

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>634021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVERGREEN HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>19933 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48076</b>	
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F0000 SS=	INITIAL COMMENTS  Evergreen Health and Rehabilitation Center was surveyed for an annual Recertification and survey on 5/26/22.  Intakes: MI00128160  Census = 140	F0000		
F0550 SS= D	Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and	F0550	1Resident 52 remains at facility in stable condition. Resident #52 immediately provided ADL care, including face and hands cleansed, incontinence care provided and brought to day room to participate in activities. Resident #99 remains at facility in stable condition. Resident # 99 immediately provided ADL care, including face and hands cleansed, incontinence care provided and brought to day room to participate in activities. Resident 22 remains at facility in stable condition. Resident #22 immediately provided ADL care, including face and hands cleansed, incontinence care provided and brought to day room to participate in activities. 2. All current residents requiring assistance with ADL including face and hands cleansed, incontinence care provided to ensure all residents are treated in a dignified manner to prevent potential feeling of embarrassment and diminished self-image. Identified residents plan of care were reviewed, updated and implemented to reflect individual preference for activities. 3. Facilities Policy Promoting and Maintaining Resident Dignity was reviewed and deemed appropriate. CNA GG and JJ were provided 1:1 re-education on Facilities Policy Promoting and Maintaining Resident Dignity. All direct care staff were re-educated on this policy specifically ensuring residents are	7/6/2022

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

TITLE

(X6) DATE

Electronically Signed

06/14/2022

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>reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: Collins-Meron, Chery</p> <p>Based on observation, interview, and record review, the facility failed to ensure three (R52, R99, and R22) of four residents reviewed for dignity were treated in a dignified manner, resulting in R52 and R99 remaining covered in food from lunch for approximately four hours and R22 sitting with a puddle of urine underneath their wheelchair. Findings include:</p> <p>On 5/23/22 at approximately 12:30 PM, R52, R99, and R22 were observed seated in the small dining room across from the nurses' station on the Anna's Place unit waiting for lunch to be served.</p> <p>On 5/23/22 at 2:32 PM, the following was observed in the small dining room on Anna's Place unit:</p> <p>R52 was observed, seated at a table alone. Their face and hands were covered with food. The table R52 was seated at was dirty with food from lunch. R52 was observed rubbing their hands into the spilled food on the table and talking nonsensically. The floor was observed with multiple plastic lids, garbage, food, and spilled liquid. R52 talked nonsensically, banged on the table, and sang loudly.</p> <p>R99 was observed seated in a reclined geriatric chair (geri-chair) at a table with R22. R99 had brown, chocolate-like substance dripping from their nose. Their beard was covered in the brown</p>				<p>provided ADL care, including face and hands are cleansed and are offered and provided activities. Education included to focus on the physical environment to ensure it is clean. Nurse Manager/ Shift Supervisors/Designee is to monitor nursing assignments for completion every shift daily according to Facility's policy to ensure all residents are treated in the most dignified manner.</p> <p>4. To ensure continued compliance Director of Nursing (DON) or designee will conduct random audits and interviews of 20 residents per week for 4 weeks and monthly thereafter to ensure residents are assisted with ADL care, including face and hands cleansed, incontinence care provided and activities are offered and provided. until Facilities Quality Assurance Project Improvement Committee determines substantial compliance. DON is responsible for compliance.</p>		

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	<p>liquid and other food. R99's arm was covered in the chocolate-like substance. When addressed, R99 did not respond.</p> <p>R22 was observed seated in a wheelchair at a table with R99. R22 repeatedly asked "What is the chance of survival for the baby?" and "Can you stay longer?"</p> <p>On 5/23/22 at 3:20 PM, R52 remained at the same table in the small dining room. The food remained on R52's face, hands, and table. The spilled liquids remained on the floor. R99 remained at the same table and had not been cleaned up. Brown, chocolate-like liquid dripped from R99's nose, saturated their beard, and was covering their arm. R22 remained at the same table in a wheelchair and asked if "anyone was going to give my daughter a proper burial".</p> <p>On 5/23/22 at 3:32 PM R52 continued to talk to self with no interaction from staff. R52 remained in the same condition, with food on their hands and face, food on the table, and spilled liquid on the floor. R99 remained in the same condition and had not been cleaned up or moved from the small dining room.</p> <p>On 5/23/22 at 4:40 PM, R52, R99, and R22 remained in the small dining room, seated at the same tables they had been at since 12:30 PM. R52 talked to their self and was still covered in food from lunch. R99 remained in the geri-chair and was still covered in food from lunch. R22 was positioned poorly in the wheelchair with their buttocks toward the edge of the seat. A puddle of liquid was observed underneath the wheelchair that had not been there during previous observations and appeared to be urine. When queried if they had been taken to the bathroom, R22 reported she had not and that she was uncomfortable.</p>				

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	<p>During all observations no staff were observed to be in the small dining room with R52, R99, and R22.</p> <p>On 5/23/22 at 4:50 PM, Registered Nursing (RN) 'OO' entered the small dining room. When queried about the condition of R22, RN 'OO' reported she needed to be taken to the bathroom and was not in a safe position in the wheelchair. RN 'OO' reported the afternoon shift began at 3:00 PM and the day shift Certified Nursing Assistants (CNAs) were responsible to cleaning up residents after lunch and ensuring incontinence care (checking and changing briefs) was completed at least every two hours. RN 'OO' did not have an explanation as to why the afternoon shift had not yet checked on R52, R99, and R22 in the small dining room almost two hours into their shift.</p> <p>On 5/24/22 at 10:42 AM, CNA 'GG' (who was assigned to Anna's Place unit on 5/23/22 during the day shift) was interviewed. When queried about why R52, R99, and R22 sat in the small dining room unattended from lunch time until 4:50 PM, CNA 'GG' reported there were only two CNAs working on that unit and they did the best they could. When queried about whether CNA 'GG' asked for assistance from anyone else due to being unable to tend to all their residents, CNA 'GG' stated, "They know when we are short."</p> <p>On 5/24/22 at approximately 10:50 AM, CNA 'JJ' (who was assigned to Anna's Place unit on 5/23/22 during the day shift) was interviewed. When queried about why R52, R99, and R22 sat in the small dining room unattended from lunch time until 4:50 PM, CNA 'JJ' reported they were short on staff on 5/23/22. When queried about whether CNA 'JJ' reached out to anyone to assist them with task they were unable to complete, CNA 'JJ' reported the managers knew they were</p>				

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	<p>short staffed.</p> <p>On 5/25/22 at 2:13 PM, the Director of Nursing (DON) was interviewed. The above observations were shared with the DON who reported the CNAs were responsible to clean up the residents and provide incontinence care, however, "any nurse, myself, or anyone can assist".</p> <p>Review of R52's clinical record revealed R52 was admitted into the facility on 7/1/20 with diagnoses that included: Alzheimer's Disease. Review of a Minimum Data Set (MDS) assessment dated 4/1/22 revealed R52 had severely impaired cognition, physical and verbal behaviors, was totally dependent on staff for toilet use, and was always incontinent.</p> <p>Review of R99's clinical record revealed R99 was admitted into the facility on 4/21/21 with diagnoses that included: convulsions, dementia, and moderate intellectual disabilities. Review of a MDS assessment dated 4/29/22 revealed R99 had severely impaired cognition and required physical assistance of at least two staff members for toilet use and was frequently incontinent.</p> <p>Review of R22's clinical record revealed R22 was admitted into the facility on 8/27/21 with diagnoses that included: dementia, anxiety disorder, and psychotic disorder. Review of a MDS assessment dated 2/25/22 revealed R22 had severely impaired cognition, required extensive physical assistance for toilet use, and was always incontinent.</p> <p>Review of a facility policy titled, "Promoting and Maintaining Resident Dignity", issued on 1/2018, revealed, in part, the following: "It is the practice of this facility to protect and promote resident right and treat each resident with respect and dignity as well as care for each resident in a</p>						

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F0578 SS= D	<p>manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality...All staff members are involved in providing care to residents to promote and maintain resident dignity..."</p> <p>Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such</p>	F0578	<p>1. Resident # 128 was discharged to the community in stable condition. Resident's # 128 Do-Not - Resuscitate (DNR) order was reviewed. Resident's # 128 code status was updated to DNR in Resident's # 128 electronic medical record to accurately reflect Resident's # 128 Advance Directive wishes.</p> <p>2 All current residents' Advance Directives and DNR orders were reviewed by Director of Social Services to ensure all residents have correct code status in their electronic medical record according to their wishes.</p> <p>3.Facility Policy Advance Directives reviewed and deemed appropriate. Nurse 'N' was provided with 1:1 re-education on Facilities Policy Advance Directives. All Social Workers, Physicians, Admissions Department and Licensed nurse were educated on policy to ensure all Advance Directives and DNR status are followed and proper documented per residents and legal representative wishes. Admission Department is to clarify with every new resident about their wishes for Advance Directive. Admission Department is to notify Nursing Supervisor and Social Worker immediately if resident has DNR order. At this time Nursing Supervisor is to update residents' code status in residents' electronic medical record per residents' wishes.</p> <p>4. To ensure continued compliance Director of Social Services/Designee will audit 3 resident's Advance Directives and DNR paperwork from each nursing unit weekly for 4 weeks and then monthly thereafter until Facilities Quality Assurance Project Improvement Committee determines</p>		7/6/2022

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	<p>information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure accurate advance directive information, including a physician order for a Do-Not-Resuscitate (DNR) was in place for one (R128) of one resident reviewed for advance directives.</p> <p>Findings include:</p> <p>According to the facility's policy titled, "Advanced Directive" dated 4/1/22:</p> <p>"...If the resident has provided to the Facility ...an Advance Directive ...it is the policy of the Facility to recognize and comply with the resident's wishes found in these documents ..."</p> <p>Review of R128's clinical record included a code status banner at the top of the electronic record that indicated the resident's code status was "Full Cardiopulmonary Resuscitation (CPR)".</p> <p>Review of the actual advance directive form signed and dated by R128 on 5/4/22 and the physician on 5/12/22 documented R128's code status was to be a DNR.</p> <p>Further review of the clinical record revealed</p>				<p>substantial compliance. Director of Social Services is responsible for compliance.</p>		

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	<p>R128 was admitted into the facility on 5/2/22 with diagnoses that included: acute on chronic diastolic heart failure, chronic kidney disease stage 4 (severe), bilateral primary osteoarthritis of knee, primary pulmonary hypertension, anemia, trigeminal neuralgia, hyperlipidemia, malignant neoplasm of thyroid gland, and dependence on renal dialysis.</p> <p>According to the Minimum Data Set (MDS) assessment dated 5/8/22, R128 had intact cognition and had no communication concerns. Per the profile information, R128 was their own responsible party.</p> <p>On 5/24/22 at 1:13 PM, an interview was conducted with Nurse 'N' who was currently assigned to R128. When asked what documentation was reviewed to determine a resident's code status in the event of an emergency, Nurse 'N' reported they would look at the electronic medical record (EMR) and at that time, confirmed R128's code status was full CPR. When asked to clarify if that meant resuscitation would be provided in the event it was necessary, Nurse 'N' reported "Yes". When asked to review the advance directive documentation available in the EMR, Nurse 'N' confirmed R128 and the physician signed the DNR form, but the physician order had not been written as of this review.</p> <p>On 5/24/22 at 1:22 PM, an interview was conducted with the Director of Nursing</p>				



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F0600 SS= D	<p>(DON). When asked what the facility's process was to change from a full code to DNR, the DON reported the process should be immediately when the DNR is implemented and when the form was signed, the physician should write the DNR order. The DON was informed of the concern about the resident's advance directives and reported they would follow up immediately. The DON was also asked to clarify which physician signed the DNR, as the name was illegible, but there was no further clarification provided by the end of the survey.</p> <p>Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake Number MI00128160.</p> <p>Based on interview and record review, the facility failed to ensure one (R33) of one resident reviewed for abuse did not</p>		F0600	<p>Resident # 33 no longer resides at facility. Resident has met her goals and successfully discharged home back into the community.</p> <p>2. All residents assessed for signs or symptoms of abuse with no findings of any type of abuse. Resident #33 was assessed with no negative outcomes and placed on q shift documentation to monitor any changes in psychosocial well-being. Associate suspended pending investigation. This CNA is no longer an associate of Evergreen Health Care and Rehabilitation R/T insensitivity to resident's needs.</p> <p>3. Facility Policy Abuse Program: Elder Justice Act (Abuse, Neglect, Mistreatment, Misappropriation, Suspicion of Crime, Investigation and Reporting reviewed and deemed appropriate. All staff re-educated on this policy with focus on body language, tone of voice and insensitivity to resident's needs.</p> <p>4. To ensure continued compliance Director of Nursing or Designee will interview 20 staff members for four weeks then monthly thereafter to ensure competency in Facility Abuse Policy until Facilities Quality Assurance</p>		7/6/2022	

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	<p>experience verbal abuse from staff. Findings include:</p> <p>Centers for Medicare and Medicaid Services (CMS) define Mental and Verbal abuse as the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation.</p> <p>Review of a facility reported incident (FRI) reported to the State Agency revealed on 4/11/22, R33's family member reported a Certified Nursing Assistant (CNA) stated, "I hated coming in this room, you all have put that light on and I have more than one person to take care of."</p> <p>Review of a facility policy titled, "Abuse Program: Elder Justice Act (Abuse, Neglect, Mistreatment, Misappropriation, Suspicion of Crime, Investigation, and Reporting) revealed, in part, the following: "It is our policy to maintain an environment free of abuse and neglect. The resident has the right to be free from verbal...abuse...Verbal Abuse: defined as use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families or within their hearing distance to describe residents regardless of their age, ability to comprehend, or disability. Examples of Verbal Abuse: ...Use of disparaging...terms..."</p>		<p>Project Improvement Committee determines substantial compliance. Director of Nursing is responsible for compliance.</p>		

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	<p>Review of R33's clinical record revealed R33 was admitted into the facility on 3/11/22 and discharged on 5/13/22 with diagnoses that included: cerebral infarction, congestive heart failure, type 2 diabetes, and post-traumatic stress disorder. Review of a Minimum Data Set (MDS) assessment dated 3/17/22 revealed R33 had intact cognition.</p> <p>Review of the facility's investigation into the allegation of verbal abuse revealed the following:</p> <p>An "Investigation Summary" documented, "on 4/11/22 4:30 (PM) (R33's) daughter voiced to...Assistant Director of Nursing (ADON) and Director of Nursing (DON) that the CNA her mother had today was very rude. She said this CNA stated, 'I hated coming in this room'. Also, was in the hallway yelling, 'I hate this room@ you all put that light on and I have more then &lt;sic&gt; on &lt;sic&gt; person to take care of'. (R33's family member) notified us that this CNA toileted resident, placed her in bed and told her mother she needs to stay there. (R33's family member) also notified us that she brought in a mirror for her mother and this CNA tossed it in the chair...Investigation: ...(R33) was interviewed by Director of Social Services (SW 'MM') and resident stated that she did hear (CNA 'NN') state the above concerns. Resident's roommate...also interviewed by (SW 'MM') and validated she heard (CNA 'NN') the above concerns...Facility is unable to substantiate any allegation of alleged</p>				

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	<p>abuse or any deficient practice. Even though allegation of abuse was not substantiated as a proactive measure facility has terminated this CNA because this conduct was against companies' &lt;sic&gt; mission statement..."</p> <p>A typed statement signed by SW 'MM' documented, "Re: (R33's roommate) Writer, (SW 'MM'), met with patient regarding CNA concerns. Patient voiced CNA was standing outside of her room in ear shot talking about how she did not like 'this room'..." R33's roommate was no longer a resident at the time of the survey and therefore an interview was not conducted.</p> <p>On 5/26/22 at 11:45 AM, the DON was interviewed. When queried about what occurred between CNA 'NN' and R33 on 4/11/22, the DON reported the ADON brought to her attention that R33's family member made a complaint about CNA 'NN'. The DON reported that R33 and R33's roommate both validated that they heard CNA 'NN' talking in the hallway about how she 'hated that room' and had more than one person to take care of. The DON reported CNA 'NN' was terminated after the investigation was complete.</p> <p>On 5/26/22 at 12:54 PM, the Administrator, who was designated as the facility's Abuse Coordinator, was interviewed. When queried as to how it was determined the abuse allegation was unsubstantiated when it was confirmed to have happened by R33's family</p>						

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F0677 SS= E	<p>member, R33, and R33's roommate, the Administrator reported R33 did not have a negative effect, but they terminated CNA 'NN' because they did not want to continue the employment due to the CNA 'NN''s behavior. When queried about the definition of verbal abuse, the Administrator reported she did not consider it verbal abuse.</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>Based on observation, interview and record review, the facility failed to ensure dependent residents were consistently provided with fingernail care and facial hair removal for four (R35, R241, R243, and R247) of 11 residents reviewed for Activities of Daily Living (ADLs), resulting in dissatisfaction with hygiene and grooming, long jagged fingernails, unshaven facial hair, and delayed incontinence care. Findings Include:</p> <p>Resident 35</p> <p>On 5/23/22 at 1:35 p.m., R35 was observed to have very long fingernails. When asked the last time they had a shower or a bath, R35 stated they had a shower yesterday (5/22/22) but was not offered to have their nails</p>		F0677	<p>1. Resident #35 resides at facility in stable condition. Resident 35 immediately provided shower and ADL care needs met including finger nails care and shaving facial hair. Resident 247 resides at facility in stable condition. Resident # 247 provided shower and ADL care needs met including finger nail care and facial hair shaved. Resident #243 resides at facility in stable condition. Resident # 243 provided shower and ADL care needs met including finger nail care and facial hair shaved. Resident 241 resides at facility. Resident # 241 provided shower and ADL care needs met including fingernail care and shaving facial hair.</p> <p>2. All residents that are dependent on ADL care have been reviewed to ensure all residents are consistently provided assistance with activities of daily living and ADL care needs are met including finger nail care and facial hair shaved.</p> <p>3. CNA QQ, CNA TT, CNA UU, LPN RR, LPN WW and nurse J provided 1:1 education on ADL care including nail care, facial grooming, and nail care with showers and PRN. All direct care staff were educated on ADL care which must be provided to Dependent residents to ensure all residents are consistently provided assistance with activities of daily living to ensure care needs are met. Nurse</p>		7/6/2022	

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	<p>clipped. When asked if they were offered do they want their fingernails clipped, R35 stated, "Yes."</p> <p>Review of the clinical record revealed R35 was admitted into the facility on 3/12/22 and readmitted on 5/10/22 with diagnoses that include in part: Cerebral Aneurysm, Hemiplegia, Epilepsy, and Aphasia.</p> <p>The facility's ADL care plan initiated 5/11/22 revealed R35 "has an ADL self-care performance deficit r/t (related to) Activity Intolerance... Interventions/Tasks... Personal Hygiene/Oral Care: 1 person assist.</p> <p>On 5/25/22 at 10:27 a.m., R35 was observed in bed with fingernails still long. R35 stated, "They told me they were going to cut them a couple of days ago."</p> <p>On 5/25/22 at 10:40 a.m., during an interview with Certified Nursing Assistant (CNA) 'QQ', when asked if they were assigned to R35, CNA 'QQ' stated that they only worked at the facility two days a week and they bounce all over the building, they were familiar with R35. CNA 'QQ' further stated they gave R35 a shower about two weeks ago. When asked when nail care was provided for residents, CNA 'QQ' stated, "As needed."</p> <p>On 5/25/22 at 11:08 a.m., during an interview with Licensed Practical Nurse (LPN) 'RR', when asked about resident nail care, LPN 'RR' stated, "We (nurses) clip them (nails) when</p>				<p>Manager/Nursing Supervisor/Designee is to ensure nursing assignments are followed daily every shift and ADL care for every resident is completed per Facility's protocol. This ADL care includes but not limited to fingernail care, facial hair removal, showers and timely incontinent care. Nurse Manager/Nursing Supervisor/Designee is to ensure that Nursing Staff is to do daily walking rounds to monitor proper ADL care is provided for all residents.</p> <p>4. The DON or designee will randomly audit 20 residents per week for four weeks then monthly thereafter to ensure residents are consistently provided with activities of daily living to meet care needs including fingernail care and facial hair trimmed. Any concerns will be addressed immediately. The DON will report findings to Monthly QAPI Committee meeting. The Director of Nursing is responsible for ongoing compliance.</p>		

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	<p>you see they have grown. The only ones we don't do are diabetics... The nurses clip the nails. The CNAs don't do nails. The CNAs come tell us."</p> <p>Resident 241</p> <p>On 5/23/22 at 1:07 p.m., R241 was observed in bed with long grown facial hair (unkempt beard). When asked if they received routine showers, R241 stated, "Last Monday." When asked if staff offered to shave their facial hair, R241 stated, "I don't know how to get rid of it." At that time, R241 was also observed to have a buildup of matter on their teeth and long jagged fingernails.</p> <p>Review of the clinical record revealed R241 was admitted into the facility on 5/17/22 with diagnoses in part: Acute Respiratory Failure with Hypoxia, Chronic Kidney Disease, and Dependence on Supplemental Oxygen. A Brief Interview for Mental Status (BIMS) was conducted on 5/18/22 revealed R241 scored 15 out of 15 indicating intact cognition.</p> <p>The facility's ADL care plan initiated 5/18/22 revealed R241 "has an ADL self-care performance deficit r/t Activity Intolerance... Interventions/Tasks... Bathing/Showering: 1 person assist.</p> <p>A review of CNA Task documentation for bathing revealed R241 received a shower/bed bath on 5/23/22. Further review of CNA Task documentation for personal hygiene revealed</p>						

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	<p>ADL activity did occur on 5/19/22.</p> <p>On 5/25/22 at 11:20 a.m., R241 was observed in bed resting. R241 still had long grown facial hair. When asked if he wanted to be shaved, R241 stated, "You think they will?" The resident was told if that was what they wanted. R241 stated, "Yes..."</p> <p>On 5/25/22 at 11:25 a.m., during an interview LPN 'RR', was asked when residents were usually shaved. LPN 'RR' stated, "When they have a bath or shower. The aides usually do that."</p> <p>On 5/25/22 at 3:35 p.m., an interview was conducted with the Director of Nursing (DON). When asked about hair removal for residents who were dependent on staff for care, the DON stated, "The staff need to offer that (facial hair removal) when they are providing care."</p> <p>Resident 243</p> <p>ON 5/23/22 at 2:45 p.m., during a family interview, Family Member 'SS', stated, "There is someone (Family) here every day. We take two-hour shifts and leave around 7:45 p.m. for the day. Family Member 'SS' explained they had concerns about R243 being soaking wet when they arrived at the facility to visit that morning (5/23/22). Family Member 'SS' further reported on Friday 5/20/22, R243 was found lying in dried poop by another Family Member 'BBB' who was very upset, because</p>						



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	<p>R243 had dried poop underneath their fingernails and on their face... Family Member 'SS' stated they reported it to CNA 'TT' who was in the hall, and CNA 'TT' reported it to the nurse (Interim Nurse Manager 'J'), and they said they would look into it. Family Member 'SS' further stated, "We have not heard anything since then."</p> <p>On 5/23/22 at 3:09 p.m. during an interview, when asked about the reported lack of care, CNA 'TT' stated, "When I came in Friday (5/20/22) afternoon at 3:00 p.m., Family Member 'BBB' asked me who had R243 for the morning shift because when they came to visit, R243 had poop all under her nails, and they had to clean R243 up." CNA 'TT' further stated, Family Member 'BBB' told them that they had already cleaned R243 up and whoever (CNA 'UU') had F243 before, they did not want that CNA to have R243 anymore. CNA 'TT' further explained that they also cleaned the feces underneath R243's fingernails and told (Nurse 'J'), then (Nurse 'J') switched their assignment and CNA 'TT' took the hall for R243. CNA 'TT' confirmed Family Member 'BBB' was upset.</p> <p>Review of the clinical record revealed R243 was admitted into the facility on 5/6/22 with diagnoses that include in part: Cerebral Infarction, Neurologic Neglect Syndrome, Facial Weakness and Neurologic Neglect Syndrome. The Minimum Data Set (MDS) assessment dated 5/12/22 revealed R247 had a Brief Interview for Mental Status exam</p>				

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	<p>score of 6 out of 15 indicating severely impaired cognition and required extensive assistance to total dependence with two-person physical assist for ADLs.</p> <p>On 5/25/22 at 3:25 p.m., an interview was conducted with the DON about the reported incident. The DON stated, "I do not know anything about that at all...."</p> <p>On 5/25/22 at 3:55 p.m., during an interview, when asked about the reported incident, Nurse 'J' stated, "(CNA 'TT') came to me and said the family was upset that (CNA 'UU') had left R243 with stool on their hands and nails. I told (CNA 'TT') to go ahead and take over (R243's) care." When asked if they spoke to CNA 'UU' about what was reported, Nurse 'J' stated, "I think they had left for the day." When asked if they told anyone about what happened, Nurse 'J' stated, "I never witness any stool on the patient because they had already been cleaned up." When asked if they had told the DON, Nurse 'J' stated, "No I did not notify the DON. I did not know it was that serious. I would have gone in to talk to the family." When asked about the facility's protocol, Nurse 'J' stated, "The CNA is supposed to let the supervisor know. Then the supervisor will go and address the issue." Nurse 'J' was asked if they addressed the issue when they heard about it, and stated, "No I did not. The CNA only told me that there was stool under the resident's nails." Nurse 'J' further stated CNA 'TT' told me that family had some concerns about CNA 'UU'</p>						

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	<p>that had taken care of R243 before."</p> <p>On 5/25/22 at 4:47 p.m., an interview was conducted with the Administrator who explained that the facility had Customer Service that comes in seven days a week... "If the CNA ('UU') failed to provide the care, then that is a problem."</p> <p>Resident 247</p> <p>During an observation on 5/23/22 at 3:03 p.m., R247 was in bed with swollen/blistered/bruised hands and fingers. R247 stated they had surgery... Resident 247's fingernails were exceptionally long. When asked if they had a shower or bed bath since their admission into the facility, R247 stated, "I had one (bed bath) before I left the hospital." When asked if they want their fingernails clipped, R247 stated, "They are long. I didn't have a chance to get them done before I went into the hospital, because I got sick."</p> <p>Review of the clinical record revealed R247 was admitted into the facility on 1/13/21 before a readmission on 5/21/22 with diagnoses that included Vascular Implants and Grafts, Acute Embolism and Thrombosis, Rhabdomyolysis, Dementia, and Obesity. The record further revealed R247 had a BIMS score of 10 out of 15 indicating moderately impaired cognition.</p> <p>The facility's care plan initiated 5/21/22</p>				

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	<p>revealed "The resident has an ADL self-care performance deficit r/t ADL... abilities will fluctuate between therapy staff and nursing staff... Assist with ADLs: eating, toileting, personal hygiene, bathing, bed mobility and wheelchair mobility q (every) shift and PRN (as needed)..."</p> <p>Review of the CNA Task (Personal Hygiene: Self Performance) documented R247 received care from 5/21/22 to 5/25/22 for hygiene (including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands...</p> <p>On 5/24/22 at 12:40 p.m., R247 was sitting in a wheelchair with their lunch tray on an overbed table. R247 stated, "I had a shower this morning." When asked if staff offered to clip their long fingernails, R247 stated, "No. I need them cut."</p> <p>On 5/25/22 at 9:55 a.m., R247 was in bed resting. R247 stated, "The foot doctor came in and cut my toes nails. I told him about my fingernails..." R247 further stated, "I want them (fingernails) cut off..."</p> <p>On 5/25/22 at 10:00 a.m., during an interview with R247's assigned CNA 'VV', when asked if R247 received a shower/bath, CNA 'VV' stated, "I gave R247 a bed bath." CNA 'VV' was asked to explain what was included in a bed bath. CNA 'VV' stated, "It covers from head to toe, lotion, dressed if able brushed their teeth or swab them if they let me,</p>						

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	<p>change linen if necessary if it is not their shower day." When asked about nail care, CNA stated, "Fingernails are basically every day. It should be done whenever you see them, but with her hands swollen and bandaged, I feel the nurse should do that."</p> <p>On 5/25/22 at 10:06 a.m., during an interview with LPN 'WW', when asked if they were assigned to R247, LPN 'WW' said, "Yes." When asked who was responsible for nail care, LPN 'WW' stated, "It is a shared responsibility... I was not aware."</p> <p>On 5/25/22 at 10:20 a.m., during an interview Unit Manager (UM) 'P', was asked when should nail care be provided to residents. UM 'P' stated, during showers, baths, or upon request."</p> <p>On 5/25/22 at 3:20 p.m., an interview was conducted with the DON. The DON explained we (staff) should have completed it (nail care). If R247 had a bed bath or shower, you do nail care at that time."</p> <p>A review of the facility's policy titled "Activities of Daily Living" dated 04/01/2022 documented the following: "Policy: ... Resident needs for ADL care will be met according to resident specific care plan. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care... Compliance Guidelines... 4). A resident who is unable to carry out activities of daily living</p>				

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F0679 SS= E	<p>will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene..."</p> <p>Activities Meet Interest/Needs Each Resident §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide individualized, meaningful, and scheduled activities for four (R22, R52, R62 and R99) of four residents reviewed for activities resulting in feelings of loneliness, boredom, decreased quality of life and the potential for depression, falls and behaviors. Findings include:</p> <p>R62</p> <p>During an observation on 5/23/22 at approximately 3:30 PM, R62 was sleeping in bed with the television playing and a walker near the bed.</p>	F0679	<p>1 Resident # 62 participates in group activities including but not limited to ice cream social and Bingo as per their Recreational Therapy Referral Form. Resident # 62 is provided with daily written activity schedule/calendar so Resident # 62 is well informed about daily scheduled activities. Resident # 62 is assisted to group activities to ensure it is not missed. Resident # 62 Activity plan of care (POC) was reviewed and updated. Response history of the POC indicates that resident participates in scheduled group activity. Resident # 62 verbalized satisfaction with scheduled activity and did not express feelings of loneliness when interviewed by Administrator. Resident # 52 hands and face were cleaned. Resident # 52 received incontinent care and hygiene care per facility policy. Resident # 52 clothing were changed to clean clothing. Resident # 52 was repositioned in the wheel chair to ensure comfort. New Activity Assessment was conducted for Resident # 52. Activity Plan of Care was reviewed and updated to ensure Resident # 52 receives individualized, meaningful and scheduled activities per plan of care to avoid feelings of loneliness, boredom, decreased quality of life and the potential for depression, falls and behaviors. Resident # 52 was seen by Physician. Resident # 52 remains in facility in stable condition. Staff is engaged with Resident # 52 regularly per facility policy and per Resident # 52 plan of care to make sure structured activities are provided regularly. Resident # 99 hands and face were cleaned. Resident # 99 received incontinent</p>	7/6/2022			

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	<p>During an interview on 5/24/22 R62 expressed feelings of loneliness. R62 shared they missed their roommate that was recently discharged. When asked about activities they liked to do, R62 responded they enjoyed attending the ice cream socials. R62 further shared they are a big fan of the ice cream here but unsure on how to attend the socials. R62 thought the ice cream was an everyday event. R62 said they must need to flag someone down. R62 also added that they liked going down to the group physical therapy. R62 said the group physical therapy was a great way to meet others. R62 clarified that by the end of the beach ball game at therapy they knew every one's name that had played. Also, asked R62 if they liked to play Bingo and R62 said they liked to play bingo but R62 was unsure of the time to attend and needed help to get there.</p> <p>Review of the clinical record revealed R62 was admitted in to the facility on 4/5/22 with the diagnoses that included in part: alcoholic cirrhosis, liver failure, lower extremity lymphedema (swelling of the legs), and diabetes. According to the Minimum Data Set (MDS) assessment dated 4/28/22, R62 had intact cognition.</p> <p>Review of the Recreational Therapy Referral Form dated 4/29/22 for R62 revealed, "... How important is it to you to do things with groups of people? R62 responded to the question, "1. Very important. . ."</p>		<p>care and hygiene care per facility policy. Resident's # 99 clothing were changed to clean clothing. Resident # 99 was repositioned in the Geri -chair to ensure comfort. New Activity Assessment was conducted for Resident # 99. Activity Plan of Care was reviewed and updated to ensure Resident # 99 receives individualized, meaningful and scheduled activities per plan of care to avoid feelings of loneliness, boredom, decreased quality of life and the potential for depression, falls and behaviors. Resident # 99 was seen by Physician. Resident # 99 remains in facility in stable condition. Staff is engaged with Resident # 99 regularly per facility's policy and per Resident # 99 plan of care to make sure structured activities are provided regularly. Resident's # 22 hands and face were cleaned. Resident # 22 received incontinent care and hygiene care per facility policy. Resident's # 22 clothing were changed to clean clothing. Resident # 22 was reevaluated by Occupational Therapist for proper position in the wheel chair. Nursing Staff is to ensure resident is re- positioned comfortably and regularly in the wheel chair per facility's policy. New Activity Assessment was conducted for Resident # 22. Activity Plan of Care was reviewed and updated to ensure Resident # 22 receives individualized, meaningful and scheduled activities per plan of care to avoid feelings of loneliness, boredom, decreased quality of life and the potential for depression, falls and behaviors. Resident # 22 was seen by Physician. Resident # 22 remains in the facility in stable condition. Staff is engaged with Resident # 22 regularly per facility's policy and per Resident # 22 plan of care to make sure structured activities are provided regularly. Recreational Therapist (RT) <input type="checkbox"/>KK<input type="checkbox"/> received</p>		

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	<p>On 5/26/22 at 8:43 AM, an interview was conducted with the Recreational Therapist "KK". When asked what the process for ensuring that residents who want to attend the ice cream social are included, "KK" explained that they have a list. "KK" further clarified that they visited every residents' room every morning to find out if the resident would like ice cream and what kind as well as if the resident wanted to attend. If the resident would like the ice cream in their room "KK" would ensure the ice cream was delivered. Asked to have a copy of the residents' ice cream list. "KK" said this list would be provided but did not receive the resident ice cream list before survey's end.</p> <p>During an interview on 5/26/22 the Activities Director "LL" started this position on 5/24/22 and shared the ice cream social is every day. Each resident is asked if they would like to participate and the kind of ice cream the resident would like of the four flavors available that day. When the Activity Director "LL" was asked what the process would be to ensure a resident is included. The Activity Director "LL" explained the Recreational Therapist should work with nursing staff to ensure the resident was up and ready to attend. This surveyor shared with the Activities Director "LL" that R62 had wanted to attend the ice cream social but R62 stated they had not.</p> <p>On 5/26/22 at 9:16 AM, the clinical record under the Activity POC (Plan of Care)</p>		<p>individual counseling and education about Facility's Activity Policy with the focus on ensuring residents are offered and are engaged properly in meaningful individual activities to avoid feelings of loneliness, boredom, decreased quality of life and the potential for depression, falls and behaviors. Education included accurate documentation. RT □KK□ is to be supervised by Director of Recreational Therapy to ensure appropriate activities are provided in the meaningful and enthusiastic manner to enhance Residents well-being.</p> <p>2 All current residents were reassessed by Recreational Therapy Director/ Designee to develop ongoing program to support residents in their choice of activities, both facility-sponsored group, individual activities and independent activities, designed to meet the interest of and support the physical, mental, and psychosocial well-being of each resident. Input was taken from residents□ representative when it was necessary. Residents□ plans of care were reviewed and updated as needed to ensure residents do not experience feelings of loneliness, boredom, decreased quality of life and the potential for depression, falls, and behaviors. All current residents□ clinical records Task was reviewed to ensure accurate documentation. It is ensured that all residents/representative and nursing staff are aware about scheduled activities daily and residents are provided with necessary assistance to attend activity of their choice/interest.</p> <p>3 Facility Activity Policy was reviewed. Facility's Dementia Program was reviewed. Activity Department, was in serviced by Administrator and Certified Dementia Specialist (CDS) on Facility's Activity Policy and on Facility's Dementia Program to ensure support for residents in their choice of</p>				



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	<p>Response History was reviewed for the month of May. This showed no check marks documented to indicate attendance at Bingo or the Ice Cream Social for 5/21 through and including 5/25/22.</p> <p>During an interview on 5/26/22 at 11:20 AM, R62 shared that they had not participated in the ice cream social yesterday or received ice cream yesterday and they would have liked to have been included.</p> <p>R52, R99, and R22</p> <p>On 5/23/22 at approximately 12:30 PM, R52, R99, and R22 were observed seated in the small dining room across from the nurses' station on the Anna's Place unit waiting for lunch to be served.</p> <p>On 5/23/22 at 1:50 PM, 2:32 PM, 3:20 PM, and 4:40 PM, R52, R99, and R22 were observed to be seated in the small dining room on the Anna's Place unit. No structured activities were observed during this time and no staff were observed to engage or interact with the residents.</p> <p>The following was observed in the small dining room on Anna's Place unit:</p> <p>On 5/23/22 at 2:32 PM, R52 was observed, seated at a table alone. A television was on with low volume. R52's face and hands were covered with food, and they were rubbing their hands in the food and talking</p>		<p>activities, both facility-sponsored group and individual activities and independent activities designed to meet the interest of and support the physical, mental and psychosocial well-being of each resident and to ensure that residents/ representatives and nursing staff are aware about scheduled activities.. This education included explanation on accurate documentation. Nurses and CENAs were in serviced on Facility's Activity Policy and Facility's Dementia Program to ensure staff is regularly engaged with residents and assist residents to be ready for daily scheduled activities timely. Recreational Therapy Director, CDS and Administrator are to develop ongoing program tailored to every resident to ensure residents do not experience feeling of loneliness, boredom, decreased quality of life, and the potential for depression, falls and behaviors. Recreational Therapy Director /Designee is to provide daily scheduled written activity (calendar) with the list of the residents who will attend those scheduled activities to the nursing staff daily so it is ensured residents will be in attendance.</p> <p>4 To ensure substantial compliance, Administrator/Designee will randomly audit 5 residents from every unit weekly for 4 weeks and monthly thereafter to ensure residents are participated in the activity of their choice and are engaged in appropriate and structured activities per their plan of care. Audits will monitor accurate documentation of occurred activities. Findings of these audits will be submitted to QAPI Committee monthly until compliance is met. Administrator is responsible for compliance.</p>		

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	<p>nonsensically and singing at times. R99 was observed seated in a reclined geriatric chair (geri-chair) at a table with R22. R22 repeatedly asked "What is the chance of survival for the baby?" and "Can you stay longer?" No structured activities were provided to the residents and no staff were observed to interact with the residents.</p> <p>On 5/23/22 at 3:20 PM and 3:32 PM, R52 remained in the small dining room, talking, and singing to their self. R99 remained seated in the geri-chair with food on their face, hands, and clothing. R22 repeatedly asked if "anyone is going to give my daughter a proper burial". No structured activities were provided to the residents and no staff were observed to interact with the residents.</p> <p>On 5/23/22 at 4:40 PM, R52, R99, and R22 remained in the small dining room, seated at the same tables they had been at since 12:30 PM. R52 continued to talk to their self, R99 remained in the geri-chair without an activity, and R22 was observed poorly positioned in their wheelchair with no activity.</p> <p>During all observations no staff were observed to be in the small dining room with R52, R99, and R22, no activity was provided other than the television being on, and no attempts to interact or engage the residents were observed.</p> <p>Review of R52's "Task" for "Activity - Social"</p>				

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	<p>revealed Recreational Therapist (RT) 'KK' documented R52 was offered a "Games" activity on 5/23/22 at 2:59 PM and was "Not Dressed/Unavailable".</p> <p>Review of R99's "Task" for "Activity - Social" revealed Recreational Therapist (RT) 'KK' documented R99 was offered a "Games" activity on 5/23/22 at 2:59 PM and "Resident Refused".</p> <p>Review of R22's "Task" for "Activity - Social" revealed Recreational Therapist (RT) 'KK' documented R22 was offered a "Games" activity on 5/23/22 at 2:59 PM and was "Not Dressed/Unavailable".</p> <p>On 5/25/22 at 10:40 AM, R52 was observed in the small dining room with other residents and a recreational therapy assistant. All residents were given a coloring page except R52. R52 rambled nonsensically, scratched at their arms, pulled up their shirt and put it into their mouth. A television was on, but R52 was not engaged in watching it. R52 began clenching hands together and making a growling noise. The recreational therapy aide placed a chair to sit with another resident which placed the staff's back to R52. When Recreational Therapy Assistant engaged with R52 at 10:55 AM, R52 calmed down, however, the staff went back to engaging with the other resident.</p> <p>On 5/25/22 at 11:44 AM, R52 remained seated in the same spot in the small dining</p>				

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	<p>room, talking to self and picking at their clothing.</p> <p>On 5/25/22 at 2:05 PM, R52 remained seated in the same spot at a table facing the large screen television. RT 'KK' placed a stand with a computer screen directly in front of the television which remained on. The computer screen had pictures and karaoke lyrics on the screen while the television was on and visible behind it. There were no other staff in the dining room. The residents in the dining room were not engaged in the activity and RT 'KK' was unenthusiastically singing the song that was playing from the computer and making slight gestures to the music.</p> <p>On 5/26/22 at 8:40 AM, an interview was conducted with RT 'KK', who explained their role was a Recreation Therapy Assistant. When queried about activities provided to the residents who were seated in the small dining room of the Anna's Place unit on Monday, 5/23/22 between the time of approximately 1:00 PM (after lunch) and 4:50 PM, RT 'KK' reported he did not provide any activities to the residents on the Anna's Place unit on 5/23/22 during the day shift. When queried about the documentation of R52 and R22 not being available and R99 refusing a "Games" activity at 2:59 PM, RT 'KK' reported he played games at 6:00 PM but did not provide activities to those residents during the day shift because he was the only activities staff working that day.</p>						

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	<p>On 5/26/22 at 9:19 AM, an interview as conducted with Recreational Therapy Director, RT 'LL'. When queried about the lack of activities provided to residents on the Anna's Place unit on 5/23/22, RT 'LL' reported her first day working in the facility was 5/24/22. At that time, a calendar for activities scheduled for the Anna's Place unit for May 2022 were reviewed. The calendar documented the following activities were scheduled for 5/23/22: "Victoria Day Tea Party" at 2:00 PM and "Familiar Faces Bingo" at 3:30 PM. RT 'LL' reported the activities should be provided as scheduled and that she had not yet started working in the facility as of 5/23/22. When queried about activities specifically for residents with dementia, RT 'LL' reported they had a program that they followed. When queried about the placement of the computer screen in front of the television, RT 'LL' reported that would be over stimulating to a resident with dementia and the computer should not have been placed there.</p> <p>On 5/26/22 at 2:13 PM, the Director of Nursing (DON) was interviewed. The above observations were shared with the DON who reported R52, R99, and R22 should have been provided some kind of recreation and that the activities provided should be tailored to each individual resident.</p> <p>Review of R52's clinical record revealed R52 was admitted into the facility on 7/1/20 with diagnoses that included: Alzheimer's Disease.</p>				

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	<p>Review of a Minimum Data Set (MDS) assessment dated 4/1/22 revealed R52 had severely impaired cognition, physical and verbal behaviors, was totally dependent on staff for toilet use, and was always incontinent. Review of R52's care plans revealed a care plan initiated on 8/12/20 that documented, "RESIDENT COULD BENEFIT FROM GROUP ACTIVITIES: Resident does not initiate or is unable to engage in activities and could benefit from group activities". Review of a care plan initiated on 9/2/20 revealed the following documentation, "The resident is dependent on staff for meeting emotional, intellectual, physical, and social needs r/t (related to) Alzheimer's disease...Invite the resident to scheduled activities...The resident prefers activities which do not involve overly demanding cognitive tasks. Engage in simple, structured activities such as coloring, movies..."</p> <p>Review of R99's clinical record revealed R99 was admitted into the facility on 4/21/21 with diagnoses that included: convulsions, dementia, and moderate intellectual disabilities. Review of a MDS assessment dated 4/29/22 revealed R99 had severely impaired cognition and required physical assistance of at least two staff members for toilet use and was frequently incontinent. Review of R99's care plans revealed a care plan initiated on 4/23/21 that documented, "ASSIST WITH INDEPENDENT ACTIVITIES: Resident needs assistance to obtain and set up material for independent activities of</p>				

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	<p>getting outside when it's nice, watching TV shows, pet therapy with dogs, exercising, cooking, socializing with others, etc...Encourage individual and group activities daily...Provide resident with independent activities supplies PRN (as needed)..." A care plan initiated on 1/24/22 documented, "RESIDENT COULD BENEFIT FROM GROUP ACTIVITIES: Resident does not initiate or is unable to engage in activities and could benefit from group activities". Review of R99's readmission "Activities Assessment" revealed R99 enjoyed card games, bingo, getting out into community, exercises, any kind of music, getting outside, and watching television. It was documented R99 wanted to participate in activities including social events.</p> <p>Review of R22's clinical record revealed R22 was admitted into the facility on 8/27/21 with diagnoses that included: dementia, anxiety disorder, and psychotic disorder. Review of a MDS assessment dated 2/25/22 revealed R22 had severely impaired cognition, required extensive physical assistance for toilet use, and was always incontinent. Review of R22's care plans revealed a care plan initiated on 9/3/20 that documented, "RESIDENT COULD BENEFIT FROM GROUP ACTIVITIES: Resident does not initiate or is unable to engage in activities and could benefit from group activities". A care plan initiated on 8/26/21 documented, "REDIRECTION IN GROUP: Resident needs frequent re-direction within group programs to maximize attention</p>				

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	<p>span...Invite and assist resident as needed to activities of interest..."</p> <p>Review of a policy provided by the facility titled, "Activities" dated 4/1/22, revealed, in part, the following: "It is the policy of this facility to provide an ongoing program of activities designed to meet the interest, choice, and preferences as well as to meet the interest of and support the physical, spiritual, mental and psychosocial well-being of each resident, encouraging both independence and interaction in the community...Activities will be designed with the intent to:...Enhance the resident's sense of well-being...Promote or enhance cognition...Promote or enhance emotional health...Promote self-esteem, dignity, pleasure, comfort, education, creativity, success and independence..."</p>						
F0684 SS= D	<p>Quality of Care § 483.25 Quality of care</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide physician</p>			F0684	<p>1. Resident # 52 resides at facility in stable condition. LPN J provided 1:1 education on facilities wound care policy including skin tears.</p> <p>2. All residents with skin tears have been reviewed to ensure orders are correctly entered into PCC requiring documentation and that skin tear treatment is being followed and documented per physician orders.</p> <p>3. Skin and Wound Care Policy including skin tears reviewed and deemed appropriate. All licensed nursing staff educated on policy to ensure treatment orders are initiated for skin tears and are appropriately transcribed to TAR and are appropriately documented on</p>		7/6/2022



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	<p>ordered treatments for a skin tear for one (R52) of two residents reviewed for skin condition. Findings include:</p> <p>On 5/23/22 at 1:50 PM, 2:32 PM, 3:20 PM, and 4:40 PM, R52 was observed to have an undated adhesive bandage to their left elbow.</p> <p>Review of R52's clinical record revealed R52 was admitted into the facility on 7/1/20 with diagnoses that included: Alzheimer's Disease. Review of a Minimum Data Set (MDS) assessment dated 4/1/22 revealed R52 had severely impaired cognition and required extensive physical assistance for transfers and bed mobility. Review of an Incident Report dated 5/17/22 documented R52 was found on the floor of the dining room and sustained a skin tear to the left elbow. Review of Physician's Orders revealed an order was written on 5/17/22 for "cleanse skin tear to left arm with soap and water, cover with dry dressing in the evening for Health &amp; Wellness". Review of the Treatment Administration Record (TAR) and Medication Administration Record (MAR) for R52 revealed the above order was not included on the TAR or MAR for May 2022.</p> <p>On 5/24/22 at 3:17 PM, R52 was observed to have an undated adhesive bandage to their left elbow. When asked what happened, R52 responded nonsensically and began singing.</p> <p>On 5/24/22 at 3:22 PM, Nurse Supervisor, Licensed Practical Nurse (LPN) 'J' was interviewed. When queried about the bandage on R52's left elbow, LPN 'J' reported she thought it was just for 'protection'. At that time, an observation of R52's skin underneath the bandage was conducted with LPN 'J'. LPN 'J' had some difficulty removing the bandage. The dressing was observed to have multiple dark/black dried</p>				<p>TAR per physicians <input type="checkbox"/> orders to ensure quality of care.</p> <p>4. To ensure continued compliance Director of Nursing or designee will randomly audit 20 residents weekly for four weeks and monthly thereafter to ensure Treatment orders are in initiated for skin tears, are appropriately transcribed to TAR and are appropriately documented on TAR per physicians <input type="checkbox"/> order. Any concerns will be addressed immediately. The Director of Nursing will report findings to Monthly QAPI Committee meeting until substantial compliance is determined. The Director of Nursing is responsible for ongoing compliance.</p>		

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	<p>spots on it and R52's left elbow was observed to have what LPN 'J' described appeared to be a 'skin tear'. When queried about whether there was a physician's order to treat the skin tear, LPN 'J' reviewed R52's clinical record and reported there was an order entered on 5/17/22 to "cleanse with soap and water and cover with dry dressing". When queried about the last time the treatment was administered, LPN 'J' reported she would look into it.</p> <p>On 5/24/22 at approximately 4:00 PM, LPN 'J' reported the nurse who entered the order for the skin tear treatment did not enter the correct "order type" and therefore it did not transfer to the Treatment Administration Record (TAR). LPN 'J' reported there was no way to verify if treatment was done since 5/17/22 as the bandage was not dated when applied.</p> <p>On 5/25/22 at 2:15 PM, an interview was conducted with the Director of Nursing (DON). When queried about the protocol when a resident sustained a skin tear, the DON reported they would try to determine the cause, put a treatment order in place, contact family and the physician, and complete an incident report. Regarding R52, the DON reported the nurse entered the order incorrectly and therefore it was not transferred to the TAR.</p> <p>Review of a facility policy titled, "Skin and Wound Policy", revised 2/2022, revealed, in part, the following: "...It is also our policy to follow the treatment plans for any wound/skin concerns as ordered by physicians...All wounds will have treatment orders from the physician team...Wound treatment will be provided in accordance with physician orders...Treatments will be documented on the Treatment Administration Record".</p>						

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F0685 SS= D	<p>Treatment/Devices to Maintain Hearing/Vision §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident- §483.25(a)(1) In making appointments, and §483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure one (R31) of two residents reviewed for vision and hearing was evaluated by the eye doctor in a timely manner, resulting in continued poor and double vision, headaches and discomfort. Findings include:</p> <p>On 5/23/22 at approximately 1:00 PM, R31 was observed seated in bed. R31 was observed not wearing eye glasses. When asked if they had any concerns about their care in the facility, R31 reported she had a concern with having to wait months to see an optometrist (eye doctor). R31 reported she experienced headaches and double vision when she tried to focus on things, such as the television. R31 reported she notified the physician of her concerns and had not seen an eye doctor since she was admitted into</p>	F0685	<p>1 Resident # 31 was evaluated by the eye Doctor. Resident <input type="checkbox"/>s # 31 vision plan of care was reviewed and updated to avoid continued poor and double vision, headaches and discomfort. Resident was seen by Attending Physician. Resident # 31 is currently in stable condition and verbalized satisfaction with the eye Doctor visit.</p> <p>2 All current residents <input type="checkbox"/> Authorization for Optometry Services were reviewed. Those residents who wished to use the services of the Facility <input type="checkbox"/>s contracted Optometrist as ordered by Attending Physician were reviewed by Administrator. Identified residents are scheduled to be seen by eye Doctor timely on their next monthly visit. Those residents vision plans of care were reviewed and updated as needed.</p> <p>3 Facility <input type="checkbox"/>s policy Hearing and Vision Services was reviewed and updated. Social Work Team, Unit Secretaries, and Nurses were in serviced on this policy to ensure residents are seen timely by the eye and hearing doctor per facility <input type="checkbox"/>s policy. Director of Social Worker/Designee will run daily report to capture all Physicians orders with referrals for vision and hearing services and will ensure residents are seen timely by eye Doctor and hearing Doctor.</p> <p>4 To ensure substantial compliance, Administrator/Designee will randomly audit 5 residents <input type="checkbox"/> clinical record from each unit weekly for 4 weeks and monthly thereafter to ensure those residents who wish to received optometry and hearing services, as ordered by their attending Physician, receive those services in a timely manner as per residents <input type="checkbox"/> plan of care and per facility <input type="checkbox"/>s policy. Findings of those audits will be reported to facility <input type="checkbox"/>s QAPI Committee monthly until QAPI Committee determines substantial</p>		7/6/2022

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	<p>the facility in 2021.</p> <p>Review of R31's clinical record revealed R31 was admitted into the facility on 6/8/21 with diagnoses that included: nontraumatic intracerebral hemorrhage. Review of a Minimum Data Set (MDS) assessment dated 3/15/22 revealed R31 had intact cognition, had vision impairment, and did not have corrective lenses.</p> <p>Review of an "Authorization for Dental, Optometry &amp; Podiatry Services" form signed by R31's resident representative on 6/21/21, revealed, "Optometry...I wish to use the services of the Facility's contracted Optometrist as ordered by my Attending Physician..."</p> <p>Review of Physician Orders revealed the following orders:</p> <p>An order dated 10/28/21 for "(ancillary services company) Consult for : Blurry Vision".</p> <p>An order dated 1/5/22 for "...Consult for: vision".</p> <p>An order dated 3/15/22 for "Consult Ophthalmology: Evaluation/new glasses".</p> <p>Further review of R31's clinical record revealed no consultations from an optometrist or ophthalmologist.</p> <p>Review of R31's progress notes revealed the</p>				<p>compliance. Administrator is responsible for compliance.</p>		

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	<p>following:</p> <p>A "Physician Progress Note" dated 11/2/21, documented, "...She also requests visit from eye doctor, questioning need for glasses...4) poor vision...she is scheduled for (ancillary services company), for which she will be seen by visiting eye doc (doctor); f/u on recommendations, as provided..."</p> <p>A "Physician Progress Note" dated 1/5/22, documented, "...With exception of inquiry about visiting eye doctor d/t (due to) poor vision and need for glasses, she denies having medical questions/concerns...2) poor vision...will place consult for visiting eye doctor to evaluate need for new script on corrective lenses..."</p> <p>A "Physician Progress Note" dated 3/15/22, documented, "Patient being followed by (ancillary services company); given her request for eye exam, unit clerk alerted to schedule visit..."</p> <p>A "Nursing Progress Note" dated 3/17/22, documented, "Order has been submitted to (ancillary services company) for vision consult waiting to here &lt;sic&gt; when they'll be coming to (facility name)..."</p> <p>A "Physician Progress Note" dated 4/26/22 documented, "...She denies change in vision, but has already been requesting ophthalmology visit, inquiring about need for new glasses...ophthalmology consult already</p>						

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	<p>in place to evaluate for new glasses/script..."</p> <p>A "Physician Progress Note" dated 5/19/22, documented, "...Her only additional complaint today is regarding her vision, reiterating visual change/strain since her stroke. She says this provokes a headache at times....4) impaired vision- r/t (related to) CVA (cerebral vascular accident); this has been ongoing/chronic, and (ancillary services company) has been consulted here at least a couple times for follow up; will message unit manager to ensure visit..."</p> <p>On 5/26/22 at 10:57 AM, Nurse Manager, Licensed Practical Nurse (LPN) 'J' was interviewed. When queried about why R31 had not yet been seen by the eye doctor, LPN 'J' confirmed there were multiple physician orders since October 2021 and reported the eye doctor was seeing residents in the facility on that day (5/26/22). LPN 'J' did not know why R31 had not been seen previously, as they come to the facility every three months.</p> <p>On 5/26/22 at 11:40 AM, an interview was conducted with the Director of Nursing (DON). The DON explained that the unit clerk was responsible for setting up vision appointments and a consent was signed upon admission for ancillary services, including vision services, that were coordinated by a contracted company that came to the facility. The DON did not have an explanation as to why R31 was not seen sooner as ordered by the physician.</p>				

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	<p>Review of a facility policy titled, "Hearing and Vision Services", revised 4/30/19, revealed, in part, the following: "It is the policy of this facility to ensure that residents have access to and receive proper treatment and assistive devices to maintain vision and hearing abilities...Employees should refer any identified need for hearing or vision services/appliances to the social worker service designee...Once vision or hearing services have been identified the social worker/social service designee will assist the resident by making appointments and arranging for transportation..."</p>						
F0688 SS= D	<p>Increase/Prevent Decrease in ROM/Mobility §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record</p>		F0688	<p>1. Resident #62 resides at facility in stable condition. Order received for restorative services. Functional Maintenance Plan completed and provided to resident. 2. All residents discharged from therapy services reviewed to see if restorative services needed. If restorative services needed orders received for restorative services and Functional Maintenance Plan completed and initiated. Identified residents plan of care reviewed, updated to ensure restorative services are provided per facility policy. 3. Restorative Services policy reviewed and deemed appropriate. Licensed nurses, CNA's and therapy services educated on restorative services policy. Staff was educated that all residents being DC'd from skilled therapy are evaluated for a functional maintenance plan and restorative orders if indicated. Therapy Manager/Designee is to review those residents who have being discharged from therapy daily. Therapy</p>		7/6/2022	

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	<p>review, the facility failed to implement the plan of care to ensure restorative services and treatment to maintain or improve Range of Motion (ROM), strength and mobility for one resident (R62) of 3 residents reviewed for limited ROM.</p> <p>Review of the clinical record revealed R62 was admitted into the facility on 4/5/22 with diagnoses that included in part: alcoholic cirrhosis, liver failure, lower extremity lymphedema (swelling of the legs), and diabetes. According to the Minimum Data Set (MDS) assessment dated 4/28/22, R62 had intact cognition.</p> <p>During an observation on 5/23/22 at approximately 3:30 PM, R62 was sleeping. There was a two wheeled walker near R62's bed and a wheelchair in the corner of room.</p> <p>During an interview on 5/24/22 at 1:44 PM, R62 explained they needed to get up out of bed more often. R62 said they felt as if they were pinned to this bed for the last 4 days. R62 clarified that they used to have Physical Therapy and Occupational Therapy every morning. R62 shared they are not understanding the reason as to why they are not getting their exercises or getting up out of the bed. R62 further stated that her family was wondering also as to why I am not walking to the end of the hall. R62 explained they thought they would only be here for a short time for rehab (rehabilitation) and then back home.</p>				<p>Manager/Designee is to ensure that those residents who stay at the facility will receive Physician order for Restorative Therapy if it is appropriate. At that time Therapy Manager/ Designee is to ensure restorative program is established for identified residents ad plan of care is initiated as it is needed.</p> <p>4. To ensure continued compliance Director of Therapy Services or designee will randomly audit the greater of 50% or 20 residents that were not DC'd from therapy and remain in the facility weekly for four weeks and monthly thereafter to ensure are Functional Maintenance Plan is completed and restorative orders initiated if indicated. The Director of Therapy services will report findings to Monthly QAPI Committee meeting until substantial compliance is determined. The Director of Therapy Services is responsible for ongoing compliance.</p>		



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	<p>On 5/25/22 at approximately 3:15 PM, an interview was conducted with Occupational Therapist (OT) "AAA" from the Rehabilitation Department. OT "AAA" explained that R62 had been discharged from Physical Therapy (PT) and should be receiving restorative services from nursing.</p> <p>On 5/26/22 at 10:05 AM, an interview was conducted with Nursing Manager "P" who explained they have responsibility for the management of the restorative services. Nursing Manager "P" further explained that there is a restorative aide that works with the residents 4 days a week. R62 was not receiving restorative services because there was not an order to start restorative services. Also, Nursing Manager "P" clarified that their review of the medical record revealed that R62 was to receive physical therapy until 5/27/22. Nursing Manager "P" explained their process was for an order to be put into the electronic medical record from the therapy department. Also, paper documentation would be brought over from the Rehabilitation Department with the follow up treatment program information. Then, Nursing Manager "P" would have placed R62's treatment program information into the restorative services binder.</p> <p>At 10:20 AM on 5/26/22, spoke with the Director of Therapy "BB" and shared that the restorative services had not been started for R62 on 5/17/22. There had not been an order</p>						

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	<p>entered into the electronic medical record and the usual documentation had not been given to Nursing Manager "P" with oversight for the restorative services. The Director of Therapy "BB" shared that the therapist had forgotten to place the order. The Director of Therapy "BB" further explained that this therapist was on an LOA (Leave of Absence) and the therapist would receive reeducation on this expected process when they returned to work.</p> <p>The facility provided documentation on their policy titled, "Restorative Nursing Program" with approval date of 5/3/22 that states in part, "... 11. The discharging therapist, Restorative Nurse or designated licensed nurse will communicate to the appropriate restorative aide, the provisions of the resident's restorative nursing plan, providing any necessary training to carry out the plan. . ."</p>						
F0689 SS= D	<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 evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow it's policy</p>		F0689	<p>1 Resident #35 no longer resides at facility. Resident # 35 met needed goals and has been discharged back into the community. 2. Incident report for Resident # 35 entered into electronic medical record. All resident's with incidents has been reviewed to ensure incident reports are entered into risk management. Resident #35 plan of care reviewed and updated. Floor mats placed bilateral sides of resident's # 35 bed. 3. LPN XX, LPN YY and LPN CCC re-educated on Facilities policy accident and Incident reports with focus on entering falls incident report in resident's electronic medical</p>		7/6/2022	

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	<p>and complete an Incident and Accident report for one resident (R35) of three residents reviewed for accidents, resulting in the potential for future falls and injury. Findings Include:</p> <p>On 5/23/22 at 1:26 p.m., R35 was observed sitting in a wheelchair. R35 stated, "I fell out of the bed last night (5/22/22). I hurt my right arm." R35's right arm was observed with a bruise near the wrist. When asked how he got up off the floor, R35 stated, "They (staff) put me back in the bed. My arm is stiff. I can't move it..."</p> <p>Review of the clinical record revealed R35 was admitted into the facility on 3/12/22 and readmitted on 5/10/22 with diagnoses that include in part: Cerebral Aneurysm, Hemiplegia, Epilepsy, and Repeated Falls. Further review of the clinical record revealed R35</p> <p>The facility's Fall care plan initiated 5/11/22 revealed the following: Focus: The resident is at risk for falls and potential injury r/t (related to) Deconditioning, Paralysis, Unaware of safety needs... Interventions/Tasks: Anticipate needs Q shift, Pt (Patient) evaluate and treat as ordered or PRN (as needed), Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove any potential causes if possible. Educate resident/family/caregivers/IDT as to causes. Seizure disorder: Monitor for change in LOC</p>				<p>record. Facilities Accident and Incident report policy reviewed and deemed appropriate. All direct care staff educated on Accident and incident report policy and ensuring incident report is entered into resident's electronic medical record. Nurse Manager/Nursing Shift Supervisor is to perform daily rounds to ensure Nurses complete incident reports per Facility's policy before the end of their shift. 4. The DON or designee will audit 5 incidents report per week for 4 weeks and monthly thereafter to ensure incident reports are entered into resident's electronic medical record. The Director of Nursing will report findings to QAPI monthly until QAPI Committee determines compliance. The Director of Nursing is responsible to maintain substantial compliance.</p>		

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	<p>and seizure activity. Provide protective environment during seizure activity. Notify physician...</p> <p>Review of "Fall Risk &amp; Injury Prevention Assessment dated 5/10/22 revealed a score of 15.0 which indicated R35 was at High Risk for potential falls.</p> <p>On 5/25/22 at 5:28 p.m., during an interview with the Director of Nursing (DON), when notified that R35 reported that they had a fall on 5/22/22 and hurt their right arm, the DON was unaware and left to go investigate what was reported to her. The DON explained the only I &amp; A (Incident &amp; Accident) report she had was dated 3/13/22...</p> <p>On 5/25/22 at 5:45 p.m., DON returned and explained that she was trying to gather information, and she did not know about the fall and Unit Manager (UM) 'P' did not know about it either. The DON then stated, "I did see the progress note from the nurse practitioner."</p> <p>On 5/25/22 at 5:47 p.m., the DON and UM 'P' was in R35's room asking questions about the fall. R35 further stated, it was two female nurses that got them off the floor. R35 stated again that he hurt his arm (pointing to the right arm and saying it is stiff). When asked about the bruise, resident stated he did it when he fell.</p> <p>On 5/26/22 at 9:50 a.m., an interview was</p>						

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	<p>conducted with the DON about the facility's protocol after a resident fall. The DON stated, "They (staff) should have reported it. The problem is they did not do an incident report and they should have." The DON further stated, "We are going to put strips at the bed... There were no interventions in place after the resident's fall."</p> <p>On 5/26/22 at 1:25 p.m., Licensed Practical Nurse (LPN) 'XX' returned the call. When asked about R35's fall that occurred on 5/22/22 LPN 'XX' stated, "I was walking down the hall and saw him. I got another nurse, (LPN 'CCC') and an aide I forgot their name. We got R35 up and put him in bed and asked what happened. He was sleeping and rolled out of bed... When asked who assessed R35, LPN 'XX' stated, "It should have been the nurse that had him. We told her what happened, and she took over." At that time, LPN 'XX' was asked what they should have done after R35's fall. LPN 'XX' stated, "Since the nurse was on the hall, we let her know. She should have done the report. If she would have been at lunch or something. I would have done an incident report."</p> <p>On 5/26/22 at 10:40 a.m., a phone interview was conducted with LPN 'YY'. At that time, LPN 'YY' stated she did not assist with R35's fall but did hear about it. At 1:33 p.m., a call was made and LPN 'YY' was asked if they were R35's nurse on the night of the fall. LPN 'YY' stated, "Yes I did assess R35, and I did neuro checks..." LPN 'YY' further explained</p>				

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	<p>that R35 had a history of rolling out of bed. "I asked if R35 was ok, and R35 said, "Yes." LPN 'YY' was asked why they did not document that R35 had a fall. LPN 'YY' stated, "I am sorry, I was preoccupied..."</p> <p>A review of the facility provided document titled "Accident &amp; Incident Report Policy" dated 10/2021 revealed the following: "Policy: Accident/Incident reports will be completed on any accident or incident involving a Facility resident... An accident/incident report must be completed for residents regardless of location while in our care and any visitor who suffers an accident or injury while on premises. An accident/incident report should be completed as soon as the facility gains knowledge of an incident... Procedure... 1. All accident/incidents involving residents will be documented in the Risk Management Section in PCC... 2. a. The nurse who discovers the incident or the nurse assigned to the resident will initially complete the accident / incident report at the time of the incident. b. For each incident the physician team will be notified. c. The IDT or designee will review incidents weekly. Care plan will be updated and therapy will be notified if an evaluation is needed. d. The nurse manager or designee should review the post-incident investigative reports initiated by the nurse and assist to complete them within 72 hours of the incident. e. Unless requested by a competent resident, the resident's representative should be notified of all incidents regardless of</p>				

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F0690 SS= D	<p>severity of injury. f. Any accident/incident that is unusual/ suspicious that causes harm to a resident, must be reported to the Director of Nursing and/or Administrator as soon as discovered for proper investigation, follow-through, and possible reporting as required by Federal Regulations..."</p> <p>Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p>	F0690	<p>1. Resident 52 remains at facility in stable condition. Resident #52 immediately provided ADL care, including face and hands cleansed, incontinence care provided clothing changed. Resident #99 remains at facility in stable condition. Resident # 99 immediately provided ADL care, including face and hands cleansed, incontinence care provided, and clothing changed. Resident # 99 was discharged to the community in stable condition. Resident #22 remains at facility in stable condition. Resident #22 immediately provided ADL care, including face and hands cleansed, incontinence care provided clothing changed and brought to day room to participate in activities.</p> <p>2. Resident□s that are incontinent were assessed and provided incontinent care as needed. These residents care plans were reviewed and updated as necessary.</p> <p>3. CNA JJ and CNA GG provided 1:1 re-education on incontinence care. Facilities policy on Incontinence care reviewed and deemed appropriated. All direct care staff educated on incontinence care policy and ensuring incontinence care is provided to resident□s in a timely manner including checking and changing every 2 hours and PRN. Also, offer toileting before and after meals.</p> <p>4. The DON or designee will 20 residents per week for 4 weeks and monthly thereafter to</p>		7/6/2022

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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure three (R22, R52, and R99) of four residents reviewed for bowel and bladder, received timely incontinence care, resulting in the residents not being taken to the bathroom or changed for four and a half hours and R22 soaking through their brief causing a puddle of urine under their wheelchair. Findings include:</p> <p>Review of a facility policy titled, "Incontinence", dated 5/9/2019, revealed, in part, the following: "Based on the resident's comprehensive assessment, all residents that are incontinent will receive appropriate treatment and services...Residents that are incontinent of bladder ow &lt;sic&gt; bowel will receive appropriate treatment to prevent infections and any adverse side effects...Incontinent residents will be monitored frequently and timely throughout the nursing staff working shifts...CNA's will document once per shift under ADL documentation, bladder and bowel status. The documentation does not reflect each incontinence episode, it does reflect that care was rendered during their working shift..."</p> <p>On 5/23/22 at approximately 12:30 PM, R52, R99, and R22 were observed seated in the small dining room across from the nurses' station on the Anna's Place unit waiting for</p>		<p>ensure that incontinence care is provided in a timely manner and that resident is clean and dry. The Director of Nursing will report findings to QAPI monthly until QAPI Committee determines compliance. The Director of Nursing is responsible to maintain substantial compliance.</p>		



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	<p>lunch to be served.</p> <p>On 5/23/22 at 1:50 PM, 2:32 PM, 3:20 PM, 3:30 PM, and 4:40 PM the following was observed in the small dining room on Anna's Place unit:</p> <p>R52, R99, and R22 were seated in wheelchairs at tables. R52's hands, face, and clothing were covered with food from lunch. R52 remained in the same spot during all observations. R99's face, arms, and clothing were covered in food from lunch. R99 remained in the same spot during all observations. R22 remained seated in a wheelchair in the same spot. During all observations no staff was observed engaging with the residents.</p> <p>On 5/23/22 at 4:40 PM, R52, R99, and R22 remained in the small dining room, seated at the same tables they had been at since 12:30 PM. R22 was positioned poorly in the wheelchair with their buttocks toward the edge of the seat. A puddle of liquid was observed underneath the wheelchair that had not been there during previous observations and appeared to be urine. When queried if they had been taken to the bathroom, R22 reported she had not and that she was uncomfortable. R22 did not have any beverages that could have been spilled. R99 was asked if he had been taken to the bathroom since lunch time and stated, "No". R52 was unable to answer questions.</p>				

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	<p>On 5/23/22 at 4:50 PM, Registered Nursing (RN) 'OO' entered the small dining room. When queried about the condition of R22, RN 'OO' reported she needed to be taken to the bathroom. RN 'OO' reported the afternoon shift began at 3:00 PM and the day shift Certified Nursing Assistants (CNAs) were responsible for providing incontinence care (checking and changing briefs or assisting residents with using the toilet) and should be completed at least every two hours. RN 'OO' did not have an explanation as to why the afternoon shift had not yet checked on R52, R99, and R22 in the small dining room almost two hours into their shift.</p> <p>On 5/24/22 at 10:42 AM, CNA 'GG' (who was assigned to Anna's Place unit on 5/23/22 during the day shift) was interviewed. When queried about whether R52, R99, and R22 were provided with incontinence care between 12:30 PM and 4:50 PM. CNA 'GG' reported there were only two CNAs working on that unit on 5/23/22 and they did the best they could, but they did not provide care to the residents in the small dining room after lunch. When queried about whether CNA 'GG' asked for assistance from anyone else due to being unable to tend to all their residents, CNA 'GG' stated, "They know when we are short."</p> <p>On 5/24/22 at approximately 10:50 AM, CNA 'JJ' (who was assigned to Anna's Place unit on 5/23/22 during the day shift) was interviewed. When queried about whether</p>						

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	<p>incontinence care was provided to R52, R99, and R22 between 12:30 PM and 4:50 PM, CNA 'JJ' reported they were short on staff on 5/23/22 and did not provide care to those residents after lunch. When queried about whether CNA 'JJ' reached out to anyone to assist them with task they were unable to complete, CNA 'JJ' reported the managers knew they were short staffed.</p> <p>On 5/25/22 at 2:13 PM, an interview was conducted with the Director of Nursing (DON). When queried about the protocol for ensuring residents received incontinence care, the DON reported the standard of practice was to check residents for incontinence "every two hours at a minimum". The DON further explained the CNAs were responsible for providing incontinence care, "But any nurse, nurse manager, or myself can assist".</p> <p>Review of R22's clinical record revealed R22 was admitted into the facility on 8/27/21 with diagnoses that included: dementia, anxiety disorder, and psychotic disorder. Review of a MDS assessment dated 2/25/22 revealed R22 had severely impaired cognition, required extensive physical assistance for toilet use, and was always incontinent.</p> <p>Review of the CNA Task for "ADL (activities of daily living) - Toilet Use Assist x (times) 2" revealed documentation by CNA 'GG' at 12:32 PM that indicated "ACTIVITY DID NOT OCCUR". Review of the CNA Task for "B&amp;B</p>				

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	<p>(bowel and bladder) - Bladder Elimination" revealed documentation by CNA 'GG' at 12:32 PM that indicated R22 was "incontinent".</p> <p>Review of R22's care plans revealed a care plan initiated on 9/2/20 that documented, "ALTERATION IN ELIMINATION r/t (related to): Dementia, impaired cognition...Assist with toileting and hygiene needs PRN (as needed) (initiated 8/31/21)...Incontinence care per facility policy (initiated 8/31/21)..."</p> <p>Review of R52's clinical record revealed R52 was admitted into the facility on 7/1/20 with diagnoses that included: Alzheimer's Disease. Review of a Minimum Data Set (MDS) assessment dated 4/1/22 revealed R52 had severely impaired cognition, physical and verbal behaviors, was totally dependent on staff for toilet use, and was always incontinent.</p> <p>Review of CNA Tasks for "B&amp;B - Bladder Elimination" and "ADL - Toilet Use Assist x 1 bed level Incontinent; briefs" for R52 revealed CNA 'JJ' documented R52 was incontinent at 1:54 PM and was totally dependent with two-person physical assist. However, R52 remained in the small dining room from approximately 12:30 PM until 4:50 PM.</p> <p>Review of R52's care plans revealed a care plan initiated on 9/2/20 that documented, "The resident has bladder incontinence r/t Alzheimer's, Confusion, Impaired</p>						

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	<p>Mobility...Continue current plan of care (initiated 11/25/20)...Establish voiding patterns (initiated 9/2/20)..." A care plan initiated on 10/12/20 documented, "ALTERATION IN ELIMINATION r/t: Dementia...Incontinence care per facility protocol..."</p> <p>Review of R99's clinical record revealed R99 was admitted into the facility on 4/21/21 with diagnoses that included: convulsions, dementia, and moderate intellectual disabilities. Review of a MDS assessment dated 4/29/22 revealed R99 had severely impaired cognition and required physical assistance of at least two staff members for toilet use and was frequently incontinent.</p> <p>Review of CNA Tasks for "Toilet Use assist x 2 bed level", for R99 revealed CNA 'JJ' documented R99 was provided one person assist with toilet use at 1:44 PM. However, R99 remained in the small dining room from approximately 12:30 PM until 4:50 PM.</p> <p>Review of R99's care plans revealed a care plan initiated on 7/20/21 that documented, "ALTERATION IN ELIMINATION r/t: cognitive impairment, debility and generalized weakness...Urinary catheter care per facility protocol (Review of R99's physician's orders did not indicate R99 had a urinary catheter, and a catheter was not observed). A care plan initiated on 5/19/22 documented, "ACTUAL INFECTION of UTI (urinary tract infection)..."</p>				

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F0692 SS= D	<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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to assist residents with eating per their plan of care, implement weekly weights, increase nutritional supplements, and ensure residents were evaluated by the physician for three (R22, R52, and R99) of six residents reviewed for nutrition who experienced significant/severe weight loss. Findings include:</p> <p>R22</p> <p>On 5/24/22 at approximately 8:00 AM, R22 was observed eating breakfast in bed. R22</p>	F0692	<p>1 - Resident # 22 was seen by Physician and Register Dietitian (RD) especially addressing Resident's # 22 weight loss between 4/3/2022 and present. Physician and RD documented their evaluation and medical reason for the weight loss in the Resident's # 22 medical record. New interventions were put in place to monitor Resident's # 22 nutrition status. Resident's # 22 plan of care was updated. Resident # 22 resides in the facility in stable condition.</p> <p>- Resident # 52 received hygiene care to make sure there were no food crumbs on the bed sheets, clothes and on the floor. Resident # 52 was evaluated by Physician and Register Dietitian specifically addressing Resident's # 52 recent weight loss. Physician's evaluation and RD's evaluation are documented in Resident's # 52 clinical record. Resident # 52 was evaluated by the Speech Therapist (ST) focusing on Resident's # 52 diet and required assistance with meal. This evaluation is documented in Resident's # 52 medical record. Resident's # 52 medpass was increased to qid (four times a day). Resident's # 52 weight is monitored weekly. Resident's # 52 nutritional plan of care was updated reflecting needed assistance with meals and updated diet. RD and Nursing Supervisor monitor Resident # 52 closely to ensure Resident # 52 receives required assistance with meal per Resident's # 52 plan of care. Resident # 52 currently resides in the facility in stable condition.</p> <p>- Resident # 99 was seen by Physician specifically addressing Resident's # 99 recent weight loss. Physician's evaluation is documented in Resident's # 99 medical record. Nutritional supplements were increased and weekly weights were implemented. Resident # 99 was reevaluated by RD. Resident's # 99 nutritional care plan</p>		7/6/2022

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	<p>appeared able to eat without physical assistance from staff.</p> <p>Review of R22's clinical record revealed R22 lost 14.1 pounds (#) in one month, between 4/3/22 and 5/9/22. Review of R22's Weight Summary revealed R22 weighed 165.7# on 4/3/22 and 151.6# on 5/9/22 (8.51 percent, a severe loss of body weight in one month).</p> <p>Further review of R22's clinical record revealed R22 was admitted into the facility on 8/27/21 with diagnoses that included: dementia, dysphagia (difficulty swallowing), contractures, and right-side hemiplegia (paralysis on one side of the body). Review of a MDS assessment dated 2/25/22 revealed R22 had severely impaired cognition and required supervision and setup help only for eating.</p> <p>Review of R22's progress notes revealed a "Nutrition/Dietary Note" written on 5/10/22 that documented, "Weight differentiation under investigation, will follow." The previous "Nutrition/Dietary Note" was dated 2/25/22. There were no other "Nutrition/Dietary Notes" that addressed R22's weight loss between 4/3/22 and 5/9/22.</p> <p>Review of R22's "Physician Progress Notes" revealed R22 was seen by Physician "CCC". The note does not address R22's significant weight loss.</p> <p>Review of a "Therapy Progress Note"</p>		<p>was reviewed and updated reflecting needed assistance with meals. RD and Nursing Supervisor monitor Resident # 99 closely to ensure Resident # 99 receives adequate assistance during meal times per Resident # 99 plan of care. Resident # 99 currently resides at the facility in stable condition.</p> <p>2 All current residents with significant/severe weight loss were reevaluated by RD and Physicians. Residents who required assistance with meals were identified. Physicians' evaluations and RD's evaluation are documented in residents' medical record. RD's recommendations and Physicians' orders including but not limited to implementing residents' weekly weights, and increasing nutritional supplements are put in place. Residents with significant/severe weight loss and residents who require assistance with meals plan of care were reviewed and updated as needed. Identified residents who require assistance with meals are monitored during each meal closely by RD/Nursing Supervisor/Designee to ensure residents receive needed assistance per their plan of care.</p> <p>3 Facility's Policy Weight Monitoring was reviewed. RD, Physicians Extenders, Physicians, Nurses and CENAs were educated on this policy specifically addressing requirement for notifying Physician about residents with significant/severe weight loss to ensure Physicians will evaluate those residents to determine possible medical cause for significant weight loss and to implement RD's recommendations including but not limited to weekly weights and to increase nutritional supplements timely. Education included ensuring that those residents who require assistance with meals</p>				

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	<p>(Speech-Language Pathology) dated 5/19/22 revealed R22 did not have any concerns with eating.</p> <p>On 5/26/22 at 10:04 AM, an interview was conducted with Registered Dietitian (RD) 'S'. When queried about the cause of R22's weight loss and what interventions were put into place to prevent further weight loss, RD 'S' reported she had been investigating the cause of R22's weight loss. RD 'S' reported it could have been due to edema in R22's lower extremities. RD 'S' further explained that she observed R22 at during various meals and R22 ate independently once her meal was set up by staff. RD 'S' reported R22 ate 75 to 100 percent of her meals. When queried about whether R22 was evaluated by a physician to determine if there was a medical reason for the weight loss, RD 'S' reported she would look into it.</p> <p>On 5/26/22 at 12:16 PM, RD 'S' followed up and reported a physician had not evaluated R22 for weight loss as of that date. No additional interventions were implemented since significant weight loss was identified on 5/9/22.</p> <p>R52</p> <p>On 5/24/22 at 8:26 AM, R52 was observed in bed eating breakfast. R52 had scrambled eggs, chopped meat, grits, and juice. R52 was talking nonsensically and then stated, "I can't do it. I can't get it." No staff were observed to</p>		<p>will receive needed assistance per their plan of care. RD is to notify Physicians/Physician Extenders about residents with significant weight loss and about needed recommendations to ensure it is implemented timely. RD is to notify Nurse Supervisor about residents who require needed assistance with meals and is to ensure those residents receive it when it is needed.</p> <p>- To ensure substantial compliance, RD/ Designee will audit randomly 5 residents who experience significant/severe weight loss from each nursing unit weekly for 30 days and then monthly thereafter to ensure Physician's evaluation about significant /severe weight loss is documented in residents' medical record, to ensure RD's recommendations and Physicians' orders are implemented including but not limited to weekly weights, and to increase nutritional supplements. Audit will include random monitoring of 10 residents weekly for 4 weeks and then monthly thereafter who require assistance with meals per their plan of care to ensure those residents receive needed assistance with meals. Finding of those audits will be reported to QAPI Committee monthly until QAPI Committee determines substantial compliance.</p> <p>RD is responsible for compliance.</p>		



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	<p>assist R52 with their meal.</p> <p>On 5/24/22 at 8:43 AM, R52 was alone in their room eating breakfast. Food was observed to be on the floor, on the bed, and on the resident. R52 was observed trying to eat scrambled eggs with their hands. No staff were present in R52's room.</p> <p>On 5/25/22 at 9:30 AM, a large amount of food crumbs was observed on the bed sheets and R52's shirt.</p> <p>Review of R52's clinical record revealed R52 was admitted into the facility on 7/1/20 with diagnoses that included: Alzheimer's Disease, Adult Failure to Thrive, protein-calorie malnutrition, and anorexia. Review of a Minimum Data Set (MDS) assessment dated 4/1/22 revealed R52 had severely impaired cognition and required supervision by one staff member for eating.</p> <p>Review of R52's Weight Summary revealed R52 lost 22.6# between 3/3/22 and 4/1/22 (R52's weight was 130.6# on 3/3/22 and was 108# on 4/1/22) and lost an additional two pounds between 4/1/22 and 5/9/22 (R52 was 106# on 5/9/22). R52 had a severe weight loss of 18.84 percent of their body weight within one month.</p> <p>Review of R52's "Nutrition/Dietary Notes" revealed the following:</p> <p>A "Nutrition/Dietary Note" dated 4/1/22</p>						

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	<p>documented, "Noted weight loss since admission, wt. (weight) scale was calibrated. Dx (diagnosis) FTT (failure to thrive). 4/1 108# x 2, 3/3 130.6#, 1/1 133#, 8/1 n/a, 7/13 137.3#...Rec (recommend) increase medpass 180 cc (cubic centimeters) QID (four times a day). Will continue to monitor weekly weights."</p> <p>A "Nutrition/Dietary Note" dated 4/2/22 documented, "WILL RECOMMEND TO DOWN GRADE DIET TO PUREED AND SWALLOWING EVAL /SCREEN TO ASSESS APPROPRIATENESS OF DIET CONSISTENCY".</p> <p>A "Nutrition/Dietary Note" dated 4/7/22 documented, "...Quarterly Nutrition Review: ... Wt: 108# 30d (days): 130# 180d: 152.2# Significant Wt. Change: [ x ] Yes [ ] No Diet: mechanical soft ...PO (by mouth) Intake: [ x ] 25% [ x ] 50% [ x ] 75% [ x ] 100% Feeding Assist: ...[ x ] Total Assist... Summary &amp; Recommendations: Resident is currently receiving a mechanical soft diet and is assisted with all meals. Her po intake varies consuming 25-100%. There has not been any coughing noticed with current diet or any additional swallowing difficulty...Her recent weights...indicates a significant weight loss. She is currently receiving med pass 2.0 120 cc BID (two times a day) (Note that the Nutrition note dated 4/2/22 recommended Med Pass to increase to QID) and magic cups BID in addition to an appetite stimulant which seems to be working as she does consume all of her meals on occasion. Her average po</p>				

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	<p>intake lately has been about 50%. Will continue this current diet at this time as long as she is able to tolerate and accept. She now has severe PCM (protein calorie malnutrition) at this time and her care plan has been updated. Will make changes as needed."</p> <p>A "Nutrition/Dietary Note" dated 5/10/22 documented, "Weight differentiation under investigation, will follow."</p> <p>A "Nutrition/Dietary Note" dated 5/15/22 documented, "Current weight is 106lbs (pounds); X 30day 109lbs; X180days 135lbs showing 19.7% significant weight loss...She is also getting med pass 120cc BID and magic cup BID for nutritional support with variable Continue with current diet/supplement interventions and weekly wts (weights)..."</p> <p>Review of "Physician Notes" revealed the following:</p> <p>On 1/17/22, a "Physician Note" documented, "...anorexia - staff reports that she eats well and enjoys snacks between meals...she has 1:1 (one to one) assist at meals, nutritional supplements and a liberal diet. Although weights are generally stable at this time, we do expect a decline as her condition progresses. will continue to monitor..."</p> <p>On 3/14/22, a "Physician Note" documented, "...anorexia - staff reports that she eats well and enjoys snacks between meals. She is on marinol (medication to stimulate appetite).</p>						

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	<p>weights are stable over the last year. she has 1:1 assist at meals, nutritional supplements, and a liberal diet. Although weights are generally stable at this time, we do expect a decline as her condition progresses. will continue to monitor..."</p> <p>On 4/5/22, a "Physician Note" documented, "Writer collaborated with today's nurse and other staff members regarding intake. Per staff, she routinely consumes (less than) 50% (percent) of provided trays and is a feeder/requires physical assist with feeding...she has more recently required increased assist with feeding, which is attributed to her advanced dementia, and intake decreased, per staff report; ...continue to assist w/feeding..."</p> <p>On 4/12/22, a "Physician Note" documented, "(R52) is seen today for general medical visit, including f/u (follow up) on anorexia/weight loss...In collaboration with nurse, patient does well with self-feeding, though intake fluctuates. Nurse states patient generally consumes 25-50% of provided trays. ...anorexia/wt loss- in collaboration with nursing, patient consuming 25-50% of provided trays, along with supplements; will update weight and f/u to monitor response to discontinuation of marinol..."</p> <p>On 4/16/22, a "Physician Note" documented, "...anorexia - review of weight trends show a significant decline in the last month (13-22 pounds). I do question the accuracy of some</p>				

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	<p>of the weights. She does appear thin in my exam but not more cachexic than her usual appearance of the last year. staff reports that she eats well and enjoys snacks between meals...Appetite does not seem to have declined...she has 1:1 assist at meals, nutritional supplements and a liberal diet. unfortunately, we do expect a decline as her condition progresses. will continue to monitor..."</p> <p>On 5/8/22, a "Physician Note" documented, "...anorexia - review of weight trends show fluctuant weights with a significant decline one month and then a large improvement in the last month. I do question the accuracy of some of the weights. She does appear thin in my exam but not more cachexic than her usual appearance of the last year. staff reports that she eats well and enjoys snacks between meals. She is on a mechanical soft diet with thin liquids. Per staff, appetite is good and she has 1:1 assist at meals, nutritional supplements and a liberal diet. unfortunately, we do expect a decline as her condition progresses. will continue to monitor..."</p> <p>Review of R52's physicians orders revealed the following orders:</p> <p>"Add Diagnosis: Protein Calorie Malnutrition: severe PCM R/T advanced age, Alzheimer's dementia, low po intake at times, severe fat and muscle wasting throughout, significant weight loss, low BMI (body mass index) &amp;</p>				

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	<p>assist needed with all meals" started on 4/7/22.</p> <p>Weekly weights as recommended in the "Nutrition/Dietary" note were not ordered.</p> <p>There was no order for a swallow evaluation as recommended by the dietician as documented on 4/2/22.</p> <p>Review of the Certified Nursing Assistant (CNA) care guide (Kardex) revealed the following instructions for "Eating/Nutrition":</p> <p>"ADL-Eating Assist 1:1 Location: room...Assistance needed with feeding...EATING: 1 person assist..."</p> <p>Review of the CNA Tasks for "ADL - Eating Assist 1:1" revealed on 5/12/22, R52 received no setup or physical help or setup help only, on 5/24/22 R52 received setup help only and was not assisted with feeding.</p> <p>Review of R52's care plans revealed the following:</p> <p>A care plan initiated on 3/30/21 that documented, "Resident is at nutritional risk with risk for weight loss R/T advanced age, Alzheimer's dementia AEB (as evidenced by) PO intake (less than) 75 % of all meals...Assisted with meals as needed..."</p> <p>There was no updated care plan when R52 lost a significant amount of weight between 3/3/22 and 4/2/22 a year later.</p>				

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	<p>Further review of R52's Weight Summary revealed R52 was not weighed weekly after significant weight loss was identified on 4/1/22. R52's weights were as follows: 4/2/22 (109.1#) and 5/9/22 (106#).</p> <p>On 5/26/22 at 10:04 AM, RD 'S' was interviewed regarding R52. When queried about the cause of R52's significant weight loss and whether the documented interventions were implemented (increased med pass to QID, weekly weights, and swallow evaluation) RD 'S' reported she would look into it. RD 'S' reported R52 was on her "radar" to monitor very closely. RD 'S' further reported that nursing reported R52's cognition declined over the last few months and the resident's intake was more variable and required more cues to eat. At that time, RD 'S' reviewed R52's clinical record and reported weekly weights were not completed and med pass was never increased to QID. RD 'S' reported she would clarify whether a swallow evaluation was done.</p> <p>On 5/26/22 at approximately 12:16 PM, RD 'S' reported a speech evaluation was not completed for R52.</p> <p>R99</p> <p>On 5/24/22 at 8:45 AM and 5/25/22 at approximately 12:30 PM, R99 was observed eating breakfast and lunch, respectively. R99 appeared to have some difficulty feeding</p>				

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	<p>himself, but when offered help, declined assistance.</p> <p>Review of R99's clinical record revealed R99 was admitted into the facility on 4/21/21 with diagnoses that included: hypotension, chronic kidney disease, benign prostatic hyperplasia, convulsions, GERD, chronic embolism, asthma, dementia, moderate intellectual disabilities, and esophagitis with bleeding. Review of a MDS assessment dated 4/29/22 revealed R99 had severely impaired cognition and required supervision by one staff member for eating.</p> <p>Review of R99's Weights Summary revealed R99 had a significant weight loss of 30.4# (22.16 %) between 2/1/22 (137.2#) and 3/1/22 (106.8#).</p> <p>Review of R99's "Nutrition/Dietary Notes" revealed the following:</p> <p>A "Nutrition/Dietary Note" dated 2/7/22 documented, "Quarterly Note: ...PO intake improved...Med pass supplement increased to TID (three times a day) during last quarter...CBW (current body weight) is 137.2 Increase of 11% in 2 months...No edema...Weight gain d/t improvement in meal intake and increase in med pass supplement. Resident able to feed himself regular mechanical soft diet after set up with no difficulty swallowing or chewing...Will continue regular mechanical soft diet, med pass, and monthly weights..."</p>						



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	<p>A "Nutrition/Dietary Note" dated 3/16/22 documented, "Weight verified by unit manager. 3/1 106.8#, 2/1 137.2#, 9/1 123.8#. Res had significant weight loss decreased 30.4#/22.2% x 1 month. Res appears malnourished. Res intake remains sporadic - consuming 0-100%...on a mech soft diet. Res takes 120 cc med pass 2.0 supplement TID. Staff reports no recent changes in intake from 1-2 months ago...Res states never tried choc (chocolate milk) - will provide BID with lunch and dinner meal, apple juice TID with an alternate cottage cheese 3x/wk, and pudding 4x/wk at lunch...Rec increase medpass 120 cc QID, monitor weekly weight and provide food preferences/extra foods to promote wt gain...Logged for physician to evaluate..."</p> <p>A "Nutrition/Dietary Note" dated 3/23/22 documented, "...RESIDENT IS PLACED ON WEEKLY WEIGHTS. WILL MONITOR WEIGHT..."</p> <p>A "Nutrition/Dietary Note" dated 4/1/22 documented, "Noted continued weight loss despite preferences and medpass 2.0 120 cc TID provided. Visited res at breakfast ate 100% french toast, eggs, juices and drinking and consuming &gt;75% choc milk and sausage. CBW: 105.6#. Res enjoying choc milk. Will add 206 juice at breakfast and 2 choc. milk with lunch meal to prevent further weight loss. Continue to monitor weekly weights and provide accepted foods/fluids..."</p>				

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	<p>A "Nutrition/Dietary Note" dated 5/2/22 documented, "Quarterly Nutrition Review: ... Wt: 105.6 30d: 106.8 90d: 137.2 Significant weight change: [x ] Yes [ ] No [ ] Unknown Diet: mechanical soft PO intake: [x ] 25% [x ] 50% [x ] 75% [x ] 100% Feeding Assist: [ ] Independent [x ] Setup [ ] Total Assist...</p> <p>Summary &amp; Recommendations: Resident...is on a mechanical soft diet, feeds himself with a variable appetite consuming 26-100% of his meals. His recent weights: 4/30/21 (1 year ago)=138#; 2/1=137.2#; 3/1=106.8#; 4/1= CBW = 105.6# which indicates a significant weight loss...he is receiving med pass 2.0 120 cc TID, chocolate milk at breakfast and two chocolate milks at lunch, magic cups at lunch &amp; dinner has recently been added as he was refusing the 206 juice (beverage used to increase calorie intake) that he was receiving on his breakfast trays. He loves chocolate and this is his preferred flavor of choice...He is at nutritional risk d/t severe PCM &gt; sig. wt. loss x 90 days and 1 year, low BMI, severe muscle and fat wasting throughout, low po intake at times and mechanically altered diet. Will continue to monitor his weight, po intake and labs as avail and will make changes prn. Care plan updated at this time..."</p> <p>A "Nutrition/Dietary Note" dated 5/10/22 documented, "Weight differentiation under investigation, will follow."</p> <p>Review of "Physician Note" revealed no</p>				

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	<p>physician evaluations regarding R99's significant weight loss to rule out any underlying medical condition.</p> <p>Further review of R99's Weight Summary revealed R99 was not weighed weekly. R99 was weighed on the following dates after significant weight loss was identified on 3/1/22: 3/24/22 (106.5#), 4/1/22 (105.6#), and 5/9/22 (110#).</p> <p>Review of R99's care plans revealed the following:</p> <p>A care plan initiated on 4/28/22 (almost 2 months after significant weight loss was identified on 3/1/22) documented, "The resident has unplanned/significant weight loss r/t severe PCM, significant weight loss x 90 and 1 year, low BMI, severe muscle/fat wasting throughout, low po intake at times, mechanically altered diet..." Interventions initiated on 4/28/22 included, "...Monitor and evaluate any weight loss and weight weekly..."</p> <p>On 5/26/22 at 12:16 PM, an interview was conducted with RD 'S' regarding R99's significant weight loss and whether the recommended interventions were implemented (weekly weights, physician evaluation). RD 'S' reviewed R99's clinical record and reported weekly weights were not completed and there was no physician evaluation to address R99's weight loss. RD 'S' reported R99 was on her "radar" and is</p>				

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	<p>being monitored closely.</p> <p>At that time RD 'S' was further interviewed about why multiple residents experienced a significant weight loss between February 2022 and April 2022. RD 'S' reported she started in the position as RD in April 2022 and was aware of the amount of weight loss residents experienced. RD 'S' reported they were in the process of working on prioritizing weekly weights to ensure they were completed so that residents with significant weight loss could be monitored closely. RD 'S' reported it was questionable whether the scales were calibrated, but it was not questioned at the time of the weight loss (with the previous RD).</p> <p>On 5/26/22 at 11:27 AM, the Medical Director was interviewed. When queried about whether she was aware of the significant and severe weight loss for multiple residents since March 2022, the Medical Director reported she was aware and reported the previous RD was not doing what she needed to do</p> <p>On 5/26/22 at 11:39 AM, the Director of Nursing (DON) was interviewed. When queried about why R22, R52, and R99 experienced significant weight loss and why weekly weights, physician visits, and interventions were not implemented, the DON reported the former RD was not competent in her position and they were currently working on weight loss as a priority. When queried about R52 and the physician</p>						

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	<p>notes, care plan, and Kardex that indicated R52 required 1:1 feeding assistance, the DON reported R52 did not required 1:1 feeding assistance, but if it changed it should have been updated. The DON was not aware that a swallow evaluation had not yet been completed.</p> <p>Review of a facility policy titled, "Weight Policy" dated 5/3/22, revealed, in part, the following: "Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status...The facility will utilize a systemic approach to optimize a resident's nutritional status. This process includes: ...Developing and consistently implementing pertinent approaches...Monitoring the effectiveness of interventions and revising them as necessary...Residents with weight loss - monitor weight weekly ongoing..."</p> <p>Review of a facility policy titled, "Assistance with Meals" dated 5/3/22, revealed, in part, the following: "It is the Center's Policy that all patient/residents shall receive assistance with meals in a manner that meets their individual needs and per Plan of Care...It is the responsibility of the Nursing staff and supervisors to assure that the patients/residents are receiving adequate assistance as related to meals...Nursing staff will serve patient/resident meals and will help patients/residents who require assistance with eating..."</p>				

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F0693 SS= D	<p>Tube Feeding Mgmt/Restore Eating Skills §483.25(g)(4)-(5) Enteral Nutrition (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)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure appropriate treatment and services to encourage the improvement of eating skills for one (R46) of one resident reviewed for feeding tubes. Findings include:</p> <p>On 5/23/22 at 1:14 PM, R46 was observed lying in bed, a tray of pureed food was sitting on the overbed table and R46 was eating from a bowl of gelatin. A bag of tube feeding formula was hanging on a pole connected to</p>	F0693	<p>1 Resident # 46 is no longer resides at our facility; 2 All current residents with the Physician <input type="checkbox"/>s order for the tube feeding and/or pleasure trays were reviewed. It is ensured that tube feeding is not running while residents receive pleasure trays. Residents who receive pleasure trays and/or tube feeding are reevaluated by Physician, RD and ST for the attempt to wean the tube feeding to encourage the improvement of eating skills if it is appropriate. Residents <input type="checkbox"/> care plans were reviewed and updated as needed. 3 Facility Policy Enteral Feeding was reviewed. RD, Nurses and CENAs were educated on this policy specifically addressing residents who receive tube feeding and/or pleasure trays to ensure residents <input type="checkbox"/> tube feeding is not running while residents receive pleasure trays to encourage the improvement of eating skills. RD/Designee is to work together with Physicians/Physician Extenders and Nurse Managers to monitor residents who receive tube feeding and/ or pleasure trays to ensure attempts are made to wean residents off the tube feeding to promote independent eating and to ensure tube feeding is not running while residents receive pleasure trays. Those monitoring will be done several times per week. 4 To ensure substantial compliance, RD/ Designee will audit all residents who receive tube feeding and/or pleasure trays weekly for 4 weeks and monthly thereafter to ensure residents <input type="checkbox"/> tube feeding is not running during meal trays and to ensure tube feeding maybe wean if it is appropriate to encourage the improvement of residents <input type="checkbox"/> eating skills. Finding of these audits will be reported to QAPI Committee monthly until QAPI Committee determines substantial</p>		7/6/2022

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	<p>a tube feeding pump delivering 60 milliliters (ml) of the formula per hour with 60 ml of water also being delivered via the tube every hour. R46 was asked if she would eat much of the food on the lunch tray. R46 explained she had not eaten much because she had been getting nauseated when she ate.</p> <p>Review of the clinical record revealed R46 was admitted to the facility on 11/19/20 and readmitted 12/16/20 with diagnoses that included: stroke, dementia, and anxiety disorder. According to the Minimum Data Set (MDS) assessment dated 3/24/22, R46 had moderately impaired cognition, and required the extensive assistance of staff for activities of daily living (ADL's). The MDS assessment also indicated R46 was not marked for: "Loss of liquids/solids from mouth when eating or drinking; Holding food in mouth/cheeks or residual food in mouth after meals; Coughing or choking during meals or when swallowing medications".</p> <p>Review of R46's nutrition care plan revealed an intervention initiated 2/2/22 that read, "Provide oral diet for pleasure and oral gratification".</p> <p>Review of physician orders revealed an Enteral Feed Order dated 5/3/22 that read, "Peptamen 1.5, Rate: 60 cc (cubic centimeters), Frequency: per hour x 20 hours, Total Dose: 1200 cc, Duration: HANG AT 1:00 pm, TAKE DOWN 9:00 AM, Specify Type of Tube: PEG (percutaneous endoscopic</p>		<p>compliance. RD is responsible to substantial compliance.</p>				

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	<p>gastrostomy - a tube passed into the stomach through the abdominal wall), Specify Method: Via pump, Auto flush 60 cc H2O (water) every hour while pump is running". It should be noted that breakfast, lunch, and dinner trays were usually all delivered while the tube feed was running.</p> <p>On 5/24/22 at 12:55 PM, R46 was observed lying in bed. R46 was asked if she had eaten anything for breakfast or lunch. R46 explained at breakfast she was nauseated, and did not even look at the food, and had not eaten lunch either.</p> <p>Review of R46's progress notes revealed a Nutrition/Dietary note dated 3/25/22 at 6:39 AM that read in part, "Quarterly Nutrition Review: ... Recommendation is to shorten time on enteral, in attempt to stimulate appetite, have SLP (Speech Therapy) review again, increase rate to 75 cc perhour [sic] X 16 hours..."</p> <p>Review of a Speech Therapy Discharge Summary dated 4/18/22 read in part, "...Prognosis to Maintain CLOF (current level of function) = Good with consistent staff follow-through ...Supervision or Oral Intake = No supervision/assistance required... Progress &amp; Response to Tx (treatment: Pt (patient) is appropriate for puree and NTL (nectar thick liquids) pleasure trays at this time. She will present with varying engagement and activity tolerance, often fatiguing half way through meal..."</p>				



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	<p>On 5/26/22 at 10:30 AM, Registered Dietician (RD) "S" was interviewed and asked about R46 eating while the tube feed was running. RD "S" explained R46 was receiving all nutrition through the tube feed and was only getting pleasure trays and there was no plan to stop the tube feed. RD "S" was asked if R46 would eat more if the tube feed was not consistently running while she was eating. RD "S" explained generally tube feed is stopped when a person is eating to promote appetite. When asked how it could be determined if the tube feed could be weaned if R46 was not given a chance to eat without tube feed running. RD "S" had no answer.</p> <p>On 5/26/22 at 10:54 AM, Registered Nurse (RN) "AA", R46's assigned nurse, was interviewed and asked about R46's tube feed. RN "AA" explained the way the order was written, the tube feed was not stopped for meals. RN "AA" was asked how much R46 usually ate. RN "AA" explained R46 usually did not eat much, sometimes just a bite, and sometimes half. When asked if R46 ate more if the tube feed was not running, RN "AA" explained she had never paid attention to that.</p> <p>On 5/26/22 at 11:43 AM, Certified Nursing Assistant (CNA) "T" was interviewed and asked about R46 eating. CNA "T" explained usually R46 ate some gelatin or sherbet and some juice but did not eat much. When asked if R46 ate more if the tube feed was</p>				

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F0725 SS= F	<p>off, CNA "T" explained she did not know, as sometimes it was running and sometimes it was not.</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>Based on observation, interview and record review, the facility failed to ensure sufficient nursing staff were provided to meet resident needs including timely incontinence care and supervision which affects all 140 residents, including six (R16, R20, R22, R52, R64 and R99) of 31 sampled residents reviewed for</p>	F0725	<p>1</p> <ul style="list-style-type: none"> <li>- Resident # 16 received and continue to receive timely incontinent care and supervision during every shift daily including weekends.</li> <li>- Resident # 20 received and continue to receive timely incontinent care and supervision during every shift daily including weekends.</li> <li>- Resident # 22 received and continue to receive timely incontinent care and supervision during every shift daily including weekends.</li> <li>- Resident # 52 received and continue to receive timely incontinent care and supervision during every shift daily including weekends.</li> <li>- Resident # 64 received and continue to receive timely incontinent care and supervision during every shift daily including weekends.</li> <li>- Resident # 99 received and continue to receive timely incontinent care and supervision during every shift weekly including weekends.</li> <li>- Resident # 66 received and continue to receive timely incontinent care and supervision during midnight shift, day and afternoon shifts including weekends. Resident # 66 call light is answered timely.</li> </ul> <p>2 Staffing ratios were reviewed for all units and for all shifts to ensure sufficient nursing staff for all residents and to ensure all residents' needs for ADL including incontinent care, supervision and call light response are provided timely. Facility</p>	7/6/2022			

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	<p>staffing.</p> <p>Findings include:</p> <p>According to the facility's "Facility Assessment Tool" last reviewed 11/9/21:</p> <p>"...average daily census: 129...Staffing Plan...RN, LPN, providing direct care 1:12 ratio days, 1:12 ratio evenings, 1:25 ratio midnight...Direct care staff (CNA) 1:10 ratio days, 1:10 ratio evenings, 1:15 ratio nights...Facility considers the number of patients and resident's needs to determine the number of staff required to care for residents. If facility/resident staffing needs are outside of facility's usual ranges, Administrator and Director of Nursing will assess needs to add additional staffing to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by individual plans of care..."</p> <p>Review of the current census on 5/23/22 revealed 140 residents residing in the facility.</p> <p>Review of the actual nurse staff assigned on Friday 5/20/22 revealed on the midnight shift (11:00 PM to 7:00 AM), there was only one CNA and one nurse assigned to the Oakridge unit which had a census of 35 resident. There was another nurse assigned, but only worked from 10:57 PM to 11:26 PM.</p> <p>Review of the actual nurse staff assigned on</p>		<p>Assessment was reviewed and updated to ensure sufficient nursing staffing.</p> <p>3 Staffing Coordinator, DON/ADON/ Shift Supervisors were educated about updated Facility's Assessment and required nursing staffing ratio to ensure all residents' needs are met timely. Staffing schedule is reviewed by DON, Administrator and Staffing Coordinator daily a week in advance to ensure sufficient nursing staff are provided to meet residents' needs. Staffing Coordinator is to follow On Shift Schedule to ensure sufficient staff. Staffing Coordinator/Designee is to offer overtime hours and other incentives to Nurses and CENAs to fill open shift and assist when staff calls in. Agency is to be utilized only if it is necessary. Nursing Management Team is to assist direct care staff when it is needed to ensure residents' needs are met around the clock including midnight shift and weekends. Staff Development (ADON)/DON/ HR Director and Administrator is to hire and train needed Nurses and CENAs to fill open positions.</p> <p>4 To ensure substantial Administrator/DON/Designee is to monitor Nursing Staffing Schedule daily to ensure sufficient nursing staff is provided to meet residents' needs including timely incontinence care and needed supervision. Findings of these audits will be reported to QAPI Committee monthly until QAPI Committee determines substantial compliance. Administrator is responsible for compliance</p>				

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	<p>Saturday 5/21/22 revealed on the day shift (7:00 AM to 3:00 PM), there were only two CNAs and two nurses assigned to the Anna's Place unit (designed for more cognitively impaired residents) which had a census of 35.</p> <p>Review of the actual nurse staff assigned on Sunday 5/22/22 revealed on the midnight shift, there was only one CNA (CNA 'A') and one nurse assigned (Nurse 'R') to the Oakridge unit which had a census of 35. There was another nurse assigned but only worked from 10:57 PM to 11:26 PM.</p> <p>On 5/26/22 at 10:42 AM, a phone interview was attempted with CNA 'B' but there was no return call by the end of the survey.</p> <p>On 5/26/22 at 10:47 AM, a phone interview was attempted with CNA 'A' but there was no return call by the end of the survey.</p> <p>On 5/26/22 at 10:51 AM, a phone interview was conducted with Nurse 'R'. When asked if they could recall the other nurse that was documented as only working about a half an hour on the schedule, they reported they had worked alone. When asked if there were any concerns in which they couldn't perform duties since they worked alone, Nurse 'R' reported, "If I had more time, I could have put in progress notes. In fact, last night I had to stay with this resident who needed one to one, this time was a little bit tricky cause I think I had one CNA on the unit and another doing a split, so I had to stay with that</p>				

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	<p>resident." Nurse 'R' further reported that although most residents didn't require medication administration on the midnight shift, they did report that around 5:00 AM "That gets a little tricky with most needing their morning meds." When asked if they had a nursing supervisor offer to assist as they were identified as an in-house supervisor on the schedule documentation provided for review, Nurse 'R' reported "Might come in if really short, and might take a cart, depends on who's a supervisor, some will help more than others."</p> <p>On 5/26/22 at 1:09 PM, an interview was conducted with the staffing scheduler (Staff 'PP') who reported they had been in that position since February of this year. Staff 'PP' reported the facility did not utilize any staffing agencies and that the CNAs worked 7.5 hours and nurses worked 8-hour shifts. When asked about how the current staffing was determined, if there were staff to resident ratios considered, Staff 'PP' reported they don't have a set number, so if there were for example 33 residents on a unit, there would be three nurses and three CNAs. Staff 'PP' reported there were many challenges with call-ins and tried to do the best they could. When asked about staff openings, Staff 'PP' reported they would have the Director of Nursing (DON) provide that documentation.</p> <p>Review of the documentation for current open positions included:</p>				

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	<p>For the day shift (7:00 AM to 3:00 PM):</p> <p>1 part-time (PT) Registered Nurse (RN); 3 PT Licensed Practical Nurses (LPN); 3 full-time (FT) CNAs; 5 PT CNAs</p> <p>For the afternoon shift (3:00 PM to 11:00 PM):</p> <p>2 FT RNs; 2 PT RNs; 6 FT LPNs; 4 PT LPNs; 7 FT CNAs; 6 PT CNAs</p> <p>For the midnight shift (11:00 PM to 7:00 AM):</p> <p>1 FT RN; 1 PT RN; 1 FT LPN; 1 PT LPN; 4 PT CNAs</p> <p>On 5/24/22 at 1:30 p.m. during a confidential resident meeting, residents were asked about staffing and call light response times. One resident stated, they have waited an hour or more. "They don't pay no attention to the lights. I have had to get up out of my bed and act a fool..." The resident further reported they requested snacks, and staff say they are going to bring them, but then they go home. The resident further reported they have laid in bed wet, and the CNA said, "She was going to come back to change me, and she went home. If you don't want to do it, send somebody else to do it."</p> <p>Review of the clinical record revealed this resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition and required extensive assistance</p>				

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	<p>with one-person physical assist for most activities of daily living (ADLs) including toilet use.</p> <p>During the confidential resident meeting, another resident stated, "I have been left wet for two hours before."</p> <p>Review of the clinical record revealed this resident required extensive assistance with one-to-two-person physical assist for most ADLs including toilet use.</p> <p>On 5/25/22 at 10:52 a.m., during an interview with CNA 'QQ' when asked if the facility was short of staff, CNA 'QQ' stated, "Some days we are. We have 2-3 aides. On the Cedar Unit. There are 42 residents. Sometimes aides call off then we are short."</p> <p>On 5/25/22 at 3:35 p.m., during an interview LPN 'J' stated, "We need more help because of the acuity of the residents. Some of the patients are more challenging and require more help. We staff good. It's just a lot of people that call off unfortunately."</p> <p>On 5/26/22 at 8:55 a.m., during an interview with Activities Recreational Assistant 'KK', when asked if call light response times are discussed during Resident Council, if residents voiced complaints about call light response times and what was the facility's process, Activities Recreational Assistant 'KK' stated, "Yes we talk about call lights a lot. I have reported certain things to nurses and</p>						

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	<p>head nurses."</p> <p>On 5/26/22 at 9:18 a.m., during an interview with Certified Recreational Therapy Director 'LL', when asked about residents reporting concerns about the facility's staffing and what the protocol was when residents report call lights that are not answered in a timely manner, Recreational Therapy Director 'LL' stated they have heard residents say there needs to be more staff. Sometimes they say it can be on any of the shifts. Recreational Therapy Director 'LL' further explained they take the concern to the managers right after the Resident Council Meeting. Within 48 hours, the managers would complete the form and give it to the Administrator. It is the responsibility of management to follow through on what is needed, what they did, and sign off on it.</p> <p>R66</p> <p>On 5/23/22 at 12:15 PM, R66 was observed lying in bed. R66 was asked about the care at the facility. R66 explained staffing was "really bad" on the midnight shift on the weekends. When asked what happened when staffing was bad, R66 explained no one answered call lights, and she would not get changed until the day shift would come in.</p> <p>Review of the clinical record revealed R16 was admitted to the facility on 5/19/21 and readmitted 8/6/21 with diagnoses that included: paraplegia, heart disease and</p>						



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F0761 SS= E	<p>anxiety disorder. According to the Minimum Data Set (MDS) assessment dated 2/25/22, R16 had moderately impaired cognition, and required the extensive assistance of staff for activities of daily living (ADL's).</p> <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 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 ensure two of five medication carts were locked, and medication was properly secured.</p>	F0761	<p>Medication carts were immediately locked to ensure safe storage of drugs and biologicals. Nurse C immediately provided 1:1 education on locking medication carts to ensure safe storage of drugs and biologicals. Nurse D immediately provided 1:1 education on locking medication carts to ensure safe storage of drugs and biologicals. Nurse E immediately provided 1:1 education on locking medication carts to ensure safe storage of drugs and biologicals. Nurse G immediately provided 1:1 education on locking medication carts to ensure safe storage of drugs and biologicals</p> <p>2. Medication carts on all units were audited to ensure they were locked and safe storage of drugs and biologicals is followed.</p> <p>3. Facilities policy on Medication storage of drugs and biologicals reviewed and deemed appropriate. All Licensed nursing staff were educated on this policy to ensure medication carts are locked and safe storage of drugs and biologicals are followed.</p> <p>4. To ensure continued compliance Director of Nursing or designee will randomly audit 10 medication carts weekly for four weeks and monthly thereafter to ensure medication carts are locked and ensure drugs and biologicals are safely stored. Any concerns will be addressed immediately. The Director of Nursing will report findings to Monthly QAPI Committee meeting until substantial compliance is determined. The Director of Nursing is responsible for ongoing</p>	7/6/2022			

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	<p>Findings include:</p> <p>According to the facility's policy titled, "Medication Storage" dated 5/4/22:</p> <p>" ...It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms ...to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security ...all drugs and biologicals will be stored in locked compartments (i.e., medication carts ...Narcotics and Controlled Substances ...are stored under double-lock and key ..."</p> <p>On 5/24/22 at 3:19 PM, upon entry to the Redwood unit, the medication cart was observed unlocked, without any nurse supervising the cart. During this time, several staff were observed walking by the unlocked cart.</p> <p>On 5/24/22 at 3:30 PM, Nurse 'C' approached the medication cart and when asked about the cart being unlocked, Nurse 'C' stated they were not sure what happened, and they had just finished counting off the medications for shift change.</p> <p>On 5/24/22 at 3:32 PM, upon entering another hallway on the Redwood unit, another medication cart was observed unlocked and unattended by any nursing staff. Upon further observation, when the top drawer was opened, there was a small clear</p>						

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	<p>cup which contained two round white pills that had no identifying information.</p> <p>On 5/24/22 at 3:34 PM, Nurse 'D' came over to the medication cart and when asked if that was their assigned medication cart, Nurse 'D' reported they were about to take over the cart from another nurse. When asked about the unlocked medication cart, Nurse 'D' reported they were not sure how the cart was unlocked, and that they only had the keys to the cart as they were about to take over for the other nurse that was currently on break. When asked about the storage of the unidentified pills inside the top drawer, Nurse 'D' reported they were not sure what they were "meds should not be stored like that" and began to remove them to dispose of in the small trash bag attached to the medication cart. Nurse 'D' was asked to stop just before the medication was discarded.</p> <p>On 5/24/22 at 3:39 PM, Nurse 'G' arrived at the medication cart and reported they were just coming back from break. When asked who was responsible for the current medication cart, Nurse 'G' reported they had been working on another hallway and that Nurse 'E' had been assigned to that medication cart, but had to leave, so they finished counting medications with Nurse 'E', then went on break until Nurse 'D' arrived. When asked if they could identify the two white pills, Nurse 'G' reported they could not and would dispose of them. When asked about the unlocked medication cart, Nurse</p>				

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F0803 SS= D	<p>'G' reported the cart should be locked when not by the cart.</p> <p>On 5/24/22 at 3:45 PM, an interview was conducted with the Administrator. When informed of the concerns about the unsecured medication carts and medications, the Administrator reported that should not have occurred and would follow up immediately.</p> <p>Menus Meet Resident Nds/Prep in Adv/Followed §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure updated menus were posted for all residents that receive food from the facility, including R66 and R131. This deficient practice resulted in a lack of autonomy with their choice of food preferences,</p>	F0803	<p>1 Resident # 131 was reassessed for the food preferences. Resident # 131 was provided with the updated current menu. Resident # 131 receives meals per their food preferences and verbalizes satisfaction. Resident #131 plan of care was reviewed and updated. Resident # 66 was reassessed for the food preferences. Resident # 66 was provided with the updated current menu. Resident # 66 receives meals per their food preferences and verbalizes satisfaction. Resident # 66 plan of care was reviewed and updated.</p> <p>2 All current residents were reassessed for their food preferences. For those residents who were not able to communicate their food preferences, their representatives were contacted. Current updated menu was posted on all units to avoid lack of autonomy with residents' choice of food preferences, to avoid multiple complaints over meal services and to avoid potential for hunger and weight loss. Residents meal tickets were updated to reflect residents' food preferences.</p> <p>3 Facility's Policy Dining Room Meal Service was reviewed. Dietary Department, RD, Nursing Department were in serviced about this policy specifically addressing importance of honoring residents' food preferences to ensure residents' satisfaction with meal</p>		7/6/2022

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	<p>multiple complaints over meal services and the potential for hunger and weight loss.</p> <p>Findings include:</p> <p>According to the facility's policy titled, "Dining Room Meal Service" dated 1/16/20:</p> <p>"...Residents eating in the unit dining rooms will have meals provided via tray line. Therapeutic diets for these residents will be followed according to the corporate menus..."</p> <p>On 5/24/22 from 12:30 PM to 12:45 PM, observation of the menu slots posted just outside of Anna's House, Redwood and Oakridge units were observed to have old menu choices from 5/16/22 and 5/17/22. The Hickory unit had no menus posted.</p> <p>On 5/24/22 at 1:01 PM, an interview was conducted with the Certified Dietary Manager (CDM 'Q'). When asked who was responsible for posting the menus, CDM 'Q' reported their clerk usually posts the menus for two days at a time. When asked to observe the menus on the Oakridge unit, CDM 'Q' confirmed the above observation and reported they had been off work the past three weeks. When asked who was responsible when they were off, CDM 'Q' reported, their Assistant Dietary Manager (Staff 'EE') was covering while they were off.</p> <p>When asked what their process was for obtaining resident choices regarding their food preferences and menu options, CDM 'Q' reported residents either got a paper menu or staff went around with an electric tablet to ask them their choices, and there were menus posted on the tv. When asked how residents were informed of this and whether those residents with physical and cognitive limitations could manage adequately, CDM 'Q'</p>		<p>served to avoid complaints over meal services and potential for hunger and weight loss. Dietary Manager/Designee will go over current menu items/ preferences with each resident/ resident's representative every 4 days. Residents' meal tickets will be updated accordingly to ensure residents' satisfaction with meals served.</p> <p>4 To ensure substantial compliance, Dietary Manager/Designee will randomly audit 5 residents from each nursing unit weekly for 4 weeks and monthly thereafter to ensure they receive meal trays according to their food preferences and that residents are satisfied with their meals served. Findings of these audits will be reported to monthly QAPI Committee until QAPI Committee determines substantial compliance.</p> <p>Dietary Manager is responsible for substantial compliance.</p>				

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	<p>reported there were several that might not be able to. When asked if they were aware of concerns regarding the lack of choices recently, CDM 'Q' reported they were not aware of any food concerns. They did report there had been staffing challenges they were working through.</p> <p>R131</p> <p>On 5/23/22 at 12:42 PM, R131 was observed sitting in her wheelchair in the room. R131 was asked about food at the facility. R131 explained she kept getting foods she did not like, especially peas, that she had filled out what her dislikes were, but she kept getting food that was on her dislike list. While talking with R131, her lunch tray was brought in and placed on the overbed table. It was observed to have a serving of peas on the plate. R131 said "I hate peas, and I've told them I don't want them." When asked if anyone had come and asked her what she wanted for lunch, R131 explained she never knew what was being served before it came, it was just a surprise when she took the cover off the plate.</p> <p>Review of the clinical record revealed R131 was admitted to the facility on 11/8/21 and readmitted 5/4/22 with diagnoses that included: diabetes, heart disease and kidney disease. According to the Minimum Data Set (MDS) assessment dated 5/10/22, R131 was cognitively intact and required only the supervision of staff for activities of daily living (ADL's).</p> <p>On 5/25/22 at 1:45 PM, Registered Dietician (RD) "S" was interviewed and asked about R131's food dislikes. RD "S" explained R131 had filled out she did not like pancakes, peas, and zucchini. RD "S" was asked about the process of noting residents' food preferences. RD "S" explained on admission, she would go ask the residents, and she would put it into the computer, and it would</p>						

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	<p>flag a food as a dislike so they would not get it. When told R131 had said she kept getting peas, and they had been observed to have been served, RD "S" explained they had changed over to a new system, and there had been a "glitch" in the system.</p> <p>R66</p> <p>On 5/23/22 at 1:21 PM, R66 was observed lying in bed. R66 was asked about the food at the facility. R66 explained she had filled out a list of foods she did not like, but that is what she usually received. When asked if she could get something different if she did not like what was being served, R66 explained the night before, she had gotten something she did not like, and was told there was nothing else she could get, she asked for tuna on a plate, but was told she could only get a tuna sandwich, she could not get it on a plate. R66 explained she did not eat bread, so she did not have anything to eat.</p> <p>Review of R66's meal ticket revealed, "no bread", highlighted, in the "Notes" section.</p> <p>Review of the clinical record revealed R66 was admitted to the facility on 1/4/22 and readmitted 5/13/22 with diagnoses that included: chronic kidney disease, heart failure and diabetes. According to the MDS assessment, R66 had moderately impaired cognition, and required the extensive assistance of staff for ADL's.</p> <p>On 5/25/22 at 2:16 PM, CDM "Q" was interviewed and asked about residents receiving food listed as dislike in the system. CDM "Q" explained it was printed as a "(D)" on the meal ticket when it was a dislike, and they were not served that food. When told of the observation of R131 receiving peas when it was listed as a dislike, CDM "Q" had no explanation. CDM "Q"</p>						

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	<p>was asked about R66 being told she could only have tuna on a sandwich and not on a plate. CDM "Q" explained they often serve tuna on a plate and did not know why she was told it could only be on a sandwich. CDM "Q" was informed of multiple residents stating they did not know what they were going to get at a meal until they took the lid off their plate after it was served. CDM "Q" explained they should know ahead of time so they could request an alternative meal before it was served.</p> <p>Review of a facility policy titled, "Dining Room Meal Service" dated 1/1/20 read in part, "...Meal items will be served to the resident based on their selection from options available to the prescribed diet... Alternative items will be offered to residents if they are unhappy with the meal provided..."</p>				
F0812 SS= F	<p>Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i) (1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i) (2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F0812	<p>1 Handwashing signs were replaced on 6/8/2022 at all handwashing sinks; - Pans were washed, air dried to make sure there was not moisture/water droplets inside before they were stacked; - Open updated package of deli turkey and a container of cut melon were immediately disposed; - A wiping cloth was immediately removed from the counter next to the steam table and was immediately placed inside the sanitizer bucket; - Jagged spatulas were disposed immediately; - The interior of the microwave in the Oakridge pantry was cleaned; - Hickory refrigerator including the inside shelves was cleaned.</p> <p>2 All Facility's Kitchen, kitchen storage, freezer and refrigerator were audited by Food Service Director to ensure handwashing signage at the handwashing sinks are posted, to ensure food items are dated, to ensure</p>		7/6/2022



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	<p>Based on observation, interview, and record review, the facility failed to provide handwashing signage at the handwashing sinks, failed to ensure food items were dated, failed to store dishware in a sanitary manner, failed to store wiping cloths in chemical sanitizer, and failed to maintain the pantry microwave and refrigerator in a sanitary manner. These deficient practices had the potential to affect all residents that consume food from the kitchen. Findings include:</p> <p>On 5/23/22 between 11:15 AM -11:45 AM, during an initial tour of the kitchen with Certified Dietary Manager (CDM) "Q", the following items were observed:</p> <p>There was no handwashing signage at any of the handwashing sinks.</p> <p>According to the 2013 FDA Food Code section 6-301.14 Handwashing Signage, "A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees."</p> <p>There were numerous pans stacked on the clean dishware rack, which had moisture/water droplets inside. When queried, CDM "Q" confirmed that clean dishware should be completely dry before stacking.</p> <p>According to the 2013 FDA Food Code</p>		<p>dishware are stored in a sanitary manner, to ensure wiping cloths are placed in chemical sanitizer, and to ensure there are no jagged spatulas in the kitchen. All facilities pantry, pantry's refrigerators and pantry's microwave were checked to ensure it is cleaned and maintained in a sanitary matter. 3 Dietary Staff was in serviced for proper handwashing, proper storage of dishware, proper storage of wiping cloths in a sanitary manner, FDA Food Code section 4-202.11 that states that multiuse Food contact surfaces shall be smooth. Dietary Manager/Designee will make daily rounds in the kitchen to ensure proper kitchen's sanitation per 2013 FDA Food Code. Housekeeping Staff was in- serviced on topic that included proper procedure for cleaning and sanitizing of pantry microwaves and refrigerators. Environmental Director is to have daily schedule for pantry/microwave/refrigerators to ensure proper sanitation.</p> <p>4 To ensure substantial compliance Dietary Manager/Designee will do daily kitchen audit with the focus on ensuring there are handwashing signs by the handwashing sinks, to ensure employees follow proper handwashing. Audit will focus on proper storage of the dishware, proper storage and labeling food items, on proper storage of wiping cloths and to ensure all utensils have smooth (not jagged) edges/surfaces. Finding of these audits will be reported to QAPI Committee weekly until QAPI Committee determines substantial compliance. Director of Environmental Services/ Designee will do daily audits of all facility's pantries, pantries' refrigerators and pantries' microwaves to ensure they are maintained in the sanitary manner. Dietary Manager/Designee will make daily rounds in</p>				

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	<p>section 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles, "(B) Clean equipment and utensils shall be stored as specified under (A) of this section and shall be stored: (1) In a self-draining position that allows air drying;"</p> <p>In the walk-in cooler, there was an opened, undated package of deli turkey, and a container of cut melon that was undated. CDM "Q" confirmed the turkey and melon should have been dated.</p> <p>According to the 2013 FDA Food Code section 3-501.17: "Ready-to-eat, potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of 7 days. Refrigerated, ready-to- eat, potentially hazardous food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date</p>				<p>the kitchen to ensure proper kitchen's sanitation per 2013 FDA Food Code. Dietary Manager is responsible for substantial compliance.</p>		

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	<p>based on food safety."</p> <p>There was a wiping cloth on the counter next to the steam table. CDM "Q" confirmed the wiping cloth should be stored inside the sanitizer bucket.</p> <p>According to the 2013 FDA Food Code, Section 3-304.14 Wiping Cloths, Use Limitation, ..." (B) Cloths in-use for wiping counters and other equipment surfaces shall be: (1) Held between uses in a chemical sanitizer solution at a concentration specified under § 4-501.114;"</p> <p>There were 2 spatulas hanging with the clean utensils, which was jagged around the edges, and no longer smooth and easily cleanable. CDM "Q" stated she would throw out the spatulas.</p> <p>According to the 2013 FDA Food Code section 4-202.11 Food-Contact Surfaces, "(A) Multiuse FOOD-CONTACT SURFACES shall be: (1) SMOOTH; (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections;"</p> <p>In the Oakridge pantry, the interior of the microwave was soiled with dried on food debris. In the Hickory pantry, the shelves inside the refrigerator were soiled with a dried, brown substance. CDM "Q" stated housekeeping is responsible for cleaning the microwaves and refrigerators in the nutrition rooms.</p>				

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F0880 SS= E	<p>Infection Prevention &amp; Control §483.80</p> <p>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, 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</p>	F0880	<p>Element 1:</p> <p>Nurse F received individual education about proper use and donning /doffing of well -fitting facemask to cover mouth and nose to prevent spread of respiratory secretions. Nurse F verbalized understanding and demonstrated how to wear well-fitted face mask properly. Residents in room 303 were assessed for any signs and symptoms of COVID-19. Residents in room 303 did not have s/s o COVID -19 and were in stable condition.</p> <p>Nurse H received individual education about proper wear of N-95 mask specifically addressing how to proper use two (top and bottom) yellow straps over the head. Nurse H verbalized understanding and demonstrated how to wear N-95 mask correctly.</p> <p>CNA □GG□ received individual education about proper use of well- fitted surgical mask to cover mouth and nose to prevent spread of respiratory secretions. CAN □GG□ verbalized understanding and demonstrated how to wear well -fitted surgical face mask properly. All residents on Anna□s place were assessed for s/s of COVID-19. No residents exhibited s/s of COVID-19.</p> <p>Nurse □II□ received individual education about proper wear of KN95 mask specifically addressing how well -fitted KN95 mask must cover nose and mouth to prevent spread of respiratory secretions. Nurse □II□ received education about coughing and hand hygiene protocol per CDC guidelines. Nurse □II□ verbalized understanding and demonstrated proper use/wear of KN95 mask and proper hand hygiene.</p> <p>Nurse □HH□ received individual education about proper use of well-fitted surgical mask to cover mouth and nose to prevent spread of respiratory secretions. Nurse □II; verbalized understanding and demonstrated proper</p>	7/6/2022			

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	<p>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. §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>Based on observation, interview and record review, the facility failed to follow infection control practices related to proper use of personal protective equipment (PPE).</p> <p>Findings include:</p> <p>According to the Centers for Disease Control (CDC) guidance for healthcare workers, updated 2/2/22 "Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic":</p> <p>"...Implement Source Control Measures...Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when</p>		<p>use/wear, donning/doffing of surgical mask.</p> <p>Element 2: All residents have potential to be subjected to a staff failure to appropriate PPE use and hand hygiene. All residents residing in the facility are monitored for s/s of COVID including but not limited to observing residents' vital signs to avoid spread of infectious organisms including COVID-19. Currently there are no residents with negative outcome from identified deficient practice.</p> <p>Element 3 The Facility's Policy for the use of PPE including proper wear/donning/doffing of well-fitted surgical mask, KN95 mask and N 95 mask was reviewed. Facility's Hand Hygiene policy was reviewed. All employees were educated of these policies. The facility's Quality Assessment and Assurance (QAA) Committee conducted a Root Cause Analysis (RCA) to identify the problem(s) that resulted in this deficiency and developed an intervention or corrective action plan to prevent recurrence, as a part of the Quality Assurance and Performance Improvement (QAPI) program. Information about how to perform RCA can be found at: <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf</a></p> <p>" The QAA Committee reported the results of RCA and the plans for corrective action to the Governing Body. " The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding</p>				

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	<p>they are breathing, talking, sneezing, or coughing...Source control options for HCP include...A well-fitting facemask...Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting..."</p> <p>On 5/23/22 at 12:48 PM, Nurse 'F' was observed at a medication cart outside of room 303, not wearing any facemask. The blue surgical mask was observed hooked around their right ear and hung down the right side of their neck.</p> <p>On 5/23/22 at 12:51 PM, Nurse 'F' was asked about their donning/doffing of the facemask, and they reported, "It was a little warm. Took down to breath and put it on. Maybe off five minutes."</p> <p>On 5/24/22 at 3:07 PM, Nurse 'H' was observed at the nursing desk wearing an N-95 mask that had only the top strap secured around the top of their head. The bottom yellow strap was observed hanging below their chin. When asked about how the mask should be worn, Nurse 'H' reported "Should have two straps secured."</p> <p>On 5/23/22 at approximately 12:40 PM, Certified Nursing Assistant (CNA) 'GG' was observed on the Anna's Place unit wearing a surgical mask that did not cover their mouth and nose.</p> <p>On 5/25/22 at 8:08 AM, CNA 'GG' was observed</p>		<p>COVID-19 and infection control strategies may be helpful in completing the RCA and can be found at <a href="https://qioprogram.org/covid-19">https://qioprogram.org/covid-19</a>.</p> <p>The facility took immediate action to implement an infection prevention plan consistent with the requirements at 42 CFR § 483.80 that includes corrective action for the affected residents identified in the CMS-2567, identification of other residents that may have been impacted by the noncompliant practices, and implementation of systemic changes.</p> <p>As a part of the corrective action plan, the facility must provide training to all staff providing direct care to residents and all staff entering residents' rooms, whether for residents' dietary needs or cleaning and maintenance services. The training must cover the following topics, in addition to training needs identified by facility's completed the RCA:</p> <ul style="list-style-type: none"> <li>" Nursing Home Infection Preventionist Training Course - <a href="https://www.train.org/cdctrain/training_plan/3814">https://www.train.org/cdctrain/training_plan/3814</a></li> <li>" Targeted COVID-19 Training for Nursing Homes <a href="https://qsep.cms.gov/ProvidersAndOthers/home.aspx">https://qsep.cms.gov/ProvidersAndOthers/home.aspx</a></li> <li>" Keep COVID-19 Out! - <a href="https://youtu.be/7srwrF9MGdw">https://youtu.be/7srwrF9MGdw</a></li> <li>" Lessons - <a href="https://youtu.be/YYTATw9yav4">https://youtu.be/YYTATw9yav4</a></li> <li>" Standard Infection Control Practices</li> <li>" Transmission-Based Precautions</li> <li>" Appropriate use of PPE</li> </ul> <p>More trainings and updates are available on the CDC YouTube channel</p>				

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	<p>charting at the electronic kiosk wearing a surgical mask that did not cover their mouth and nose.</p> <p>On 5/25/22 at 11:49 AM, Nurse 'II' was observed seated at the nurse's station with Nurse 'J'. Nurse 'II' was observed with a KN95 mask covered with another mask hanging from one ear which exposed their nose and mouth. Nurse 'J' stood in very close proximity to Nurse 'II'. Nurse 'II' coughed into their hand, then applied their mask, and did not perform hand hygiene.</p> <p>On 5/25/22 at 3:24 PM, Nurse 'HH' was observed standing with other staff members on the Anna's Place Unit. A surgical mask was observed in Nurse 'HH's' hand and not worn on their face. When queried, Nurse 'HH' reported they were supposed to wear a mask while on the unit.</p>				<p><a href="https://www.youtube.com/c/CDC/">https://www.youtube.com/c/CDC/</a>.</p> <p>Trainings can be completed by staff directly or by train the trainer (Director of Nursing, Infection Preventionist, Medical Director, or Infection Control Consultant). The facility may also use training resources made available by the Centers for Disease Control and Prevention or a program developed by well-established centers of geriatric health services education, such as schools of medicine or nursing, centers for aging, and area health education centers with established programs in geriatrics.</p> <p>If the facility employs or contracts staff with limited English proficiency (LEP), the facility will ensure education is provided in a language that the LEP staff member(s) can understand.</p> <p>Upon completion of the training, the facility must validate staff competency using a post-training test.</p> <p>The facility must develop a plan for monitoring progress of the corrective action plan and tracking performance improvement.</p> <p>Element 4: DON/or designee will conduct 10 audits per week on all staff including all shifts to ensure staff follow appropriate protocol in regard to wearing/donning/doffing surgical mask, NK 95 masks and K 95 masks to avoid transmission of infectious organisms. DON/or designee will conduct 5 audits per week on staff on hand hygiene including appropriate coughing etiquette. A tool was developed to document staff compliance. This</p>		

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					audit will be conducted two times a week for four weeks, then once a week for 2 months or until substantial compliance is achieved. Any concerns will be addressed immediately. Results of the audits will be presented to the monthly Quality Assurance meeting. DON and Administrator will be responsible for compliance.		