

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2022
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546	
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F0000 SS=	INITIAL COMMENTS SKLD Beltline was surveyed for a combination Recertification and Complaint survey from 11/15/22 - 11/18/2022. Intakes: MI00129800, MI00130320, MI00130511, MI00130525, MI00130828, MI00131032, MI00131440, and MI00131809. Census=138	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	F0550	F550 =D Resident Rights/Exercise of Rights Element One: A grievance form was generated for resident R19 regarding his food being left on his tray table, where he had to wait for someone to assist him with meals. The grievance form has been resolved to the resident's satisfaction. Element Two: The facility has identified that this practice could affect residents needing extensive eating assistance. The facility has generated a list of residents that need extensive assistance with meals, those with a BIMS of ten and above have been interviewed regarding their meals being left at the bedside without being fed. Hence, noted concerns, a grievance was generated and resolved to the resident's satisfaction—residents with a BIMS score of less than nine and below 1:1 observation completed by the Interdisciplinary team (IDT) to ensure food trays were not delivered by bedside without assisting residents. Element Three: The Director of Nursing/Designee re-educated the IDT and clinical team to ensure residents with extensive assistance receive assistance immediately when their meal trays are delivered.	12/14/2022

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

TITLE

(X6) DATE

Electronically Signed

12/09/2022

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>resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide care and services to promote dignity and respect in one (1) of 11 residents (R19) reviewed for dignity/respect, resulting in a long wait time to be assisted with eating and the potential for feelings of diminished self-worth, sadness, and frustration.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated 8/9/2022, R19 scored 12/15 (moderately cognitively impaired), had clear speech making his needs known, able to understand others, required extensive assistance for eating, with diagnoses that included progressive neurological conditions of cerebral palsy, quadriplegia, multiple sclerosis, and seizure disorder.</p> <p>During an observation and interview on 11/15/22 at 1:02 PM, R19 was in bed awake with his lunch tray on the bedside table directly in front of him. Resident stated, "I am waiting to be fed. My lunch has been here for over an hour or more. It sucks to have to wait."</p> <p>During an observation and interview on 11/15/22 at 1:14 PM CNA "K" was walking past R19's room stating, "(CNA "UUU") is assigned to (R19). (Licensed Practical Nurse (LPN) "MM") is the nurse for (R19). CNA "K" walked away. CNA "UUU" walked up and stated, "To the best of my</p>		<p>IDT and the clinical team will be re-educated by 12/14/2022 or by the beginning of their next scheduled shift.</p> <p>Element Four: The Director of Nursing/Designee will conduct a random complete 1:1 audit with five Nursing Assistants (CNAs) during meals weekly for four weeks and then monthly after that time for three months or until substantial compliance has been maintained to ensure residents that require extensive assistance receive their meals when there are supposed to be fed. Any concerns identified will be resolved.</p> <p>The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions.</p> <p>Element Five: The Director of Nursing will be responsible for compliance with this regulation by December 14, 2022</p>		

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F0554 SS= D	<p>knowledge, (R19) has been fed." CNA "UUU" with Surveyor entered and observed R19 in his bed with his lunch tray on the bedside table directly in front of him. CNA "UUU" stated, "His (R19) lunch tray arrived at 11:40 AM. When a resident needs assistance to eat, their tray is left on the meal cart, so it is not sitting in front of them waiting to be fed. It is a dignity issue. (R19's) tray should have never been left in front of him without being helped to eat. I had no idea it was in there. It has been a while since I've been in his room."</p> <p>During an interview on 11/15/22 at 1:48 PM LPN "MM" stated, "There are 8 feeders (residents that require assistance with eating). (Certified Nursing Assistant (CNA) "UUU") asked another CNA if (R19) had been fed and was told yes."</p> <p>During an interview on 11/17/22 at 5:04 PM Nursing Home Administrator (NHA) "A" stated, "The process for assisting residents to eat, is the meal tray is to stay on the tray cart, so staff know who needs to be fed. (R19) needs total assistance from staff to eat. On that day (R19) did not get assistance to eat, a NHA from a sister facility came to help and helped to pass trays. (R19) should have been fed sooner than he was. With him not being checked on for 2 hours, that is on us (referring to the facility)."</p> <p>Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications</p>	F0554	<p>F554 =D Resident Self-Admin Med- Clinically Appropriate Element One: Resident R97 completed a self-administration of medications evaluation as he prefers to keep medicines at his bedside and completed a customer service visit to explain the assessment results for his safety to let the nurses assist him with medication administration. Element Two:</p>	12/14/2022

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	<p>were administered safely for one (1) resident (R97), of 31 residents reviewed for medications, resulting in the potential for unsafe-self administration of medications, medication errors, and the mismanagement of medications.</p> <p>Findings include:</p> <p>According to R97's Minimum Data Set (MDS) dated, 10/5/2022, the resident scored 11/15 (moderately cognitively impaired) on his BIMS (Brief Interview Mental Status) was independent with eating after set-up, with diagnoses that included anemia, hypertension, ESRD (end-stage renal disease), diabetes mellitus, arthritis, stroke, depression, ulcerative colitis, constipation, acquired absence of both lower legs, pain, suicidal ideation, and cognitive communication deficit.</p> <p>During an observation and interview on 11/15/22 at 10:57 AM R97 was sitting in his wheelchair watching television in his room. On a bedside table in front of resident, was a medicine cup filled with pills. R97 stated, "I got the pills about a 1/2 hour ago. Usually, I take them with my lunch." The resident poured the medications out on the table, without prompting, and showed them to the Surveyor. 1-small white round scoreable tablet, 1-small round white tablet, 1-small yellow round tablet, 1-oblong green tablet, 2- red round coated pills, 1- larger oblong white tablet, 1-small round peach tablet, 2- large round white tablets (10 total).</p> <p>During an interview on 11/17/2022 at 12:00 PM, Licensed Practical Nurse (LPN) "X" stated, "I gave (R97) his morning medications on 11/15/2022. He was eating his breakfast and had a mouthful of food. I left the medications with him because he said he would take them after he got done with the food in his mouth."</p>		<p>This practice could affect residents who prefer to administer their medications. The facility has identified residents that request to take their medicines with a BIMS of twelve and above. Self- administration of medications evaluations were completed for the identified residents, and customer service visits were conducted for validation purposes.</p> <p>Element Three: The Director of Nursing/Designee re-educated licensed nurses to ensure they have verified that the IDT has completed a self-administration of medications evaluation and orders have been obtained for medication self-administration before leaving medications by the resident's bedside to self-administer. Licensed nurses will be re-educated by 12/14/2022 or by the beginning of their next scheduled shift.</p> <p>Element Four: The Director of Nursing/Designee will conduct a random complete 1:1 audit with five Licensed nurses during medication pass times for four weeks and then monthly after that time for three months or until substantial compliance has been maintained to ensure that only residents who have been evaluated and approved to self-administer their medications have their medications at the bedside.</p> <p>The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions. We will do meetings at least monthly until resolution.</p> <p>Element Five: The Director of Nursing will be responsible for compliance with this regulation by December 14, 2022</p>		

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	<p>During an interview on 11/17/22 at 4:56 PM with Nursing Home Administrator (NHA) "A", Director of Nursing (DON) "B", NHA-in-training "C", DON "B" stated, "(R97) had an assessment and is not able to self-administer meds (medications) because at times he leaves his room does not take them, he falls asleep, and meds fall on floor, or meds go back to kitchen because he leaves them on his meal tray. His care plan is updated to say he cannot take his meds by himself."</p> <p>Review of R97's Self-Administration of Medications Evaluation 9/16/2022 reported the resident wanted to self-administer his medications. It was documented the resident was not able to demonstrate the ability for safe self-administration of medications. R97 was reported to leave medications at bedside; not taking all medication in time allotted. The resident was not a candidate for safe-administer medications (sic). R97 signed on 9/16/2022 he wished to have his medications administered to him.</p> <p>Review of R97's Order Summary 10/4/2022, revealed, "Please supervise narcotic intake and perform mouth checks after admin (administration) every shift for pain management."</p> <p>Review of R97's MAR (Medication Administration Record) November 1, 2022 - November 30, 2022, reported the resident was administered 11 medications on 11/15/2022 for morning medications:</p> <p>-Amlodipine Besylate 10 mg 1 tablet for hypertension</p> <p>-Aspirin EC 81 mg 1 tablet for blood thinner</p> <p>-Cinacalcet HCL 30 mg 1 tablet for metabolite</p>				

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F0582 SS= C	<p>-Furosemide 20 mg 1 tablet for hypertension, hyperkalemia</p> <p>-Lisinopril 20 mg 1 tablet for hypertension</p> <p>-Metoprolol Tartrate 25 mg 1 table for hypertension</p> <p>-Senna-Docusate Sodium 8.6-50 mg 2 tablets for constipation</p> <p>-Lanthanum Carbonate 500 mg 2 tablets for GERD</p> <p>-Sevelamer Carbonate 800 mg 1 table for ESRD (end stage renal disease)</p> <p>Review of R97's Progress Note 9/16/2022 14:15 reported the resident can no longer self-administer medications.</p> <p>Review of R97's Progress Note 9/16/2022 14:20 reported the DPOA (durable power of attorney) was made aware resident will no longer be administering his own medications. DPOA agreed.</p> <p>Medicaid/Medicare Coverage/Liability Notice §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when</p>	F0582	<p>F582 =C Medicaid/Medicare Coverage/Liability Notice= C F Element One: Resident R98 no longer resides at the facility. Element Two: Residents on Medicare coverage have the potential to be affected by this practice. The facility has audited residents on Medicare for the past 30 days to ensure the "Notice of Medicare non-coverage" (NOMNIC) letter was given to the residents. No concerns were identified. Element Three:</p>	12/14/2022	

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	<p>changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility</p>		<p>The administrator completed 1:1 re-education with the social worker on 11/17/2022 to ensure NOMNIC letters were timely so that the residents on Medicare/Medicaid were made aware of the change in coverage. The administrator/Designee re-educated the IDT to ensure that when the social worker is not in the facility, there is a designated leader to present the NOMNIC letter, in this instance, the business manager.</p> <p>Element Four: The administrator/Designee will audit all Medicare/Medicaid residents for four weeks and then monthly for three months or until substantial compliance has been maintained to ensure NOMNIC letters were given to residents on traditional Medicare. In addition, any concerns will be addressed immediately to get a resolution. The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions.</p> <p>Element Five: The administrator will be responsible for compliance with this regulation by December 14, 2022</p>		

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	<p>failed to issue a "Notice of Medicare Non-Coverage" (NOMNC) in a timely manner prior to termination of Medicare benefits in 1 resident (Resident #98) of 3 residents reviewed for notification of financial liability and appeal rights, from a total sample of 31, resulting in the resident not being fully informed of her Medicare right to appeal the decision of non-coverage.</p> <p>Findings include:</p> <p>Resident #98</p> <p>Review of an "Admission Record" revealed Resident #98 admitted to the facility on 9/25/2022 for a Medicare Part A covered stay.</p> <p>Review of the medical record revealed no "Notice of Medicare Non-Coverage" (NOMNC) letter was provided to Resident #98 prior to her discharge on 10/11/2022.</p> <p>In an interview on 11/16/2022 at 11:05 AM, Nursing Home Administrator "A" reported that a "Notice of Medicare Non-Coverage" (NOMNC) letter was required for Resident #98 but not completed due to recent staffing challenges.</p> <p>In an interview on 11/18/2022 at 12:27 PM, Therapy Director "EEE" that a discharge date of 10/11/2022 was set for Resident #98. Therapy Director "EEE" reported that the social worker usually completes the "Notice of Medicare Non-Coverage" (NOMNC) letter.</p> <p>In an interview on 11/18/2022 at 12:33 PM, Medical Social Worker "Q" reported that "Notice of Medicare Non-Coverage" (NOMNC) letters have not been completed for a period of about 5 months.</p> <p>Review of facility policy/procedure "Advanced</p>				

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F0585 SS= D	<p>Beneficiary Notice", dated 7/11/2018, revealed " ...Purpose ... To ensure traditional Medicare Beneficiaries are appropriately notified, per Medicare guidelines, of their options when the facility has determined that skilled services are no longer necessary ... Procedure ... Identify those residents using traditional Medicare benefits as coverage for skilled services ... Obtain last date of treatment for skilled service from Therapy/Nursing via the weekly Medicare meeting ... Go over form with resident describing options and costs and obtain resident's choice on how they wish to proceed ..."</p> <p>Grievances §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally</p>	F0585	<p>F585 =D Grievances Element One: Residents' R55 and R115 grievance forms were generated regarding their missing clothes, and concerns have been resolved to their expectations with satisfaction. Element Two: All residents have the potential to be affected by this practice. The facility has interviewed residents with BIMS ten and above to ensure they do not have missing clothes. And those residents with a BIMS of nine and below "Personal Property Resident Inventory List" reflect what they have in the closet. Element Three: The Administrator/Designee will re-educate all staff to ensure they complete in writing residents' concerns on grievance forms, as noted with missing clothing, to ensure the facility meets residents' practicable level of well-being. Staff will be re-educated by 12/14/2022 or by the beginning of their next scheduled shift. Element Four: The IDT will complete rounds three times a week and interview five residents weekly for four weeks and then monthly after that time for three months or until substantial</p>	12/14/2022

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	(meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the		compliance has been maintained to ensure grievances are completed and resolved to a practicable level of residents' well-being. The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions. Element Five: The administrator will be responsible for compliance with this regulation by December 14, 2022		

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	<p>resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure staff implemented facility policy for grievances regarding missing items for 2 of 2 residents (Resident #55 & #115) reviewed for grievances, resulting in the potential for residents to not meet their highest practicable level of wellbeing due to not having clothing of their own.</p> <p>Findings include:</p> <p>Resident #55</p> <p>Review of an "Admission Record" revealed Resident #55 was originally admitted to the facility on 2/1/21.</p>			

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	<p>Review of a "Minimum Data Set" (MDS) assessment for Resident #55, with a reference date of 9/12/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #55 was cognitively intact. Review of the "Functional Status" revealed that Resident #55 required extensive assistance of 2 persons for bed mobility and dressing, and total dependence on staff for transfers and locomotion while in wheelchair.</p> <p>During an observation and interview on 11/15/22 at 02:02 P.M. Resident #55 was lying in his bed, and without a shirt on. Resident #55 reported that the facility had lost all of his pants and shirts and stated, "...they didn't put my name on them..." Resident #55 reported that he had at least 4 pair of pants, and that his son brought a couple more when the first few were lost. Resident #55 reported that he only has a pair of shorts and a tee shirt and stated, "...its too cold out for those...I don't need clothes if I stay in bed..." Observation of Resident #55's closet revealed 1 tee shirt, 1 pair of shorts and a jacket.</p> <p>Review of Resident #55's "Grievances" revealed one dated 2/8/22 related to a jacket, that was returned to the resident. There were no missing item reports for clothing.</p> <p>Review of Resident #55's "Personal Property, Resident Inventory List" dated 2/1/21 indicated that upon admission Resident #55 had 3 pair of pants and 4 shirts.</p> <p>In an interview on 11/17/22 at 08:30 A.M., Resident #55 reported that there were many reasons that he was not getting out of bed anymore and stated, "...I don't have anything to wear and when I get up they forget about me...I'd like to be somewhere other than my room...I can't</p>				

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	<p>move myself..."</p> <p>In an interview on 11/17/22 at 01:26 P.M., "Certified Nursing Assistant" (CNA) "EE" reported that Resident #55's family had taken all of his clothes home a long time ago in anticipation of discharge.</p> <p>In an interview on 11/17/22 at 03:20 P.M., "Social Worker" (SW) "Q" reported that she was not aware that Resident #55 was missing clothing, and that he didn't have a wheelchair. SW "Q" reported that she would contact family immediately to investigate the concerns, and would also follow-up with the resident.</p> <p>In an interview on 11/17/22 at 11:53 A.M., "Housekeeping Supervisor" (HS) "HHH" reported that when a resident reports a missing item, the housekeeping department looks through the "no name" clothes and stated, "...we would not fill out a grievance form...the nurses should be completing those..." HS "HHH" reported that they were not aware of any missing items for Resident #55.</p> <p>In an interview on 11/18/22 at 10:13 A.M., CNA "WW" reported that she knows Resident #55 well, but she did not know why Resident #55 didn't like to get out of bed and stated, "...he always laughs it off when we ask him..." CNA "WW" reported that Resident #55 does not have a wheelchair, and he only has a pair of shorts and a tee shirt of his own and stated, "...he has never told me that he was missing clothing..."</p> <p>In an interview on 11/18/22 at 10:30 A.M., Resident #55 reported that someone from the facility had just been in his room and they said that they were going to look for his clothes. Resident #55 reported that if he had clothes and a wheelchair that he would like to get out of bed</p>				

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	<p>and get out and about.</p> <p>In an interview on 11/18/22 at 10:40 A.M., UM "LL" reported that she was not sure if Resident #55 had a wheelchair at this time and stated, "...I thought he had a broda (therapeutic) chair and a wheelchair...I don't know what happened to it..."</p> <p>Resident #115</p> <p>Review of an "Admission Record" revealed Resident #115 was originally admitted to the facility on 4/1/22.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #115, with a reference date of 9/18/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 9, out of a total possible score of 15, which indicated Resident #115 was cognitively moderately impaired.</p> <p>During an observation and interview on 11/15/22 at 11:30 A.M. Resident #115 was dressed in a tee shirt and a fleece pair of pants with Christmas print on them that appeared too small. Resident #115 reported that the facility had lost 2 pair of his sweatpants and stated, "...they say forest service across the thighs...I reported it to lots of people...they say that they can't find them...that's not unusual here..." Resident #115 reported that the pants he was wearing were not his and they were too tight.</p> <p>Review of Resident #115's "Grievance" revealed no record of missing sweatpants.</p> <p>Review of Resident #115's "Personal Property, Resident Inventory List" dated 4/5/22 indicated that upon admission Resident #115 had 2 pair of sweatpants.</p> <p>In an interview on 11/17/22 at 11:21 A.M.,</p>			

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F0625 SS= C	<p>Resident #115 reported that he had still not gotten his sweatpants back.</p> <p>In an interview on 11/17/22 at 11:51 A.M., Housekeeper (HSK) "III" reported that he was aware that Resident #115 was missing 2 pair of sweatpants and stated, "...I have been looking, just about everyday...its been a long time that he has been telling me about them being missing..." HSK "III" reported that he had not notified anyone else about Resident #115's missing clothes.</p> <p>In an interview on 11/17/22 at 01:21 P.M., CNA "EE" reported that when Resident #115 gets out of bed, she goes to laundry to find clothes for him to wear and stated, "...I don't know why he doesn't have his own clothes...he has never reported missing clothes..."</p> <p>In an interview on 11/17/22 at 03:12 P.M., SW "Q" reported that she was aware that Resident #115 was missing clothes and stated, "...I wasn't the one handling it..."</p> <p>Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p>	F0625	<p>F625 =C Notice if Bed Hold Policy Before/Upon Transfer</p> <p>Element One: Resident R281 No longer resides at the facility.</p> <p>Element Two: This practice could affect residents who need to be transferred to the hospital or require therapeutic leave. The facility has completed chart audit reviews for the past 30 days for those residents that needed a hospital stay or therapeutic to ensure they had a notice for bed hold. Concerns identified- education 1:1 to the involved staff member at the time of resident's discharge.</p> <p>Element Three: The Director of Nursing/Designee re-educated</p>	12/14/2022

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	<p>(iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide written notification of the facility bed hold policy upon therapeutic leave to an acute care hospital for one resident (R281) of one (1) resident reviewed for bed hold, resulting in possible unanticipated expense or the loss of desired room placement in the facility.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated 7/10/2022, R281 scored 12 /15 (moderately cognitively impaired) on her BIMS (Brief Interview Mental Status).</p> <p>Review of R281's Admission Record reported the resident had two (2) DPOA/HC surrogate proxys listed.</p> <p>Review of R281's eINTERACT Transfer Form V5 reported on 10/1/2022 the resident was sent to an acute care hospital for further evaluation.</p> <p>Review of R281's medical records did not reveal a "Bed Hold" had been completed and given to R281 or her responsible party regarding her transfer to an acute care hospital on 10/1/2022.</p> <p>During an interview on 11/17/2022 at 5:02 PM,</p>		<p>licensed nurses to ensure that when residents are discharged out of the facility due to a therapeutic leave or the hospital receives a notice for the bed hold.</p> <p>Licensed nurses will be re-educated by 12/14/2022 or by the beginning of their next scheduled shift.</p> <p>Element Four: The Director of Nursing/Designee will audit all residents discharged to the hospital or on therapeutic leave to ensure they have received a Bed hold notice for four weeks and then monthly for three months or until substantial compliance has been maintained. Any concerns identified will be addressed immediately.</p> <p>The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions.</p> <p>Element Five: The Director of Nursing will be responsible for compliance with this regulation by December 14, 2022</p>		

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F0688 SS= D	<p>Director of Nursing (DON) "B" stated, (R281) "Bed Hold" was not documented as given when she was transferred to the hospital on 10/1/2022."</p> <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 review, the facility failed to implement interventions to prevent worsening of contractures for 1 of 2 residents (Resident #55) reviewed for range of motion resulting in the potential for worsening of left hand contracture.</p> <p>Findings include:</p> <p>Review of an "Admission Record" revealed Resident #55 was originally admitted to the facility on 2/1/21, with pertinent diagnoses which included: contracture of left hand and wrist, and cerebral infarction (stroke).</p>	F0688	<p>F688 =D Increase/Prevent Decrease In ROM/Mobility Element One: Resident R55 has new orders for physical therapy (PT) evaluation and left hand. Resident 55 now has an order for a palm splint; the care plan has been reviewed and revised. Element Two: Residents discharged from therapy with recommendations to use devices to promote mobility, thus reducing contractures, have the potential to be affected. The facility has reviewed therapy recommendations for the past 30 days to ensure orders were inputted and care plan reviews and revisions were completed as indicated. No concerns were noted. Element Three: The Director of Nursing/Designee re-educated licensed nurses to ensure they notify physicians of PT recommendations with devices to reduce contractures and document orders, and update care plans as indicated. The nursing assistants were re-educated to ensure they followed Kardex to apply devices as shown. Nursing staff will be re-educated by 12/14/2022 or by the beginning of their next scheduled shift. Element Four: The Director of Nursing/Designee will audit Rehabilitation recommendations to use devices to promote mobility, thus reducing contractures, weekly for four weeks and then monthly for three months or until substantial compliance has been maintained. When concerns are noted will be addressed</p>	12/14/2022

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	<p>Review of a "Minimum Data Set" (MDS) assessment for Resident #55, with a reference date of 9/12/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #55 was cognitively intact. Review of the "Functional Status" revealed that Resident #55 required extensive assistance of 2 persons for bed mobility and dressing, and total dependence on staff for transfers and locomotion while in wheelchair.</p> <p>Review of Resident #55's "Care Plan" revealed no problems or interventions related to the resident's contractures.</p> <p>During an observation and interview on 11/15/22 at 02:02 P.M. Resident #55's left hand was contracted, with the index finger and thumb being the only fingers that the resident was able to use. Resident #55 reported that therapy gave him a hand brace to wear, but it came up missing and stated, "...I haven't worn it in a year..."</p> <p>In an interview on 11/16/22 at 04:25 P.M., "Director of Rehab" (DOR) "EEE" reported that Resident #55's therapy ended in January of 2022, and at that time a left hand palmar (front palm-side of hand) guard was recommended to be worn 8 hours a day. DOR "EEE" was not aware that Resident #55 did not have a palmar guard to wear.</p> <p>Review of Resident #55's "Occupational Therapy Discharge Summary" from start of care 12/28/21-end of care 1/26/22 revealed, "...Treatment Diagnosis:...Lack of coordination, Contracture, unspecified shoulder, Contracture left wrist, Contracture left hand...Prosthetic/Orthotic use: The patient will tolerance (sic) left palmar guard wear to 30 minutes w/o (without) s/s (signs symptoms) pain, discomfort or redness in order to</p>		<p>immediately.</p> <p>The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions.</p> <p>Element Five: The Director of Nursing will be responsible for compliance with this regulation by December 14, 2022</p>		

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	<p>promote skin health, hygiene and integrity...End of Goal Status as of 1/26/22: Goal Met - DC'd (discontinued) on 1/17/22..."</p> <p>Review of Resident #55's current "Physician Orders" on 11/16/22 at 4:30 P.M. revealed no orders related to a left hand palmar guard.</p> <p>In an interview on 11/17/22 at 08:30 A.M., Resident #55 reported that his left hand was not able to open up as much as before and stated, "...I can use my thumb and index finger to pick things up..." Resident #55 did not know where his palmar hand guard was and stated, "...no one has talked to me about it..."</p> <p>In an interview on 11/17/22 at 08:49 A.M., "Unit Manager" (UM) "LL" reported that someone from therapy gave Resident #55 a palmar guard last night and stated, "...he took it off during the night and doesn't know where it is now..." UM "LL" reported that she created an order on 11/16/22 for staff to apply the palmar guard and stated, "...I ordered it as soon as I knew about it, which was yesterday...he was supposed to have it a long time ago....I don't know why it wasn't in the orders..."</p> <p>In an interview on 11/17/22 at 08:53 A.M., "Certified Nursing Assistant" (CNA) "EE" reported that she worked with Resident #55 often and had not seen a palmar hand guard and stated, "...I think therapy gives him something to hold..."</p> <p>During an observation and interview on 11/17/22 at 08:54 A.M. Resident #55 was wearing a palmar hand guard on his left hand; the device appears to be brand new. Resident #55 reported that the therapist was just in and found it in the closet.</p> <p>In an interview on 11/17/22 at 08:55 A.M., "Licensed Practical Nurse" (LPN) "GG" (working on Resident #55's hall) reported that if a resident</p>				

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F0692 SS= D	<p>is supposed to wear a palmar hand guard, it should be in the physician orders and stated, "...I think I have seen (Resident #55) with something on his hand..."</p> <p>In an interview on 11/17/22 at 10:00 A.M., DOR "EEE" reported that upon further investigation, Resident #55 did not have his left palmar guard in place and stated, "...I gave him one yesterday and talked to him today and he is tolerating it well..."</p> <p>Review of Resident #55's "Physician Orders" revealed, "Left hand- Apply palm splint on daily, off at hs (bedtime). every shift. Start Date of 11/16/2022 at 19:15 (7:15 P.M.)."</p> <p>Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g) (2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record</p>	F0692	<p>F692 = Nutrition/Hydration Status Maintenance Element One: Residents R110 and R51 have been re-weighted, and food preferences have been revised to ensure they have a practicable quality of life. Element Two: Residents that lose significant weight have the potential to be affected by this practice. The facility has identified residents whose weight varies with the following reporting guidelines: 5% in 30 days, 7.5% in 90 days, and 10% in 180 days. Residents have been re-weighted, and food preferences have been updated. Element Three: The Director of Nursing/Designee has re-educated the nursing staff and registered dieticians to ensure residents with significant weight loss are weighed weekly, food preferences are updated, and food intake is documented accurately to reflect what residents have consumed to ensure residents have a practicable quality of life. Registered dieticians and nursing staff will be re-educated by 12/14/2022 or by the</p>	12/14/2022
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	<p>review the facility failed to provide adequate nutritional care and services for 2 (Resident #110 and Resident #51) of 2 residents reviewed for weight loss, resulting in weight changes/inconsistencies not assessed and followed up with, food preferences not honored, and the potential for altered nutrition status and nutritional decline.</p> <p>Findings include:</p> <p>Resident #110</p> <p>Review of an "Admission Record" revealed Resident #110 was originally admitted to the facility on 10/14/21, with pertinent diagnoses which included: Dysphagia (difficulty swallowing), GERD (gastroesophageal reflux disease), diabetes, and hyperlipidemia (high levels of fat particle in the blood).</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #110, with a reference date of 9/20/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 10, out of a total possible score of 15, which indicated Resident #110 was cognitively moderately impaired. Review of the "Functional Status" revealed that Resident #110 required set up and supervision for eating.</p> <p>Review of Resident #110's "Care Plan" revealed, "...Resident has nutritional problem or potential nutritional problem r/t (related to) T2DM (type 2 diabetes), CKD (chronic kidney disease) stage 3, Schizoaffective D/O (disorder) , Acute Cystitis (bladder inflammation), Squamous Cell Carcinoma (skin cancer) on left lower leg, Hyperlipidemia, constipation, sig (significant weight loss) weight loss, dysphagia with need of mechanically altered diet, variable intake, dislike of facility supplements, need of adaptive</p>		<p>beginning of their next scheduled shift.</p> <p>Element Four: The Director of Nursing/Designee will audit weights weekly to ensure weekly weights, food intake, and food preferences are completed for those residents with significant weight loss for four weeks and then monthly for three months or until substantial compliance has been maintained. When concerns are noted, they will be addressed immediately.</p> <p>The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions.</p> <p>Element Five: The Director of Nursing will be responsible for compliance with this regulation by December 14, 2022</p>		

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	<p>equipment for feeding, hx (history) of refusing feeding assistance. Date Initiated: 10/18/2021 Created on: 10/18/2021 Revision on: 08/31/2022..." There was no record of vegetarian preference.</p> <p>In an interview on 11/15/22 at 01:03 P.M., Resident #110 reported that she had lost a lot of weight because she is a vegetarian and the facility always serves her meat and stated, "...they need to give me more roughage..." Resident #110's plate was observed with a small serving of vegetables and a large pile of spaghetti with meat sauce that was pushed off the side of the plate onto the tray. Resident #110 reported that several people have spoken to her about her food preferences, but that the kitchen seems to just do what they want and stated, "...I will not eat that..."</p> <p>Review of Resident #110's recorded intake for meals indicated 100% of lunch was eaten on 11/15/22.</p> <p>In an Interview on 11/16/22 at 02:45 P.M., "Certified Nursing Assistant" (CNA) "E" reported that Resident #110 goes back and forth between being vegetarian and stated, "...right now she isn't eating meat...it still comes on her tray, but she doesn't eat it...I don't know why the kitchen puts it on her tray..."</p> <p>Review of Resident #110's "Weight Record" revealed the following:</p> <p>"11/8/2022 at 16:44 (4:44 P.M.) 122.4 Lbs (pounds)</p> <p>10/28/2022 at 16:27 (4:27 P.M.) 129.0 Lbs</p> <p>9/9/2022 at 14:00 (2:00 P.M.) 138.0 Lbs</p> <p>8/18/2022 at 15:58 (3:58 P.M.) 138.4 Lbs</p>			

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	<p>7/8/2022 at 10:50 A.M. 142.0 Lbs</p> <p>6/10/2022 at 15:12 (3:12 P.M.) 140.0 Lbs</p> <p>5/7/2022 at 08:28 A.M. 146.0 Lbs</p> <p>4/7/2022 at 10:28 A.M. 149.8 Lbs</p> <p>3/8/2022 at 09:21 A.M. 157.0 Lbs</p> <p>2/28/2022 at 09:40 A.M. 155.6 Lbs"</p> <p>Review of Resident #110's most recent "Nutritional Progress Note" dated 9/30/2022 at 16:55 (4:55 P.M.) revealed, "Nutrition/Weight Note Text: Significant Weight Change: Value: 138.0 Vital Date: 2022-09-09 at 14:00 (2:00 P.M.)</p> <p>-10.0% change...Resident triggering for significant weight loss over 6 months...She continues with a regular diet, mechanical soft texture. Intakes improving, average of 64.4%. Appetite stimulant in place. Assistance as resident allows with feeding initiated last month. Resident more dependent for feeding this past month per documentation.</p> <p>Resident has trialed (sic) and declined all facility supplements. She receives milk TID (three times a day), yogurt BID (twice a day), cottage cheese BID and ice cream BID for added kcals (calorie) and protein. Combined these provide an extra 998 kcals and 58 g protein. Resident referred to PA (physician assistant). Goal is for gradual gain towards a healthier BMI (body mass index) (24-29). No new interventions in place at this time, continue current. See previous nutrition/weight notes. Weight alert cleared, RD to continue monitoring."</p>				

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	<p>In an interview on 11/17/22 at 10:37 A.M., "Registered Dietician" (RD) "G" reported that Resident #110 goes between a vegetarian diet and meat and stated, "...when she refuses meat, the staff should offer an alternate..." RD "G" reported that staff are suppose to obtain weights during the first week of every month and stated, "(Resident #110) was never re-weighed from her 10/28/22 weight loss...the 11/8/22 was a monthly weight..." RD "G" reported that when a resident triggers for weight loss it has been difficult to assess due to staff not getting the needed re-weights and stated, "...I verbally tell them...but they should automatically know to do it when there is a 5 pound or more loss from the previous month..." RD "G" reported that Resident #110's weight loss had not been followed up on and stated, "...I lost track of it after I requested the re-weigh..." RD "G" reported that she would immediately visit Resident #110 to discuss her dietary preferences.</p> <p>In an interview on 11/17/22 at 12:55 P.M., CNA "N" reported that Resident #110 was not listed to be re-weighed and stated, "...we get them at the beginning of the month...we are all set right now..." CNA "N" reported that the CNA's just know to get the monthly weights done and stated, "...its not really anyone's job in particular..."</p> <p>During an observation on 11/17/22 at 01:10 P.M. Resident #110's lunch tray was observed in the meal cart with a large helping of chicken fried steak and broccoli on the plate, uneaten and covered with a napkin. The meal ticket read "small portion" of ground chicken fried steak with gravy, and broccoli was crossed off.</p> <p>In an interview on 11/17/22 at 01:11 P.M., CNA "L" reported that Resident #110 picked at her lunch and didn't eat any of the main course and stated, "...I did not offer an alternative menu item..."</p>				

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	<p>In an interview on 11/18/22 at 10:39 A.M., Unit Manager (UM) "LL" reported that she was not aware that the nursing staff was supposed to automatically re-weigh residents if there was a 5 pound loss/gain and stated, "...I thought that the dietician would let us know when we needed a re-weigh..."</p> <p>Resident #51</p> <p>Review of an "Admission Record" revealed Resident #51 was originally admitted to the facility on 12/1/2015, with pertinent diagnoses which included: Dysphagia, GERD, and sarcoidosis (a condition that causes small patches of swollen tissue).</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #51, with a reference date of 8/29/22 revealed a that Resident #51 required extensive assistance of 1 person for eating.</p> <p>During an observation and interview on 11/16/22 at 08:41 A.M. Resident #51 was sitting up in bed with breakfast in front of her. Resident #51 was not being supervised or assisted. Resident #51 reported that she had lost her appetite and that was the reason for her weight loss.</p> <p>Review of Resident #51's "Weight Record" revealed the following:</p> <p>"11/8/2022 at 16:43 (4:43 P.M.) 131.6 Lbs</p> <p>10/13/2022 at 14:21 (2:21 P.M.) 144.1 Lbs</p> <p>10/3/2022 at 12:58 P.M. 149.0 Lbs</p> <p>9/27/2022 at 08:00 A.M. 149.2 Lbs</p>				

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	<p>9/13/2022 at 10:45 A.M. 157.4 Lbs."</p> <p>In an interview on 11/16/22 at 02:42 P.M., CNA "E" reported that Resident #51 feeds herself and eats good and stated, "...the dietician looks up weights and would let us know if we needed to re-weigh someone..."</p> <p>Review of Resident #51's most recent "Nutritional Note" dated 10/18/2022 at 10:38 A.M. revealed, "Nutrition/Weight Note Text: Trigger for significant weight change. Weights reviewed. Noted weight on 09/13/2022 was an outlier. Weight of 157.4# struck out d/t disputed value. Weight loss of 16#/10.3% in 2 weeks is not feasible...Resident has had a slow gradual weight lose since d/c (discontinue) of tube feeding...Weight loss is unavoidable as resident refuses further tube feeding, refuses supplements and has poor oral intake (30.23% avg over 30 days) on a regular diet, mechanical soft texture, nectar thick liquids...(Resident #51) has 17 refusals and 4 not available over the past 30 days. Resident requires 1:1 assistance with oral intake. She does have days she is able to feed herself as well. Spoke with resident regarding her wishes related to nutrition support. (Resident #51) states she is not sure. This RD to follow up...Interventions: 1. Speak with RN and guardian regarding change in advanced directive and assess for preferences related to altered nutrition support. 2. Add 1:1 feeding/supervision to task list. 3. Continue with current plan of care.</p> <p>RD following along."</p> <p>In an interview on 11/17/22 at 11:01 A.M., RD "G" reported that Resident #51 was put on an appetite supplement in October, refuses assistance with meals, but is eating well on her own at this time based on the documentation from staff. RD "G" reported that she had not received the re-</p>				

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	<p>weight that she had requested after (Resident #51) triggered for weight loss on 11/8/22, therefore she has not completed follow up documentation. RD "G" reported that she relies on the nursing staff to get the re-weighs when needed.</p> <p>Review of a facility policy "Nutrition Monitoring & Management Program" adopted 7/11/2018 revealed, "...1. Each resident is to be weighed within twenty-four (24) hours of admission, weighed weekly for four (4) weeks, and weighed monthly and as needed thereafter. The weight will be entered into the resident's medical record.</p> <p>a. Weights should be obtained at or about the same time of day on each weigh date. b. Weights should be obtained via the same device on each weigh date...3. Monthly weights are to be completed by the 7th day of each month and reviewed by the Nutrition Committee within a reasonable period of time thereafter...Dietary Evaluation: 1. Each resident's nutritional status is assessed by the Registered Dietician or his/her designee on admission and at least quarterly thereafter, and following a change in condition...Clinical Evaluation: 1. In connection with the above assessment of the Registered Dietician, the IDT will further assess nutritional needs and goals of the resident in the context of his/her overall condition...2. Any resident weight that varies from the previous reporting period by 5% in 30 days, 7.5% in 90 days and 10% in 180 days will be evaluated by the Interdisciplinary Team to determine the cause of weight loss/gain and the intervention(s) required...4. Any resident meeting the criteria for weight loss and any resident at risk will be weighed weekly, with the weight entered into the weekly weight change progress notes. Weekly weights will be reviewed each week during the meeting of the Nutrition Committee. a. Residents at risk include (but are not limited to) the following: i. Significant weight loss or gain identified in a 30, 90 and 180-day</p>			

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F0756 SS= D	<p>period..."</p> <p>Drug Regimen Review, Report Irregular, Act O §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p>	F0756	<p>F756 = Drug Regimen Review, Report Irregular, Act-On</p> <p>Element One: Resident R42, Pharmacy recommendations have been reviewed by the physician with new orders from the physician to draw B12 labs before discontinuing B12 supplements. Resident R114, Pharmacy recommendations have been reviewed by the physician with new orders to obtain the following lab work: FLP, TSH. The physician has reviewed resident R112 Pharmacy recommendations with orders to obtain glycosylated hemoglobin level, cholesterol, and triglyceride levels, and the AIMS assessment has been completed.</p> <p>Element Two: All residents have the potential to be affected by this practice. The physicians have reviewed pharmacy recommendations for November 2022, and orders have been inputted as indicated. December 2022, pharmacy recommendations will be reviewed by the physicians, and orders will be inputted by December 14, 2022.</p> <p>Element Three: On November 21, 2022, the administrator re-educated the Director of Nursing to ensure pharmacy recommendations were available for the physicians to review and give orders as indicated for residents.</p> <p>Element Four: The administrator will audit pharmacy recommendations monthly for four months to ensure physicians have reviewed and signed recommendations as indicated. Any concerns will be addressed immediately. The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions.</p>	12/14/2022

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	<p>Based on interview and record review the facility failed to ensure that Pharmacist's monthly Medication Regimen Reviews, which noted irregularities or recommendations, were addressed or acted upon by the facility for 3 residents (Resident #42, #114, and #112) of 4 residents reviewed for unnecessary medication, resulting in the potential for residents to receive medications longer than recommended, unnecessary medications, negative medication side effects, or medication interactions to go unaddressed.</p> <p>Finding include:</p> <p>Resident #42</p> <p>Review of Resident #42's "Medication Regimen Review" from the Consultant Pharmacist, dated 6/10/2022, revealed a "Note to Attending Physician/Prescriber", " ...(Resident #42) is receiving a Vitamin B-12 supplement on Monday-Wednesday-Friday of each week and had a recent serum B-12 level that was elevated at over 2000 mg/dl on 05/12/2022 ...Please evaluate continued need for Vitamin B-12 supplementation secondary to recent level ..." The "Physician/Prescriber Response" on the bottom of the form was blank, showing no documentation or proof that this Medication Regimen Review had been addressed by the Physician/Prescriber.</p> <p>Review of Resident #42's "Medication Regimen Review" from the Consultant Pharmacist, dated 7/14/2022, revealed a "Note to Attending Physician/Prescriber", " ...(Resident #42) is receiving a Vitamin B-12 supplement on Monday-Wednesday-Friday of each week and had a recent serum B-12 level that was elevated at over 2000 mg/dl on 05/12/2022 ...Please evaluate continued need for Vitamin B-12</p>		<p>Element Five: The administrator will be responsible for compliance with this regulation by December 14, 2022</p>		

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	<p>supplementation secondary to recent level ..." The "Physician/Prescriber Response" on the bottom of the form was blank, showing no documentation or proof that this Medication Regimen Review had been addressed by the Physician/Prescriber.</p> <p>Review of Resident #42's "Medication Regimen Review" from the Consultant Pharmacist, dated 8/12/2022, revealed a "Note to Attending Physician/Prescriber", "... (Resident #42) is receiving a Vitamin B-12 supplement on Monday-Wednesday-Friday of each week and had a recent serum B-12 level that was elevated at over 2000 mg/dl on 05/12/2022 ...Please evaluate continued need for Vitamin B-12 supplementation secondary to recent level ..." The "Physician/Prescriber Response" on the bottom of the form was blank, showing no documentation or proof that this Medication Regimen Review had been addressed by the Physician/Prescriber.</p> <p>Review of Resident #42's "Medication Regimen Review" from the Consultant Pharmacist, dated 9/15/2022, revealed a "Note to Attending Physician/Prescriber", "... (Resident #42) is receiving a Vitamin B-12 supplement on Monday-Wednesday-Friday of each week and had a recent serum B-12 level that was elevated at over 2000 mg/dl on 05/12/2022 ...Please evaluate continued need for Vitamin B-12 supplementation secondary to recent level ..." The "Physician/Prescriber Response" on the bottom of the form was blank, showing no documentation or proof that this Medication Regimen Review had been addressed by the Physician/Prescriber.</p> <p>In an email sent on 11/18/2022 at 3:55 PM to Nursing Home Administrator "A", Nursing Home Administrator in training "C", and Director of Nursing "B", any documented follow up to Medication Regimen Reviews dated 6/10/2022, 7/14/2022, and 8/12/2022 was requested for</p>			

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	<p>Resident #42 and never received.</p> <p>In an interview on 11/18/2022 at 3:42 PM, Nursing Home Administrator "A" reported that she has not been reviewing Medication Regimen Reviews as she has been busy handling other matters.</p> <p>Review of facility policy/procedure "Medication Regimen Review", dated 7/11/2018, revealed " ...The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist ... The pharmacist must report any irregularities to the attending physician, facility medical director and the Director of Nursing Services ... These reports must be acted upon ... The report is provided by the Pharmacist or facility to the responsible physicians and the Director of Nursing Services within seven (7) working days of review ... The physician provides a written response to the report to the facility within one (1) month after the report is sent ..."</p> <p>Resident #114</p> <p>Review of an "Admission Record" revealed Resident #114 was originally admitted to the facility on _____, with pertinent diagnoses which included: Cerebrovascular accident (CVA: stroke).</p> <p>Review of Resident #114's "Care Plan" revealed, "...Resident uses anti-anxiety medications r/t (related to)</p> <p>a dx (diagnosis) of anxiety disorder Date Initiated: 06/22/2022...Resident is on anticoagulant therapy</p> <p>Apixaban with risk for abnormal bleeding r/t history of CVA Date Initiated: 07/11/2022...Resident uses antidepressant</p>				

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	<p>medication r/t a dx of major depressive disorder. Date Initiated: 08/02/2022..."</p> <p>Review of Resident #114's "MRR" dated 11/7/2022 indicated to see a separate report for noted irregularities and/or recommendations. There was no report attached.</p> <p>This surveyor requested documentation on 11/18/22 at 02:41 P.M., confirming that Resident #114's MRR noted irregularities and/or recommendations were reviewed and followed up with by a physician.</p> <p>In an interview on 11/18/22 at 03:11 P.M., NHA reported that the facility switched to a new pharmacy November 1st and stated, "...they are supposed to send the recommendations by email...but they had the email address incorrect, so we never got them..." NHA reported that Resident #114's MRR from 11/7/22 had not been reviewed by a physician.</p> <p>In an interview on 11/18/22 at 03:34 P.M., "Physician Assistant" (PA) "TTT" reported that she reviews pharmacy recommendations, but only documents follow-up if she agrees and makes a change to the residents medication regimen.</p> <p>Resident #112</p> <p>Review of an "Admission Record" revealed Resident #112 was a female, with pertinent diagnoses which included bipolar disorder, anxiety, dementia, insomnia, kidney disease, and high blood pressure.</p> <p>Review of a current "Care Plan" for Resident #112 revealed the focus "...Resident uses anti-psychotic medications r/t (related to) a dx (diagnosis) of bipolar disorder..." initiated 1/27/22, with interventions which included</p>			

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	<p>"...Complete AIMS (Abnormal Involuntary Movement Scale) for potential TD (Tardive Dyskinesia) side effects per facility protocol..." and "...Consult with pharmacy, MD (Physician) to consider dosage reduction when clinically appropriate at least quarterly..." both initiated 1/27/22.</p> <p>Review of an "Order Summary Report" for Resident #112 revealed an active physician order for "...OLANzapine (Zyprexa) Tablet 10 MG Give 1 tablet by mouth at bedtime..." with a start date of 5/25/22.</p> <p>Review of a "Note To Attending Physician/Prescriber" for Resident #112, dated 7/14/22, revealed "...The Medication Regimen Review was conducted within the possible limitations imposed by COVID-19...(Resident #112) is receiving Zyprexa. Epidemiological studies suggest an increased risk of hyperglycemia-related adverse effects during atypical antipsychotic use. These agents, have been associated with extreme cases of hyperglycemia, ketoacidosis, hyperosmolar coma, and death. In post-marketing clinical trials, elevations in total cholesterol (primarily LDL) have been observed. It is advisable to monitor cholesterol and triglyceride levels periodically in patients receiving antipsychotics, particularly those with pre-existing hypercholesterolemia or hypertriglyceridemia...Recommendation: Please consider obtaining a glycosylated hemoglobin level on the next convenient lab day and then periodically thereafter..." The section "Physician/Prescriber Response" at the bottom of the document was blank, with no documentation to indicate whether the Medication Regimen Review had been addressed by the Physician/Prescriber.</p> <p>Review of a "Note To Attending</p>			

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	<p>Physician/Prescriber" for Resident #112, dated 8/11/22, revealed "...The Medication Regimen Review was conducted within the possible limitations imposed by COVID-19...(Resident #112) receives Zyprexa, a medication which may cause involuntary movements including tardive dyskinesia (TD), but an AIMS or DISCUS assessment is not documented in the resident record within the previous 6 months...Recommendation: Please consider monitoring for involuntary movements by using one of the available scales (DISCUS, AIMS, etc.) now and then at least every six months thereafter (or per facility protocol)..." The section "Physician/Prescriber Response" at the bottom of the document was blank, with no documentation to indicate whether the Medication Regimen Review had been addressed by the Physician/Prescriber.</p> <p>Review of a "Note To Attending Physician/Prescriber" for Resident #112, dated 9/14/22, revealed "...The Medication Regimen Review was conducted within the possible limitations imposed by COVID-19...(Resident #112) is receiving Zyprexa. Epidemiological studies suggest an increased risk of hyperglycemia-related adverse effects during atypical antipsychotic use. These agents, have been associated with extreme cases of hyperglycemia, ketoacidosis, hyperosmolar coma, and death. In post-marketing clinical trials, elevations in total cholesterol (primarily LDL) have been observed. It is advisable to monitor cholesterol and triglyceride levels periodically in patients receiving antipsychotics, particularly those with pre-existing hypercholesterolemia or hypertriglyceridemia...Recommendation: Please consider obtaining a glycosylated hemoglobin level on the next convenient lab day and then periodically thereafter..." The section "Physician/Prescriber Response" at the bottom of the document was blank, with no documentation</p>			

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F0759 SS= D	<p>to indicate whether the Medication Regimen Review had been addressed by the Physician/Prescriber.</p> <p>Review of a "Note To Attending Physician/Prescriber" for Resident #112, dated 10/11/22, revealed "...The Medication Regimen Review was conducted within the possible limitations imposed by COVID-19...(Resident #112) is receiving Zyprexa. Epidemiological studies suggest an increased risk of hyperglycemia-related adverse effects during atypical antipsychotic use. These agents, have been associated with extreme cases of hyperglycemia, ketoacidosis, hyperosmolar coma, and death. In post-marketing clinical trials, elevations in total cholesterol (primarily LDL) have been observed. It is advisable to monitor cholesterol and triglyceride levels periodically in patients receiving antipsychotics, particularly those with pre-existing hypercholesterolemia or hypertriglyceridemia...Recommendation: Please consider obtaining a glycosylated hemoglobin level on the next convenient lab day and then periodically thereafter..." The section "Physician/Prescriber Response" at the bottom of the document was blank, with no documentation to indicate whether the Medication Regimen Review had been addressed by the Physician/Prescriber.</p> <p>Free of Medication Error Rts 5 Prcnt or More §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to maintain a</p>	F0759	<p>F759 =D Free of Medication Error Rate of 5% or more Element One: Resident R30's medical record has been reviewed. No irregularities or changes in condition were noted regarding medication administration, and the physician was notified. Element Two: All residents in the facility have the potential to be affected by this practice. Audited Residents' medical records for the past two</p>	12/14/2022

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	<p>medication error rate of less than five percent in 1 of 12 residents (Resident #30) reviewed for medication administration, resulting in a medication error rate of 18.5% (5 errors from a total of 27 opportunities for error).</p> <p>Findings include:</p> <p>Review of the policy/procedure "Administration of Drugs", dated 12/19/19, revealed "...It is the policy of this facility that medications shall be administered as prescribed by the attending physician...Medications must be administered in accordance with the written orders of the ordering/prescribing physician...Medications should be administered in accordance to meet the needs of the resident. Facilities that follow standard med pass models, medications may not be set up in advance and must be administered within one (1) hour before or after their prescribed time...Unless otherwise specified by the resident's ordering/prescribing physician, routine medications should be administered as scheduled...Should a drug be withheld, refused, or given other than the scheduled time, the nurse must enter an explanatory note..."</p> <p>Review of the policy/procedure "Medication Errors", dated 7/11/18, revealed "...Medication errors are generally defined as doses administered to a patient that deviates from the physician's orders...Since medication errors are the most common drug related problem in a long-term care setting, every action you take which lowers the potential for errors is a significant step in improvement of the quality of care for residents...Types of Errors...Wrong Time- Administration of medications more than one hour before, or one hour after prescribed time... Wrong Dose- other than prescribed dose administered..."</p>		<p>weeks, looking for any irregularities in vital signs or change in condition, thus following up with the physician as indicated. No concerns were identified about medication administration.</p> <p>Element Three: The Director of Nursing/designee re-educated licensed nurses to ensure residents receive medications following the six rights (Right resident, Right time, Right medication, Right dose, Right route, and Right documentation) of medication administration as ordered. Licensed nurses will be re-educated by 12/14/2022 or by the beginning of their next scheduled shift.</p> <p>Element Four: The Director of Nursing/Designee will conduct a random complete 1:1 audit with five nurses during medication administration weekly for four weeks and then monthly for three months or until substantial compliance has been maintained to ensure medications are administered as ordered. Concerns identified in the process will be immediately addressed. The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions.</p> <p>Element Five: The Director of Nursing will be responsible for compliance with this regulation by December 14, 2022</p>		

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	<p>Review of an "Admission Record" revealed Resident #30 was a female, with pertinent diagnoses which included diabetes, depression, arthritis, and high blood pressure.</p> <p>Review of an "Order Summary Report" for Resident #30 revealed an active physician order for "...Voltaren Gel 1 % (Diclofenac Sodium) Apply to right and left knees topically every 8 hours for bilateral knee osteoarthritis apply 4 gm to right knee and 4 gm to left knee every 8 hours..." with a start date of 8/4/21.</p> <p>Review of an "Order Summary Report" for Resident #30 revealed an active physician order for "...Gabapentin Capsule 400 MG Give 1 capsule by mouth every 12 hours for polyneuropathy..." with a start date of 12/16/21.</p> <p>Review of an "Order Summary Report" for Resident #30 revealed an active physician order for "...Sertraline HCl Tablet 100 MG Give 2 tablet by mouth one time a day..." with a start date of 11/11/21.</p> <p>Review of an "Order Summary Report" for Resident #30 revealed an active physician order for "...Losartan Potassium Oral Tablet 50 MG (Losartan Potassium) Give 1 tablet by mouth one time a day for HTN (High Blood Pressure)..." with a start date of 11/11/22.</p> <p>Review of an "Order Summary Report" for Resident #30 revealed an active physician order for "...HumaLOG KwikPen Solution Pen-injector 100 UNIT/ML (Insulin Lispro (1 Unit Dial)) Inject 6 unit subcutaneously with meals for DM (Diabetes Mellitus) hold if glucose less than 100, call if glucose less than 70 or greater than 350..." with a start date of 1/11/22.</p> <p>In an observation on 11/17/22 at 10:18 a.m.,</p>				

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	<p>"Registered Nurse" (RN) "LL" prepared medications for Resident #30 at the medication cart. Observed RN "LL" prepare "...Diclofenac Sodium 1% Gel...", one "...Gabapentin Capsule 400 MG...", two "...Sertraline HCl Tablet 100 MG...", one "...Losartan Potassium Oral Tablet 25 MG..." (Wrong Dose), and 6 units of "...Insulin Lispro...", along with the remainder of Resident #30's morning medications, and administer the medications to Resident #30, in the resident's room. Note the "...Diclofenac Sodium 1% Gel...", "...Gabapentin Capsule 400 MG...", and "...Sertraline HCl Tablet 100 MG..." were scheduled for 8:00 a.m., and administered over an hour late (outside the designated time frame). The 6 units of "...Insulin Lispro..." for Resident #30 was scheduled for 7:30 a.m., and administered over one and a half hours late (outside the designated time frame).</p> <p>In an interview on 11/18/22 at 9:46 a.m., "Licensed Practical Nurse" (LPN) "Z" reported the facility has both a liberalized medication administration schedule, and some medications scheduled for specific times. LPN "Z" reported for medications scheduled at specific times, the time frame for administration is one hour before to one hour after the scheduled time.</p> <p>In an interview on 11/18/22 at 9:50 a.m., LPN "MM" reported the facility utilizes a liberalized schedule for medication administration. LPN "MM" reported there are certain medications scheduled for specific times, which should be administered between one hour before and one hour after the scheduled time.</p> <p>In an interview on 11/18/22 at 10:04 a.m., RN "R" reported some physician ordered medications are scheduled for specific times because they are "...time sensitive..." RN "R" reported the designated time frame for medication</p>				

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F0760 SS= G	<p>administration, for those scheduled for a specific time, is within one hour before, and one hour after the scheduled medication time.</p> <p>In an interview on 11/18/22 at 10:10 a.m., "Director of Nursing" (DON) "B" reported the facility utilizes both scheduled and liberalized medication administration times. DON "B" stated medications that are scheduled for specific times are "...those that have to be given a certain time apart..." DON "B" reported for medications scheduled at specific times, the time frame for administration is within one hour before and one hour after the scheduled time.</p> <p>Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f) (2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00130809.</p> <p>Based on interview and record review, the facility failed to prevent the significant medication errors in 2 of 2 sampled residents (Resident #281 and Resident #113) reviewed for medication errors, resulting in Resident #281 becoming unresponsive, requiring emergency transport and admission to a hospital with intubated and placed on a ventilator and Resident #113 having a seizure after not receiving his medications for epilepsy.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated 7/10/2022, R281 scored 12/15 (moderately cognitively impaired) on her BIMS (Brief</p>	F0760	<p>F760 =G Residents are Free of Significant Med Errors Element One: Residents R281 and R113 no longer reside at the facility. Element Two: All residents have the potential to be affected by this practice. The facility has interviewed residents to ensure they are receiving their medications as ordered and has audited progress notes for any irregularities/changes of condition to ensure there are not medication related. The unit managers and the Director of Nursing have audited Electronic Medical Records (EMR) to ensure medications are re-ordered timely. Physician and pharmacy notification and documentation completed as indicated. Element Three: The Director of Nursing/designee re-educated licensed nurses to ensure residents receive medications following the six rights (Right resident, Right time, Right medication, Right dose, Right route, and Right documentation) of medication administration as ordered. Additionally, to complete assessments when residents do not receive/refuse medications,</p>	12/14/2022

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	<p>Interview Mental Status) with diagnoses that included coronary artery disease, ischemic cardiomyopathy, hypertension, diabetes mellitus, stroke, and obstructive sleep apnea. R281 required extensive assistance with all her ADLs (activities-of-daily-living) with the exemption of eating.</p> <p>Review of R281's eINTERACT 10/1/2022 00:45 (AM) reported the resident was sent to the hospital on 10/1/2022 at 00:52 (AM) due to being unresponsive.</p> <p>Review of R281's Progress Note 10/1/2022 01:41 (AM) revealed, "On 10/1/2022 at 00:15 (AM) the nurse went into resident room to pass midnight medication and resident was unresponsive. Vital signs were B (blood pressure) 52/32, HR (heart rate) 64, Resp (Respirations) 18 with a brief period of apnea, BS (blood sugar) 118, O2 sat 87%, sternal rub was ineffective ...called 911 and resident was transferred by Life EMS paramedics to (name of hospital ER).</p> <p>Review of R281's Hospital Emergency Summary 10/1/2022 2:36 AM reported, "Chief Complaint: low blood pressure with a diagnosis of altered mental status and acute respiratory failure. The resident's history of present illness to be resident was found unresponsive and apneic (temporary cessation of breathing). Found to be hypotensive at 50/30 with agonal respirations. Hypothermic at 95 degrees Fahrenheit. R281 arrived at the ER via EMS (emergency medical service/ambulance) with a continued GCS of 3 (Glasgow Coma Scale 3 the lowest possible score and is associated with an extremely high mortality rate) with infrequent spontaneous respiration. There was no evidence of gag reflex, corneal reflex, (brainstem reflexes) on exam with concern for failure to protect her airway and episodes of apnea, the ER elected to proceed with intubation. Labs did not indicate</p>		<p>including notification to the prescribing clinician and pharmacy for further follow-up and an explanatory note documented in the medical record.</p> <p>Licensed nurses will be educated by 12/14/2022 or by the beginning of their next scheduled shift.</p> <p>Element Four: The Director of Nursing/Designee will conduct a random complete 1:1 audit with five nurses during medication administration weekly for four weeks and then monthly after that time for three months or until substantial compliance has been maintained to ensure medications are administered as ordered and resident refusals have an explanatory note documented in the medical record. Any concerns identified will be resolved. The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions.</p> <p>Element Five: The Director of Nursing will be responsible for compliance with this regulation by December 14, 2022.</p>		

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	<p>sepsis, elevated CO2, or shock. CT scans did not have abnormal findings. R281 was then transferred to the ICU for further evaluation.</p> <p>Review of R281's Hospital ICU Summary 10/2/2022 reported the resident had encephalopathy with a comprehensive drug screen result with medications not listed on her medication record. Polypharmacy with drug screen positive for cannabinoids and clozapine/mirtazapine (Clozapine (use for schizophrenia) may occasionally cause serious cardiovascular side effects such as low blood pressure and cardiac or respiratory arrest) (mirtazapine (Remeron) atypical antidepressant) (not part of her home medications).</p> <p>During an interview on 11/16/2022 at 3:30 PM, Nursing Home Administrator (NHA) "A" stated, "The facility did a thorough investigation regarding the medication. The facility found that the nurse gave (R281) her roommate's (R110's) medications in error. The nurse that mixed up the medications has been let go."</p> <p>During an interview on 11/17/22 at 4:51 PM NHA "A" stated, "I believe the nurse may have preset meds. We monitored (R110) for adverse effects of possibly getting (R281's) medications. Director of Nursing (DON) "B" stated, "The nurse told us she gave (R110) the medications first then went to (R281) and gave her medications. These were HS (bedtime) medications."</p> <p>During an interview on 11/18/22 at 8:31 AM Licensed Practical Nurse (LPN) "RRR" stated, "I was the nurse on September 30th (2022). I worked the night shift. I only work once in a while. I still work there as needed. I gave medications to (R110) first then I gave (R281) her medication. (R281) was a diabetic. I gave (R281)</p>				

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	<p>her medications in applesauce. I usually do not preset medications. I could not give (R110 and R281) medications at the same time because (R281's) insulin stuff is in a basket and my hands would be full. I would do not do (R110 and R281) medications at the same time anyways because the electronic MAR (Medication Administration Record) is not set to room number order. It is set by resident, so I did not give (R110's) medications to (R281).</p> <p>Review of R110's MAR dated 9/30/2022 revealed LPN "RRR" documented she administered "Clozaril (clozapine) 100 mg Give 300 mg by mouth at bedtime for schizophrenia" and "Mirtazapine Tablet 15 mg Give 15 mg by mouth at bedtime for appetite stimulant".</p> <p>Review of R281's Medication Administration Record (MAR) dated 9/30/2022 revealed LPN "RRR" documented she administered at bedtime:</p> <ul style="list-style-type: none"> -Gabapentin 300 mg 1 capsule for neuropathy pain -Insulin Glargine solution for diabetes mellitus -Melatonin 3 mg 1 tablet for insomnia -Rosuvastatin calcium 40 mg 1 tablet for lipid control -Apixaban 5 mg 1 tablet anticoagulant -Losartan potassium 50 mg 1 tablet for hypertension -Acetaminophen 500 mg 2 tablets for pain (2200/10:00 PM) <p>Review of R281's MAR 9/30/2022 revealed the side effects for psychotropic medication</p>				

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	<p>(antidepressant) of any medication classification; including, but not limited to increased sedation, drowsiness, lightheadedness, syncope ... was not documented as being done for the evening shift, 7:15 PM.</p> <p>Resident #113</p> <p>Review of an "Admission Record" revealed Resident #113 admitted to the facility on 1/24/2022 with pertinent diagnoses which included epilepsy and generalized anxiety disorder.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #113, with a reference date of 10/14/2022 revealed a "Brief Interview for Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #113 was cognitively intact.</p> <p>In an interview on 11/16/2022 at 9:43 AM, Resident #113 reported that staff failed to give him 5 of his seizure medications on Monday night. Resident #113 reported that staff told him that his medications were not in the drawers or in backup.</p> <p>Review of Resident #113's November 2022 Medication Administration Record revealed the following missed doses of medication: "Cenobamate 150 mg, give 2 tablet my mouth at bedtime related to epilepsy" was not given on 11/14/2022 and 11/15/2022. "Lacosamide (Vimpat) Tablet 200 mg, give 3 tablets by mouth at bedtime related to epilepsy" was not given on 11/13/2022 and 11/14/2022. "Brivaracetam (Briviact) tablet 100 mg, give 2 tablets by mouth two times a day for seizures" was not given the evening of 11/11/2022 and on 11/12/2022.</p> <p>Review of Drugs.com revealed, "Vimpat is an</p>			
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	<p>anti-epileptic drug. Do not stop using Vimpat suddenly or you may have increased seizures. Titrate in increments of 100 mg (50 mg twice a day) no more frequently than once a week based on clinical response and tolerability...Briviact is used to treat partial onset seizures in people with epilepsy. Do not stop using Briviact suddenly, even if you feel fine. Stopping suddenly may cause serious medical problems or increased seizures. Follow your doctor's instructions about tapering your dose...Cenobamate is used to treat partial-onset seizures in adults. Do not stop using cenobamate suddenly. Stopping suddenly may cause increased seizures or unpleasant withdrawal symptoms. Follow your doctor's instructions about tapering your dose...Titration of Cenobamate: 25 mg orally once a day for weeks 3 and 4; 50 mg orally once a day for weeks 5 and 6; 100 mg orally once a day for weeks 7 and 8; 150 mg orally once a day for weeks 9 and 10...titration should not be exceeded because of the potential for serious adverse reactions"</p> <p>Review of the hospital Emergency Department record dated 11/15/22 revealed, "pt (Patient) a/ox4 (alert and oriented times 4) called EMS because he woke up from a nap stating he "urinated himself", which he says happens when he has a seizure. Pt states SKLD didn't have some of his seizure meds for the last two days. Missing five doses. Pt hx of seizure and has brain shunt...Patient is a 28-year-old male with extensive history of seizures, has shunt in place, presenting from a skilled nursing facility because he did not receive his antiepileptic medications since last night. Patient is worried because he has a history of status epilepticus including a 4 month stay last year. Patient notes that remote monitoring shows that he has a seizure every day, but the shunt is able to suppress it. Patient is concerned about not receiving his antiepileptic medications, and has no other questions or concerns today... In short, this is a 28-year-old</p>				

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	<p>male with a history of seizures who takes for seizure medications daily. At his facility last night, a couple of his medications were not given to him and he had a seizure this morning. The previous resident spoke to neurology and they would like to give all for of his medications now since it is not clear which once he missed. The plan is after he gets his medication doses he can go back to the facility. Patient care is contacting the facility to discuss why he missed his doses in to make sure that does not happen again. Currently, patient is in stable condition and back to baseline. Patient received his seizure medications. Care management spoke to the patient and is going to work out a plan to possibly have him transferred to a different care facility. Patient is stable to discharge after getting his seizure medications because his seizures were most likely caused by missing doses of his medicine last night and his seizures were unlikely to be caused by a secondary source. Patient has</p> <p>a history of status epilepticus so we did not want to delay providing patient with anti epileptic medications and risk a seizure or status epilepticus."</p> <p>According to John's Hopkins medicine, status epilepticus is defined as "A seizure that lasts longer than 5 minutes, or having more than 1 seizure within a 5 minutes period, without returning to a normal level of consciousness between episodes is called status epilepticus. This is a medical emergency that may lead to permanent brain damage or death."</p> <p>In an interview on 11/18/2022 at 11:26 AM, Nursing Home Administrator (NHA) "A" reported that at the time of these medication issues the facility was switching to a new pharmacy and working through issues. NHA "A" reported that Resident #113's missed doses of</p>				

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F0888 SS= G	<p>medications were documented as not being available. NHA "A" reported that nursing staff attempted to contact the pharmacy but did not document this.</p> <p>COVID-19 Vaccination of Facility Staff §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. §483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. §483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this</p>	F0888	<p>F888 =G COVID-19 Vaccination of Facility Staff Element One: No residents were identified. Element Two: All residents that are immune compromised can potentially be affected by this practice. The facility has operationalized the policy of COVID-19 immunization with employees and facility healthcare vendors through auditing to ensure all employees have an immunization or exception document. Element Three: The administrator re-educated human resource personnel to ensure all employees completed an immunization or exemption before working in the facility on 12/12/2022. Element Four: The Director of Nursing/Infection control preventionist will complete weekly audits for three months or until substantial compliance has been maintained to ensure all employees are fully vaccinated for COVID-19 or possess an approved exemption. Any concerns noted will be addressed immediately. The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions. Element Five: The Director of Nursing will be responsible for compliance with this regulation by December 14, 2022.</p>	12/14/2022

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	<p>section. §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical</p>			
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	<p>exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as</p>				

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	<p>evidenced by:</p> <p>Based on interview, and record review, the facility failed to operationalize policies and procedures to ensure all staff were fully vaccinated for COVID-19 or possessed an approved exemption in a timely manner, in 2 of 20 staff members reviewed for COVID-19 vaccination status, resulting in the potential for transmission of COVID-19 to a vulnerable population.</p> <p>Findings include:</p> <p>Review of a COVID-19 "Staff Vaccination Matrix", provided by the facility on 11/17/22, revealed Receptionist "FF" was highlighted in red (indicating exempt per the document key), with no COVID-19 vaccination information or exemption information documented on the form.</p> <p>Review of a COVID-19 "Staff Vaccination Matrix", provided by the facility on 11/17/22, revealed "Registered Occupational Therapist" (OTR) "FFF" was highlighted in red (indicating exempt per the document key), with no COVID-19 vaccination information or exemption information documented on the form.</p> <p>In an interview on 11/17/22 at 1:54 p.m., "Director of Nursing" (DON) "B" reported eight residents had tested positive for COVID-19 since 11/12/22. DON "B" reported all current COVID-19 positive residents were placed on Transmission-Based Precautions on the 300 Hall. DON "B" reported no hospitalizations or deaths related to the current COVID-19 outbreak at the facility.</p> <p>Requested vaccination/exemption documentation for Receptionist "FF" and OTR "FFF", along with</p>				

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	<p>additional sampled staff members, on 11/17/22 at 3:10 p.m. via email.</p> <p>Reviewed vaccination/exemption documentation provided by facility staff via email. Noted no documentation provided for Receptionist "FF". Noted a request for a religious exemption for OTR "FFF, however, no documentation provided to verify whether or not the request was approved.</p> <p>In an interview on 11/18/22 at 2:52 p.m., with Administrator "A" and DON "B", Administrator "A" stated in regard to the documentation requested for Receptionist "FF" "...It appears she applied for an exemption and it was not approved..." Administrator "A" and DON "B" reported there was no follow-up after the exemption was denied. Administrator "A" and DON "B" reported Receptionist "FF" had applied for the exemption in January of 2022. DON "B" stated in regard to OTR "FFF's" request for a religious exemption "...I reached out to our Director of Rehab...I asked for something that says whether it is approved or denied...She is waiting for her company to get back to her..."</p> <p>No additional vaccination/exemption documentation provided for Receptionist "FF" and OTR "FFF" prior to survey exit.</p> <p>Review of the policy/procedure "Mandatory COVID-19 Vaccinations", dated 10/10/22, revealed "...It is the policy of this facility/company to require all staff members to comply with the COVID19 vaccination requirements, in conjunction with all state and/ or federal requirement(s)...PURPOSE: To prevent the spread of the COVID19 virus and to ensure the health and safety of residents and staff members...As a condition of employment all staff members must receive the COVID19 vaccination or possess an approved exemption...If a staff</p>			
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F0919 SS= D	<p>member declines immunization because it conflicts with held religious beliefs, the staff member must complete the Staff- Covid Vaccine Religious Accommodation Request and Response Form...Exemptions will be approved or disapproved based on the EEOC Compliance Handbook...The approval or disapproval of the Medical or Religious Exemptions will be communicated back to the staff member via email...The facility/company will track all staff members vaccination statuses or exemption statuses on a Vaccination Tracking Tool...The facility/company will validate and obtain the vaccination cards or exemptions for all current staff members by 01/27/2022...The facility/company will obtain documentation of a granted exemption from vaccination to include the type of exemption and the supporting documentation..."</p> <p>Resident Call System §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from- §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure access to a call light system in 1 of 31 residents (Resident #58) reviewed for call lights, resulting in the potential for unmet care needs and emergent needs not being addressed.</p> <p>Findings include:</p> <p>Review of an "Admission Record" revealed</p>	F0919	<p>F919- Resident Call Light Systems= D Element One: The maintenance department has put a new call light device in Resident R58's room. Element Two: Residents in newly refurbished rooms can be affected by this practice. Newly renovated rooms have been audited, and call lights are in place for residents to communicate their needs to staff. Element Three: The administrator/designee re-educated all staff to ensure that while attending to residents, they have a call light to communicate their needs. All staff will be educated by 12/14/2022 or by the beginning of their next scheduled shift. Element Four: The administrator/designee will complete five random audits of residents' rooms weekly for four weeks and then monthly after that time for three months or until substantial</p>	12/14/2022	

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	<p>Resident #58 was originally admitted to the facility on 3/13/21, with pertinent diagnoses which included: end stage renal (kidney) disease.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #58, with a reference date of 11/3/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #58 was cognitively intact. Review of the "Functional Status" revealed that Resident #58 required extensive assistance of 1 person to physically assist with transfers.</p> <p>During an observation and interview on 11/16/22 at 09:09 A.M. Resident #58 was attempting to transfer herself into her wheelchair. Resident #58 reported that she did not have a call light to ask for help. This surveyor inspected Resident #58's room and the call light outlet; there was no call light observed. After hearing Resident #58 attempting to transfer, her roommate pressed her call light and then began attempting to assist Resident #58 into her chair. Resident #58 reported that she has not had a call light since she was moved to the room on 10/21/22.</p> <p>In an interview on 11/16/22 at 09:24 A.M., "Licensed Practical Nurse" (LPN) "Z" reported that Resident #58 was independent to transfer and stated, "...she should call for assistance if needed...she uses her call light..." LPN "Z" observed Resident #58's room and concluded that the resident did not have a call light. Resident #58 stated, "I have never had one..." LPN "Z" reported that he could obtain a call light from the storage room and install it.</p> <p>In an interview on 11/16/22 at 9:40 A.M., "Director of Maintenance" (DOM) "SSS" from a sister facility reported that he was in the facility helping during the survey and was not aware that</p>		<p>compliance to ensure residents residing in the facility have a call light in place. Concerns noted will be addressed immediately. The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions. Element Five: The Director of Nursing will be responsible for compliance with this regulation by December 14, 2022.</p>	

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	Resident #58 did not have a call light, but that it was an easy fix.				