

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/23/2024
NAME OF PROVIDER OR SUPPLIER SHELBY HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 46100 SCHOENHERR RD SHELBY TOWNSHIP, MI 48315	
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F0000 SS=	INITIAL COMMENTS Shelby Health and Rehabilitation Center was surveyed for a Recertification survey on 1/23/2024. Intakes: MI00140846, MI00137984, MI00136654, MI00141403, MI00140703, MI00140039, MI00139848, MI00139416, MI00137759, MI00138930, MI00136747, MI00137370, MI00138820, MI00140115, MI00136222, MI00140437, MI00138175, MI00141129, MI00137808, MI00141321, MI00141399, MI00141971, and MI00136223 Census= 200	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	F0550		

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

TITLE

(X6) DATE

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 exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake MI00137759.</p> <p>Based on observation, interview, and record review the facility failed to provide fresh drinking water for one resident (R164) of one reviewed for resident rights, resulting in feelings of frustration. Findings include:</p> <p>On 1/21/24 at 12:18 PM, during an initial tour of the facility R164 was interviewed regarding their level of satisfaction with the care and services provided for them at the facility. R164 indicated that they had not received fresh water yet today. An observation of a styrofoam cup next to R164 revealed that the cup was undated with no ice in it and less than a quarter full.</p> <p>On 1/22/24 at 1:44 PM, an observation of R164's cup by their bedside revealed a time on the cup of, "6 AM" with no ice in the cup and the cup being approximately a third full.</p> <p>On 1/22/24 at 4:32 PM, R164 was met in their room and further interviewed about their water and the frequency of them receiving fresh water.</p>						

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	<p>R164 indicated that they didn't receive enough fresh water from staff and frequently had to drink water that was luke warm. R164 stated, "Sometimes if my water is too old and warm I will turn my call light on to request that staff get me some fresh water. It takes staff a long time to answer my call light." R164 expressed frustration related to not receiving fresh drinking water.</p> <p>On 1/23/24 at 10:52 AM, R164 was met in their room for a follow-up visit and interview regarding their drinking water. R164 stated, "I went eight hours yesterday with no fresh water. I ran out of water last night and had no water. Staff brought me water this morning at breakfast." R164's observed water by their bedside was dated, "1/23/24 AM" no time was listed on the cup. R164 stated, "I hope they get this situation fixed."</p> <p>On 1/23/24 at 11:00 AM, certified nurse assistant (CNA) "J" was interviewed about the process/expectation for providing residents with fresh drinking water. CNA "J" stated, "We pass out water once per shift. CNA "J" was further interviewed about following up with residents regarding their water. CNA "J" stated, "I can refill it." CNA "J" was asked if there were any specific times to check on residents water needs. CNA "J" stated, "No there is no set time."</p> <p>On 1/23/24 at 12:32 PM, the Administrator (NHA) was interviewed regarding their expectations for providing residents with drink water. The NHA indicated that water should be passed out at least once per shift and as needed.</p> <p>On 1/23/24 at 12:41 PM, R164's electronic medical record (EMR) was reviewed and revealed that R164 was admitted to the facility on 12/27/23 with diagnoses that included Paroxysmal atrial fibrillation (Irregular heartbeat)</p>						

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F0553 SS= D	<p>and Myocardial infraction type 2 (Imbalance between heart oxygen demand and supply). A review of R164's most recent minimum data set assessment (MDS) dated 1/2/24 revealed that R164 had an intact cognition.</p> <p>On 1/23/24 at 12:47 PM, a facility policy titled, "Nursing Assistant Responsibilities Issue Date: 1.5.2004" was reviewed and stated the following, "WorkFlow Overview: To provide a workflow for the nursing assistant for their nursing care responsibilities. Food Service: Keeps residents' water pitchers clean and filled with fresh ice water (on each shift)..."</p> <p>Right to Participate in Planning Care §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of</p>	F0553			

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	<p>the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake MI00141403.</p> <p>Based on interview and record review, the facility failed to involve a resident (R333) in treatment decisions for one of one residents reviewed for plans of care. Findings include:</p> <p>A review of Intake called into the State Agency noted the following, "The facility allowed (R333) medication to be stopped by family when (R333) is [their] own person."</p> <p>A review of the medical record revealed that R333 admitted into the facility on 11/9/2023 with the following diagnoses, Anemia and Covid-19. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 13/15 indicating an intact cognition. R333 was also independent with partial/moderate assistance with bed mobility and transfers.</p> <p>A review of the physician orders revealed the following, "Orders: Paxlovid ...Directions: Give 2 tablets by mouth two times a day for Covid-19 positive as of 11/13/2023 for 5 days ...Administrative Orders: Date: 11/13/2023 ...Type: Discontinue ...Notes: Family does not want patient to have this medication."</p>						

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	<p>A review of the progress notes revealed the following, "Date:11/13/2023...Nursing-Progress Note: Family is refusing Paxlovid tx (treatment) for patient. Family educated regarding the benefits of taking medication and the risks of not taking it. They remain adamant. NP (Nurse Practitioner) aware. New orders received to discontinue the medication per family request. Will continue to observe."</p> <p>On 1/23/2024 at 2:01 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that the son of R333 called and stated that they did not want R333 on the medication. The DON stated that the son said that they had spoken to their wife and decided they did not want R333 to have the medication due to side effects. The DON was queried as to why R333 was not involved in this decision being that they were their own person. The DON stated that it may have been due to R333's cognition at the time and having Covid-19, but they were unsure.</p> <p>On 1/23/2024 at 3:05 PM, an interview was conducted with Nurse Supervisor (NS) "G". NS "G" confirmed they were the nurse that spoke with R333 family regarding the medication and that R333 was not consulted at the time. NS "G" was queried as to why R333 was not involved in their treatment being that they were their own responsible party, and NS "G" stated that they did not know.</p>						

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F0557 SS= D	<p>A review of a facility policy titled, "Resident's Rights regarding Treatment and Advance Directives" revealed the following, "It is the policy of the facility to support and facilitate a resident's right to request, refuse, and/or discontinue medical or surgical treatment and to formulate an advance directive."</p> <p>Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to provide privacy during a blood draw for one sample residents (R230) and maintain the call light within resident reach for two (R39 and R100) of seven residents reviewed. Findings Include:</p> <p>R230</p> <p>On 1/21/24 at 12:39 PM, R230 was interviewed regarding the stay at the facility and reported some concerns. At that time Phlebotomist "H" entered the room and request to collect a blood sample from R230. R230's door was opened to the hallway and their roommate was in the room with the privacy curtain pulled halfway between the beds. R230's roommate was observed to be assisted to the restroom by a staff member, which required to pass by R230's bed. R230 lab draw</p>	F0557			

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	<p>was exposed to the roommate and to the people that passed by the hallway.</p> <p>On 1/23/24 at 10:12 AM, Phlebotomist "H" was asked about the process to ensure privacy for residents when collection blood from the residents. Phlebotomist "H" explained, that it depends if the resident ask for it and/or if it is a private room or not.</p> <p>R39</p> <p>Review of the facility record for R39 revealed an admission date of 08/25/22 with diagnoses that included Myocardial Infarction, Dementia and Chronic Kidney Disease. The Minimum Data Set (MDS) assessment dated 11/05/23 indicated R39 required moderate to total assistance with activities of daily living (ADLs) and the Brief Interview for Mental Status (BIMS) assessment score of 0/15 indicated severe cognitive impairment.</p> <p>On 01/22/24 at 8:55 AM, R39 was observed laying in bed sleeping. The call light was observed on the floor adjacent to the head of the bed out of reach.</p> <p>On 01/22/24 at 12:25 PM, R39 was observed laying bed. They were responsive and communicative. The call light was observed laying on the floor adjacent to the head of the bed out of reach.</p> <p>On 01/22/24 at 4:06 PM, R39 was observed sitting up in their chair. The call light was</p>				

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	<p>observed laying on the floor adjacent to the head of the bed out of reach. R39 was asked about their call light and they were not able to respond clearly due to language/cognitive barrier.</p> <p>On 01/23/24 at 8:42 AM, R39 was observed laying in bed sleeping. The call light was observed laying on the floor adjacent to the head of the bed out of reach.</p> <p>On 01/23/24 at 11:58 AM, R39 was observed laying in bed clean and dressed after receiving morning care. The call light was observed laying on the floor adjacent to the head of the bed out of reach.</p> <p>On 01/23/24 at 2:07 PM, R39's family member "K" returned the surveyor's call and reported that they were not clear how well R39 was able to use the call light but that they felt it would be best if the light was available, especially in an urgent situation in the event that R39 was able to use it.</p> <p>R100</p> <p>Review of the facility record for R100 revealed an admission date of 06/19/23 with diagnoses that included Cerebral Infarction with Left Hemiplegia, Vascular Dementia and Chronic Kidney Disease. The MDS assessment dated 09/25/23 indicated R100 required maximum to total assistance with ADLs and the BIMS assessment score of 9/15 indicated moderate cognitive impairment.</p>				

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	<p>On 01/23/24 at 12:03 PM, R100 was overheard trying to verbalize to the surveyor that they needed help. Upon entering the room R100 was observed laying in bed and asked if they could have water. The call light was observed hanging over the nightstand on the resident's left/hemiplegic side and out of reach. R100 was asked if they would like to be able to use their call light and they stated "Yes I would, but it has to be by my right hand".</p> <p>On 01/23/24 at 2:05 PM, R100 was observed laying in bed. The call light was observed hanging over the nightstand out of the residents reach.</p> <p>On 01/23/24 at 2:10 PM, the facility Director of Nursing (DON) reported that the expectation for call light access is that the resident's call light should always be within the resident's reach when they are in their room.</p> <p>Review of the facility policy "Call Light Accessibility and Timely Response" dated 08/16/23 revealed the following entries:</p> <p>"Policy Overview: The purpose of this policy is to assure the facility is adequately equipped with a call light at each resident's bedside to allow resident's to call for assistance."</p> <p>" - Staff will be educated in the proper use of the resident call system, including how the</p>						

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F0584 SS= D	<p>system works and ensuring residents have access to the call light."</p> <p>" - Staff will ensure the call light is plugged in, functioning, within reach of residents, and secured, as needed."</p> <p>Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:</p>	F0584			

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	<p>Based on observation, interview and record review, the facility failed to maintain a homelike environment for two (R100 and R116) of seven residents reviewed. Findings include:</p> <p>R100</p> <p>Review of the facility record for R100 revealed an admission date of 06/19/23 with diagnoses that included Cerebral Infarction with Left Hemiplegia, Vascular Dementia and Chronic Kidney Disease. The Minimum Data Set (MDS) assessment dated 09/25/23 indicated R100 required maximum to total assistance with activities of daily living (ADLs) and the Brief Interview for Mental Status (BIMS) assessment score of 9/15 indicated moderate cognitive impairment.</p> <p>On 01/23/24 at 12:03 PM, R100 was observed laying in bed. It was observed that the wall behind the head of the bed had multiple areas up to approximately ten square inches of missing paint and exposed drywall damage. R100 was asked about the damage and stated "I can't see back there much but I know it's tore up".</p> <p>R116</p> <p>Review of the facility record for R116 revealed an admission date of 04/04/22 with diagnoses that included Cerebral Infarction with Left Hemiplegia. The MDS assessment</p>						

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	<p>dated 07/07/23 indicated R116 required moderate to total assistance with ADLs and the BIMS assessment score of 14/15 indicated intact cognition.</p> <p>On 01/23/24 at 12:13 PM, during a bedside interview with R116 it was observed that their was damage to the wall above the head of the bed including large areas of missing paint and damaged drywall. R116 was asked about the damage and reported that they believe it has been that way since they have been in that room. R116 stated "It would look nicer if they fixed it but I don't know if they will."</p> <p>On 01/23/24 at 2:45 PM, the facility Administrator (NHA) observed the damage to the wall behind R100's bed with the surveyor. The NHA attributed the damage to contact with the head of the bed and bed trapeze attachments. The NHA was informed that very similar damage was observed in other resident rooms. The NHA reported that their expectation is that the wall damage should be noted by floor staff and entered into the "TELS" work order request system so that repairs can take place in a timely manner.</p> <p>Review of the facility policy "Homelike Environment" dated 09/21/23 revealed the following entries:</p> <p>"Policy Overview: Residents are provided with a safe, clean, comfortable, and homelike environment.."</p>						

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F0657 SS= D	<p>"Staff may assist in providing a safe and homelike environment by:</p> <p>- Reporting any unresolved environmental concerns to the administrator."</p> <p>Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake MI00141321.</p> <p>Based on observation, interview, and record review the facility failed to update resident</p>	F0657					

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	<p>fall interventions on the care plan following resident falls for one (R110) of seven residents reviewed for falls. Findings include:</p> <p>On 1/22/24 at 10:00 AM, Family member "M" indicated that they were concerned about the falls that [R110] had experienced at the facility and were unsure what the facility was doing to prevent [R110] from falling.</p> <p>On 1/22/24 at 4:17 PM, R110 was met with in their room for an interview. R110 was unable to answer any questions asked of them.</p> <p>On 1/23/24 at 1:09 PM, R110's fall incidents/accidents (I/As) were reviewed. R110s most recent falls were documented as having occurred on 12/4/23 and 12/29/23.</p> <p>On 1/23/24 at 1:17 PM, R110's fall care plan was reviewed and revealed that there were no fall interventions indicated on the care plan following R110's falls on 12/4/23 and 12/29/23.</p> <p>On 1/23/24 at 1:35 PM, the Director of Nursing (DON) was interviewed about their expectations for care planning following a resident fall. The DON stated, "After each fall there should be a new intervention added to the care plan."</p> <p>On 1/23/24 at 1:54 PM, R110's electronic medical record (EMR) was reviewed and revealed that R110 was most recently admitted to the facility on 7/15/22 with</p>						

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F0684 SS= D	<p>diagnoses that included Alzheimer's disease and Dementia. A review of R110's most recent quarterly minimum data set assessment (MDS) dated 9/14/23 revealed that R110 had a severely impaired cognition and required extensive one person assistance for all activities of daily living (ADLs) and one person supervision for eating.</p> <p>On 1/23/24 at 2:05 PM, a facility policy titled "Fall Management Guidelines Issue Date: 12.13.2023" was reviewed and stated the following, "Care Planning: The resident's care plan and interventions will be reviewed and revised as indicated for the individual needs of the resident and the effectiveness of the interventions. If the resident continues to fall...staff will re-evaluate the situation and implement additional or different interventions..."</p> <p>Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to obtain lab results</p>	F0684					

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	<p>in a timely manner for one (R335) of one residents reviewed for laboratory services. Findings Include:</p> <p>Resident 335</p> <p>A review of the medical record revealed that R335 admitted into the facility on 1/12/2024 with a diagnosis of Dementia. A review of the Minimum Data Set assessment revealed an impaired cognition. R335 also required moderate to partial assistance with bed mobility and transfers. R335 was also noted to be on multiple psychiatric medications.</p> <p>A review of a physician's order revealed a lab order for Valproic acid and Ammonia levels dated 1/16/2024.</p> <p>A request for the lab results was made and review of the results revealed that the lab was not collected until 1/22/2024 during survey.</p> <p>A review of the lab results revealed the following, Valproic Acid result 18.0. Reference Range 50-100.</p> <p>On 1/23/2024 at 2:01 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that the Nurse Practitioner (NP) was notified about the low Valproic Acid level and stated that it was fine because the medication was being used as a mood stabilizer, and not for seizures. The DON was queried as to why the lab was not collected until 1/22/2024. The DON stated</p>				

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F0686 SS= D	<p>that they would look into it and provide further information.</p> <p>No further information was received prior to the end of survey.</p> <p>A review of a facility policy titled, "Laboratory Results" revealed the following, "The facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law."</p> <p>Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake MI00140703.</p> <p>Based on interview and record review, the facility failed to provide wound care treatments as ordered, reposition in a timely manner, and apply heel boots for two residents (R229 and 337) of</p>	F0686			

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	<p>seven reviewed for care and treatment. Findings Include:</p> <p>R229</p> <p>A review of the Intake noted, "It was alleged facility staff failed to provide adequate and appropriate care to prevent and/or treat pressure sores."</p> <p>A review of R229's Admission Assessment noted, "Comments: DTI (deep tissue injury) to right buttocks. Weeping edema to BLE (Bilateral Lower Extremities). Blisters to groin. Bilat heels intact."</p> <p>Order: "Triad Hydrophilic Wound Dress Paste (wound Dressing) Apply to Buttock/groin topically every shift for wound care. Start date 9/13/22."</p> <p>On 1/23/24 at 11:59 AM, Wound Care Nurse "B" was asked about the treatments for R229 wound. Nurse "B" provided documentation that revealed treatments not documented as being performed on 9/26/22, 9/27/22, and 9/30/22. The Wound Care Nurse offered an explanation, the Nurse may have forgot to document the treatment or that the wound had paste (treatment) on it that was not able to be remove.</p> <p>Further review of R229's medical record revealed, R229 was admitted to the facility on 9/13/2022 and discharged on 12/03/22 with diagnosis of Elevation Myocardial infarction.</p> <p>On 1/23/24 at 2:18 PM, the Director of Nursing (DON) was asked the facility's expectation for documenting a treatment. The DON explained, for the Nurses to chart when they did the treatment.</p>				

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	<p>R337</p> <p>A review of the medical record revealed that R337 was admitted into the facility on 1/11/2024 with the following diagnoses, Pressure Ulcer of unspecified part of back, stage 2 (Partial-thickness skin loss with exposed dermis) and Parkinson's Disease. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 99, indicating that R337 was unable to complete the cognition assessment. R337 was also dependent for bed mobility and transfers.</p> <p>A review of the most recent wound note noted the following, " ...T-Spine stage 2 ulcer (Partial-thickness skin loss with exposed dermis), 4 x 2.4 x 0.1 ...continue current advanced pressure downloading interventions; has LAL (Low air loss mattress) and heel protectors ..."</p> <p>Further review of the physician orders revealed the following, "Order: Foam heel suspension boots to be worn while in bed. Directions: Every shift for wound care. Status: Active ..."</p> <p>On 1/22/2024 at 8:23 AM and 10:54 AM, R337 was observed in bed with a pillow on their left side. R337 did not have any heel boots on, and their heels were laying flat on the mattress.</p> <p>On 1/23/2024 at 8:30 AM and 10:16 AM,</p>				

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	<p>R337 was observed with no positioning pillow and laying on their back. No heel boots were observed and their heels were laying flat on the mattress.</p> <p>On 1/23/2024 at 11:59 AM, an interview was conducted with Wound Care Nurse (WCN) "B". WCN "B" stated that they expect for people who have pressure ulcers to be repositioned frequently. WCN "B" stated that R337 should be turned from side to side due to them having a wound on their back. WCN "B" was queried as to if R337 should have on heel boots per the physician order. WCN "B" stated that they should be wearing the heel boots while in bed and they had just repositioned R337 and put their heel boots on.</p> <p>On 1/23/2024, an interview was conducted with the Director of Nursing (DON). The DON stated that repositioning a resident is a whole team effort and that R337 should have had their heel boots on if that is what the order states.</p> <p>A review of a facility policy titled, "Skin and Wound" revealed the following, " ...It is also our policy to follow the treatment plans for any wound / skin concerns as ordered by physicians."</p>				
F0687 SS= D	Foot Care §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide	F0687			

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	<p>foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure timely podiatry services for one resident (R138) of one reviewed for foot care, resulting in delayed treatment and long toenails. Findings include:</p> <p>On 1/21/24 at 12:40 PM, R138 was observed in their room sitting in their wheelchair. R138's feet were observed without socks on and with their toenails long. The toenails were observed to slant to the side of the toes. The nails appeared to be overgrown and approximately an inch from R138's toe. R138 was asked if they preferred their nails that long and stated, "No. They could use a cut." R138 was asked if they hurt and they said, "not really".</p> <p>On 1/22/24 at 10:37 AM, R138 was observed in their room with their toenails in the same condition. Therapy staff was observed to dress the resident and take them out of the room. R138 left the room without socks and with their long toenails exposed.</p> <p>On 1/23/24 at 10:21 AM, R138 was observed in their room with socks on and was asked if they had their toenails clip and stated, "No".</p> <p>On 1/23/24 at 10:28 AM, Unit Manager "I" was asked to observe R138's toenails. Unit Manager</p>						

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	<p>was observed to look at R138's toenails and confirmed the concern regarding the length. Unit Manager "I" was asked, the length of R138's toenails was and stated, "About an inch." Unit Manager "I" was asked if R138 had seen the podiatrist and was observed to look in R138's chart and explained the physician's name was not on R138's profile, which indicated he had not seen the resident.</p> <p>On 1/23/24 at 10:35 AM, the Social Worker Director was asked if R138 had been seen by the podiatrist or if R138 was on the list. The Social Worker Director explained, that R138 had not been seen and was not currently on the list to see the podiatrist.</p> <p>On 1/23/24 at 3:20 PM, the Director of Nursing (DON) was asked about R138's toenails and explained that they were not aware of the need for R138 to see the Podiatrist, but R138 will be put on the list.</p> <p>A review of R138's medical record revealed, R138 was admitted to the facility on 12/26/23 with diagnosis Rhabdomyolysis. A review of R138's Minimum Data Set assessment noted R138 with an impaired cognition and that R138 required help from staff for activities of daily living.</p> <p>A review of the Podiatry Authorization noted, "PODIATRY Medically required podiatry care and treatment is provided by a Licensed Doctor of Podiatric Medicine. Your attending physician may order podiatric services on a regular basis depending on your diagnosis and foot care needs. The Podiatrist shall bill the resident's insurance, when appropriate, or the responsible party when necessary."</p> <p>Parenteral/IV Fluids § 483.25(h) Parenteral</p>	F0694			

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F0694 SS= D	<p>Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to change an Peripherally Inserted Central Catheter (PICC) line dressing per physician orders for one residents (R152) of two residents. Findings Include:</p> <p>R152</p> <p>On 1/21/24 at 9:52 AM, R152 was observed in their room lying in bed. In R152's room there was an IV (intravenous) pole with a completed medication bag hanging from the pole.</p> <p>On 1/22/24 at 10:29 AM, R152's right arm dressing was observed with a date of 1/14 (1/14/24). R152 was asked about the dressing change and could not remember if the facility changed it. The dressing was observed to be peeling off R152's arm.</p> <p>A review of R152's treatment administration record noted, on 1/22/24, blank and without documentation of the treatment completed as scheduled on 1/21/24.</p> <p>Further reviewed noted, "Order: Change PICC line Dressing according to policy (R) (right) arm. Every night shift every Sun for safety monitoring AND as needed for safety monitoring. Discontinued. Start Date: 1/7/2024 - End Date: 1/22/2024."</p>						

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F0725 SS= E	<p>A review of R152's medical record revealed, R152 was admitted on 1/03/2024 with diagnosis of Urinary Tract Infection. A review of R152's Minimum Data Set assessment dated 1/9/24, noted R152 with an impaired cognition and required assistance from staff for activities of daily living.</p> <p>A review of R152's care plan revealed, "Focus: Potential for complications at IV insertion site. PICC inserted at RUE (Right Upper Extremity) Date Initiated: 01/15/2024. Goal: Site will be free of signs/symptoms of infection. Date Initiated: 01/15/2024. Interventions:... Dressing change by physician order and prn (as needed) if soiled or wet. Date Initiated: 1/15/2024 ..."</p> <p>A review of the facility's policy titled, "CATHETER INSERTION AND CARE", date revised July 2016, noted, "CENTRAL VENOUS CATHETER DRESSING CHANGES. Policy: Central venous catheter dressings will be changed at specific intervals, or when needed, to prevent catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings... 2. Change transparent semi-permeable membrane (TSM) dressings at least every 5-7 days and PRN (when wet, soiled, or not intact)."</p> <p>Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The</p>	F0725					

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	<p>facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intakes M100136222, M100137808, M100141129, and M100141971.</p> <p>Based on observation, interview, and record review, the facility failed to ensure sufficient staff were available to provide a timely response to call lights and resident requests/needs, affecting three residents (R164, R230, and R283) of three reviewed for staffing, resulting in resident frustration and unmet care requests and needs. Findings include:</p> <p>R230</p> <p>On 1/21/24 at 12:39 PM, R230 was asked about the care at the facility and stated, "Last night I had to wait over an hour for help."</p> <p>On 1/22/24 at 10:35 AM, R230 was asked how the night shift went for them and stated, "I pressed my button for my medication, it took them 45 minutes to answer. I had to wait another 45 minutes to get the medication."</p> <p>On 1/22/24 at 9:22 AM, during meal observation the back 100 hall, breakfast cart stayed open for</p>						

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	<p>approximately 10 minutes before meal pass started. There were two certified nursing assistants (CNAs) assigned to the hall.</p> <p>On 1/23/24 at 9:24 AM, the nursing staff on the low 200, low 400, and partial of 600 were interviewed and asked about staffing. They explained they had about 21 residents each which included the short term rehabilitation unit that is very busy due to new admissions. The nurse did note that today they have help, but that was not the case when the state agency is not in the building. The nurse reported that yesterday 1/22/24 there were only two CNA's and they each had 18 residents. The nurse was asked if they were late with medications due to the number of residents they had to care for and stated, "Yes."</p> <p>On 1/23/24 at 1:28 PM, the Staffing Coordinator was asked how they determine the number of staff to schedule and explained, that he uses a few factors such as, budget, unit, ratio, and higher acuity.</p> <p>The Staffing Coordinator was asked about the schedule for the units 200, 600, 100, 900. The Staffing Coordinator stated "All of those are budgeted for three CNAs and two Nurses on day shift." The Staffing Coordinator was asked about today for the 600 unit and stated, "Today 600 has one Nurse, because of a call in." The Staffing Coordinator further explained that they were not able to replace the nurse that called in.</p> <p>R283</p> <p>On 1/21/24 at 1:07 PM, during an initial tour of the facility family member "L" who was visiting R283 was interviewed along with R283 regarding their level of satisfaction with the care and services provided at the facility for R283. Family member "L" indicated that staff take a long time</p>						

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	<p>to respond to call light requests related to brief changes and toileting assistance.</p> <p>On 1/22/24 at 8:32 AM, a review of R283's electronic medical record (EMR) revealed that R283 was admitted to the facility on 12/8/23 with diagnoses that included, Fracture of left femur and Urinary tract infection. R283's most recent minimum data set assessment (MDS) dated 12/14/23 revealed that R283 had a moderately impaired cognition and required one person assistance for all activities of daily living (ADLs) other than eating.</p> <p>R164</p> <p>On 1/22/24 at 4:32 PM during a visit and interview with R164 in their room, R164 indicated that when they turn their call light on for staff assistance with getting them some water, "It takes staff a long time to answer my call light."</p> <p>On 1/23/24 at 10:31 AM, an interview was conducted with Activity staff (AS) "N" and they were asked about staffing at the facility. AS "N" stated, "The residents could use more attention. Staff don't know the resident's individual needs because they have large numbers of residents to care for."</p> <p>On 1/23/24 at 10:42 AM, an interview was conducted with certified nurse assistant (CNA) "O" regarding staffing at the facility. CNA "O" stated, "There's not enough staff."</p> <p>On 1/23/24 at 11:10 AM, an interview was conducted with CNA "J" regarding staffing at the facility. CNA "J" stated, "At times it is difficult to complete care tasks for residents. I'm not always able to take breaks."</p>						

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F0880 SS= D	<p>R164's EMR was reviewed and revealed that R164 was admitted to the facility on 12/27/23 with diagnoses that included Paroxysmal atrial fibrillation (Irregular heartbeat) and Myocardial infraction type 2 (Imbalance between heart oxygen demand and supply). A review of R164's most recent MDS dated 1/2/24 revealed that R164 had an intact cognition and required one person assistance with bathing.</p> <p>On 1/23/24 at 12:32 PM, the Administrator (NHA) was interviewed regarding their expectations for staff responding to resident call lights. The NHA indicated that call light response should occur within ten minutes or less and that all staff should be answering call lights.</p> <p>The facility's policy titled "Call Light Accessibility and Timely Response Issue Date: 8.16.2023" was reviewed and stated the following, "...Call lights will directly relay to a staff member or centralized location to ensure appropriate response. Staff members who see or hear an activated call light are responsible for responding regardless of assignment. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified."</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</p>	F0880			

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	infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §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				

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	<p>evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to don and off personal protection equipment (PPE) for a resident (R334) on droplet and contact isolation out of ten reviewed for infection control. Findings Include:</p> <p>On 1/21/2024, R334 was observed in their room laying in bed. R334 door was open with a contact precaution sign on it. PPE was observed in a box hanging by the room.</p> <p>On 1/21/2024 at 9:59 AM, a certified nursing assistant (CNA) was observed entering the room without donning PPE. The CNA was observed picking up a breakfast tray out of the room.</p> <p>On 1/21/2024 at 10:04 AM, an interview was conducted with Licensed Practical Nurse (LPN) "E" regarding R73. LPN "E" stated that R73 was on contact and droplet precautions due to being exposed to Covid-19, however they had not had a positive test.</p> <p>On 1/21/2024 at 12:34 PM, a CNA was observed entering the room with no PPE and delivering their lunch tray.</p> <p>On 1/21/2024 at 1:44 PM, a housekeeping staff member was observed cleaning the room with no PPE on.</p>						

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	<p>On 1/22/2024 at 8:34 AM, a CNA was observed dropping off a breakfast tray with no PPE on.</p> <p>A review of the medical record revealed that R73 admitted into the facility on 1/16/2024 with the following diagnoses, Myocardial Infarction and Fracture of fifth vertebra. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental status score of 10/13 indicating an impaired cognition. R73 also required partial to moderate assistance with bed mobility and transfers.</p> <p>A review of the physician orders revealed the following, "Order: Droplet and Contact precautions for COVID-19 exposure PPE per guidelines. Directions: Every shift for 5 days. Ordered: 1/18/2024. End 1/23/2024."</p> <p>On 1/22/2023 at 2:31 PM, an interview was conducted with the Infection Control Nurse (IC) "D". IC "D" stated that if a sign is on the door, then they should be donning and doffing PPE until it confirmed otherwise.</p> <p>A review of a facility policy titled, "Isolation-Initiating Transmission-Based Precautions" noted the following, "Contact Precautions - Use the following measure in addition to standard precautions when in contact with individuals known or suspected of having diseases spread by direct or indirect contact (examples include norovirus, rotavirus, draining abscesses, head lice). Wear gloves</p>						

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	and gown when in contact with the individual, surfaces, or objects within his/her environment. All re-usable items taken into an exam room or home should be cleaned and disinfected before removed. Disposable items should be discarded at point of use. Droplet Precautions In addition to standard precautions, wear a surgical mask when within 3 feet (6 feet for smallpox) of persons known or suspected of having diseases spread by droplets ..."			