

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 654020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/14/2023
NAME OF PROVIDER OR SUPPLIER THE VILLA AT ROSE CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 517 W PAGE ST ROSE CITY, MI 48654		
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F0000 SS=	<p>INITIAL COMMENTS</p> <p>The Villa at Rose City was surveyed for the purpose of a Combined Standard/Abbreviated Survey exiting on 03/14/2023.</p> <p>Event ID: BHHP11</p> <p>Intake Numbers: MI00134936</p> <p>Census: 54</p> <p>The Villa at Rose City is not in substantial compliance with 42 CFR, Part 483, Requirements for Long Term Care Facilities.</p>	F0000			
F0550 SS= D	<p>Resident Rights/Exercise of Rights</p> <p>§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.</p>	F0550	<p>Residents #11 and #36, one-time observations were made to ensure call lights were within reach and answered timely.</p> <p>Resident #107 no longer resides in the facility.</p> <p>Residents residing in the facility have the potential to be affected. A one-time observation occurred to ensure that call lights were within reach and answered in a timely manner.</p> <p>The Resident Rights Guideline was reviewed and deemed appropriate. The Director of Nursing/Designee will provide education to all staff related to the guidelines with a focus on answering call lights in a timely manner.</p> <p>The Director of Nursing/ Designee will complete observations to ensure call lights are within reach and answered timely 3x/week for 4 weeks then weekly thereafter. Any identified concerns will be immediately addressed.</p>		4/14/2023

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

TITLE

(X6) DATE

Electronically Signed

04/03/2023

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>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed ensure residents' dignity by not answering call lights in a timely manner for 3 residents (Resident #11, Resident #36, and Resident #107), of a total of 16 residents reviewed for dignity, resulting in incontinence, shame and embarrassment, with the likelihood for isolation and decreased socialization.</p> <p>Findings Include:</p> <p>Resident #11:</p> <p>Review of the face Sheet, Minimum Data Set, MDS dated 9/28/22, physician orders and care plans dated 10/22 through 2/23, revealed Resident #11 was 92 years-old, alert, dependent on staff for all Activities of Daily Living (ADL) and admitted to the facility on 11/13/18. The resident's diagnosis included, Chronic heart and lung disease, emphysema, muscle wasting, spinal stenosis, and anxiety.</p>		<p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>		

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	<p>Review of the MDS dated 9/22, revealed Resident #11 was interviewable.</p> <p>Observation was done on 3/9/23 at 10:25 a.m., of Resident #11 sitting in her wheelchair in her room. The residents call light was clipped to the bed blanket near the wall; the resident was sitting approximately 4 feet from the call light. When this surveyor asked the resident if she could reach her call light, she attempted and was unable. Resident #11 stated, "The light (call light) is not for the nurse's convenience, I need it, I can't reach it, I almost wet my pants."</p> <p>Resident # 36:</p> <p>Review of the Face Sheet, MDS dated 2/22/23, physician orders and care plans dated 8/21/21 to 2/23, revealed resident #36 was 77 years-old, alert, dependent on staff for all ADL's and admitted to the facility on 11/18. The resident's diagnosis included, bile duct cancer, diabetes, chronic heart and lung disease, hepatic failure, aneurysm of aorta, anemia, dysphagia (swallowing deficit), diverticulosis of intestine, heart failure, splenomegaly, depression, and anxiety.</p> <p>Review of the MDS dared 2/23, revealed Resident #36 was interviewable.</p> <p>During an interview done on 3/8/23 at 10:30 a.m., resident #36 stated "It takes them (staff members) about an hour (to answer his call light), they (facility) are short sometimes, it</p>				

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	<p>makes me up-set."</p> <p>Resident #107:</p> <p>Review of the Face Sheet, MDS dated 2/24/23, and care plans dated 2/9/23 to 2/13/23, revealed Resident #107 was 72 years old, alert, and able to make his own healthcare decisions, dependent on staff for all Activities of Daily Living (ADL's) and was admitted to the facility on 2/22/23. The resident's diagnosis included, metabolic encephalopathy, chronic heart and lung disease, diabetes, hearts disease, sepsis (infection), and acute respiratory failure.</p> <p>During an interview done on 3/9/23 at 10:51 a.m., Resident #107 said staff did not answer his call light and it caused him to be incontinent in his bed. The resident was very embarrassed when he told this to the surveyor and stated, "It makes me feel left alone."</p> <p>During an interview done on 3/9/23 at 10:51 a.m., Residents Family Member "D" stated, "They (staff) don't answer call lights and he pooped his (Resident #107) pants because of it."</p> <p>During an interview done on 3/9/23 at 1:24 p.m., Nursing Assistant/CNA "A" stated "it should take 3 minutes to answer a call light."</p> <p>During an interview done on 3/9/23 at approximately 1:40 p.m., the Administrator</p>				

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F0657 SS= D	<p>said an acceptable time to answer a resident call light was "less than 10 minutes." When this surveyor requested call light audits and call light time records, the Administrator said they did not have any available.</p> <p>Review of the facility Resident Rights-Guidelines dated 2017, reported "Call light in reach for room and bathroom and the correct type for resident use."</p> <p>Care Plan Timing and Revisio §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:</p>	F0657	<p>Residents #14 and #45 had care plans reviewed and updated to ensure respiratory needs, oxygen and CPAP were included. Residents #45 had a thyroid hormone replacement therapy care plan added.</p> <p>Residents residing in the facility have the potential to be affected. A onetime review of residents with oxygen therapy and CPAP/BIPAP needs occurred to ensure care plans were accurate and updated. A onetime review of residents receiving thyroid replacement therapy occurred to ensure care plans were accurate and updated.</p> <p>The Care Plan Standard Guideline was reviewed and deemed appropriate. The Director of Nursing/Designee will provide education to licensed nursing staff related to the guideline with a focus on care plans to ensure resident specific diagnosis and needs are addressed.</p> <p>The Director of Nursing/ Designee will complete reviews of respiratory care plans and thyroid hormone replacement therapy 3x/week for 4 weeks then weekly thereafter. Any identified concerns will be immediately addressed.</p>		4/14/2023

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	<p>Based on observation, interview and record review, the facility failed to update care plans with resident changes, to ensure that interventions necessary for care and appropriate care services were provided for two residents (Resident #14 and Resident #45) of 16 sampled residents, reviewed for care plans, resulting in the likelihood for unmet care needs.</p> <p>Findings include:</p> <p>Record review of facility 'Care plan Standard Guideline' policy dated 11/28/2017, revealed the facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing and mental and psychological needs that are identified in the comprehensive assessment... Review and revise by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments...</p> <p>Resident #14:</p> <p>Observation on 03/08/23 at 9:19 AM Of Resident #14's room revealed that the Continuous Positive Airway Pressure (CPAP) device hose was open to the air noted lying in cookie crumbs on the bedside nightstand. The CPAP mask was laying on nightstand on brown paper towel with cookie crumbs noted</p>		<p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>		

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	<p>under the mask. The mask is dry and not stored in a bag. Observed distilled water noted in in room, gallon jug on floor.</p> <p>Record review of Resident #14's Impaired gas exchange, need for continuous monitoring related to diagnosis of Chronic Obstructive Pulmonary Disease (COPD) and OSA (Obstructive Sleep Apnea), noted interventions add on 3/8/2023 to: Apply CPAP mask at bedtime, Wash water tub, air tubing and mask headgear in warm H2O (water), using mild detergent, rinse and air dry out of direct sun light. Both interventions were added after the state surveyor began to ask questions about the CPAP. The state surveyor noted that Oxygen therapy care plan date 3/8/2023 had added interventions also put in place.</p> <p>Resident #45:</p> <p>In an interview and observation on 03/08/23 at 10:40 AM with Resident #45 revealed the resident was seated up in wheelchair in room. Resident #45 stated that she had heart failure, and had to go the hospital to much fluid, then came back to facility. Resident #45 stated that she got pneumonia and had to go back to the hospital. Resident #45 stated that she does have diabetes and thyroid issues.</p> <p>Record review of Resident #45's physician orders dated 2/28/2023 noted: Levothyroxine sodium 75 mcq oral daily at 6:00 am. Nursing 2017 Drug Handbook, pages 875-878,</p>				

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F0677 SS= D	<p>revealed levothyroxine sodium thyroid hormone replacement therapy has adverse reactions and needs monitoring.</p> <p>Record review on 03/10/23 at 02:20 PM of Resident #45's care plans, pages 1-24, had no mention of thyroid disease or thyroid hormone replacement therapy. Review of care plans in place had no interventions for thyroid therapy adverse reactions or monitoring.</p> <p>ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, and record review, the facility failed to provide Activities of Daily Living (ADL) care for four residents (Resident #14, Resident #25, Resident #35, and Resident #48), out of 16 residents reviewed, resulting in showers not being given, observations of residents appearing unkept, not getting showers, wearing the same clothing for days and the likelihood of decreased mood.</p> <p>Findings include:</p> <p>Record review of facility 'Quality of Life' policy dated 5/2020, revealed that the</p>	F0677	<p>Residents #14, #25, #35, and #48 received showers and one time observation occurred to ensure they had their clothing changed.</p> <p>Residents residing in the facility have the potential to be affected. A onetime review occurred of residents receiving showers, any resident that had not received shower received one. A onetime observation occurred to ensure residents clothing was changed from the previous day.</p> <p>The ADL Guideline was reviewed and deemed appropriate. The Director of Nursing/Designee will provide education to all staff related to the guideline with a focus on ensuring showers and completed, documentation of care and changing residents clothing.</p> <p>The Director of Nursing/ Designee will complete observations to ensure resident showers are completed and resident clothing is changed 3x/week for 4 weeks then weekly thereafter. Any identified concerns will be immediately addressed.</p>	4/14/2023			

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	<p>purpose: Quality of Life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive, and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being... "Quality of Life"- Sense of well-being, level of satisfaction with life and feelings of self-worth and self-esteem. This includes a basic sense of satisfaction with oneself, the environment, the care received, and accomplishments of desired goals and control over one's life.</p> <p>Record review of facility provided shower/bathing schedule undated, revealed that residents were scheduled two days a week for showers/baths. Both Resident #14 and #25 were scheduled for Mondays and Fridays each week.</p> <p>Resident #14:</p> <p>In an observation and interview on 03/08/23 10:17 AM with Resident #14 revealed that he loves music for his nerves, it calms him down. Resident #14 appears disheveled and hair greasy appearing.</p> <p>Record review of Resident #14 medical record revealed an elderly male resident with medical diagnosis of: Respiratory failure, morbid obesity, heart failure, cardiac disease and hallucinations...</p>		<p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>		

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	<p>Record review of Resident #14's Activities of Daily Living (ADL's) care plan dated 7/9/2021, intervention of Bathing/Showering: Resident requires extensive assistance by one staff with bathing/showering per schedule and as necessary. There were no interventions about resident refusals.</p> <p>Observation and interview on 03/9/23 at 9:35 AM during resident council meeting revealed that Resident #14 attended the resident council meeting, was unkept in appearance, hair greasy dirty,</p> <p>Record review of facility provided bathing/shower schedule revealed Resident #14 was scheduled for baths/showers on Mondays and Fridays in the afternoon.</p> <p>Record review of Resident #14's electronic shower task tab, shower assistance tab and shower set-up tab; 30 days look back dated 2/26/23 and 3/8/2023 revealed only two documented entries. On 2/26/23 documentation noted a refusal and on 3/8/2023 at 4:29 PM a shower was given by staff.</p> <p>Resident #25:</p> <p>Observation on 03/08/23 at 02:43 PM of Resident #25 self-ambulated the hallways, appeared unkept in appearance.</p> <p>Record review of facility provided bathing/shower schedule revealed Resident</p>				

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	<p>#25 was scheduled for baths/showers on Mondays and Fridays in the mornings.</p> <p>Record review of Resident #25 shower task electronic shower task tab, shower assistance tab and shower set-up tab; 30 days look back dated 2/11/23 and 3/8/2023 revealed only four documented entries. On 2/11/23 documentation noted a refusal, and a shower was given on 2/17/23, 3/2/23 and 3/6/23 by staff. That is three (3) showers within 30 days. There should have been eight showers in 30 days with only one documented refusal.</p> <p>Observation and interview on 03/9/23 at 9:25 AM with Resident #25 were seated in activity room looking unkept, and unshaven. The state surveyor asked Resident #25 when he had a shower last. He could not recall. Resident attended the resident council meeting took off ball cap.</p> <p>Resident #35:</p> <p>On 3/09/23, at 9:36 AM, Resident #35 was sitting in their wheelchair in their room. Resident #35's daughter was at bedside and offered that they had to give their mom her shower last Saturday because the shower aide doesn't come in a lot. Resident #35's daughter explained that they took their mom to the shower room, gave her a shower and that the social worker said it was ok.</p> <p>On 3/09/23, at 10:53 AM, a record review of Resident #35's electronic medical record</p>						

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	<p>revealed an admission on 12/01/2022 with diagnoses that included Dementia, Osteoarthritis and Stroke. Resident #35 required assistance with Activities of Daily Living (ADL's) and had severely impaired cognition.</p> <p>A review of the "Focus ADL's -Resident has an ADL self-care performance deficit r/t (relate to) dementia Date Initiated: 12/02/2022" care plan revealed " ... Interventions Bathing: Assist with shower/bathing on scheduled shower days 2 x (times) week and PRN (as needed), Provide nail care and hair care as needed. May use shower chair Date Initiated: 12/02/2022 ... "</p> <p>A review of the Kardex revealed "Bathing: Assist with shower/bathing on scheduled shower days 2 x week and PRN. Provide nail care and hair care as needed. May use shower chair ... "</p> <p>A review of the "Task: Bathing (shower WED & SAT AM) Look Back: 30 (days)" revealed the resident only received four showers in the last 30 days on the following days: "2/11/2023 2/22/2023 3/1/2023 3/4/2023"</p> <p>Resident #48:</p> <p>On 3/08/23, at 10:30 AM, Resident #48 was ambulating in the hallway. Resident #48 was wearing a red plaid button jacket type flannel and green and blue pajama bottoms.</p>				

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	<p>On 3/09/23, at 9:00 AM, a record review of Resident #48's electronic medical record revealed an admission on 10/25/2022 with diagnoses that included Personal history of other diseases of the nervous system and sense organs, abnormalities of gait and mobility, Diabetes Mellitus and Benign Prostatic Hypertrophy. Resident #48 required assistance with ADL's. According to the most recent Minimum Data set Assessment BIMS (brief mini mental score) of 4 the resident had severely impaired cognition.</p> <p>"Focus The resident has actual / potential for an ADL self-care performance deficit Date Initiated: 02/13/2023 Goal The resident will demonstrate the appropriate use of adaptive device (s) to increase ability through the review date. Date Initiated: 10/04/2022 Target Date: 04/05/2023 Interventions - Bathing: (specify) Date Initiated: 10/04/2022 Encourage resident to use bell to call for assistance. Date Initiated: 10/04/2022 Monitor/document/report PRN any changes, and potential for improvement, reasons for self-care deficit, expected course, declines in function. Date Initiated: 10/04/2022"</p> <p>A review of "Kardex" revealed "SAFETY Date and description of other interventions put in place after a fall: 2/18/23 - offer toileting q (every) 2 hours while awake 2/22/23 - Offer toileting to resident two times through night when resident is sleeping and stay with the resident while he is in the bathroom at night Ask resident if he needs to use the bathroom</p>				

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	<p>every two hours while awake ... Bathing - Bathing: (specify) ... " There was no personalized description as to how the residents ambulates, bathing assistance, or that he may wear the same clothes.</p> <p>A review of the "Task: Bathing (specify type & schedule) TUE & FRI AM look Back: 30 (days) ... " revealed the resident went ten days between showers. The document revealed the following showers: " ... 2/25/2023 3/7/2023"</p> <p>On 3/09/2023, at 10:00 AM, Resident #48 was observed in the hallway with the same clothing on from the day before. The resident had 2 ball caps on their head. The resident was asked how their day was going and the resident was non-verbal. An activity staff member passed by and stated, he has days where he doesn't say anything.</p> <p>A review of the facility provided "Quality of Life Purpose: Quality of life is fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial wellbeing, consistent with the resident's comprehensive assessment and plan of care. Responsible Party: All staff ... Quality of Life - Sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem. This includes a basic sense of satisfaction with</p>						

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F0688 SS= D	<p>oneself, the environment, the care received, the accomplishments of desired goals and control over one's life ... "</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 update and personalize the mobility care plan with an ambulation status change and add a right leg brace for one resident (Resident #35), reviewed for range of motion and mobility, resulting in unassessed/unmet care needs.</p> <p>Findings include:</p> <p>Resident #35:</p>	F0688	<p>Residents #35 had their care plan reviewed to ensure mobility care plan reflected current ambulation status and brace use.</p> <p>Residents residing in the facility have the potential to be affected. A one-time review occurred of resident's mobility status in care plans to ensure it is accurate and up to date. A one-time review of residents with braces occurred to ensure brace use is reflected in the care plan.</p> <p>The Restorative Guideline was reviewed and deemed appropriate. The Director of Nursing/Designee will provide education to clinical staff related to the guidelines with a focus on updating care plans with change in status or addition of new braces/ devices.</p> <p>The Director of Nursing/ Designee will complete random reviews of mobility care plans and brace use to ensure accuracy 3x/week for 4 weeks then weekly thereafter. Any identified concerns will be immediately addressed.</p> <p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>		4/14/2023

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	<p>On 3/09/23, at 9:36 AM, Resident #35 was sitting in their wheelchair in their room. Resident #35 has an immobilizer brace to the right leg. The brace appears old and is dirty. Resident #35's daughter was at bedside and offered that they had to give their mom her shower last Saturday because the shower aide doesn't come in a lot. Resident #35's daughter explained that they took their mom to the shower room, gave her mom their shower and that the social worker said it was ok.</p> <p>On 3/09/23, at 10:53 AM, a record review of Resident #35's electronic medical record revealed an admission on 12/01/2022 with diagnoses that included Dementia, Osteoarthritis and Stroke. Resident #35 required assistance with Activities of Daily Living (ADL's) and had severely impaired cognition.</p> <p>A review of the physician orders revealed " ... No weight bearing on right leg Active Revision Date 2/21/2023 ... Skin integrity check under brace ... Start Date 3/8/2023 ... " There was no other orders regarding the brace for example if the resident wears the brace 24 hours a day or possibly takes it off at night,</p> <p>A review of the "Focus ADL's -Resident has an ADL self-care performance deficit r/t (relate to) dementia Date Initiated: 12/02/2022" care plan revealed " ... Interventions Bathing: Assist with shower/bathing on scheduled</p>				

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	<p>shower days 2 x (times) week and PRN (as needed), Provide nail care and hair care as needed. May use shower chair Date Initiated: 12/02/2022 ... TRANSFER resident requires assist PRN x 1, otherwise up ad lib with assistive device. Date Initiated: 12/02/2022 ... "</p> <p>A review of the care plan "Focus The resident has limited physical mobility Date Initiated: 03/09/2023" revealed " ... Goal The resident will demonstrate the appropriate use of adaptive device (s) to increase mobility through the review date. Date Initiated: 03/09/2023 ... Interventions Resident has a weight bearing restriction (specify) Date Initiated: 03/09/203 Uses a wheelchair for long-distance mobility. Assure feet are on foot rests when propelled by staff ... Walk to Dine- Resident to be walked to the dining room for meals with x 1 assist. Use walker & gait belt. Date Initiated: 01/11/2023 Monitor/document/report PRN any s/sx (signs and symptoms) of immobility ... Date Initiated: 12/02/2022 ... " The care plan was contradictive and not updated to reflect the resident's current ambulation status.</p> <p>A review of the Kardex revealed " ... Transferring TRANSFER: resident requires assist PRN x 1, otherwise up ad lib with assistive device ... Mobility Resident has a weight bearing restriction (specify) Uses a wheelchair for long-distance mobility. Assure feet are on foot rests when propelled by staff Walk to Dine - Resident to be walked to the</p>				

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	dining ... " A review of the facility provided "Quality of Life Purpose: Quality of life is fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial wellbeing, consistent with the resident's comprehensive assessment and plan of care. Responsible Party: All staff ... Quality of Life - Sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem. This includes a basic sense of satisfaction with oneself, the environment, the care received, the accomplishments of desired goals and control over one's life ... "				
F0695 SS= E	Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that 3 resident's (Resident #14, Resident #36 and	F0695	Residents #14, #28 and #36, one time observation was completed to ensure proper cleaning and storage of CPAP equipment. Resident #107 no longer resides in the facility. Residents residing in the facility have the potential to be affected. A onetime review occurred of residents that utilize CPAP/BIPAP Therapy occurred to ensure care plans were accurate and up to date. The Respiratory Guideline were reviewed and deemed appropriate. The Director of Nursing/Designee will provide education to licensed nursing staff related to the guideline with a focus on ensuring care plans are updated with respiratory equipment use.		4/14/2023

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	<p>Resident #107) Continuous Positive Airway Pressure (CPAP) masks were properly cleaned and stored when not in use, of 4 residents review for respiratory equipment, resulting in the likelihood for respiratory infection with unnecessary antibiotic usage.</p> <p>Findings Include:</p> <p>Resident #107:</p> <p>Review of the Face Sheet, Minimum Data Set (MDS, resident assessment tool dated 2/24/23), and care plans dated 2/9/23 to 2/13/23, revealed Resident #107 was 72 years old, alert, and able to make his own healthcare decisions, dependent on staff for all Activities of Daily Living (ADL's) and was admitted to the facility on 2/22/23. The resident's diagnosis included, metabolic encephalopathy, chronic heart and lung disease, diabetes, hearts disease, sepsis (infection), and acute respiratory failure.</p> <p>Review of the physician order dated 2/24/23, reported "BiPAP/CPAP every day shift on in AM. Cleanse mask soap and water; every night shift on at HS (at night)."</p> <p>Review of the resident's oxygen care plan intervention dated 2/10/23, reported "Bi-Pap - every night shift On/off in AM."</p> <p>Observation was made on 3/8/23 at 9:00 a.m., the resident was in his bed sleeping and his dry CPAP mask was sitting on his bedside table. The mask was not on a paper towel nor in a protective bag at the time.</p> <p>Review of the facility CPAP policy dated 2010, revealed no documentation regarding CPAP masks storage when not in use.</p>		<p>The Director of Nursing/ Designee will complete observations to ensure respiratory equipment is clean and stored properly 3x/week for 4 weeks then weekly thereafter.</p> <p>Any identified concerns will be immediately addressed.</p> <p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>		

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	<p>Review of the Employee Equipment Use policy dated 3/22/2018, (which was given to this surveyor upon request for a facility equipment storage of CPAP mask policy) revealed no documentation of residents CPAP equipment at all.</p> <p>During a second observation made on 3/9/23 at 10:43 a.m., the resident was awake in his bed with his dry CPAP mask again sitting on his bedside stand. The mask was not on a paper towel, nor in a protect bag at the time.</p> <p>During a phone interview done on 3/10/23 at 7:42 a.m., the Director of Nursing/Infection Control Nurse, RN stated "The mask (the CPAP mask) is stored in a bag when not in use."</p> <p>Resident #14:</p> <p>Observation on 03/08/23 at 9:19 AM Of Resident #14's room revealed that the Continuous Positive Airway Pressure (CPAP) device hose was open to the air noted lying in cookie crumbs on the bedside nightstand. The CPAP mask was laying on nightstand on brown paper towel with cookie crumbs noted under the mask. The mask is dry and not stored in a bag. Observed distilled water noted in in room, gallon jug on floor.</p> <p>Record review of Resident #14's Impaired gas exchange, need for continuous monitoring related to diagnosis of Chronic Obstructive Pulmonary Disease (COPD) and OSA (Obstructive Sleep Apnea), noted interventions add on 3/8/2023 to: Apply CPAP mask at bedtime, Wash water tub, air</p>				

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	<p>tubing and mask headgear in warm H2O (water), using mild detergent, rinse and air dry out of direct sun light. Both interventions were added after the state surveyor began to ask questions about the CPAP. The state surveyor noted that Oxygen therapy care plan date 3/8/2023 had added interventions also put in place.</p> <p>Resident #28:</p> <p>On 3/08/23, at 9:30 AM, Resident #28 was lying in their bed. Their CPAP mask was lying face down on their nightstand. The face mask was covered with white residue. Resident #28 was asked who washed their mask for them and Resident #28 stated, I don't think it's ever been washed. The outside surface of the CPAP machine was covered in dry white flaky residue. Resident #28 complained of a scratchy throat and stuffy nose.</p> <p>On 3/08/2023, at 10:00 AM, an observation along with Nurse Manager (NM) "H" of Resident #28's CPAP mask was conducted. NM "H" was asked what they thought the white residue was and Resident #28 spoke up and stated it's from my dry scalp. NM "H" shook the head straps and white dry flaky residue fell all over the nightstand. NM "H" picked up the CPAP machine and mask and left out of the room as they stated they were going to go clean it right away.</p> <p>On 3/09/23, at 10:43 AM, Resident #28 was lying in their bed and stated they cleaned my CPAP yesterday and it's nice and clean. Resident #28 remained stuffy and stated, "my stuffiness is worse today."</p> <p>On 3/9/23, at 1:00 PM, a record review of Resident #28's electronic medical record revealed</p>						

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F0740 SS= D	<p>an admission on 07/06/2022 with diagnoses that included Obstructive Sleep Apnea, Congestive Heart Failure and weakness. Resident #28 required assistance with Activities of Daily Living and had intact cognition.</p> <p>A review of the "Focus (the resident) has altered respiratory status/difficulty breathing r/t (related to) CHF Date Initiated: 09/02/2022 Goal The resident will have no complications related to SOB (shortness of breath) the review date. Date Initiated: 07/06/2022 ... Interventions BIPAP/CPAP at night Date Initiated: 09/02/2022 ... Weekly: Wash water tub, air tubing and mask headgear in warm H2O, using a mild detergent, rinse and air dry out of direct sunlight. Date Initiated: 03/08/2023"</p> <p>A review of the physician orders revealed "Monthly: Wipe outside of unit with damp cloth and mild detergent. Clean the water tub with mild detergent and rinse. Fill the water tub with a solution of one part white vinegar to 10 parts water and let sit for 30 minutes, rinse and allow to air dry. Start Date 3/12/2023 ... Weekly: Wash water tub, air tubing and mask headgear in warm H2O, using a mild detergent, rinse and air dry out of direct sunlight Start Date 2/12/2023 ... "</p> <p>Behavioral Health Services \$483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.</p>	F0740	<p>Residents #48 had care plans reviewed with clinical team and social services to ensure it was person centered and comprehensive.</p> <p>Residents residing in the facility have the potential to be affected. A one-time review occurred of residents needing behavioral health services to ensure clinical and social services have a person-centered care plan in place.</p> <p>The Care Plan Guideline were reviewed and deemed appropriate. The Director of</p>		4/14/2023

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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to communicate between clinical and social services to provide a person-centered comprehensive mood care plan for one resident (Resident #48), reviewed for behavioral care, resulting in unmet care needs with the likelihood of emotional, mood and behavioral needs being unassessed/unmet.</p> <p>Findings include:</p> <p>Resident #48:</p> <p>On 3/08/23, at 10:30 AM, Resident #48 was ambulating in the hallway. Resident #48 stopped closely and stared at surveyor. Resident #48 was asked how they were doing today and Resident #48 stated, "Well, I made it out with the will of god and the men." Resident #48 ambulated to their room along with surveyor and talked about Korea and "getting all the men out but then there was a big explosion." Resident #48 pointed to their roommate's bed and stated, "He is out on the field right now." Resident #48 was wearing a red plaid button jacket type flannel and green and blue pajama bottoms.</p> <p>On 3/09/23, at 9:00 AM, a record review of Resident #48's electronic medical record revealed an admission on 10/25/2022 with</p>		<p>Nursing/Designee will provide education to all staff related to the guidelines with a focus on ensuring care plans for behavioral health needs are person centered.</p> <p>The Director of Nursing/ Designee will complete reviews of behavior care plans to ensure they are person centered 3x/week for 4 weeks then weekly thereafter. Any identified concerns will be immediately addressed.</p> <p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>		

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	<p>diagnoses that included Personal history of other diseases of the nervous system and sense organs, abnormalities of gait and mobility, Diabetes Mellitus and Benign Prostatic Hypertrophy. Resident #48 required assistance with ADL's. According to the most recent Minimum Data set Assessment BIMS (brief mini mental score) of 4 the resident had severely impaired cognition.</p> <p>A review of the "Focus the resident has an alteration in neurological status (SPECIFY) r/t Date Initiated: 10/08/2022 Goal The resident will be able to communicate needs daily through the review date. Date Initiated: 02/17/2023 ... Interventions Obtain and monitor lab/diagnostic work as ordered. Report results to MD (medical doctor) and follow Nursing up as indicated. Date Initiated: 02/17/2023" The care plan was incomplete and not personalized.</p> <p>A review of "Kardex" revealed "SAFETY Date and description of other interventions put in place after a fall: 2/18/23 - offer toileting q (every) 2 hours while awake 2/22/23 - Offer toileting to resident two times through night when resident is sleeping and stay with the resident while he is in the bathroom at night Ask resident if he needs to use the bathroom every two hours while awake ... " There was no personalized intervention or description as to the residents behaviors of urinating all over and that he wanders.</p> <p>A review of the progress notes revealed the</p>				

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	<p>following:</p> <p>"2/28/2023 ... Behavior occurred: Resident will wander out of his room during sleep hours looking for food. Staff met his needs then redirect him back to bed. This is resident's baseline."</p> <p>"2/23/2023 ... VA note: (the resident) ambulates ad lib about facility. Participates in his ADL's as he is able. Feeds himself. Dresses self and toilets self. Staff monitor for need for assistance and assist as needed. Urinates places other than toilet at times. Needs direction to specific destinations ... "</p> <p>A review of the "Behavioral Care Solutions" progress note revealed " ... Feb 4 2023 ... Consult requested to review patient's mood ... Patient reports that he is unhappy because he's "being treated like a prisoner of war" ... Staff report patient frequently reports that he is "here to serve god" Patient urinates "all over" per staff. He is oriented to person ... Assessment & Plan Adjustment disorder with mixed anxiety and depressed mood ... Alzheimer's disease with late onset ... Patient scores 4 on BIMS indicating severe cognitive deficit. Would not recommend dementia medications due to patient's current BIMS score.</p> <p>A review of the "Social Service" progress notes revealed no mention of behaviors, Alzheimer's diagnosis, updates or intervention changes to the care plan for</p>				

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	<p>Resident #48's behaviors and diagnosis if Alzheimer's disease.</p> <p>On 3/09/2023, at 10:00 AM, Resident #48 was observed in the hallway with the same clothing on from the day before. The resident had 2 ball caps on their head. The resident was asked how their day was going and the resident was non-verbal. CNA "G" stopped and stated, he has days where he doesn't say anything at all. CNA "G" offered to ambulate with Resident #48.</p> <p>A review of the facility provided "Quality of Life Purpose: Quality of life is fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial wellbeing, consistent with the resident's comprehensive assessment and plan of care. Responsible Party: All staff ... Quality of Life - Sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem. This includes a basic sense of satisfaction with oneself, the environment, the care received, the accomplishments of desired goals and control over one's life ... "</p> <p>A review of the facility provided "Mood and Behavior Guideline" Purpose: This facility promotes and supports a resident centered approach to care ... Behavioral health encompasses a resident's whole emotional</p>				

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F0761 SS= D	<p>and mental well-being, therefore an individualized approach to care is essential ... Responsible Party: Clinical, Social Services ... The objective of the Mood and Behavior Guideline is to provide a plan of care that is individualized to the resident's needs based upon the comprehensive assessment by the interdisciplinary team. This plan of care will include medically related social services to address mood and behavioral health services to attain or maintain the highest practicable well-being ... "</p> <p>Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:</p>	F0761	<p>Residents #30, # 40 and # 109 had medications in carts reviewed to ensure they were dated properly.</p> <p>One time review of medication carts to ensure carts were clean, medications were dated, and no pre-prepared medication were in carts.</p> <p>Residents residing in the facility have the potential to be affected. A onetime review occurred of residents receiving showers, any resident that had not received shower received one.</p> <p>The Medication Storage Guideline was reviewed and deemed appropriate. The Director of Nursing/Designee will provide education to licensed nursing staff related to the guideline with a focus on ensuring medication carts are kept clean, medications are dated properly, and no pre-preparation of medication occurs prior to administration.</p> <p>The Director of Nursing/ Designee will complete observations of medication storage</p>			4/14/2023	

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	<p>Based on observation, interview and record review, the facility 1) Failed to ensure that opened and partially used medications for 3 residents (Residents #30, Resident #40 and Resident #109) were dated, 2) Failed to ensure that medications were administered when prepared, and 3) Failed to ensure that 1 of 3 medication carts were maintained clean and sanitary, resulting in the likelihood for cross contamination and outdated medications.</p> <p>Findings Include:</p> <p>Observation was done on 3/8/23 at 2:38 p.m., of C and D and E medication carts accompanied by Nurse LPN "E." The following are the observations:</p> <p>Medication Cart C and D:</p> <p>-At 2:38 p.m., Med cart C & D was observed to have crushed meds and pieces of paper in drawer two.</p> <p>During an interview done on 2:38 p.m., Nurse LPN "E" said she was not sure who was assigned to clean the carts and stated, "we all clean them when we use them."</p> <p>-For Resident #30 Lidocaine 4% patch (pain medication) was open and no date was found on the box.</p>				<p>3x/week for 4 weeks then weekly thereafter. Any identified concerns will be immediately addressed.</p> <p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>		

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	<p>-For resident #109, a Norco 5 mg tablet (narcotic pain medication) was found sitting in a medication cup in the locked compartment (a set-up).</p> <p>During an interview done on 2/8/23 at 2:48 p.m., Nurse "E" said she was going to give it (the set-up Norco tablet).</p> <p>During an interview done on 3/8/23 at 2:40 p.m., Nurse "E" said "all medications have to have a open date when opened."</p> <p>Medication Cart E:</p> <p>-At 10:05 a.m., Med cart E was observed to have crushed medications and pieces of paper l the second drawer.</p> <p>-For Resident #40, a Scopolamine 1 mg patch (for nausea) box was found open and partly used with no dates on the box.</p> <p>Review of CMS (Center for Medicaid and Medicare) Manual Regulations and Guidance for Medication Administration dated 2011, revealed medications are to be given when they are prepared (not set-up).</p> <p>Review of the facility medication Storage policy dated 4/18, said all med carts will be kept clean, and when the original container is open it has "to be dated," the nurse will put a "open date" and an "expiration date" on the container.</p>				

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F0812 SS= F	<p>Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i) (1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i) (2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility 1) Failed to ensure that food preparation and kitchen equipment were maintained in a sanitary manner and in good working condition, and 2) Failed to ensure that the kitchen ice machine front grate was clean and dust free, resulting in an increased potential for food borne illness with possible hospitalization and with the potential to affect the census of 54 residents who consume nutrition from the facility kitchen.</p> <p>Findings include:</p> <p>During the initial kitchen tour on 3/8/23 at 8:25 a.m., accompanied by Cook "B," the following was observed:</p> <p>-At 8:25 a.m., the large can opener was noted to have silver paint chipping off the blade area</p>	F0812	<p>The large can opener was replaced.</p> <p>Cheese slices were removed from refrigerator.</p> <p>The microwave was cleaned.</p> <p>The large mixer was removed from the kitchen.</p> <p>The ice machine was cleaned.</p> <p>Residents residing in the facility have the potential to be affected. A onetime review of the kitchen occurred with focus on can opener, food stored in the refrigerator, microwave cleanliness, and ice machine cleanliness.</p> <p>The Dietary Guidelines were reviewed and deemed appropriate. The Administrator/Designee will provide education to kitchen staff related to the guidelines with a focus on ensuring cleanliness in the kitchen, keeping equipment in good repair, and labeling food stored in the refrigerator.</p> <p>The Administrator/ Designee will complete observations to ensure can opener, food stored in the refrigerator, microwave cleanliness, and ice machine cleanliness. 3x/week for 4 weeks then weekly thereafter. The Administrator/ Designee will complete observations to ensure the ice machine is clean and free of debris 3x/week for 4 weeks then weekly thereafter. Any identified concerns will be immediately addressed.</p> <p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued</p>		4/14/2023

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	<p>which comes in contact with food when in use.</p> <p>During an interview done on 3/8/23 at 8:25 a.m., Cook "B" stated "the paint is chipping off the blade."</p> <p>-At 8:30 a.m., clear wrapped cheese slices were opened, partly used, and had no dates on the clear wrap at all. There was some black smeared marker writing on the wrapping, but it was not readable.</p> <p>During an interview done on 3/8/23 at 8:30 a.m., Cook "B" stated "no, it's not readable at all."</p> <p>-At 8:39 a.m., the resident microwave was found to have dried splashes and dried food inside on the door and top.</p> <p>During an interview done on 3/8/23 at 8:39 a.m., Cook "B" stated "yes, it (the microwave) is dirty inside and on top."</p> <p>-At 8:40 a.m., the clean and ready for use large floor mixer was observed to have paint chipping off the attachment, directly over the bowl.</p> <p>-At 8:50 a.m., the kitchen ice machine front black grate was noted to have an excessive amount of dust and dirt on it. This grate was directly above the opening to the ice compartment.</p> <p>During an interview done on 3/8/23 at 8:50 a.m., Cook "B" stated "He (Maintenance) has to clean that (ice machine)."</p> <p>Review of the facility Dining Service Weekly Department Inspection sheets dated 2/23 and 3/23 (done on a weekly basis), revealed all areas of the kitchen were satisfactory. No concerns at all were documented.</p>		<p>improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>		

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	<p>According to the 2017 FDA Food Code:</p> <p>Section 3-501.17, Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>4-202.11 Food-Contact Surfaces.</p> <p>(A) Multiuse FOOD-CONTACT SURFACES shall be:</p> <p>(1) SMOOTH;</p> <p>(2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections;</p> <p>(3) Free of sharp internal angles, corners, and crevices;</p> <p>(4) Finished to have SMOOTH welds and joints;</p> <p>4-602.11 Equipment Food-Contact Surfaces and Utensils.</p> <p>(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be cleaned:</p>				

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F0880 SS= D	<p>(5) At any time during the operation when contamination may have occurred.</p> <p>Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a) (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident</p>	F0880	<p>The Infection Control Data from December 2022, and January 2023 was reviewed, and summaries updated to include updated analysis.</p> <p>Residents residing in the facility have the potential to be affected. A one-time review of the last 6 months infection control analysis was completed.</p> <p>The Infection Control and Surveillance Guideline was reviewed and deemed appropriate. The Director of Nursing/Designee will provide education to the Infection Preventionist on proper analysis of monthly infection control data on a monthly basis and daily collection and monthly analysis of infection control data.</p> <p>The Director of Nursing, Nursing Home Administrator, and Clinical Leadership Team will be educated on the Infection Control and Surveillance Guideline and proper process for daily tracking and trending.</p> <p>The facility's Quality Assessment and Assurance (QAA) Committee must conduct a Root Cause Analysis (RCA) to identify the problem(s) that resulted in this deficiency and develop an intervention or corrective action plan to prevent recurrence, as a part of the Quality Assurance and Performance Improvement (QAPI) program. Information about how to perform RCA can be found at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf</p>		4/14/2023

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	<p>under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure that resident monthly infection data was analyzed for 12/22 and 1/23 for a census of 54 residents, resulting in the likelihood for cross contamination, resident and staff illness, and antibiotic usage with possible hospitalization.</p> <p>Findings Include:</p> <p>Infection Control Data Analyzing:</p> <p>Review of the facility Infection Control Guideline dated 11/28/17, reported "The Infection Control Preventionist and the Infection Control Prevention and Control Committee will utilize the information collected from both Process and Outcome Surveillance activities in order to analyze the data to identify opportunities for improved</p>		<p>" The QAA Committee must report the results of RCA and the plans for corrective action to the Governing Body. " The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies may be helpful in completing the RCA and can be found at https://qioprogram.org/covid-19.</p> <p>The facility must take immediate action to implement an infection prevention plan consistent with the requirements at 42 CFR 483.80 that includes corrective action for the affected residents identified in the CMS-2567, identification of other residents that may have been impacted by the noncompliant practices, and implementation of systemic changes.</p> <p>As a part of the corrective action plan, the facility must provide training to all staff providing direct care to residents and all staff entering residents' rooms, whether for residents' dietary needs or cleaning and maintenance services. The training must cover the following topics, in addition to training needs identified by facility: completed the RCA: " Daily Collection and Monthly Analysis of Infection Control Data</p> <p>More trainings and updates are available on the CDC YouTube channel https://www.youtube.com/c/CDC/.</p> <p>Trainings can be completed by staff directly or by train the trainer (Director of Nursing, Infection Preventionist, Medical Director, or Infection Control Consultant). The facility may</p>				

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	<p>care and process and identify an action plan for follow up and corrective action. The analyzing will compare current and past infection control surveillance data, compare the reported incidence of infections by type and location. Based on analysis of data, develop and implement an action plan that includes correction actions, staff education, and measurable goals; data is reported to the Quality Control Committee.</p> <p>Review of the monthly resident and staff data collection dated 12/22 and 1/23, revealed incomplete data analyzing. The documentation did not have all the components of the facility Infection Control Guideline (dated 11/17).</p> <p>During an interview done on 3/9/23 at 8:30 a.m., the Director of Nursing/Infection Control Nurse, RN stated "I did not do a complete analysis of the monthly data, I see it now."</p> <p>Review of the facility Infection Preventionist job description (un-dated), revealed the Infection Control Nurse was responsible for the facility's infection control program including surveillance, data collection and analysis of the data to determine corrective measures (staff education).</p>		<p>also use training resources made available by the Centers for Disease Control and Prevention or a program developed by well-established centers of geriatric health services education, such as schools of medicine or nursing, centers for aging, and area health education centers with established programs in geriatrics.</p> <p>If the facility employs or contracts staff with limited English proficiency (LEP), the facility will ensure education is provided in a language that the LEP staff member(s) can understand.</p> <p>Upon completion of the training, the facility must validate staff competency using a post-training test.</p> <p>The facility must develop a plan for monitoring progress of the corrective action plan and tracking performance improvement.</p> <p>The Director of Nursing/ Designee will review the monthly infection control summaries to ensure proper analysis occurred and reporting to QAPI. Any identified concerns will be immediately addressed.</p> <p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>		
F0921 SS= E	Safe/Functional/Sanitary/Comfortable Enviro §483.90(i) Other Environmental Conditions The facility must provide a safe, functional,	F0921	The laundry services environment was observed and brown staining, chipping paint, rust, dust and debris behind dryer units,		4/14/2023

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	<p>sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the facility failed to provide a safe, functional, and sanitary environment in the facility's laundry resulting in the increased potential for harm to its 54 residents and staff.</p> <p>Findings include:</p> <p>On 3/8/23 at 2:12 PM, brown droplet staining, chipping paint and rust were observed on the ceiling and overhead lighting over folding tables and clean laundered items in the clean laundry storage room. At this time the surveyor inquired with Environmental Services Director, Staff M, on the current state of the ceiling in this room to which they stated, "it's been like that for a while. We had boiler issues in the past".</p> <p>On 3/8/23 at 2:17 PM, an accumulation of dust and debris was observed behind the laundry dryer units. At this time the surveyor inquired with staff M on the frequency in which the flooring is cleaned and swept behind the dryers, to which they replied, "Maintenance just did it, and Housekeeping sweeps and mops everyday".</p> <p>On 3/8/23 at 2:24 PM, both the exterior and interior of the laundry's clean linen storage cabinets were observed with heavy staining</p>		<p>storage surfaces, and overhead lighting was corrected.</p> <p>One time review of the laundry department occurred to validate clean and sanitary environment.</p> <p>The Laundry Services Guideline were reviewed and deemed appropriate. The Administrator/Designee will provide education to laundry staff related to the guidelines with a focus on ensuring a clean and sanitary environment.</p> <p>The Administrator/ Designee will complete observations of laundry services cleanliness 3x/week for 4 weeks then weekly thereafter. Any identified concerns will be immediately addressed.</p> <p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and continued improvement.</p> <p>The Administrator is responsible for ensuring these actions are taken.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 654020		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/14/2023	
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	<p>along with exposed/ chipped wood and peeling paint on its storage surfaces. At this time the surveyor inquired with staff M on the current state of the storage units to which they replied, "yeah, it's time to seal them up again".</p> <p>On 3/8/23 between 2:33 PM, and 2:45 PM, during an environmental tour of the facility all the facilities clean linen storage closets were observed with clean linens, towels, and clean ready for use clothing items (such as socks) on the floor in each closet. On 3/8/23 at 2:46 PM, the surveyor inquired with staff M on the frequency in which the closets are monitored to ensure the items supplied to the residents are clean and sanitary, to which they replied, "throughout the day".</p>						