documents to the facility.</p> <p>During an interview on 2/16/22 at 12:36 P.M., SSD "I" reported that she did not recall speaking with hospice in July 2021 regarding Resident #101 and stated, "...that would have been my first week...I would have put a note in about it..." SSD</p>				

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	<p>"I" reported that Resident #101's last care conference was on 4/8/21 and stated " ...(Resident #101) was due for a care conference in July 2021...that was right when I started...there may have been a lapse..."</p> <p>During a subsequent interview on 2/18/22 at 3:44 P.M., SSD "I" reported that the last communication the facility had with Resident #101's guardian (LG "DDD") was on 10/26/21 and stated, "...we were returning her call about scheduling a care conference..."</p> <p>Review of Resident #101's "Social Services Note" dated 10/26/2021 at 12:14 P.M. revealed, "This writer returned voicemail from residents guardian who requested an update on the resident. Voicemail left with guardian offering to schedule a care conference for the resident or to provide update per request. Provided call back number for guardian." There was no documentation of additional communication with the resident's guardian.</p> <p>During an interview on 2/23/22 at 2:34 P.M., "Facility Accountant" (FA) "NNNN" reported that on 9/9/21 the facility received a notice from hospice that Resident #101's last covered day was 7/25/21 and stated, "...one of our billers then changed the payer to Medicaid in the computer as of 7/26/21 ..." FA "NNNN" stated, "...I would normally communicate that with the nurses and the MDS nurse if I was in the building ...at the time the business office manager was regional and not in the building ..."</p> <p>During an interview on 2/16/22 at 12:47 P.M., "Unit Manager" (UM) "FFFF" reported that the nurses or UM's keep in communication with the hospice staff when they are in the facility and stated, "I don't see any documentation regarding hospice visits after July 2021..." UM "FFFF"</p>			

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	<p>reported that weights should be obtained monthly for all residents, as a standard of care and regardless of hospice services and stated, "...it doesn't look like we were getting (Resident #101's) weights..."</p> <p>Review of Resident #101's "Physician Orders" revealed, "...Enhanced diet Regular texture, - pleasure feedings as tolerated per Hospice Verbal Active 10/15/2020...Hospice to eval & treat - (Hospice company name omitted) Hospice with start of service 10/10/2020. Verbal Active 08/16/2021..."</p> <p>Review of Resident #101's "Care Plan" revealed, "Focus: The resident has a terminal prognosis r/t (related to)Multiple chronic medical conditions. Resident has signed on with (Hospice Company name omitted). Date Initiated: 10/13/2020 Created on: 10/13/2020 Revision on: 10/15/2021...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: 10/13/2020.."</p> <p>During an interview on 2/23/22 at 2:30 P.M., Registered Dietician (RD) "F" reported that Resident #101's last dietary assessment was on 7/6/21. RD "F" reported that weights would continue to be evaluated monthly, unless a resident has a waiver on file and stated, " ... (Resident #101) did not have a waiver for weight checks ..."</p> <p>Review of Resident #101's latest "Dietary Quarterly Evaluation" dated 7/6/21 revealed, " ...Nutritional Supplements: None ...Most Recent Weight: 178.8 lbs (pounds) 4/14/21 ...Loss of 5% or more in the last month or loss of 10% or more in last 6 months: No or unknown ...Additional information: Hospice ..." Resident #101 did not</p>				

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F0686 SS= D	<p>have a dietary evaluation following her discharge from hospice.</p> <p>Review of Resident #101's "Weight Record" indicated the last weight recorded was 178.8 lbs on 4/14/21, and prior to that the last weight recorded was 182 lbs on 10/4/20. Resident #101's weight was not being monitored.</p> <p>Review of Resident #101's "Provider Progress Note" dated 10/25/2021 revealed, "Visit Type: 60 -Day Follow Up...Patient is on hospice...ASSESSMENTS AND PLANS:...PALLIATIVE CARE: Patient is on hospice. Continue Roxanol (pain medication) Norco (pain medication) as comfort measures..."</p> <p>Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00126135.</p> <p>Based on observation, interview and record review, the facility failed to provide preventative</p>	F0686	<p>Resident# 126 and 129 skin has been assessed all skin issues have been addressed to ensure appropriate measures are in place to promote wound healing and prevent pressure injuries.</p> <p>All residents have the potential to be affected.</p> <p>A skin sweep will be completed on all current residents to identify any new or worsening pressure injuries by 3/25/22. All new or worsening pressure injuries will be reviewed and addressed by the IDT to ensure appropriate measures are in place to promote wound healing and prevent further skin injuries.</p> <p>The DON and wound nurse will conduct a weekly skin meeting with members of the IDT to review residents with existing skin impairments, new skin impairments, and residents at risk of developing skin impairments. Care plan interventions and treatment orders will be implemented or</p>	3/25/2022

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	<p>care consistent with professional standards of practice for 2 of 4 residents (Resident #129 & #126) reviewed for at risk for the development of pressure injuries, resulting in a friction/shearing pressure injury for Resident #126, and the potential for the development of avoidable pressure ulcers.</p> <p>Findings include:</p> <p>Review of a facility policy "Skin Monitoring and Management- Pressure Ulcer" dated 07/11/18 revealed, "It is the policy of this facility that: a resident who enters the facility without pressure ulcers does not develop pressure ulcers unless the individual's clinical condition or other factors demonstrate that a developed pressure ulcer was unavoidable; and a resident having pressure ulcers receives necessary treatment and services to promote healing, prevent infection, and prevent new, unavoidable sores from developing...2. PREVENTION: In order to prevent the development of skin breakdown or prevent existing pressure ulcers from worsening, nursing staff shall implement the following approaches as appropriate and consistent with the resident's care plan: A. Stabilize, reduce or remove any existing underlying risks. B. Monitor impact of interventions and modify interventions as appropriate based on any identified changes in condition. C. Reposition the resident. D. Use pressure relieving/reducing and redistributing devices (including but not limited to low air loss mattresses, wedges, pillows, etc.)..Licensed nurse to document presence of pressure reducing devices on Treatment Administration Records as ordered...F. If the resident is incontinent, make sure that his/her skin remains clean and dry with regular pericare and toileting when appropriate..."</p> <p>Resident #129</p>		<p>revised as needed.</p> <p>The DON/designee will educate the wound nurse by 3/25/22 on proper identification of skin impairments, care plan interventions to promote wound healing, and ensuring preventative care plans are in place for residents at risk for pressure injury development and/or history of pressure injuries.</p> <p>The DON/designee will educate Nursing staff by 3/25/22 on the skin management and monitoring program by the DON/designee as it relates to assessing, planning, implementing pressure ulcer prevention interventions and monitoring of existing skin alterations with weekly documentation and wound measurements if requiring treatment. Staff who have not received the education will be removed from the schedule until education is completed.</p> <p>The DON/designee will conduct random audits on 3 residents weekly x 4 weeks and then monthly thereafter x 2 months to ensure that pressure injury prevention measures are being implemented and existing skin alterations are being monitored with weekly skin assessments and documentation. Deficiencies in practice will be addressed by the DON/designee with the responsible clinician for further corrective action/education.</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 3/25/22 and</p>	

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	<p>Review of an "Admission Record" revealed Resident #129 was originally admitted to the facility on 2/13/20, with pertinent diagnoses which included: contractures (inability to move) of the right and left upper extremities, and major depressive disorder.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #129, with a reference date of 2/10/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 2, out of a total possible score of 15, which indicated Resident #129 had severe cognitive impairment. Review of the "Functional Status" revealed that Resident #129 required extensive assistance of 2 people for mobility in bed. Review of the "Skin Conditions" revealed that Resident #129 was at risk for developing pressure ulcers.</p> <p>Review of Resident #129's "Pressure Ulcer Care Plan" revealed, "RESOLVED: The resident has Stage 3 pressure injury to left heel r/t (related to) disease process, Immobility, left hemiparesis Date Initiated: 12/15/2020 Created on: 12/16/2020 Resolved Date: 09/21/2021 ..." There was no current care plan for history of pressure ulcer or the prevention of pressure ulcers.</p> <p>Review of Resident #129's "Skin Integrity Care Plan" revealed, "The resident has potential impairment to skin integrity r/t incontinent of bowel and bladder, wears briefs, fragile skin, hx of skin issues, use/side effects of medications, and decreased mobility Date Initiated: 02/14/2020 Created on: 02/14/2020 Revision on: 02/28/2021 ...INTERVENTIONS: Encourage good nutrition and hydration in order to promote healthier skin. Date Initiated: 02/14/2020 Created on: 02/14/2020. Observe skin daily with care activities. Report any changes in coloration, integrity, etc. to nurse. Date Initiated: 02/14/2020 Created on: 02/14/2020."</p>		for sustained compliance thereafter.		

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	<p>Review of Resident #129's "Braden Scale for Predicting Pressure Sore Risk" dated 2/5/22 revealed a score of 13, indicating at moderate risk.</p> <p>During an observation on 2/24/22 at 1:24 P.M., Resident #129 was lying in her bed, flat on her back, and her legs and feet are laying directly on the surface of the bed. Resident #129's protective boots were observed in her wheelchair.</p> <p>During an interview on 2/24/22 at 1:52 P.M., CNA "BBB" reported that he last checked on Resident #129 at approximately 10:00 A.M. (4 hours ago) and she wasn't wet. CNA "BBB" reported that Resident #129 has a wound on her foot and stated, "...she used to wear boots...but they were not on her today..."</p> <p>During an observation on 2/24/22 at 2:13 P.M. CNA "BBB" entered Resident #129's room with linen to provide cares. Resident #129 was lying flat on her back with her legs and feet pressed directly on the surface of the bed. Resident #129's brief was saturated with urine, buttocks were observed with deep red creases noted on the buttocks and upper thighs from the brief and a large amount of feces.</p> <p>During an interview on 2/24/22 at 2:30 P.M. "Hospice Registered Nurse" (HRN) "WW" reported that Resident #129 had an old pressure ulcer on her heel that would probably never heal completely.</p> <p>During an observation on 2/25/22 at 9:41 A.M. Resident #129 was lying in bed flat on her back, with both legs and feet directly against the surface of the bed. There are blue protective boots noted in her wheelchair at the bedside.</p> <p>During an interview on 2/25/22 at 10:26 A.M.,</p>			

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	<p>DON "B" reported that Resident #129 did not have interventions care planned for the prevention of pressure ulcers. DON "B" reported that the standard interventions for skin integrity are turning and repositioning every 2 hours, and if at high risk then it would be more often. DON "B" reported that Resident #129 is not on the list for wound rounds, and referred this surveyor to the wound nurse, "Unit Manager" (UM) "NN" for further information.</p> <p>During an interview on 2/25/22 at 10:33 A.M., UM "NN" reported that Resident #129 should have pressure ulcer prevention interventions including offloading boots, and stated that those interventions should pull over to the Kardex for CNA's to reference. UM "NN" reviewed the record and reported that the care plan did not get re-initiated after Resident #129's last hospitalization and stated, " ...I will update that."</p> <p>During an observation and interview on 2/25/22 at 1:44 P.M. Resident #129 was lying flat on her back in bed, with her legs and feet laying directly on the surface of the bed. Offloading boots were noted to be in the resident's wheelchair as before. Resident #129 stated, " ...I don't know why my boots aren't on ...they feel good ...soft ..."</p> <p>During an interview and observation on 2/25/22 at 1:59 P.M. Resident #129 was lying flat on her back in bed. UM "BBBB" reported that Resident #129's wound on her foot had healed. Resident #129's feet were observed pressed directly against the surface of the bed, on the left heel a small scab was observed, surrounded by a reddened area. UM "BBBB" stated, " ...I will make sure the CNA's know to put her boots on ..."</p> <p>Review of Resident #129's "Progress Note" dated 12/13/21 revealed, "Resident has the following barriers to wound healing- Dysphagia, Hospice</p>				

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	<p>care, poor oral intake, immobility, hemiplegia, contractures and cognitive communication deficit. Resident has the following measures in place to promote healing: Pro-stat, Thera-M tablet, turning and repositioning, APM mattress and heel suspension boot. Wound has resolved, completely healed. Will follow up as needed." This was the most recent documentation related to wounds.</p> <p>Review of Resident #129's "Skin/Wound Evaluation" dated 12/13/21 revealed, "...wound type is Pressure. Wound location is Left Heel. Wound measurements are:Area - 0 cm2, Length - 0 cm,Width - 0 cm...Periwound edges are Attached: Edge appears flush withwound bed or as a sloping edgewith surrounding tissue Intact: Unbroken skin Normal in color. Induration of surrounding tissue is None present with No swelling or edema..."</p> <p>Resident #126</p> <p>Review of a "Face Sheet" revealed Resident #126 had pertinent diagnoses which included: Bipolar disease and Type 2 diabetes.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #126, with a reference date of 2/15/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 11, out of a total possible score of 15, which indicated Resident #126 had mild cognitive impairment. Further review of Resident #126's MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status coding for the following functional areas revealed:</p> <p>"Bathing-How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support.</p>				

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	<p>3. Physical help in part of bathing activity.</p> <p>2. B. Support provided. (1 staff assist)."</p> <p>In an observation/interview on 2/17/22 at 4:00 PM., Resident #126's call light was on and this surveyor could hear Resident #126 calling for help from outside approximately 25-30 feet away from Resident #126's doorway. Resident #126 allowed this surveyor to enter the room. Resident #126 stated "I have been waiting for staff to come in and get my brief changed, I had a "BM" (bowl movement), and I am wet, it's starting to burn." Resident #126 reported 2 girls (CNA's) came in and said they'd be back. Resident #126 reported no one has come back to change her. Resident #126 reported her call light has been on since her "BM." Resident #126 reported she has been left in her bowl movement since "about 3:00 pm"</p> <p>In an observation/interview on 2/17/22 at 4:15 PM., observed "Certified Nurse Aide" (CNA) "E" complete a brief changed for Resident #126. While CNA "E" performed the brief change and pericare for Resident #126, it was noted Resident #126 had a linear open area with a partial scab hanging off the upper left coccyx, it appeared to be shearing/friction of the skin. Also noted was a small open area on the right buttock. CNA "E" reported Resident #126 had a history of pressure ulcers. CNA "L" was assisting CNA "E" with the care for Resident #126, and reported to this surveyor she (CNA "E") would inform the nurse of the 2 open areas.</p> <p>Review of Residnet #126's progress notes on (3/1/22) revealed the last progress note was 1/27/22 at 12:11 pm., and was a dietary note. no progress note was noted in regards to Residnet #126's open areas on her bottom, and no record of any communication from CNA "E" to a nurse was noted in Residnet #126's "Electronic Medical</p>				

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F0689 SS= J	<p>Record" (EMR). This surveyor reviewed progress notes, assessments, care plans, and found nothing relevant to the condition of Resident #126's open areas on her bottom.</p> <p>During an interview on 3/1/22 at 8:30 AM., "Regional Nurse Consultant" (RNC) "YY" reported "Resident #126's open areas were considered "pressure ulcers" as they were caused by friction and shearing (movements/dragging the skin while repositioning).</p> <p>During an observation on 3/1/22 at 9:00 AM., "Licensed Practical Nurse" (LPN) "SS" and this surveyor observed Resident #126's bottom to check on the condition of the open areas. LPN "SS" removed Resident #126's brief and noted the 2 open areas. LPN "SS" reported there were notes, shower sheets, assessments completed for these 2 open areas. LPN "SS" reported the 2 open areas appeared to be caused by friction/shearing. LPN "SS" assessed the wounds and reported they were pressure related. This surveyor noted the areas were bigger than the previous observation of the wounds made on 2/17/22. LPN "SS" reported skin observations are done on shower days. LPN "SS" reported the CNA's should be verbally and documenting any skin issues at the time it is noted. LPN "SS" stated "that clearly did not happen when CNA's have completed cares, bed baths or showers on Resident #126 in the past week or so."</p> <p>Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as</p>	F0689	<p>DPS A</p> <p>Resident #111 is currently residing in the facility without injuries and had an updated wander risk completed along with new identification photo in the wander risk book.</p> <p>Current residents in the facility that score a 9 or greater on their wander risk assessment have the potential to be affected. An audit was</p>	3/25/2022

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	<p>evidenced by:</p> <p>This citation pertains to MI00125773, MI00126060, MI00126189, and MI00125463.</p> <p>This citation has 3 "Deficient Practice Statements" (DPS) A & B & C</p> <p>DPS "A"</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate supervision to prevent an elopement and ensure safety for 1 of 8 residents (Resident #111) reviewed for safety/supervision, resulting in an Immediate Jeopardy when on 2/5/22 at approximately 2:00 PM, Resident #111 who was identified as an elopement risk, was let out of the facility by facility staff who did not identify her as an elopement risk at 12:31 pm where she walked across a 5 lane 45mph road approximately 1/2 mile to the gas station and 1/2 mile back and was seen sitting near the entrance to the facility near a busy highway by a staff member and was brought back into the facility at 1:14 pm. This deficient practice placed 8 residents, identified as "At Risk for Elopement", at risk for serious harm, injury, and/or death.</p> <p>Findings include:</p> <p>On 2/17/22 at 2:54 pm, NHA "A" was notified of an immediate jeopardy that began on 2/7/22 due to the failure to ensure the safety and identify Resident #111 as enlopement risk, who left the facility unattended by staff for approximately 45 minutes and the likelihood for serious harm, injury, and/or death.</p> <p>On 2/22/22, the surveyor verified the facility completed the following to remove the Immediate</p>		<p>completed on 2/17/22 by the facility management team to ensure residents that are at risk for eloping remain safe and are appropriately identified in the wander book, as needed.</p> <p>Individual education was provided to the employee involved in the incident that included how to identify a resident vs visitor and the elopement policy.</p> <p>In-servicing for all staff was started on 2/17/22 by the DON/designee. By 03/25/22, all staff will be educated on the Elopement Policy, specifically but not limited to the facilities practices on how to identify a resident that is actively exit seeking, the wander book, how to identify a visitor and the LOA process.</p> <p>All new hires Nurses and CENAs will receive training on the facilities practice on how to handle residents with exit seeking behaviors, wandering, and the elopement policy.</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 adherence to the facility policies and practices in regard to the Elopement Policy and Procedure. The administrator/maintenance director will randomly conduct one elopement drill a week for 1 month and then quarterly thereafter to ensure facility staff adhere to the facilities Elopement policies and practices during a drill.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p>	

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	<p>Jeopardy:</p> <ol style="list-style-type: none"> Resident #111 is currently residing in the facility without injuries and had an updated wander risk assessment completed along with new identification photo in the wander risk book. Current residents residing in the Facility that score "at risk" (which is defined by a score of 9 or greater) on their wander risk assessment have the potential to be affected. An audit of wander risk assessment scores was completed by the IDT on 2/17/22. The IDT reviewed each identified resident that are at risk for eloping to ensure they remain safe and are appropriately identified in the "wander book" as needed. The facility will supervise and monitor all residents for exit seeking behaviors to prevent elopements. If the resident is actively seeking to exit the facility (name omitted) will assign a staff member to provide one on one supervision until the resident is no longer exit seeking. Individual education was provided to the employee involved in the incident that included how to identify a resident vs visitor and the elopement policy. In-servicing for all staff was started on 2/17/22 by the DON/designee. At this point 68 out of 166 staff members have been in-serviced. Staff will not be able to work the floor until they are in-serviced. The in-service addressed the following: <ol style="list-style-type: none"> Elopement Policy and Procedure. Specifically, the facilities practices on how to identify a resident that is actively exit seeking, the wander book, how to identify a visitor and the LOA process. 		<p>The administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 3/25/22 and for sustained compliance thereafter. 2</p> <p>DPS B</p> <p>Resident #117 was assessed for wander risk and the electronic monitoring safety device was assessed to ensure it was functioning. On 2/18/22 a physician's order was obtained to check placement and function of the electronic monitoring safety device every shift. The care plan was reviewed and updated.</p> <p>Resident #122 no longer resides at the facility.</p> <p>All like residents have the potential to be affected.</p> <p>An audit was completed by 03/25/22 to ensure wander risk assessment were completed, physician orders were obtained for any resident identified at risk and requiring an electronic monitoring safety device to have placement and function checked every shift. Care plans were reviewed and updated.</p> <p>All new hires Nurses and CENAs will receive training on the facilities practice on how to handle residents with exit seeking behaviors, wandering, and the elopement policy.</p> <p>The DON/designee will educate facility staff by 03/25/22 on the Elopement policy, which includes but is not limited to ensuring residents with electronic monitoring safety devices have physician orders for the device and placement/function are checked every shift.</p> <p>The DON/designee will conduct random</p>	

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	<p>7. All new hires Nurses and CENA will receive training on the facilities practice on how to handle residents with exit seeking behaviors, wandering, and the elopement policy.</p> <p>8. DON/Designee will randomly review 5 residents weekly times 4 weeks and then monthly thereafter times 3 months to ensure adherence to the facility policies and practices in regard to the Elopement Policy and Procedure.</p> <p>9. Administrator/maintenance director will conduct one eopement drill a week for 1 month. Results will be reported to the QA committee for monitoring and follow-up</p> <p>The facility alleges the immediacy of these discrepancies have been removed on 2/18/2022.</p> <p>Although the Immediate Jeopardy was removed on 2/18/22, the facility remained out of compliance at a scope of isolated and severity of actual harm harm that is not Immediate Jeopardy due to the fact that sustained compliance had not yet been verified by the State Agency, not all staff had received education, and Resident #106's fall with harm injury.</p> <p>Resident #111</p> <p>Review of a "Face Sheet" revealed Resident #111 had pertinent diagnoses which included: Dementia, unsteadiness on feet, lack of coordination and weakness.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #111, with a reference date of 2/15/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 09, out of a total possible score of 15, which indicated Resident #111 had mild cognitive impairment. The MDS revealed Resident #111 was able to walk 10 feet</p>		<p>audits on 5 residents with electronic monitoring devices weekly times 4 weeks and then monthly thereafter times 3 months or until substantial compliance has been maintained to ensure placement and monitoring device function is checked every shift.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions. The DON will be responsible for assuring substantial compliance is attained through this plan of correction by 3/25/22 and for sustained compliance thereafter. ¿</p> <p>DPS C</p> <p>Residents #106 medical record was reviewed, the fall risk assessment has been recently updated and the resident's falls were reviewed to determine a root cause analysis to prevent further events.</p> <p>All residents in the facility have the potential to be affected.</p> <p>An audit was completed by 03/25/22 to ensure fall risk assessments were reviewed and updated, if indicated. All falls will be reviewed and addressed by the IDT team in the clinical meeting to ensure adequate supervision and assistance is provided to prevent further accidents.</p> <p>The DON will provide on-going oversight of the fall policies by conducting a weekly fall committee meeting with members of the IDT to review recommendations for all residents who have experienced falls and to review prior week's admissions to evaluate fall risk and interventions or need for further follow-up.</p>	

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	<p>with supervision or touching assistance, but greater distance was not attempted due to medical condition.</p> <p>Review of the "Elopement" care plan dated 11/12/21 revealed "Resident is an elopement risk...r/t (related to) unspecified demential with behavioral disturbances. Resident with a history of going to the entrance door and asking to 'go outside for a walk.'" Interventions included, "assist with scheduled outdoor activities" and "resident triggers for wandering/eloping are her desire to go outside, per her previous routine, and go for a walk".</p> <p>Review of the "Fall" care plan dated 11/12/21 reealed Resident #111 was at risk for falls and used a walker as an assistive device.</p> <p>Review of a "Facility Reported Incident" dated 2/7/22 revealed: "On 2/5/22 at approximately 2 PM resident (Resident #111) was let out of the facility by ("Central Supply" (CS) "H") who was working the front desk as receptionist. (Resident #111) told (CS "H") she (Resident #111) was going outside and would be right back. (Resident #111) was seen in the driveway sitting on her 4 wheeled walker. (Resident #111) did not exit or attempt to leave the facility. (Resident #111) sat and watched traffic. A ("Certified Nurse Aide" CNA "D") went out and got (Resident #111) and brought her (Resident #111) back into the facility. (Resident #111) was dressed appropriately and wanted to go outside. Guardian wants resident (Resident #111) to go outside. As an intervention the resident (Resident #111) gets a walk outside with other residents and activities when weather and dress is appropriate. (Resident #111) remains in the facility with no concerns."</p> <p>During an interview on 2/15/22 at 1:10 PM., Resident #111 reported when she went for walk</p>		<p>The DON/designee will educate nursing staff by 3/25/22 on the Fall and Fall Prevention policy to ensure residents receive consistent supervision, as it relates to assessing, planning, and implementing fall prevention interventions.</p> <p>The DON/designee will conduct random audits on 5 residents weekly times 4 weeks and then monthly thereafter times 3 months to ensure that the resident□s received adequate assessments and interventions to prevent further falls.</p> <p>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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>last week she went to the gas station down the street to get a candy bar and a cherry coke, because they (the facility) doesn't have cherry coke was the kind of pop she (Resident #111) likes. Resident #111 reported she walked out the door, and told the lady at the door she was going to the store and would be right back. Resident #111 stated "it was a nice day for a walk, I love being outside." Resident #111 described the street, the gas station she went to and that the road was very busy, but she (Resident #111) paid attention to the cross-walk sign, and when it light up, she (Resident #111) crossed. Resident #111 reported she was gone about 45 minutes.</p> <p>During an interview on 2/17/22 at 1:04 PM., Resident #111's Guardian "YYY" reported no call or email was given to her in regards to Resident #111 eloping or being let out of the facility on 2/5/22. Guardian "YYY" reported a call was made from the facility on 2/7/22 from a staff asking permission to take Resident #111 outside for walks, because Resident #111 really enjoys the outdoors. Guardian "YYY" reported she was not told that it was an actual mistake of a staff member who did not recognize Resident #111 as a resident, and let her (Resident #111) out of the building because she (Resident #111) said she was going to the store and would be right back. Guardian "YYY" reported she would have never given permission for Resident #111 to leave the facility without supervision. Guardian "YYY" stated "this is shocking, especially because Resident #111 has a diagnosis of vascular dementia."</p> <p>During an interview on 2/17/22 at 12:15 PM., "Central Supply Clerk" (CS) "H" reported on 2/5/22 she was working as the "screener" (Covid-19 facility entrance door for screening visitors). CS "H" reported the door alarms throughout the building were going off (alarming) for quite some time. CS "H" reported around lunch time, there</p>				

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	<p>were a lot of visitors, and some were leaving. CS "H" reported Resident #111 approached her (CS "H") and said, "I'm going to the store, I'll be right back." CS "H" reported Resident #111 walked with a 4-wheeled walker and ambulated quickly. CS "H" reported after Resident #111 exited the building, CS "H" reported she thought Resident #111 was a visitor, and she did not check the elopement binder or even knew about an elopement binder (elopement/wander risk resident names/photos). CS "H" reported she does not recall a binder being around the screening area desk and there was a lot of commotion due to the door alarms going off. CS "H" reported a while later "Certified Nurse Aide" (CNA) "D" came into the building and told her (CS "H") that Resident #111 was sitting on her walker up near the entrance of the facility. CS "H" reported she looked outside into the parking lot and could not see Resident #111. CS "H" reported she told CNA "D" to go get Resident #111. CS "H" reported CNA "D" went outside, and a short time later brought Resident #111 into the building. CS "H" stated "I really thought she was a visitor, once (Resident #111) was back in the building no staff or "code" (an overhead paging system to identify emergent issues in the facility) was called." CS "H" reported she worked 2/5/22 from 4:00 am-4:00 pm and it wasn't until the following Monday 2/7/22 that management asked her about the incident, and she (CS "H") wrote a written statement. CS "H" reported she did not have any class, or computer training of elopement after the incident on 2/5/22. CS "H" stated "besides being asked about the situation with (Resident #111), and a written statement, everything resumed back to normal."</p> <p>Review of a time-line dated 2/18/22 created by NHA "A" (that he retrieved from the facility security camera) the times of Resident #111 eloping the facility on 2/5/22 revealed:..."Resident #111..leaves facility at</p>				

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	<p>12:31 pm., (out of door)...Resident #111..leaves campus (driveway near busy road) at 12:33 pm.,....Resident #111 returns to campus (entrance off sidewalk near busy road)....at 1:12 pm., .Resident #111 returns to the facility (inside the door) at 1:14 pm."...this surveyor asked to review the security camera footage, and was denied access.</p> <p>DPS B</p> <p>Based on observation, interview and record review, the facility failed to monitor adult electronic monitoring safety devices (Wanderguard) in 2 of 8 residents (Resident #117 and Resident #122) reviewed for safety/supervision, resulting in the potential for elopement unbeknownst to facility staff.</p> <p>Findings include:</p> <p>During an interview on 2/18/22 at 11:13 AM, Director of Nursing (DON) "B" reported Residents #117 and #122 should have had their wander alert bracelet's function being documented in the medication and treatment administration record and confirmed they were not. DON "B" confirmed the care plan addressed the wander bracelet's function was to be checked. DON "B" reported wander bracelet's function should be checked each shift.</p> <p>During an observation and interview on 2/18/22 at 10:26 AM, Registered Nurse (RN) "GGGG" located on the 100s room hall was asked for a wander bracelet function checker to check Residents #117 and #122's wander bracelet function. RN "GGGG" searched her medication cart and couldn't find one and then checked the treatment cart a few doors down and it wasn't there either. RN "GGGG" proceeded to leave the 100s unit and went to the 200s unit and checked</p>				

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	<p>the medication cart and couldn't find it.</p> <p>Resident #117</p> <p>During an observation on 2/18/2022 at 10:31 AM, Resident #117 had a wander alert bracelet affixed to her wheelchair located next to her while she was asleep in bed.</p> <p>Review of Resident #117's "Wandering Risk Scale" evaluation, dated 2/14/2022, was noted to be "At Risk To Wander".</p> <p>Review of Resident #117's physician orders, undated, included no order to check the function of the wander bracelet and therefore wasn't in the medication/treatment administration record and being documented.</p> <p>Review of Resident #117's elopement care plan, dated 2/14/2022, stated, "(Resident #122) is an elopement risk r/t (related to) impaired safety awareness. Resident has a dx (diagnosis) of vascular dementia which contributes to her impaired safety awareness." This care plan had an intervention, dated 2/14/2022, "WANDER ALERT: ... Check for placement q (every) shift and function per policy."</p> <p>Resident #122</p> <p>During an observation on 2/18/2022 at 10:23 AM, a wander management device was observed on Resident #122's right ankle.</p> <p>Review of Resident #122's progress note, dated 2/3/22, stated, "Nursing staff reports that he is usually calm in the morning, but later in the evening he starts exit seeking and impulsivity."</p> <p>Review of Resident #122's progress note, dated 9/10/2021, stated, "Resident has been exit</p>				

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	<p>seeking. Resident difficult to redirect and very aggressive towards staff. Resident redirected after about a half hour and took four staff members to help alleviate his anxiety."</p> <p>Review of Resident #122's elopement care plan, revised 12/10/2020, stated, "(Resident #122) is an elopement risk and/or exhibits wandering behavior as he is disoriented to place, will talk about wanting to discharge to his old apartment. He also will state he wants to go to (Church name) and will attempt to find a door he can meet his taxi at when he has not called anyone for a ride." This care plan had an intervention, dated 8/14/2020, that stated, "WANDER ALERT: ... Check for placement q (every) shift and function per policy."</p> <p>Review of Resident #122's "Wandering Risk Scale" evaluation, dated 2/14/2022, was noted to be "High Risk To Wander".</p> <p>Review of Resident #122's physician orders, undated, showed orders for "Alert bracelet - check function" and "Alert bracelet - check placement Q (every) shift" was discontinued on 8/12/2021 and 1/17/2022. There were no current orders to check the alert bracelet and therefore wasn't in the medication/treatment administration record and being documented.</p> <p>Review of the facility's "Elopement Prevention" document, undated, stated, "Residents with an adult electronic monitoring safety device will be checked each shift to ensure device is in place."</p> <p>Review of the facility's "Elopement" policy, revised 2/5/2020, stated, "Residents with an adult electronic monitoring safety device will be checked every shift to ensure device is in place. Adult electronic monitoring safety device will be checked weekly to ensure the device is</p>				

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	<p>functioning properly and are not expired."</p> <p>DPS "C"</p> <p>Based on observation, interview, and record review the facility failed to provide adequate supervision for 1 of 8 residents (Resident #106) reviewed for accidents/hazards, resulting in a fall with injury for Resident #106.</p> <p>Findings include:</p> <p>Review of a "Face Sheet" revealed Resident #106 had pertinent diagnoses which included: high blood pressure, muscle spasms and lack of coordination.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #106, with a reference date of 12/19/21, revealed a "Brief Interview for Mental Status" (BIMS) score of 09, out of a total possible score of 15, which indicated Resident #106 had mild cognitive impairment. The MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status coding for the following functional areas revealed: "A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>3. Two+ person's physical assist.</p> <p>B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet).</p> <p>4. Total dependence - full staff performance every time during entire 7-day period.</p>				

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	<p>3. Two+ person's physical assist"</p> <p>Review of a "Progress Note "dated 1/12/2022 14:26 General Progress Note Text: Pt (Resident #106) was observed on the floor around 1330, pt (Resident #106) was lying on his back, there was blood on the floor behind his head as well as emesis....Per resident he (Resident #106) stated that ""he was throwing up in his bed when he turned to his side and rolled out of the bed, falling to the floor."" There was a 2 cm (centimeter) abrasion noted above his right eyebrow, this was cleansed with saline and dressed with steri strips..."</p> <p>Review of a "Incident Report" dated 1/12/22 at 14:27 (pm) revealed: Incident Description: Nursing Description: Pt (Resident #106) observed on floor around 1330, pt (Resident #106) was lying on his back, there was blood on the floor behind his head as well as emesis (vomit). Pt (Resident #106) stated ""he was throwing up in his bed when he turned to his side and rolled out of the bed, falling to the floor." There was a 2 cm laceration noted above his right eyebrow... (Resident #106) voiced he wanted to be sent to the (hospital)..."</p> <p>Review of a "Progress Note "dated 1/13/2022 05:58 (am) revealed: "General Progress Note Text: Resident (Resident #106) returned from hospital via EMS (ambulance) at 2:15 am.. Resident (Resident #106) has 5 sutures in place that are to be removed in 5 days. All (vitals), patient given norco for c/o pain to laceration area."</p> <p>Review of a Hospital "After visit summary" dated 1/12/22 printed -1/13/22 6:30 PM for Resident #106 revealed: "Summary: A laceration is a cut that may go through all layers of the skin and into</p>				

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	<p>the tissue that is right under the skin...Have your 5 sutures removed in 5 days by your PCP (primary car physician)..."</p> <p>Review of a "Physicians Progress Notes" revealed: "Date of Service 1/13/2022 General: (Resident #106) is seen today after a fall He (Resident #106) was found lying on his back, there was blood on the floor behind his (Resident #106) head as well as emesis (vomit)....There was a 2 cm laceration noted above his (Resident #106) right eyebrow(Resident #106) Requested to be transferred to the hospital returned from hospitalat 2:15 AM on 1/13/22 ..."</p> <p>Review a facility "IDT interdisciplinary post fall follow up" report for Resident #106's 1/12/22 fall with injury dated 1/17/22 revealed: "root cause analysis....3. Corrective Actions and/or Interventions. A-Was this fall preventable? ""No"" (was checked) B-What changes do we need to make when caring for resident (Resident #106) to prevent him/her from experiencing the same type of fall? IDT in agreement with immediate intervention, in conjunction with resident (Resident #106) is now to be a 2 person assist with all bedside cares."</p> <p>Review of a "Incident Report" dated 1/14/22 at 04:22 (am) revealed: Incident Description: Nursing Description: this nurse called to the residents (Resident #106's) room where the CNA reported he had fell off the bed during patient care. This nurse observed the resident lying on the floor face down. Patient Description: Patient (Resident #106) unable to give description. Immediate Action Taken: Description: vitals were taken. ROM (range of motion) was performed, and the resident skin was assessed. (Resident #106) stated he hit his head and was yelling out loud when I touched his left hip. (Resident #106) was sent by ambulance to ER (emergency</p>				

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	<p>department). Witnesses: CNA stated she was changing the resident (Resident #106) and when she went to roll him the bed unlocked causing the resident to fall to the floor."</p> <p>Review of a "Progress Note "dated 1/14/2022 04:38 (am) revealed "General Progress Note Text: This nurse was called to the (Resident #106) room where I observed him (Resident #106) face down on the floor on the side of his bed. The CNA stated while doing patient care the bed unlocked while (Resident #106) was turned on his side causing him (Resident #106) to fallout of bed. During my assessment (Resident #106) stated he hit his head and was yelling out when I touched his (Resident #106) left hip. (Resident #106) sent to Emergency Room (ER) at 8:30 PM...."</p> <p>Review of Resident #106's current "Care Plan" revealed: "FOCUS-(Resident #106) At risk for falls due to history of falls, impaired balance/poor coordination, potential medication side effects, poor safety awareness, weakness, unsteady gait, noncompliance with preventative measures, incontinence with refusal to wear incontinence products Date Initiated: 10/31/2017 Created on: 10/31/2017Revision on: 11/19/2018." Further review of Resident #106's care plan revealed no new "Interventions" were put into place or updated to reflect "Falls/Falls with injury." Noted the interventions that were updated were as follows:.... staff to have (Resident #106) up in w/c by 6 am Date Initiated: 02/08/2022 Created on: 02/08/2022 ... Offer (Resident #106) to be up on Broda chair in the morning. Date Initiated: 02/01/2022 Created on: 02/01/2022"</p> <p>Review of Resident #106's MDS's dated: 1/21/21, 4/16/21 7/9/21, 10/1/21 and 12/19/21 all revealed: Resident #106's MDS assessments for section F- Functional status....Activities of Daily</p>				

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	<p>Living (ADL's) Assistance... coding for the following functional areas:</p> <p>....."A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>3. Two+ person's physical assist.</p> <p>B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet).</p> <p>4. Total dependence - full staff performance every time during entire 7-day period.</p> <p>3. Two+ person's physical assist"</p> <p>Review of a facility "Incident Report" dated 2/1/22 revealed: "(Resident #106) Nursing Description: At 1330 (Resident #106) observed on the floor by nursing staff...(Resident #106) stated he hit his head and was pointing to the left side of his head(Resident #106) asked assistance to be up on his wheelchair prior to the fall, (Resident #106) resident stated that he wanted to get upPatient Description: head to toe assessment performed, resident complained of pain to left side of head, no redness, bumps, or open areas noted to resident's head, no other injuries noted to resident's body, resident was transferred to his wheelchair from the floor via mechanical hoier lift,. On call PCP notified of the fall On call (physician) ordered to put ice to the left side of (Resident #106) head that he (Resident #106) was complaining of pain ..."</p>				

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	<p>Review of a " Progress Notes" revealed: "2/8/2022 15:02 Event Note Text: Patient (Resident #106) yelling out in room. Found (Resident #106) on all 4's yelling. (Resident #106) Stated staff took too long to come to him..... Per (Resident #106) "took too long to come to my room."</p> <p>Review of a "Physicians Progress Notes" revealed: "Date of Service: 2/14/2022 General: (Resident #106)He (Resident #106) is seen today for right arm pain follow up. Pain began after a fall that occurred on 2/13, CNA witnessed (Resident #106) rolling out of bed and was unable to stop him (Resident #106). (Resident #106) Landed on right side and reports pain with palpation of right proximal humerus. Unable to rate pain on scale, wincing noted with (range of motion) ROM....., no injury, swelling or discoloration noted. X-ray of right arm ordered, negative for acute fx (fracture) of dislocation, mild soft tissue swelling...."</p> <p>During an interview on 3/1/22 at 1:00 PM., Unit Manager/Registered Nurse (UM/RN) "NN" reported Resident #106's care plan, should have been updated and interventions put into place that were resident specific. UM/RN "NN" reported she has not updated Resident #106's care plan to reflect all of his falls. UM/RN "NN" reported there should be immediate interventions, and Resident #106's fall with injury could have been prevented if there were 2 staff together doing cares on him. UM/RN "NN" reported most likely there was not enough staff to assist, or the CNA doing the cares was unaware that Resident #106 was a 2 person assist. UM/RN "NN" reported Resident #106 has always been a 2 person assist with bed mobility, transfers and dressing.</p> <p>During an interview on 3/1/22 at 1:45 PM., "Licensed Practical Nurse" (LPN) "W" reported.</p>				

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	<p>He (LPN "W") was told he fell (Resident #106) out of bed. If he (Resident #106) went to the ER his "Care Plan" should have been updated to reflect the falls. LPN "W" reported the unit managers, Director of Nursing and staff were aware of the falls Resident #106 has had recently. LPN "W" reported any residents care plan can be updated whenever something changes. LPN "W" reported (after looking at Resident #106's care plan with this surveyor) (Resident #106's) "falls care plan" should be updated to the status of the resident. LPN "W" reported each time Resident #106 has had a fall, the care plan should be looked at to either update the focus area, or interventions put in place to keep Resident #106 safe.</p> <p>Review of a facility "Policy / Procedure Adopted 07/11/2018" revealed: "Nursing Clinical Section: Routine Procedures-Subject: Mechanical Lifts.</p> <p>POLICY: It is the policy of this facility to move a resident by a mechanical means as needed.</p> <p>PROCEDURE:</p> <p>Supplies:</p> <ul style="list-style-type: none"> o Mechanical lift o Sling o Wheelchair/ Chair <ol style="list-style-type: none"> 1. Gather supplies. 2. Explain procedure to resident. 3. Provide privacy. 4. Wash hands, apply gloves. 				

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	<p>5. Follow Manufacturer's guidelines on how to operate machine.</p> <p>6. Check the machine battery before proceeding to ensure smooth transition of transfer.</p> <p>7. Use sling compatible with mechanical lift and appropriate size.</p> <p>8. There will always be 2 staff to assist resident. 1 staff will control the lift as the other will guide resident and support back and neck to transfer surface.</p> <p>9. Place machine close to resident's bed/wheelchair and lock brakes.</p> <p>10. Place sling on resident's back. Ensure that it is properly placed for support.</p> <p>11. Prompt resident to fold arms on chest.</p> <p>12. Hook sling loops on metal hooks and pull sling down to ensure security.</p> <p>13. Prompt resident prior to lifting to ensure readiness.</p> <p>14. Position resident to ensure comfort.</p> <p>15. Remove gloves, wash hands.</p> <p>16. Discard equipment or return it to the appropriate location.</p> <p>17. Document all appropriate information in medical record."</p>				
F0690 SS= E	Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The	F0690	Resident #107 no longer resides in the facility.	3/25/2022	

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	<p>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 bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00126057.</p> <p>Based on observation, interview, and record review, the facility failed to ensure effective perineal care was provided during an incontinent episode in 2 of 2 residents (Resident #107 & #129) reviewed for incontinence care, and failed to ensure accurate monitoring and treatments for a</p>		<p>Resident #129 was assessed for signs and symptoms of infection related to concerns with perineal care. No adverse effects noted.</p> <p>Resident #119 was assessed for signs and symptoms of infection related to identified concerns with foley catheter care. No adverse effects noted. Orders and care plan updated as needed.</p> <p>Resident #110 was assessed for signs and symptoms of infection related to identified concerns with foley catheter care. No adverse effects noted. Orders and care plan updated as needed.</p> <p>Residents requiring perineal care have the potential to be affected. Residents identified for perineal care were assessed for signs and symptoms of infection and to ensure perineal care is completed per the plan of care. The residents identified for incontinence will have an appropriate care plan, interventions implemented timely by staff using appropriate techniques to reduce the risk for infection and skin alteration.</p> <p>Residents requiring indwelling catheter care have the potential to be affected. Residents identified with urinary catheters were assessed for signs and symptoms of infection related to catheter care and to ensure foley catheter care orders were completed by the Licensed Nurse and updated to the plan of care/Kardex. Clinical staff will perform foley catheter care, emptying urinary drainage bag and implement the interventions per the plan of care to reduce the risk for infection.</p> <p>The DON/designee will educate the facility nursing staff by 3/25/22 on incontinence care to ensure perineal care is provided timely,</p>		

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	<p>foley catheter were in place in 2 of 2 residents (Resident #119 & #110) resulting in the potential for skin breakdown, infections, and rehospitalization.</p> <p>Findings include:</p> <p>Review of a facility policy "Catheter Indwelling Care of" dated 7/11/18 revealed, "to improve hygiene/reduce infection by insuring (sic) that catheter care is done at least daily..."</p> <p>Review of a facility policy "Incontinent Care" dated 7/11/2018 revealed, "...to provide perineal care to ensure cleanliness and comfort to the resident, to prevent infection and skin irritation...2. Explain procedure to the resident. 3. provide privacy...5...wash using front to back strokes...8. Remove gloves...10. Do rounds at least every 2 hours to check for incontinence."</p> <p>Resident #107</p> <p>Review of an "Admission Record" revealed Resident #107 was originally admitted to the facility on 5/29/19, with pertinent diagnoses which included: muscle weakness, Type 2 Diabetes Mellitus (a condition that effects the way your body processes blood sugar), peripheral vascular disease (a circulation condition that reduces blood flow to the limbs), and chronic kidney disease.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #107, with a reference date of 1/26/20 revealed a "Brief Interview for Mental Status" (BIMS) score of 12, out of a total possible score of 15, which indicated Resident #107 had moderate cognitive impairment. Review of the "Functional Status" revealed that Resident #107 required extensive assistance of 2 people for personal hygiene.</p>		<p>privacy is maintained, and appropriate technique is maintained. Staff who have not received the education will be removed from the schedule until the education is completed.</p> <p>The DON/designee will educate the facility nursing staff by 3/25/22 on urinary catheter care to ensure care, orders, and documentation are completed per the policy. Staff who have not received the education will be removed from the schedule until the education is completed.</p> <p>The Director of Nursing and/ or designee will conduct random audits on 3 residents identified with incontinence weekly x 4 weeks, then monthly x 2 months to ensure proper perineal care provided by staff and documented per policy. Deficiencies in practice will be addressed by the DON/designee with the responsible clinician/aide for further corrective action/education.</p> <p>The Director of Nursing and/ or designee will conduct random audits on 3 residents with a urinary catheter weekly x 4 weeks, then monthly x 2 months to ensure proper urinary catheter care provided, orders and corresponding documentation completed per the policy. Deficiencies in practice will be addressed by the DON/designee with the responsible clinician/aide for further corrective action/education.</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 3/25/22 and</p>	

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	<p>Review of Resident #107's "Kardex" revealed, "...Clean peri (perineal)-area with each incontinence episode ..."</p> <p>During an observation on 2/18/22 at 10:54 A.M. Resident #107 was lying in bed on her back. CNA "MM" and CNA "T" were in the room to provide cares. CNA "MM" checked Resident #107's brief and noted that it was saturated with urine and feces and stated, "...we gotta get her cleaned up ..." CNA "MM" donned gloves and pulled down the front of Resident #107's brief, a large amount of soft feces was noted in the pubic area. CNA "MM" then used disposable wipes to wipe and push the feces down between Resident #107's legs. CNA "MM" did not attempt to clean Resident #107's vaginal folds or to spread her legs to effectively clean the perineum (between vaginal and anus). CNA "T" then turned Resident #107 to her left side, and CNA "MM" cleaned the feces off of her bottom. CNA "MM" did not remove her soiled gloves. CNA "MM" liberally applied a white cream to Resident #107's peri-area. CNA "MM" did not change gloves after they were soiled and prior to applying cream to the genital area, and did not adequately clean the genital area during incontinence care.</p> <p>During an interview on 2/18/22 at 11:17 A.M. CNA "MM" stated, "...normally I change my gloves after peri-care ...I didn't until we were done ..." CNA "MM" reported that Resident #107 had no concerns with urinary tract infections (UTIs).</p> <p>Review of Resident #107's "Progress Note" dated 1/26/2022 at 14:44 (2:44 P.M.) revealed, "...recently hospitalized and treated for acute metabolic encephalopathy, AKI (acute kidney injury), and UTI...She is currently requiring...extensive assist x2 with... toileting, and hygiene. She is incontinent at times of B+B</p>		for sustained compliance thereafter.		

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	<p>(bowel and bladder)... requires assistance with mobility and transfers, incontinence..."</p> <p>In an email on 2/24/22 at 2:53 P.M., DON "B" reported that the facility does not have a policy/procedure that describes expectations of proper glove use during incontinence care.</p> <p>Resident #129</p> <p>Review of an "Admission Record" revealed Resident #129 was originally admitted to the facility on 2/13/20, with pertinent diagnoses which included: contractures of the right and left upper extremities, and major depressive disorder.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #129, with a reference date of 2/10/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 2, out of a total possible score of 15, which indicated Resident #129 had severe cognitive impairment. Review of the "Functional Status" revealed that Resident #129 required extensive assistance of one person for personal hygiene.</p> <p>Review of Resident #129's "Skin Integrity Care Plan" revealed, "The resident has potential impairment to skin integrity r/t incontinent of bowel and bladder, wears briefs, fragile skin, hx of skin issues, use/side effects of medications, and decreased mobility Date Initiated: 02/14/2020.."</p> <p>During an interview on 2/24/22 at 1:52 P.M., CNA "BBB" reported that he checked on Resident #129 at approximately 10:00 A.M. (4 hours ago) and she wasn't wet.</p> <p>During an observation on 2/24/22 at 2:13 P.M. CNA "BBB" entered Resident #129's room with linen to provide cares. CNA "BBB" removed the blankets from Resident #129 and the resident</p>				

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	<p>yelled out "No, No!" CNA "BBB" removed Resident #129's gown and pulled her brief down in front. Resident #129's naked body was completely exposed. CNA "BBB" proceeded to wash the entire front side of Resident #129's body. CNA "BBB" did not attempt to provide a cover for privacy or warmth during the bath. Resident #129 stated, "...I am cold ...will you dry me off ..." CNA "BBB" then cleaned Resident #129's front private area with a wash cloth, using up and down strokes and did not clean the genital folds or spread her legs to effectively clean the perineum (area between the genitals and anus). Resident #129 was then rolled on her left side and a large amount of feces observed in the brief and between the fold of buttocks. CNA "BBB" used the brief to wipe away the feces, then "Hospice Registered Nurse" (HRN) "WW" entered the room and assisted with cleaning Resident #129 buttocks, and application of aloe cream.</p> <p>Resident #119</p> <p>Review of an "Admission Record" revealed Resident #119 was originally admitted to the facility on 9/3/20, with pertinent diagnoses which included: cerebral infarction (stroke), muscle weakness, hemiplegia (paralysis on one side of the body), major depressive disorder, and contractures of the left shoulder, elbow and wrist.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #119, with a reference date of 12/22/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #119 was cognitively intact. Review of the "Functional Status" revealed that Resident #119 required extensive assistance of one person for personal hygiene.</p> <p>Review of Resident #119's "Care Plan" revealed,</p>				

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	<p>"...Resident utilizes catheterization r/t (related to) Neurogenic bladder Date Initiated: 01/07/2021..."</p> <p>During an interview and observation on 2/17/22 at 11:46 P.M., Resident #119 was lying in his bed and "Physical Therapist" (PT) "AAAA" was in the room assisting with getting dressed. PT "AAAA" stated, "...we will have to do therapy in here ...that catheter bag is too full and of course I cannot find a nurse ..." Resident #119 reported that he had had abdominal spasms last night from the catheter and stated, "...I slept like hell ...my brief was soaking wet ...they had to change my bed ..."</p> <p>Review of Resident #119's "Physician Orders" revealed, "...Maintain indwelling urinary catheter with 18 Fr 10 cc</p> <p>balloon every shift related to BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT</p> <p>SYMPTOMS (N40.1) -D/C (discontinue) Date- 02/08/2022, Change catheter securement device every night shift every 7 day(s) for management routine -D/C Date- 02/08/2022..." It was noted that the orders were not active.</p> <p>During an interview on 2/17/22 at 4:20 P.M., LPN "BBBB" reported that she was not aware of any issues with Resident #119's catheter and stated, "...he has always had one ...he should have an order ..." LPN "BBBB" reviewed Resident #119's records and indicated that the only order related to a catheter was a PRN (as needed) order to irrigate the catheter, and stated "...that would not pop up as a scheduled order to do..."</p> <p>During an interview on 2/17/22 at 4:36 P.M., "Director of Nursing" (DON) "B" reported that</p>				

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	<p>Resident #119 should have physician orders indicating the size of the catheter, to maintain and monitor foley catheter, the securement device, for regular flushes and to change the catheter PRN. DON "B" reported that she will look into Resident #119's missing orders for his catheter.</p> <p>During an interview and observation on 2/18/22 at 9:25 A.M., Resident #119 reported that his catheter bag gets really full and stated, "...it should be monitored more..."</p> <p>Review of Resident #119's "Physician Orders" on 2/18/22 at 9:25 A.M. revealed no orders for catheter.</p> <p>Resident #110</p> <p>Review of an "Admission Record" revealed Resident #110 was originally admitted to the facility on 4/1/21, with pertinent diagnoses which included: acquired absence of right leg, anxiety, stiff joints, diabetes mellitus 2 (a condition that effects the way your body processes blood sugar) and pain.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #110, with a reference date of 12/15/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #110 was cognitively intact. Review of the "Functional Status" revealed that Resident #110 required extensive assist of 2 people for toileting and personal hygiene.</p> <p>During an interview on 2/15/22 at 9:06 A.M., Resident #110 reported that her catheter bag frequently overflows, backs up, and soaks the bed and stated, "then I sit in urine because they won't come and change me ..."</p>				

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	<p>During an interview on 2/16/22 at 1:00 P.M., Resident #110 reported that she did not get out of bed yesterday and stated, "...I wanted to get up before 2:30 PM and they were so late that I just stayed in bed..." Resident #110 reported that she had gotten her catheter removed yesterday, and the last time staff had been in to change her was at 2:00 A.M. (11 hours ago) and stated, "...I think I am dry ...I haven't drank much..."</p> <p>Review of "Physician Orders" indicated that Resident #110's Catheter was discontinued on 2/15/22 at 11:44 P.M.</p> <p>During an interview and observation on 2/17/22 at 3:17 P.M., Resident #110 reported that she had wanted her catheter removed because it was getting uncomfortable, but it is not going well and stated, "...now I just sit in urine and wait to be changed...I am getting red down there...I can't tell when I need to be changed ...I want the catheter back now...they don't have enough manpower to change me every time I urinate..."</p> <p>During an interview on 2/17/22 at 3:26 P.M. CNA "VV" reported that Resident #110 is usually up by now if she's getting up and stated, "... (Resident #110) had her catheter taken out and cannot tell when she is wet ...she is concerned that there is not enough staff to be able to change her when she needs it..."</p> <p>During an interview on 2/18/22 at 2:12 P.M., CNA "LLLL" reported that she had not provided cares for Resident #110 yet and stated, "... (Resident #110) usually calls around 4:00 PM...she has a catheter so she just calls if she has a BM..." It was noted that Resident #110's catheter was discontinued on 2/15/22.</p> <p>During an interview on 2/18/22 at 2:31 P.M., CNA "LLLL" reported that she was not</p>			

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F0692 SS= D	<p>concerned about incontinence care with Resident #110's and stated, "...her Kardex says she has a catheter..."</p> <p>Review of Resident #110's "Kardex" on 2/18/22 revealed, "...Bowel/Bladder: CATHETER CARE: 16Fr/ 10mL Catheter..."</p> <p>During an interview on 2/18/22 at 2:36 P.M., UM "FFFF" reported that the floor nurse updates the care plan and stated, "...depending on how busy it is...otherwise we verify in morning meeting that it gets updated...it looks like (Resident #110's) catheter was resolved on the care plan, but not on the Kardex...the CNA's don't use the care plan...they only see the Kardex..."</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 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>	F0692	<p>Residents #114 no longer resides in the facility.</p> <p>Residents #126 - The registered dietician has re-assessed and evaluated resident's weights to ensure appropriate weights are obtained and care plan updated.</p> <p>All residents in the facility have the potential to be affected. The RD will review documented weights to ensure appropriate interventions are in place to prevent significant weight loss. Any resident without a documented weight will be weighed per care plan and the RD will ensure appropriate interventions are in place to prevent significant weight loss.</p> <p>The Registered Dietician will conduct a monthly nutrition meeting with the IDT to review resident weights to identify potential for significant weight loss and to implement appropriate interventions.</p>	3/25/2022	

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	<p>Based on observation, interview, and record review the facility failed to obtain, monitor, and/or evaluate weights and weight loss timely for 2 of 4 residents (Resident #126 and Resident #114) reviewed for nutrition resulting in significant weight loss and missing weights and the potential for further significant weight losses.</p> <p>Findings include:</p> <p>Resident #126:</p> <p>During an observation and interview on 2/24/22 at 1:37 PM, Resident #126 reported she had been weighed one time and has never refused to be weighed. Resident #126 had a two-handed adaptive drinking cup at bedside with approximately 50% of the juice consumed. Resident #126 reported her usual body weight was approximately 200 pounds before she came to the facility and she feels she has lost weight, but didn't know how much.</p> <p>During an interview on 2/25/22 at 1:07 PM, Registered Dietitian (RD) "F" reported residents should be weighed one time a week for the first four weeks (after admission/readmission) and then monthly unless there is a nutritional problem in which they could be requested to be weighed more frequently. RD "F" reported they make lists for the nurse's station and director of nursing for the first seven days of each month requesting the weights needed to be completed. RD "F" reported staff has had a difficult time obtaining weights. RD "F" reported on 12/24/21 (when the nutrition progress note was written) she confirmed there was no documentation a weight was requested. RD "F" confirmed there was no documentation the reweight was requested elsewhere.</p> <p>During an interview on 2/25/22 at 1:22 PM, RD</p>		<p>The DON/designee will educate nursing staff by 3/25/22 on nutrition monitoring and weight management, obtaining and documenting weights per policy. Staff who have not received the education by 3/25/22 will be removed from the schedule until the education is completed.</p> <p>The DON/designee will educate the Registered Dietician by 3/25/22 on monitoring and evaluating resident weights to ensure timely interventions and revisions to the care plan are completed.</p> <p>The DON/designee will conduct random audits on 3 residents weekly x 4 weeks and then monthly x 2 months or to ensure residents' weights are obtained timely and documented in medical record and dietician will timely evaluate/monitor for weight loss per policy.</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 3/25/22 and for sustained compliance thereafter.</p>	

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	<p>"R" confirmed there was no documented weight refusals after 10/15/2021 and there was no documentation of the requested reweights. RD "R" confirmed Resident #126 wasn't actively trying to lose weight. RD "R" confirmed the resident was 195 pounds at the hospital prior to admission to the facility. RD "R" reported the resident was on a nasogastric (feeding tube that goes through the nose and into the stomach) feeding tube at the hospital, came off tube feeding, and was then admitted to the facility on an oral diet. RD "R" confirmed Resident #126 was at risk nutritionally and had her food texture changed by speech therapy several times during her stay at the facility so far.</p> <p>During an interview on 2/25/22 at 1:43 PM, Lead Certified Nurse Aide "CCCC" reported there was no issues with Resident #126 refusing to be weighed and Resident #126 was an "easy go lucky" person.</p> <p>Review of Resident #126's weights in vitals showed three weights: 10/15/2021 196 pounds, 1/3/2022 171.2 pounds, and 2/28/2022 155.6 pounds.</p> <p>From 10/15/2021 to 1/3/2022, 80 days passed, without the facility obtaining a second weight. It is unknown how much weight was lost in the first 30 days due to inadequate weights being obtained to assess a significant weight loss for 30 days. The percentage of weight loss for those 80 days was 12.6% which was a significant weight loss for that time interval.</p> <p>From 1/3/2022 to 2/28/2022, Resident #126 experienced another significant weight loss of 9.1% over 36 days.</p> <p>Professional standards of practice recommend weighing residents on admission, then weekly for</p>				

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	<p>the first four weeks, and then monthly thereafter.</p> <p>Review of Resident #126's progress notes revealed the first nutrition note was on 12/24/2021 after the initial dietary evaluation assessment that was completed on 10/15/2021. Review of the initial dietary evaluation assessment showed it was completed on 10/15/2021 and the quarterly dietary evaluation assessment was completed on 1/13/22.</p> <p>Review of Resident #126's initial dietary evaluation, dated 10/15/2021, stated, "Other considerations to nutrient needs: Watch for feeding issues with tremors", "Nutrition Interventions: ...Routine weights", and "Recommendations/Referrals: Will continue to monitor weight ...".</p> <p>Review of Resident #126's quarterly dietary evaluation, dated 1/13/2022, stated, "Summary of concerns related to observations since last assessment: Resident downgraded to pureed texture, nectar-thick liquids on 12/24, Per staff she has been refusing more meals, Recent decline in ADLs (activities of daily living); now 1:1 (one to one) feed, Triggering for significant loss (weight loss) over 3 months" and "Recommendations/Referrals: ...Will continue to monitor weight ...".</p> <p>Review of Resident #126's "Physician Assessment", dated 3/1/22, stated, " ...Difficulty swallowing - treatment per speech therapy patient had a video swallow study 2/11/22".</p> <p>Review of resident #126's most recent brief interview for mental status score from the minimum data set, dated 1/13/22, was scored 11 which reflected moderate cognitive impairment.</p> <p>Review of Resident #126's nutrition care plan,</p>				

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	<p>revised 1/26/22, stated, "Resident has nutritional problem or potential nutritional problem r/t (related to) ...sig (significant) weight loss, dysphagia with need of mechanically altered diet" and included an intervention, dated 10/18/2021, that stated, "Weigh resident per facility protocol, maintaining consistency in type of scale, time of day, etc. (et cetera) as able".</p> <p>Review of Resident #126's face sheet, dated 2/25/22, included diagnoses of hypothyroidism, chronic kidney disease, type two diabetes, and gastroesophageal reflux disease (acid reflux).</p> <p>Review of Resident #126's documented meal intakes, dated 2/24/22 through 3/1/2022, showed average intake ranged from refusal to 25-50%.</p> <p>Since 1/31/2022 eight meals were noted to be greater than 50%.</p> <p>Resident #114:</p> <p>Review of Resident #114's weight summary indicated weights of 153 pounds on 12/17/21 and 149.4 pounds on 1/25/22.</p> <p>Review of Resident #114's census, undated, indicated an admission date of 12/17/2021 and discharge on 1/3/2022 (one weight obtained for greater than two weeks) and was admitted again on 1/4/2022 through 1/26/2022 (one weight obtained for three weeks).</p> <p>Review of Resident #114's nutrition care plan, dated 12/22/2021, stated, "Resident has nutritional problem or potential nutritional problem r/t (related to) need for mechanically altered diet with thickened liquids r/t oral/pharyngeal dysphagia, ..., hx (history) of intubation/extubation, hx of need for tube feeding (out 12/22), significant decline in ability to</p>				

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F0725 SS= E	<p>perform ADL's (activities of daily living). An intervention, dated 12/22/2021, stated, "Weight resident per facility protocol, maintaining consistency in type of scale, time of day, etc. as able".</p> <p>Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intakes MI00125617, MI00125753, MI00125773, MI00126057, MI00126189, MI00126135, and MI00126060.</p> <p>Based on observation, interview, and record review the facility failed to ensure sufficient staff</p>	F0725	<p>Residents #114 and #103 no longer reside in the facility.</p> <p>Resident <input type="checkbox"/>s #126, #106, #110, and #119 were assessed by the clinical staff to ensure ADL care was met to include grooming, oral hygiene, showers/baths, and weights obtained as needed.</p> <p>All resident requiring assistance with ADL care have the potential to be affected. The facility completed an audit of residing residents to ensure ADL care was met to include grooming, oral hygiene, showers/baths, and weights obtained as needed.</p> <p>The DON/designee will educate nursing staff by 3/25/22 on ensuring resident are provided timely ADL care to include grooming, oral hygiene, showers/baths, and weights obtained as needed. Staff who have not received the education by 3/25/22 will be removed from the schedule until education is completed. Facility will conduct a daily staffing meeting (Monday- Friday) to review the staffing patterns to ensure they meet the care and treatment needs of the residents.</p> <p>Advertisements have been posted on social media and employment board websites to recruit facility team members.</p> <p>The facility will have a weekly call with regional to discuss current open positions,</p>	3/25/2022	

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	<p>was present to provide resident care needs and/or tasks in 7 of 12 residents (Residents #126, #114, #106, #126, #103, #110, and #119) reviewed for staffing, resulting in missed weights, grooming, oral hygiene, shower/baths, and being unkempt.</p> <p>Findings include:</p> <p>During an interview on 2/25/22 at 1:07 PM, Registered Dietitian (RD) "F" reported staff had a difficult time obtaining resident weights and stated, "I'm told it is staffing". RD "F" confirmed this meant the weights weren't being done due to low staffing.</p> <p>During an interview on 2/25/22 at 1:30 PM, Registered Dietitian (RD) "R" reported she didn't know why weights weren't obtained, but confirmed at times there wasn't enough staff to get the weights. Resident #126</p> <p>Review of Resident #126's weights in vitals showed three weights: 10/15/2021 196 pounds, 1/3/2022 171.2 pounds, and 2/28/2022 155.6 pounds.</p> <p>From 10/15/2021 to 1/3/2022, 80 days passed, without the facility obtaining a second weight.</p> <p>Resident #114</p> <p>Review of Resident #114's census, undated, indicated an admission date of 12/17/2021 and discharge on 1/3/2022 (one weight obtained for greater than two weeks) and was admitted again on 1/4/2022 through 1/26/2022 (one weight obtained for three weeks).</p> <p>Resident #106</p> <p>Review of a "Face Sheet" revealed Resident #106 had pertinent diagnoses which included: high</p>		<p>resignations, FMLA and recruitment and hiring efforts.</p> <p>Facility hiring will continue until all positions have been filled. Applications, interviews, and new hires are being tracked by the HR Director.</p> <p>The DON/designee will conduct random audits on 3 residents identified as requiring assistance with ADLs weekly x 4 weeks, then monthly x 2 months to ensure timely ADL care was met to include grooming, oral hygiene, showers/baths, and weights obtained as needed.</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>blood pressure, muscle spasms and lack of coordination.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #106, with a reference date of 12/19/21, revealed a "Brief Interview for Mental Status" (BIMS) score of 09, out of a total possible score of 15, which indicated Resident #106 had mild cognitive impairment. Further review of Resident #106's MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status coding for the following functional areas revealed:</p> <p>"A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>3. Two+ person's physical assist.</p> <p>B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet).</p> <p>4. Total dependence - full staff performance every time during entire 7-day period.</p> <p>3. Two+ person's physical assist."</p> <p>Review of a " Progress Notes" revealed: "2/8/2022 15:02 Event Note Text: Patient (Resident #106) yelling out in room. Found (Resident #106) on all 4's yelling. (Resident #106) Stated staff took too long to come to him..... Per (Resident #106) "took too long to come to my room."</p>			

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	<p>Resident #126</p> <p>Review of a "Face Sheet" revealed Resident #126 had pertinent diagnoses which included: Bipolar disease and Type 2 diabetes.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #126, with a reference date of 2/15/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 11, out of a total possible score of 15, which indicated Resident #126 had mild cognitive impairment. Further review of Resident #126's MDS assessment for "Activities of Daily Living (ADL's) Assistance" Functional status coding for the following functional areas revealed:</p> <p>"Bathing-How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support.</p> <p>3. Physical help in part of bathing activity.</p> <p>2. B. Support provided. (1 staff assist)."</p> <p>In an observation/interview on 2/17/22 at 4:00 PM., Resident #126's call light was on and this surveyor could hear Resident #126 calling for help from outside approximately 25-30 feet away from Resident #126's doorway. Resident #126 allowed this survey or to enter the room. Resident #126 stated "I have been waiting for staff to come in and get my brief changed, I had a "BM" (bowl movement), and I am wet, it's starting to burn." Resident #126 reported 2 girls (CNA's) came in and said they'd be back. Resident #126 reported no one has come back to change her. Resident #126 reported her call light has been on since her "BM." Resident #126 reported she has been left in her bowl movement since "about 3:00 pm"</p>				

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	<p>Resident #103</p> <p>Review of an "Admission Record" revealed Resident #103 was originally admitted to the facility on 12/21/21, with pertinent diagnoses which included: falls, stiffness in right and left shoulders, back pain, muscle weakness, difficulty walking, and cerebral infarction (stroke).</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #103, with a reference date of 12/28/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #103 was cognitively intact. Review of the "Functional Status" revealed that Resident #103 required extensive assistance of one person with personal hygiene.</p> <p>During an interview and observation on 2/16/22 at 8:42 A.M. Resident was lying in bed and reported concerns with wait time for incontinence care and stated, "...when I press my call light nobody comes for hours...they don't apologize, they just say they are the only one here...or working short staffed..." Resident #103 reported that he receives a bath every now and then and stated, "...it's hit or miss...and I don't even know what day they are supposed to be on..." Resident #103 had a full scruffy beard and stated, "...I prefer to be clean shaven...I have asked 4 times for help to shave and they always say they will but they never do...that is big for me!" Resident #103 reported that oral care has never been offered to him and stated, "...I don't even have a toothbrush...I think I left it at the hospital..." Resident #103's bedside nightstand was observed with no personal hygiene items.</p> <p>During an interview on 2/16/22 at 9:06 A.M., CNA "HH" reported that she had only worked one time on Resident #103's hall and stated, " ...I</p>				

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	<p>am the only one today...I am reading the Kardex and going room by room ..." CNA "HH" reported that if she needed to get anyone out of bed that she would have to wait for someone from another hall to help her and stated, "...it's impossible to give quality care...hair and teeth are hard to get done..."</p> <p>Resident #110</p> <p>Review of an "Admission Record" revealed Resident #110 was originally admitted to the facility on 4/1/21, with pertinent diagnoses which included: acquired absence of right leg, anxiety, stiff joints, diabetes mellitus 2 (a condition that effects the way your body processes blood sugar) and pain.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #110, with a reference date of 12/15/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #110 was cognitively intact. Review of the "Functional Status" revealed that Resident #110 required extensive assist of 2 people for toileting and personal hygiene.</p> <p>During an interview on 2/15/22 at 9:06 A.M., Resident #110 reported that she would like to get up before 2:30 PM every day, go to activities, and do exercises, but the facility is understaffed and stated, "...every time I ask to get up they tell me they can't ...they don't have enough people...they say I am too big to handle..." Resident #110 reported that she was told she couldn't get up to attend an activity on 2/13/22, due to short staffing and stated, "...I reported it to (UM "U")..."</p> <p>During an interview on 2/15/22 at 9:49 A.M., CNA "L" reported that she was not sure if Resident #110 was getting out of bed today and</p>				

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	<p>stated, "...I was pulled from another hall ...I don't normally work with these residents." CNA "L" reported that the nurses and management do not help on the floor unless surveyors are here and stated, "...No one helps us ...there are no feeding assistance either ...and there are so many people to feed ...food gets cold ...it's so hard ..."</p> <p>During an interview and observation on 2/17/22 at 3:17 P.M., Resident #110 reported that she didn't get up again yesterday because staff did not come until after 2:30 P.M. and stated, "...I am not getting up today either ...it's already after 2:30 P.M. ..." Resident #110 reported that she wanted her catheter removed because it was getting uncomfortable, but it is not going well and stated, "...now I just sit in urine and wait to be changed ...they don't have enough manpower to change me every time I urinate ..."</p> <p>During an interview on 2/17/22 at 3:26 P.M. CNA "VV" reported that Resident #110 is usually up by now if she's getting up and stated, "... (Resident #110) had her catheter taken out and cannot tell when she is wet ...she is concerned that there is not enough staff to be able to change her when she needs it ..." CNA "VV" reported that it takes at least 2 people to transfer Resident #110 into her wheelchair and stated, "...we usually only have 1 person working her hall after 3:00 PM ...sometimes by the time we find help, (Resident #110) says never mind and doesn't want to get up anymore ...its takes a while to get her laid back down too ..."</p> <p>Resident #119</p> <p>Review of an "Admission Record" revealed Resident #119 was originally admitted to the facility on 9/3/20, with pertinent diagnoses which included: cerebral infarction (stroke), muscle weakness, hemiplegia (paralysis on one side of</p>				

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	<p>the body), major depressive disorder, and contractures (inability to bend) of the left shoulder, elbow and wrist.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #119, with a reference date of 12/22/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #119 was cognitively intact. Review of the "Functional Status" revealed that Resident #119 required extensive assistance of one person for personal hygiene.</p> <p>During an interview and observation on 2/16/22 at 12:30 P.M., Resident #119's call light was observed on and alarming. Resident #119 reported that the call light had been on for 20 minutes and that he was waiting for someone to boost him up in bed, and stated, " ...someone came in and told me that they had to go find help ...my hip hurts ..." Resident #119 reported that he does not get up in his chair, because it takes staff too long to lay him back down. Resident #119 reported that he has not had a shower or brushed his teeth since he returned from the hospital about 2 weeks ago and stated, " ...they told be that they have to look into my shower days ...they haven't figured it out yet ...I want one bad ..." Resident #119's teeth were observed caked with thick white film substance, lips were dry and flaky, and his fingernails were long with dark substance underneath them.</p> <p>During an interview and observation on 2/17/22 at 11:46 P.M., Resident #119 was lying in his bed and "Physical Therapist" (PT) "AAAA" was in the room assisting with getting dressed. Resident #119 reported that he still had not gotten a shower. PT "AAAA" stated, "...we will have to do therapy in here...that catheter bag is too full and of course I cannot find a nurse..."</p>			

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F0726 SS= E	<p>During an interview on 2/17/22 at 3:30 P.M., CNA "VV" reported that she wasn't able to do oral care for any residents today and stated, "...the hall is just too heavy...and we they wanted us to do showers from yesterday too...we can't do it all..."</p> <p>During an interview on 2/15/22 at 5:40 A.M., CNA "JJJJ" reported that she normally works on "Station 2" and stated, "...I was pulled to station 1 last night...they were short staffed over here..."</p> <p>During an interview on 2/15/22 at 6:53 A.M. on "Station 2" CNA "G" reported that staffing has been terrible and stated, "...it's in and out with cares...we have no time..."</p> <p>During an interview on 2/18/22 at 9:33 A.M. CNA "Q" reported that on 2/17/22 she was pulled to work on 200 hall and stated, "...I was alone after dinner trays were passed...21 residents..."</p> <p>Competent Nursing Staff §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4)</p>	F0726	<p>No residents were identified in the 2567.</p> <p>All residents requiring assistance with needs have the potential to be affected.</p> <p>The DON/designee will educate nursing staff by 3/25/22 to ensure the necessary skills and competencies to provide nursing care and related services are completed to ensure the residents physical and psychosocial health and safety needs are met. Competency testing was initiated with the current clinical staff and contract staff on 3/8/22.</p> <p>The DON/designee will ensure new hires and new contract staff will receive the necessary competencies and training prior providing direct care to ensure residents receive appropriate nursing care and services.</p>	3/25/2022

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	<p>Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff had the necessary skills and competencies to provide nursing care and related services placing at risk the physical and psychosocial health and safety of residents.</p> <p>Findings include:</p> <p>Review of "Certified Nurse Assistant" (CNA) "VV" employee file for competency evaluation revealed, no competency evaluation.</p> <p>During an interview on 2/25/22 at 3:30 P.M., CNA "VV" reported that she did not receive an orientation to the facility or training prior to working with residents on her first day and stated, "...I think my first day was on 12/6/21...I didn't even get report on my first day...I was with a state worker that had never been here before either..." CNA "VV" reported that she had still not received any documents from the facility, did not receive or complete a competency evaluation, and has not completed any online training.</p> <p>Review of CNA "Q's" employee file for competency evaluation revealed, no competency</p>		<p>The DON/designee will provide oversight to the process of annual competency and skills testing of clinical staff to ensure residents receive appropriate nursing care and services.</p> <p>The Director of Nursing and/ or designee will conduct random audits on 3 staff competencies weekly x 4 weeks, then monthly x 3 months or until substantial compliance has been maintained to ensure the necessary skills and competencies to provide nursing care and related services are completed to ensure the residents physical and psychosocial health and safety needs are met.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>evaluation.</p> <p>During an interview on 2/25/22 at 11:04 A.M., CNA "Q" reported that her first day was just before the new year and she was suppose to train with CNA "L" and stated, "...but they were short staffed... so I had to work on my own..." CNA "Q" reported that she was not aware of a competency checklist that needed to be competed and stated, "...no one has asked me about it..."</p> <p>During an interview on 2/24/22 at 8:25 A.M., DON "B" reported that a competency evaluation list is given to employees upon hire and stated, "...whoever they are training with should check them off of their skills, then after completion they would follow-up with concerns or questions or additional training needed..." DON "B" reported that she did not have documentation to verify CNA "Q" and CNA "VV" were sufficiently oriented to the facility and competent and stated, "...the unit managers should be reviewing them and then they should be given to HR for filing..."</p> <p>Review of CNA "BBB's" employee file for competency evaluation revealed, a CNA competency list dated 10/16/18.</p> <p>During an interview on 3/1/22 at 10:41 A.M., HR "QQQQ" reported that CNA "BBB's" file included all competencies available.</p> <p>Review of "Licensed Practical Nurse" (LPN) "SSS's" employee file for competency evaluation revealed, an orientation skill checklist dated 9/23/20, no CPR certification, an no recent competency evaluations.</p> <p>During an interview on 2/25/22 at 12:59 P.M., LPN "SSS" reported that 2/23/22 was her first day working at the facility in years and stated "...I was working alone...and I had to perform</p>			

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	<p>CPR...no other nurses came to help during the code...I did it by myself until EMS arrived..."</p> <p>During an interview on 2/17/22 at 3:50 P.M., "Human Resource" (HR) "QQQQ" reported that all staff received a day of onboarding orientation which included general company policies and stated, "...when we need to get staff on the floor quickly, someone will go through the orientation with them prior to working..."</p> <p>During an interview on 2/24/22 at 3:28 P.M., "Regional Nurse Consultant" (RNC) "C" reported that new employees are given 90 days to complete a competency packet and stated, "...they have several days that they work with someone so they know where things are and to do the basic things in the facility..."</p> <p>Review of the Fundamentals of Nursing revealed, "Nurse educators in staff development departments of health care institutions provide educational programs for nurses within their institution. These programs include orientation of new personnel, critical care nursing courses, assisting with clinical skill competency, safety training, and instruction about new equipment or procedures." Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations 1555-1557). Elsevier Health Sciences. Kindle Edition.</p>			
F0761 SS= D	<p>Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with</p>	F0761	<p>Resident #125 medications were properly stored and locked in the medication cart.</p> <p>Resident #127 medications were administered as order by the physician.</p> <p>All residents that receive medications have the potential to be affected.</p>	3/25/2022

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	<p>State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to store medications in locked compartments for 2 Residents (Resident #125, #127) of 2 residents reviewed for medication administration; resulting in the potential for diversion and/or misappropriation of medication.</p> <p>Findings include:</p> <p>Resident #125</p> <p>Review of a "Face Sheet" revealed Resident #125 had pertinent diagnoses which included: polyneuropathy (simultaneous malfunction of many peripheral nerves throughout the body and high blood pressure.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #125, with a reference date of 1/21/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident</p>		<p>An audit of the medication carts was conducted by the DON/designee to ensure Schedule II medications are secured by double lock. An audit was conducted by the DON/designee to ensure no medications were left at resident bedside. Any identified concerns were corrected.</p> <p>The DON/designee will educate Licensed and Registered nurses by 3/25/22 regarding securing/locking medications and administering medications as ordered by the physician. Staff who have not received the education will be removed from the schedule until education has been completed.</p> <p>The Unit Manager/designee will complete random audits of medication carts to assure Schedule II medications are properly secured and medications are not left at resident bedside. The audits will be conducted on 3 medication carts/resident rooms weekly x 4 weeks and then monthly x 2 months to ensure there are no medications left unattended and medications are locked/secured per the policy. Deficiencies in practice will be addressed immediately and reported to the Director of Nursing for further corrective action/education.</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 3/25/22 and for sustained compliance thereafter.</p>		

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	<p>#125 was cognitively intact</p> <p>In an observation on 2/16/22 at 9:00 AM., observed a medication cart parked outside room 709. observed on the medication cart a medication "bubble pack" style packaging. The package had approximately 15 pills in the package, which also had Resident #125's identifying information on the front upper portion of the package. On the label of the package the medication orders read as "Gabapentin Capsule 100 MG (nerve pain medication) give 1 capsule by mouth every 8 hours..."</p> <p>During an interview on 2/16/22 at 9:05 AM., Unit Manager (UM) "U" reported he was passing medications and that specific medication (gabapentin capsule) did not need to be in the medication cart locked up. UM "U" reported the medication is not a narcotic, therefore it did not need to be "double locked." UM "U" reported it was his responsibility to do the medication administration for Resident #125. UM "U" reported the medication didn't get put it back into the medication cart after (UM "U") pulled the medication for administration of the medication. UM "U" reported another residents call light was on, so (UM "U") went to answer the call light and he (UM "U") was not away from the medication cart that long.</p> <p>Review of Resident #125's "Physicians Orders" revealed "Gabapentin Capsule 100 MG Give 1 capsule by mouth every 8 hours for polyneuropathy (nerve pain medication)."</p> <p>During an interview on 2/25/22 at 3:45 PM., "Director of Nursing" (DON) "B" reported no medications should be left on top or out of medication carts at all. DON "B" reported nurses are never to leave cart unlocked.</p>			

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	<p>Resident #127</p> <p>Review of a "Face Sheet" revealed Resident #127 had pertinent diagnoses which included: history of stroke and muscle weakness.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #127, with a reference date of 1/28/22, revealed a "Brief Interview for Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #127 was cognitively intact.</p> <p>In an observation on 3/1/22 at 9:45 AM., Resident #127 was in her room, awake in her bed. noted on Resident #127's bedside table this surveyor noted a small translucent pill on the bedside table.</p> <p>In an interview/observation on 3/1/22 at 9:46 AM., Resident #127 reported the pill was "Vitamin D." Resident #127 reported it was there because when the nurse left her medications on the bedside table, she (Resident #127) tipped over the medication cup, and did not see the pill until this surveyor asked about it. Resident #127 reported staff nurses place medications on the bedside table and leave if she (Resident #127) is not awake, when the nurse comes to give her the medications. Resident #127 picked up the pill, placed it in her mouth and swallowed it.</p> <p>Review of a facility "Policy / Procedure Adopted 07/11/2018" revealed: "Nursing Clinical Section: Medication Administration. Subject: Medication Access and Storage. POLICY: It is the policy of this facility to store all drugs and biological in locked compartments under proper temperature controls. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. PROCEDURE: 2.</p>				

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F0842 SS= D	<p>Only licensed nurses, the consultant pharmacist and those lawfully authorized to administer medications (e.g., medication aides) are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access."</p> <p>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, 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</p>	F0842	<p>Residents #101 and #102 no longer reside at the facility.</p> <p>Resident #110's medical record was audited by a Licensed Nurse to ensure a complete and accurate medical record was completed to included updated assessments, physician orders, and care plan to reflect the resident's current status.</p> <p>All residents receiving Hospice services, with urinary catheters, or pacemakers have the potential to be affected. An audit was completed by a Licensed Nurse on the like residents to ensure accurate assessments were completed, physician orders and care plan were revised/updated as needed to adhere to a complete and accurate medical record.</p> <p>The DON/designee will review resident documentation for changes and physician orders during the clinical morning meeting to ensure the License Nurses completes a timely assessment, update/revise the care plan as needed and physician orders obtained to ensure documentation reflects an accurate assessment to ensure a complete medical record.</p> <p>The DON/designee will educate Licensed and Registered Nurses by 3/25/22 on professional standards of charting and documentation to ensure assessments, physician orders, and care plans are revised/updated as needed to</p>	3/25/2022

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	<p>164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§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.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to maintain a complete and accurate medical record, including assessments for 3 residents (Resident #101, #102, & #110) of 30 residents reviewed, resulting in the potential for harm due to inaccurate and incomplete assessments, physician orders, and care plans.</p> <p>Findings include:</p> <p>Resident #101</p> <p>Review of an "Admission Record" revealed Resident #101 was originally admitted to the facility on 7/31/19, with pertinent diagnoses which included: heart failure, nonrheumatic aortic valve stenosis (disease of circulatory system,</p>		<p>adhere to a complete and accurate medical record. Staff who have not received education by 3/25/22 will be removed from the schedule until education is completed.</p> <p>The DON/designee will conduct random audits on 3 residents weekly x 4 weeks and then monthly x 3 months to ensure assessments, physician orders and care plan were revised/updated as needed to adhere to a complete and accurate medical record. Deficiencies in practice will be addressed by the DON/designee with the responsible clinician for further corrective action/education.</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 3/25/22 and for sustained compliance thereafter.</p>	

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	<p>hypertensive heart disease and COPD (chronic obstructive heart disease).</p> <p>Review of Resident #101's "Hospice Discharge Summary" revealed, "...Discharge Effective date: 7/25/21. Reason for Discharge: Not eligible for hospice services. Condition: Fair...Summary:...Collaborated with (Social Services Director (SSD) "I"), to advise of discharge from hospice due to improved prognosis and inability for patient to experience comfort from hospice visits..."</p> <p>During an interview on 2/16/22 at 11:21 A.M., "Hospice Quality Manager" (HQM) "EEE" reported that Resident #101 was discharged from hospice services on 7/25/21 due to condition improving and no longer qualifying for services. HQM "EEE" reported that they (Hospice) collaborated with (SSD "I") at the facility and sent the discharge documents to the facility.</p> <p>During an interview on 2/23/22 at 2:34 P.M., "Facility Accountant" (FA) "NNNN" reported that on 9/9/21 the facility received a notice from hospice that Resident #101's last covered day was 7/25/21 and stated, "it was a rejection of coverage...one of our billers then changed the payor in the computer as of 7/26/21 ..."</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #101, with a reference date of 10/15/21 indicated "Yes" to receiving Hospice Care during the past 14 days. This assessment was inaccurate, as Resident #101 was discharged from hospice on 7/25/21.</p> <p>Review of Resident #101's "Physician Orders" revealed, "...Enhanced diet Regular texture, - pleasure feedings as tolerated per Hospice Verbal Active</p>			

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	<p>10/15/2020...Hospice to eval & treat - (Hospice company name omitted) Hospice with start of service 10/10/2020. Verbal Active 08/16/2021..." These orders were not accurate.</p> <p>Review of Resident #101's "Care Plan" revealed, "Focus: The resident has a terminal prognosis r/t (related to)Multiple chronic medical conditions. Resident has signed on with (Hospice Company name omitted). Date Initiated: 10/13/2020 Created on: 10/13/2020 Revision on: 10/15/2021...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: 10/13/2020.." This care plan was not accurate.</p> <p>Review of Resident #101's "Provider Progress Note" dated 10/25/2021 revealed, "Visit Type: 60 -Day Follow Up..."</p> <p>Patient is on hospice...ASSESSMENTS AND PLANS:...PALLIATIVE CARE: Patient is on hospice. Continue Roxanol (pain medication) Norco (pain medication) as comfort measures..." This progress note was not an accurate reflection of Resident #101.</p> <p>During an interview on 2/16/22 at 12:47 P.M., "Unit Manager" (UM) "FFFF" reported that Resident #101 did not have any documentation of hospice visits after July 2021.</p> <p>Resident #102</p> <p>Review of an "Admission Record" revealed Resident #102 was originally admitted to the facility on 6/1/18, with pertinent diagnoses which included: atherosclerotic heart disease (can cause blood flow obstructions).</p>				

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	<p>During an interview on 2/17/22 at 9:22 A.M., "Family Member" (FM) "FFF" reported that Resident #102 passed away in the facility and stated, "...I have concerns that her pacemaker wasn't being checked...I told them (facility) about it and gave them the papers when she first came there...she had fallen a few times just before she passed away, I wonder if the pacemaker was even working..."</p> <p>During an interview on 2/18/22 at 3:20 P.M., "Unit Manager" (UM) "FFFF" reported that she could not find any documentation in Resident #102's record of a pacemaker and stated, "...if she had a pacemaker...we should have documentation that she had a monitor at the bedside..."</p> <p>Review of Resident #102's "Physician Orders" revealed, no orders to monitor pacemaker.</p> <p>Review of Resident #102's "Care Plan" revealed, no Pacemaker care plan developed.</p> <p>During an interview on 2/18/22 at 3:04 P.M., "Unit Secretary" (US) "Y" reported that the last documentation in Resident #102's record of her pacemaker was a fax received on 10/9/2020, from the cardiologist and a communication sheet from the residents last visit on 1/8/20.</p> <p>Review of a faxed letter from Resident #102's Cardiologist dated 10/9/20 revealed, "...We have not received a dowload from your pacemaker since we saw you in clinic this past January. Could you please send one as soon as you can..."</p> <p>Review of Resident #102's "Nursing Admission Screening/History" dated 12/9/21 revealed, "...Cardiac/Circulation: Relevant history/dx (diagnosis): PACEMAKER..."</p> <p>Review of Resident #102's "Nursing Admission</p>				

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	<p>Screening/History" dated 4/6/20 revealed, "...Cardiac/Circulation: Relevent history/dx (diagnosis): NONE..." There was no documentation of a pacemaker.</p> <p>Review of Resident #102's "Cardiologist Visit Note" dated 1/8/20 revealed, "...Problems:...Complete atrioventricular block, heart block - 3rd degree...Surgical history:...Pacemaker implantation...pacemaker was implanted...5/24/10..."</p> <p>This surveyor spoke with DON "B" on 2/23/22 at 1:03 P.M. and requested further documentation regarding Resident #102's pacemaker. No documentation was recieved prior to exit.</p> <p>Resident #110</p> <p>Review of an "Admission Record" revealed Resident #110 was originally admitted to the facility on 4/1/21, with pertinent diagnoses which included: acquired absence of right leg, anxiety, stiff joints, diabetes mellitus 2 (a condition that effects the way your body processes blood sugar) and pain.</p> <p>Review of Resident #110's "Catheter Care Plan" indicated resolved on 2/16/22.</p> <p>Review of "Physician Orders" indicated that Resident #110's Catheter was discontinued on 2/15/22 at 11:44 P.M.</p> <p>Review of Resident #110's "Kardex (CNA care guide)" on 2/18/22 revealed, "...Bowel/Bladder: CATHETER CARE: 16Fr/ 10mL Catheter..." This was inconsistant with physician orders and the care plan.</p> <p>During an interview on 2/18/22 at 2:31 P.M., CNA "LLLL" reported that she was not</p>			

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	<p>concerned about incontinence care with Resident #110 and stated, "...her Kardex says she has a catheter..."</p> <p>During an interview on 2/18/22 at 2:36 P.M., UM "FFFF" reported that the floor nurse updates the care plan and stated, "...depending on how busy it is...otherwise we verify in morning meeting that it gets updated...it looks like it was resolved on the care plan, but not on the Kardex...the CNA's don't use the care plan...they only see the Kardex..."</p> <p>"...High-quality documentation is necessary to enhance efficient, individualized patient care. Quality documentation has five important characteristics: it is factual, accurate, complete, current, and organized..." Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations 24106-24108). Elsevier Health Sciences. Kindle Edition.</p> <p>According to the American Nurses Association, "Clear, accurate, and accessible documentation is an essential element of safe, quality, evidence-based nursing practice. Nurses practice across settings at position levels from the bedside to the administrative office; the registered nurse (RN) and the advanced practice registered nurse (APRN) are responsible and accountable for the nursing documentation that is used throughout an organization. This may include either documentation on nursing care that is provided by nurses-whether RN, APRN, or nursing assistive personnel-that can be used by other non-nurse members of the health care team or the administrative records that are created by the nurse and used across organization settings. Documentation of nurses' work is critical as well for effective communication with each other and with other disciplines. It is how nurses create a record of their services for use by payors, the</p>				

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F0880 SS= E	<p>legal system, government agencies, accrediting bodies, researchers, and other groups and individuals directly or indirectly involved with health care. It also provides a basis for demonstrating and understanding nursing's contributions both to patient care outcomes and to the viability and effectiveness of the organizations that provide and support quality patient care."</p> <p>Review of a facility policy "Charting and Documentation" dated 07/11/18 revealed "All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care..."</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, 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,</p>	F0880	<p>Directed Plan of Correction:</p> <p>Directed Plan of Correction - Infection Control Consultant</p> <p>" The facility has contracted with an Infection Control Consultant. 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</p>	3/25/2022

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	<p>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> <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 intakes MI00125753, MI00126060, MI00126135, and MI00126189.</p> <p>Based on observation, interview, and record</p>		<p>responsibilities and QAPI Committee completed a Root Cause analysis and addressed noncompliance identified in the CMS 2567.</p> <p>The facility Infection Preventionist, Quality Assurance and Performance Improvement (QPI) committee and Governing Body participated in the completion of the RCA.</p> <p>The IC consultant and QAPI committee will complete a root cause analysis and address the non-compliance by 3/25/22.</p> <p>" 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:</p> <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 Appropriate use of PPE o Transmission-Based Precautions o Isolation o Standard infection control practices o Disinfecting Shared Medical Equipment o Effective monitoring of the Core Principles of COVID-19 Infection Prevention per CDC and CMS guidance o Residents impacted by the failure of the above practices are identified for enhanced monitoring and/or precautions to minimize further spread of infection. o Required staff will receive instruction before they begin their next work shift. The instructions will include demonstration. <p>" The facility will develop a plan for monitoring the progress of the corrective action plan and</p>		

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	<p>review the facility failed to ensure infection control practices were followed for 3 of 14 residents (Residents #121, 107 and 129) reviewed for infection control, resulting in facility staff donning (put on) and doffing (take off) personal protective equipment (PPE) inappropriately, wearing insufficient PPE in a transmission based precaution room, provided inappropriate incontinence care, and shared care equipment was soiled with the potential for spread of infection.</p> <p>Findings include:</p> <p>During an observation on 2/16/2022 at 8:37 AM, Registered Nurse (RN) "FF" was observed at nurse's station one with a surgical mask only covering the mouth (the nose was exposed). Two minutes later the mask was not covering the mouth, but only the chin. At 8:42 RN "FF" pushed the mask up, performed no hand hygiene, and went to the nourishment room. After exiting the nourishment room RN "FF" walked past a resident seated in their wheelchair outside of room 102 and RN "FF"'s mask was not covering the nose. As RN "FF" spoke with another staff member the mask fell again with the nose being exposed. After the mask was touched there was no observed hand hygiene.</p> <p>During an observation on 2/17/2022 at 8:25 AM, Activity staff "KK" was observed wearing an N95 mask with the top strap only. The bottom strap was loose and hanging in front.</p> <p>During an observation on 2/24/22 at 10:23 AM, Nursing Home Administrator in training "DDDD" walked past nurse's station one, approached room 102 (which had signage posted that stated droplet/contact precautions), performed no hand hygiene and put on a clean gown, clean gloves, eyewear and then entered room 102. The sign on the door of room 102 stated, "Personal Protective</p>		<p>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 these round, ad hoc education will be provided to persons who are not correctly utilizing equipment and/or infection prevention/control practices.</p> <ul style="list-style-type: none"> 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 provided to persons who are not correctly utilizing equipment and/or infection prevention/control practices. <p>" 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:</p> <ul style="list-style-type: none"> o Targeted COVID19 Training for Nursing 		

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	<p>Equipment ...Put ON in this order: 1. Wash or gel hands (even if gloves used) 2. Gown". No hand hygiene was performed before grabbing and putting on clean personal protective equipment.</p> <p>During an interview on 2/24/22 at 10:42 AM, Regional Nurse Consultant "C" confirmed hand hygiene should be completed before putting on clean personal protective equipment and that hand sanitizer was available outside of room 102 which was under transmission-based precautions.</p> <p>Resident #121:</p> <p>During an observation on 2/17/22 at 8:02 AM, Resident #121 was laying in bed with oxygen on. The sign on the door indicated Resident #121 was on droplet and contact transmission-based precautions. Environmental Staff "RRR" was observed at the foot of Resident #121's bed wearing only an N95 mask, but no face mask/eye protection, gloves or gown. Environmental Staff "RRR" was observed touching the resident environment (privacy curtain and resident's personal items on the window sill) and proceeded to exit the room, performed no hand hygiene, and put on clean plastic gloves. Environmental Staff "RRR" entered Resident #121's room again and emptied the trash can next to the bed and from under the sink wearing an N95 mask and gloves. Environmental Staff "RRR" proceeded to leave Resident #121's room and then entered room 603, removed trash, placed the trash in the environmental cart in the hallway, discarded the gloves, and without any hand hygiene put on clean gloves. Resident #121 was coughing while Environmental staff "RRR" was in the room.</p> <p>The signage on Resident #121's door stated, "only essential personnel should enter this room ...everyone Must: including visitors, doctors, and staff clean hands when entering and leaving</p>		<p>Homes</p> <ul style="list-style-type: none"> o Keep COVID19 out o Sparkling Surfaces o Clean Hands o Standard infection control practices o Appropriate use of PPE o Transmission Based Precautions o Isolation o Disinfecting Shared Medical Equipment <p>" Upon completion of the trainings, the facility must validate staff competency using a post training test.</p> <p>" Based on the training above the facility will develop a schedule for employee follow up supervision and work performance appraisal.</p> <p>Facility supervisors will observe and appraise employee implementation of the knowledge, skills, and procedures.</p>	

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	<p>room, wear face mask, wear eye protection (face shield or goggles), gown and glove at door, N95 respirator ...".</p> <p>During an interview on 2/17/22 at 8:06 AM, Environmental Staff "RRR" reported she believed the transmission-based precaution signage on Resident #121's room wasn't meant for that room.</p> <p>During an observation on 2/17/22 at 8:05 AM, Certified Nurse Aide "RR" entered Resident #121's room and delivered a meal on disposable dishware wearing only an N95 mask with no other personal protective equipment.</p> <p>During an observation on 2/17/22 at 8:09 AM, Resident #121 was noted to have a wet cough and was coughing and blowing her nose.</p> <p>During an observation on 2/17/22 at 9:40 AM, Resident #121 was observed lying in bed with the head of the bed elevated coughing several times.</p> <p>Review of Resident #121's diagnoses, dated 2/15/2022, stated, "Resident is on droplet precautions every shift for COVID 19 observation monitoring for 10 days".</p> <p>Review of Resident #121's COVID-19 care plan intervention, dated 2/15/2022, stated, "Droplet precautions for suspected exposure COVID-19 symptoms." Another intervention, dated 11/12/2021, stated, "Educate staff, resident, family and visitors of COVID-19 signs, symptoms and precautions."</p> <p>Review of Resident #121's face sheet, dated 2/17/2022, included diagnoses of chronic obstructive pulmonary disease, acute respiratory failure, morbid (severe) obesity, and dependence on supplemental oxygen.</p>				

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	<p>During an interview on 2/17/22 at 8:32 AM, Infection Control Registered Nurse (ICRN) "FFFF" confirmed Resident #121 was unvaccinated and exposed to COVID-19 as several other residents on the unit tested positive for COVID-19 on 2/14/22. ICRN "FFFF" confirmed anyone entering Resident #121's room should wear an N95 mask, gloves, gown, and goggles or face shield. ICRN "FFFF" confirmed the resident in room 102 had Methicillin-resistant staphylococcus aureus (MRSA; bacterial infection) and Vancomycin-resistant Enterococci (VRE: bacterial infection) infection.</p> <p>Review of the facility's "Transmission Based Precautions (Isolation)" policy, revised 2/22/2021, stated, "It is the policy of this facility that Droplet Precautions shall be used in addition to standard precautions for residents with infections that can be transmitted by droplets ...Droplets may be generated by the resident's coughing ...1. Use Standard Precautions PLUS ...3. Mask ...4. Eye Protection should be worn when entering a resident's room (e.g. (for example) goggle or face shield)."</p> <p>Review of the Centers for Disease Control and Prevention's "Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19" (Form CS 316124-A), dated 06/03/2020, stated, "Perform Hand hygiene using hand sanitizer ...Put on isolation gown ...Put on NIOSH (National Institute of Occupational Safety and Health)-approved N95 filtering facepiece respirator or higher (use facemask if a respirator is not available) ...Put on face shield or goggles ...Put on gloves ...HCP (Health Care Provider) may now enter patient room." and "Doffing (taking off the gear): ... Remove gloves ...Remove Gown ...HCP may now exit patient room ...Perform hand hygiene."</p>				

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	<p>Review of the Centers for Disease Control and Prevention's personal protective equipment (PPE) sequence document (CS250672-E), undated, stated, "Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE".</p> <p>Review of the Centers for Disease Control and Prevention's hand hygiene/glove use information (www.cdc.gov/handhygiene/providers/index.html), undated, "Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment." and "When to Perform Hand Hygiene?...Immediately after glove removal".</p> <p>Resident #107</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #107, with a reference date of 1/26/20 revealed Resident #107 required extensive assistance of 2 people for personal hygiene.</p> <p>Review of Resident #107's "Kardex" revealed, "...Clean peri-area with each incontinence episode ..."</p> <p>Review of Resident #107's "Progress Note" dated 1/26/2022 at 14:44 (2:44 P.M.) revealed, "...recently hospitalized and treated for acute metabolic encephalopathy, AKI (acute kidney injury), and UTI..."</p> <p>During an observation on 2/18/22 at 10:54 A.M. Resident #107 was lying in bed on her back. CNA "MM" and CNA "T" were in the room to provide cares. CNA "MM" checked Resident #107's brief and noted that it was saturated with urine and feces and stated, "...we gotta get her cleaned up..." CNA "MM" donned gloves and pulled down the front of Resident #107's brief, a</p>			

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	<p>large amount of soft feces was noted in the pubic area. CNA "MM" washed and dried Resident #107's upper body and dressed her with a clean gown. CNA "MM" then used disposable wipes to wipe and push the feces down between Resident #107's legs. CNA "MM" did not attempt to clean Resident #107's vaginal folds, and did not spread her legs to adequately clean the perineum (area between genitals and anus). CNA "T" then turned Resident #107 to her left side, and CNA "MM" cleaned the feces off of her bottom and remove the soiled brief and bedding. CNA "MM" did not remove her soiled gloves. CNA "MM" placed a clean brief and bedding under Resident #107, and then placed her soiled gloved hands on Resident #107's shoulder and leg to assist with positioning Resident #107 onto her back. CNA "MM" liberally applied a white cream to Resident #107's entire peri-area. CNA "MM" did not change gloves before moving from a dirty to a clean area, and did not adequately clean the genital area during incontinence care.</p> <p>During an interview on 2/18/22 at 11:17 A.M. CNA "MM" stated, " ...normally I change my gloves after peri-care ...I didn't until we were done ..." CNA "MM" reported that Resident #107 had no concerns with urinary tract infections (UTI's).</p> <p>Resident #129</p> <p>Review of an "Admission Record" revealed Resident #129 was originally admitted to the facility on 2/13/20, with pertinent diagnoses which included contractures (inability to move) of the right and left upper extremities.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #129, with a reference date of 2/10/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 2, out of a total</p>			

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	<p>possible score of 15, which indicated Resident #129 had severe cognitive impairment. Review of the "Functional Status" revealed that Resident #129 required extensive assistance of one person for personal hygiene.</p> <p>Review of Resident #129's "Care Plan" revealed, "...FOCUS: The resident has bladder incontinence Date Initiated: 02/14/2020...INTERVENTIONS:...Clean peri-area with each incontinence episode Date Initiated: 02/14/2020. FOCUS: The resident has a Urinary Tract Infection...Resolved Date: 06/13/2021..." It was noted that Resident #129 had a history of UTI.</p> <p>During an observation on 2/24/22 at 2:13 P.M. CNA "BBB" entered Resident #129's room with linen to provide cares. CNA "BBB" then cleaned Resident #129's front private area with a wash cloth, using up and down strokes and did not clean the genital folds or spread her legs to effectively clean the perineum (area between the genitals and anus). Resident #129 was then rolled on her left side and a large amount of feces observed in the brief and between the fold of buttocks. CNA "BBB" used the brief to wipe away the feces, then "Hospice Registered Nurse" (HRN) "WW" entered the room and assisted with incontinence care, cleaned Resident #129's buttocks and applied aloe cream. CNA "BBB" stepped away from the bed, did not remove soiled gloves, and retrieved oral swabs and Resident #129's deodorant from the nightstand. CNA "BBB" applied deodorant, performed oral care and dressed Resident #129 in a clean gown, all wearing the same gloves used during incontinence care. CNA "BBB" did not change gloves before moving from a dirty to a clean area, and did not adequately clean the genital area during incontinence care.</p>				

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	<p>In an observation on 2/15/22 at 4:40 AM., noted a sit to stand lift parked near room 711. The base of the lift was soiled with dust, debris and food crumbs. Near the sit to stand lift noted a medication cart near room 709. The laptop computer keyboard was visibly soiled with dust, food crumbs in crevasses and and overall grimy substance on the keyboard and mouse-pad on the laptop. Parked near room 706 was a sit to stand, the base where residents plant their feet to stand, was soiled with dust, debris and food crumbs.</p> <p>In an observation on 2/15/22 at 4:50 AM., noted on 600 unit 2 sit to stands parked between rooms 618 and 616. The 1st sit to stand was visibly soiled on the base with dust, debris and food crumbs. The 2nd sit to stands foot base, had an area that had broken/chipped off. The size of the chipped off base was approximately 4 inches wide by 5 inches long. Noted the area where the chipped off piece of the base was rust and sharp edges. The base was also noted to be soiled with dust, debris and food crumbs.</p> <p>In an observation on 2/15/22 at 5:00 AM., noted 2 (two) 3-shelf beverage cart across from room 614. The beverage carts were loaded on all 3 shelves with with plastic silverware, half eaten meals in styrofoam containers (which some lids were open) the top shelf of one cart had a local pizza company box on top of it, with left over pizza crusts inside the half opened box. The beverage carts also both had items such as food, straw wrappings, open containers of food (dinner meals). observed the carts which were also heavily soiled with food crumbs, and grimy handles.</p> <p>During an interview on 2/15/22 at 5:10 AM., "Licensed Practical Nurse" (LPN) "SS" reported she thinks the the food carts are from last nights dinner.</p>				

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	<p>In an observation on 2/15/22 at 7:15 AM., noted on the 100 hall a vitals machine (takes vital signs of residents) near room 110. The vitals machine was visibly soiled on the base with dried liquid spillage, and the finger probe (measures blood oxygen levels) had crusted substances in it. another vitals machine was noted near room 108 which was also visibly soiled.</p> <p>In an observation on 2/15/22 at 7:45 AM., noted a sit to stand lift near room 113 the base of the lift was visibly soiled with dust, debris and food crumbs.</p> <p>In an observation on 2/15/22 at 1:17 PM., noted a sit to stand lift parked outside room 624. The base of the lift was soiled with food crumbs, dust and debris. The blue knee pad area was noted to have dried, crusted substances on it in various areas.</p> <p>In an observation on 2/15/22 at 1:20 PM., noted monitors on the 200, 600, and 700 halls attached to the walls for "Certified Nurse Aide" (CNA) charting. The monitors (screens) were all noted to soiled with many fingerprints which left smudges, grimy/greasy prints, and dried stuck on substances on the screens.</p> <p>In an observation on 2/15/22 at 1:45 PM., the spa on the 600 unit was observed, the privacy curtain for the shower was heavily soiled, a large brown dripping/splatter of what appeared to be to be feces was noted on one of the privacy curtains approximately 3 ft up in the middle of the curtain. All 3 curtains were noted to be visibly soiled. A bath chair was noted to be heavily soiled which was a "lift" style bath chair. The back of the seat had a buildup of "soap-scum" numerous areas of the bath chair were noted to be visibly soiled. The chair cushion was torn on the left side. On the chairs cushion seat were stains, and on the underside of the cushion were stains which</p>				

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	<p>appeared to be feces and urine. The bath-tub was noted to have random items, a white hanger, a large garbage top lid, a corner piece of plastic (that protect the corners of walls) was in the tub. The tub itself was visibly soiled. The corner protective piece had dust, debris, hair, and particles of unknown substances stuck to the glue which was still on the corner piece. The wall between the toilet and shower was noted to be missing the corner piece. The wall had cracked tile near the floor, and on side of the corner of the wall was noted to have a protective piece of plastic which was chipped off of the bottom exposing the tile which also was broken off, down to the drywall. The wall appeared to be rotted away. The overall tile throughout the bathroom had many areas of missing tile pieces, broken, chipped and the room itself had a dingy, dirty appearance.</p> <p>In an observation on 2/15/22 at 1:58 PM., observation of the shower room on 600 unit. The toilet seat was noted to have yellow, dried urine stains on the bottom of the seat. noted on the window ledge a resident set of hand braces/grippers. Observed the shower bed which had a mesh white pad that residents lay on, in the middle of the mesh pad noted a small ball of feces as well as feces smeared on the mesh part of shower bed near the middle of the mesh padding.</p> <p>During an interview/observation on 2/15/22 at 2:05 PM., "Housekeeper" (Hsk) "ZZZ" who entered the shower room on the 600 unit. Hsk "ZZZ" reported the environmental services staff (EVS-Housekeeping) clean resident rooms, common areas, shower/bath rooms and anything else that needs to be cleaned. Hsk "ZZZ" reported if anyone notices something soiled, or needs cleaning staff is to notify the EVS staff, and they will assist in cleaning it up. Hsk "ZZZ" reported the resident shard equipment such as: lifts, sit to stand and hoyer lifts, vital machines and any</p>				

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	<p>items used during "cares" for residents are to be cleaned and sanitized by the nursing staff. Hsk "ZZZ" reported it is the responsibility of any staff who makes a mess, to clean up after themselves. Hsk "ZZZ" reported she is in the shower room to clean it at this time.</p> <p>During an observation on 2/15/22 at 4:40 PM., observed the shower room on the 600 hall. Observed the shower bed which had a mesh white pad that residents lay on, in the middle of the mesh pad noted a small ball of feces as well as feces smeared on the mesh part of shower bed near the middle of the mesh padding. This observation was of the same observation of the shower bed with mesh white pad, with the feces in the same spot.</p> <p>In an observation on 2/16/22 at 10:48 AM., observed on the 600 unit the computer screen attached to the wall next to room 626. The screen was heavily soiled with fingerprints, and dried crusted substances.</p> <p>In an observation on 2/16/22 at 10:55 AM., observed the shower room on the 600 hall. Observed the shower bed which had a mesh white pad that residents lay on, in the middle of the mesh pad noted a small ball of feces as well as feces smeared on the mesh part of shower bed near the middle of the mesh padding. The privacy curtain next to the shower bed was visibly soiled in many areas with stains, and dark marks, it was also draped across the shower bed which had feces on the white mesh material. This observation was of the same observation of the shower bed with mesh white pad, with the feces in the same spot.</p> <p>In an observation on 2/16/22 at 11:10 AM., observed a vitals machine next to room 622. The finger probe was visibly soiled with a grimy</p>				

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	<p>feeling and had dried crusted substance in the crevasse.</p> <p>In an observation on 2/16/22 at 1:15 PM., observed a wheelchair (w/c) on the 600 hall noted to be heavily soiled with a white substance on the left wheel. Observed dried spillage on the seat cushion which was noted to be visibly soiled. The frame of the w/c was heavily soiled within the crevasses with food crumbs, dust and debris.</p> <p>In an observation on 2/16/22 at 1:35 PM., A sit to stand lift was parked in the doorway to the west dining room the lift was noted to be soiled on the base, the arm rest was noted to have a piece of the hard/cushion chipped/torn off exposing a hard sponge like material. The sit to stands foot base, had an area that had broken/chipped off. The size of the chipped off base was approximately 4 inches wide by 5 inches long. Noted the area where the chipped off piece of the base was rust and sharp edges. The base was also noted to be soiled with dust, debris and food crumbs.</p> <p>During an interview on 2/16/22 at 1:40 PM., CNA "ZZ" reported nursing staff wipe lifts, hokers lifts and vital machines before and after each use. CNA "ZZ" reported 3rd shift is suppose to clean them weekly. CNA "ZZ" reported the lift which has the chipped areas on the arms, and base should not be in use due to the fact a residents could get cut from the rust/sharp edge on the foot base.</p> <p>In an observation on 2/17/22 at 11:45 AM., noted a computer monitor on the wall by room 512. The screen was heavily soiled with grimy fingerprints, dried stuck on substances and an overall soiled appearance. noted a dried "splatter" of a liquid across the right lower side of the monitor. A vitals machine was parked next to room 512, the electronic face of the machine was visibly soiled.</p>			

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	<p>The finger probe was noted to be heavily soiled inside, as well as in the crevasses of the finger probe (measures blood oxygen levels in the blood).</p> <p>In an observation on 2/17/22 at 11:55 AM., observed a high-back wheelchair in room 625. the w/c was noted in bathroom, and on the seat was a small (half dollar size) piece of grilled cheese sandwich on right side. The seat of the w/c had food crumbs all over it, as well as in the crevasses. The arms of the w/c were visibly soiled.</p> <p>In an observation on 2/17/22 at 3:50 PM., observation of the shower room on the 600 hall. The shower bed made of PVC had mesh covering on it. (this observation is the same observation initially made on 2/15/22 at 1:58 PM and again on 2/16/22 at 10:55 AM). The shower curtain hung was still slung over the shower bed, but the white mesh on the bed was now covered with a blanket. This surveyor pulled the blanket back, and the small ball of feces, and smears were all still present as in previous observations of this shower bed.</p> <p>In an observation on 2/17/22 at 4:30 PM., observed a sit to stand lift parked next to room 616. The base of the lift was heavily soiled with debris and food crumbs.</p>				