STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025010	A. Building B. Wing	02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ketchikan Med Ctr New Horizons Transitional Care	3100 Tongass Avenue Ketchikan, AK 99901

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 40259 51614 . Based on interview and record review, the facility failed to update and revise the care plan for two residents (#s 1 and 19), out of 13 sampled residents. Specifically, the facility failed to update and revise the care plans to reflect: 1) anticoagulant medication use for Resident #1; and 2) chronic right shoulder pain for Resident #19. Failure to assess and revise care plan problems, goals, and interventions placed the residents at risk for not receiving appropriate and/or necessary care and services. Findings: Resident #1 Record review on 2/24-28/25 revealed Resident #1 was admitted to the facility with diagnoses that included atrial fibrillation (an abnormal heart rhythm originating in the atria that reduces the atrium's efficiency and can lead to blood clots forming in the atrium), heart failure (inability of the heart to maintain adequate blood circulation), and diabetes. Review of Resident #1's medications, on 2/26/25, revealed he/she was taking Apixaban (Eliquis, an anticoagulant medication to reduce clot formation) 5 milligrams (mg) twice a day. Further review revealed this medication started on 12/17/24. Review of Resident #1's care plan, on 2/27/25, revealed Apixaban was not on his/her care plan to alert staff to be aware the Resident was on this high-risk medication, so they were aware of potential risks and side effects associated with being on an anticoagulant. Review of Resident #1's care plan event log (a log that showed all changes made to the care plan since admission), revealed: - 12/17/24: the anticoagulant medication was added to the care plan, [Resident #1] is at risk for side effects and/or adverse reactions related to use of diuretics [,] anticoagulant medications. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER: Ketchikan Med Ctr New Horizons Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE: 3100 Tongass Avenue Ketchikan, AK 99901	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 1/28/25: the anticoagulant medication was removed from the care plan, [Resident #1] will be free from side effects and/or adverse reactions related to diuretic medication through next review. Anticoagulant medication was never put back on the care plan. Review of Resident #1's medication history revealed he/she was still taking Apixaban on 1/28/25 and was not held any time prior to this date since admission. Further review revealed the only time Resident #1's anticoagulant medication was held was on 2/13/25 (for both doses that day) and 2/14/25 (for only one dose in the morning and resumed that evening) for bleeding associated with a tooth extraction that occurred on 2/12/25. During an interview on 2/27/25 at 10:36 AM, the MDS Coordinator stated that Resident #1's anticoagulant medication was not on his/her care plan and needed to be added. Resident #19 Record review on 2/24-28/25 revealed Resident #19 was admitted to the facility with diagnoses that included a subdural hematoma (a collection of blood between the dura mater, outer covering of the brain's membrane, and the arachnoid layer, inner layer of the brain's membrane, usually caused by head trauma) and a fracture of the right tibial plateau (break in the upper part of the shin bone near the knee joint) requiring a right total knee replacement (surgical procedure in which the damaged or worn-down knee joint is replaced with an artificial implant). During an interview on 2/24/25 at 4:04 PM, Resident #19 stated he/she had been having right shoulder pain. Resident #19 further stated he/she had hardly been able to move his/her right shoulder, and tasks such as putting on a jacket was very painful. He/she further stated the right shoulder pain had been an issue since admission. Review of the Physical Therapy Progress Note, dated 1/23/25 at 2:49 PM, revealed: Pt [Patient] c/o [complained of] pain right hip. Bilateral feet ankle and right shoulder, at varying times during evaluation . Review of the Physical Therapy Progress Note, dated 1/30/25 at 3:42 PM, revealed: Pain/Discomfort Assessment . Pain Type Chronic pain (ankle/foot, knee RLE [right lower extremity], right shoulder) Intervention(s) to Relieve Pain/Discomfort Medicated for pain (prior per RN [Registered Nurse]. RN notified of shoulder pain) . Review of the Nursing Note, dated 2/1/25 at 12:46 AM, revealed: [He/she] was given Oxycodone [prescription opioid pain medication used to treat moderate to severe pain] for [his/her] pain in right shoulder and right knee to shin. [He/she] reported that [he/she] wants the Vicks Vaporub [a topical ointment used as a cough suppressant but also used to relieve aches and pains in muscles and joints. It contains menthol and camphor which works by stimulating sensory receptors to provide cooling pain relief] for [his/her] right shoulder pain . Review of the Nursing Note, dated 2/2/25 at 12:30 AM, revealed: [Resident #19] requested only Vick's for [his/her] right shoulder discomfort . (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Nursing Note, dated 2/7/25 at 1:29 AM, revealed: [Resident #19] only complaint was pain: a HA [headache] and pain in the right leg to foot and then later also in the right shoulder . Review of the Nursing Note, dated 2/8/25 at 11:21 PM, revealed: [His/her] only complaint was pain in right thigh to foot, right shoulder and HA. [He/she] was given oxycodone vicks vaporub on right shoulder and ice on leg . Review of the Physical Therapy Progress Note, dated 2/10/25 at 4:40 PM, revealed: Patient attempted to transfer from bed to wheelchair required mod assist [moderate assistance] due to reports of pain in RLE and R [right] shoulder . Review of the Nursing Note, dated 2/11/25 at 1:59 AM, revealed: [Resident #19] only complaint was pain: a HA and pain both legs (right leg to foot was the majority of the pain) and also in the right shoulder. [He/she] was given Oxycodone with night meds[medications] for 9/10 pain, and Vicks applied to right shoulder pain. Review of the Nursing Note, dated 2/20/25 at 12:32 PM, revealed: [Resident #19] reported continued pain in [his/her] right shoulder area. [He/she] states this has been ongoing since admission. Currently receiving Vick's vapor rub with ease. [He/she] asks if [he/she] could have imaging. Message sent to [provider] regarding this and the resident notified of the above . Review of the Nursing Note, dated 2/20/25 at 1:35 PM, revealed: Complaints of right shoulder pain during morning rounds, vicks vapo rub applied as per resident request. [He/she] verbalized a little bit of relief upon assessment. [He/she] asked this writer if [he/she] could have imaging on [his/her] right shoulder since [the right shoulder pain] has been ongoing pain since admission. Charge [Nurse] notified and Provider notified . At [4:00 PM] resident was sitting on the edge of the bed appears to not be in pain but when I approach [him/her] [he/she] [complained] of pain and was about to cry . Review of the Physical Therapy Progress Note, dated 2/20/25 at 1:40 PM, revealed: [Resident #19] reported [he/she] was not feeling well today and when asked in what way [he/she] reported that [his/her] right shoulder is in significant pain . Review of the Speech and Language Pathologist Progress Note, dated 2/24/25 at 3:44 PM, revealed: [Resident #19] complained of leg and shoulder pain and was expecting some medication which was administered by the RN during the session. [Resident #19] reported [he/she] feels [he/she] can't concentrate very well when [he/she] has things on [his/her] mind or when [he/she] is hurting but [he/she] endorsed it is getting better. Review of the Baseline Care Plan, effective from 1/22/25 to 1/30/25, revealed: [Resident #19] is at risk for Pain related Total knee replacement Goal: Pain will be controlled through next review Interventions: Assess for pain q[every] shift, administer pain medications as ordered, notify Provider of any non-relieved pain . Further review revealed no documentation in Resident #19's care plan about his/her right shoulder pain. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/26/25 at 8:53 AM, MDS Coordinator stated he/she and the Director of Nursing (DON) are the only ones that updated the care plans. The MDS Coordinator further stated he/she reads all the notes daily in the residents' chart and nurse communications to ensure updates are completed. During an interview on 2/26/25 at 10:50 AM, when asked when he/she became aware of Resident #19's right shoulder pain, the MDS Coordinator stated he/she became aware on Monday 2/24/25. During a follow up interview on 2/26/25 at 2:10 PM, when asked if Resident #19's right shoulder pain should have been included in the care plan, the MDS Coordinator stated yes, it should have been included. Later in the day, Resident #19's care plan was updated to reflect his/her right shoulder pain. Review of the facility's policy LTC [Long Term Care]: Care Planning Policy, effective date 3/2/24 revealed: Purpose .To provide a multi-disciplinary approach to patient care demonstrated by a care plan that is generated, updated and followed by each discipline caring for any individual resident and to maximize communication between discipline members so that all team members are aware of, and supportive of, each discipline's resident goals and interventions .The Care Plan is to be considered a dynamic document. It is to [be] updated on a continual basis and is based on the assessed needs of the individual resident. The MDS RN-Coordinator is in charge of and responsible for completing, reevaluating and revision of the Resident Care Plan. The MDS RN-Coordinator reports directly to the Director of Nurses for all aspects of the care planning process and works very closely with the charge nurse when developing, evaluating and revising care plans .As indicated above the care plan is to be a dynamic document that is to be updated often. To that end, the MDS Coordinator or the Charge will update the Care Plan as necessary. The expectation is, that this care plan will become more refined overtime and, as a result, become more resident specific and more inclusive, as time goes on . When reviewing and updating the Plan of Care there are several areas to consider and assess the residents need relative to these areas they include but are not limited to the following: . the specific indication for which any PRN type medication is to be given.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0675

Level of Harm - Actual harm

Residents Affected - Few

Note: The nursing home is disputing this citation.

Honor each resident's preferences, choices, values and beliefs.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 50031

Based on record review and interview, the facility failed to ensure 1 resident (#122), out of 13 sampled residents, received the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the care and services needed. Specifically, the facility failed to ensure fluctuations in blood glucose levels for Resident #122 were managed. This failed practice placed Resident #122 with the diminished ability to think, exhaustion, and headache. In addition, Resident #122 was not able complete his/her baseline activities of daily living and unable to participate in sessions of occupational therapy. This resulted in a negative outcome that had compromised the resident's ability to maintain and/or reach his/her highest practicable physical and mental well-being.

Findings:

Resident #122

Record review on 2/24-28/25, revealed Resident #122 was admitted to the facility on [DATE] with diagnoses that included:

- Type 1 Diabetes Mellitus (DM) with other specified complication (autoimmune disease where the pancreas produces little to no insulin, requiring lifelong insulin therapy for blood sugar control);

- Diabetic polyneuropathy associated with type 1 Diabetes Mellitus (nerve damage due to prolonged high blood sugar levels, leading to symptoms such as numbness, tingling, pain, and weakness in areas of the body such as hands and feet);

- Severe protein malnutrition;

- Chronic kidney disease (CKD) G1/A3 (indicates kidney damage and high levels of protein in the urine); and

- Parkinson's Disease (a degenerative disorder of the central nervous system characterized by tremor and impaired muscular coordination).

Resident #122's Blood Glucose Management:

Review of Resident #122's admission orders, dated 2/20/25 at 2:09 PM, revealed:

- Diet General

- Notify physician - Basal Insulin (long-acting insulin) Orders- For basal insulin orders, if blood glucose is greater than 250mg/dL (milligrams per deciliter) for 24 hours.

- Notify physician- BG (blood glucose) less than 70 mg/dL or more than 349 mg/dL

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F 0675

Level of Harm - Actual harm

Residents Affected - Few

Note: The nursing home is disputing this citation.

- Adult Hypoglycemia Treatment Diagram (Hypoglycemia Treatment - when blood sugars drop below 70 mg/dL which could affect the resident's health)

- POCT (point of care testing) Glucose (finger sticks to measure blood sugar)

- Blood Sugar Target . Pre-prandial (before meals) target: 100-140, post-prandial (after meals) target: 100-180.

Review of Resident #122's Baseline Care Plan, dated 2/20/25, revealed: . Diet General . Nursing . Blood Sugar Target . Pre-prandial [Before Meal] target: 100-140, Post-prandial [After Meal] target: 100-180 .

Review of Resident #122's blood sugars from admission on 2/20/25 to 2/27/25 revealed a pattern of instability as the days progressed:

2/20/25

Record review of Resident #122's glucose levels on 2/20/25 revealed:

Date Time Glucose (mg/dL)

2/20/25 4:48 PM 160

2/20/25 9:28 PM 357

2/20/25 10:52 PM 346

Review of Resident #122's Nursing Note, dated 2/20/25 at 8:03 PM, revealed: New resident admitted from home . [he/she] makes his [his/her] own decisions . [He/she] is diabetic and had [an] insulin pump (medical device used for under-the-skin continuous insulin infusion designed to help manage diabetes mellitus) infusing on admit of 0.5 units per hour. [continuous glucose monitoring] noted in left upper arm. Glargine [Long-Acting Insulin] 15 units given at [5:30 pm] and then [the] insulin pump stopped . [He/she] did not want to remove the needles at this time but verbalized understanding that these will need to be removed. [He/she] will receive Accuchecks ac [before meals] and hs [bedtime]. [He/she] is on a general diet .

Review of Resident #122's Nursing Note, dated 2/20/25 at 11:55 PM, revealed: . [His/Her] BG was 358, message sent to [Medical Director] since no short acting insulin ordered with [his/her] insulin pump being shut off on dayshift. Blood glucose (BG) was rechecked and down to 346, hospitalist . ordered 6 units of Lispro [Short Acting] once/now . not to recheck in early morning, just to recheck it next prior to breakfast .

2/21/25

Record review of Resident #122's glucose levels on 2/21/25 revealed:

Date Time Glucose (mg/dL)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	2/21/25 6:45 AM 127 2/21/25 11:42 AM 280 2/21/25 4:47 PM 363 2/21/25 9:23 PM 304 2/22/25 Record review of Resident #122's glucose levels on 2/22/25 revealed: Date Time Glucose (mg/dL) 2/22/25 4:16 AM 150 2/22/25 6:59 AM 118 2/22/25 11:41 AM 283 2/22/25 4:49 PM 468 2/22/25 9:04 PM 337 Review of Resident #122's Nursing Note, dated 2/22/25 at 5:35 PM, revealed: Notified MD [Medical Director] of resident's blood sugar this evening of 468, per SS [sliding scale] [he/she] will get 9 units for [over] 350, do you want to give additional unit? Informed MD of [his/her] pre-lunch blood sugar and how much insulin [he /she] got and also fasting blood sugar this morning. PCP's [Primary Care Provider] response: Ok yes let's give [him her] 12 units and keep me posted with [his/her] pre-bedtime BS [blood sugar] and let's switch to high dose ISS [insulin sliding scale] . 2/23/25 Record review of Resident #122's glucose levels on 2/23/25 revealed: Date Time Glucose (mg/dL) 2/23/25 2:53 AM 113 2/23/25 6:52 AM 52 (Hypoglycemia) 2/23/25 7:13 AM 67 (Hypoglycemia) 2/23/25 7:31 AM 106 2/23/25 11:37 AM 309 2/23/25 5:01 PM 263 (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	2/23/25 9:07 PM 216 Review of Resident #122's Nursing Note, dated 2/23/25 at 1:07 AM, revealed: . [He/She] was woken to take [his/her] evening meds and was drowsy .[he/she] declined most care at that time due to wanting to go back to sleep (like changing out of the hospital gown, or socks, person[al] hygiene, oral care, getting out of bed). complaint was a HA [headache] . Bg [BG]337. BG prior to breakfast was 52. 4 juices now at 106 and eating breakfast. [He/she] received 7 unit of Lispro last night (per the high dose sliding scale) and 15 units of glargine nightly. [He/she] is on a regular general diet . Review of Resident #122's Nursing Note, dated 2/23/25 at 3:14 PM, revealed: Resident's diet was changed from general to carb control diet per PCP's order . 2/24/25 Record review of Resident #122's glucose levels on 2/24/25 revealed: Date Time Glucose (mg/dL) 2/24/25 3:40 AM 125 2/24/25 6:28 AM 76 2/24/25 12:07 PM 194 2/24/25 5:16 PM 358 2/24/25 9:50 PM 279 Review of Resident #122's Nursing Note, dated 2/24/25 at 6:32 PM, revealed: . High BG of 358 pre-dinner, MD .was notified per order. Questioned if 12u [units] lispro appropriate given low morning sugars. MD . gave the order to give only 10 units at dinner time tonight and keep high dose ss [sliding scale] moving forward . 2/25/25 Record review of Resident #122's glucose levels on 2/25/25 revealed: Date Time Glucose (mg/dL) 2/25/25 3:24 AM 118 2/25/25 6:31 AM 62 (Hypoglycemia) 2/25/25 6:34 AM 115 2/25/25 7:17 AM 102 2/25/25 11:58 AM 223 (continued on next page)

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F 0675 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	2/25/25 5:08 PM 241 2/25/25 9:08 PM 278 Review of Resident #122's Medication Administration Record (MAR), dated 2/25/25, revealed a glucose chewable tablet 16 g (gram), PRN (as needed) for low blood sugar per Adult Hypoglycemia Treatment Diagram, was administered on 2/25/25 at 6:45 AM. Review of Resident #122's Nursing Note, dated 2/25/25 at 7:00 AM, revealed: . diet changed to medium carb consistent, [his/her] lunch BG was 194, but dinner was 358. Low this morning but doesn't eat meals during the night. Sent the following message to [MD] [Resident] HS BG was 279, gave 5 units of Lispro per HS sliding scale, plus 15 unit of nightly Glargine. Around 2300 [11:00 PM], [he/she] ate 2 puddings. BG at 0330 was 118, then BG at 0631 was 62 . After 4 glucose tabs [his/her] BG was 102, then started breakfast. This is the second night [his/her] BG has dropped, might [he/she] benefit from the evening doses of lispro be lowered? [He/she] requested [his/her] HS evening dose be changed to low dose sliding scale numbers while the pre-meals dose sliding scale remain as high numbers. Review of Resident #122's Nursing Note, dated 2/25/25 at 9:19 AM, revealed: Orders received from [MD] to change bedtime insulin coverage to low dose sliding scale . Review of Resident #122's Medication Regimen Review, dated 2/25/25 at 10:30 AM, revealed: . MED THERAPY RECOMMENDATIONS: . change insulin glargine to twice daily dosing to 10 units am and 5 units at hs for better coverage in the evening and to have less lows in the early morning. The HS lispro dose then needs to be dosed higher to cover [his/her] evening blood sugars at 0.2mg/kg (miligram/kilogram), the dose would be 18 units . 2/26/25 Record review of Resident #122's glucose levels on 2/26/25 revealed: Date Time Glucose (mg/dL) 2/26/25 4:07 AM 155 2/26/25 6:48 AM 128 2/26/25 12:07 PM 254 2/26/25 4:56 PM 438 2/26/25 9:36 PM 423 Review of Resident #122's Nursing Note, dated 2/26/25 at 6:05 PM, revealed: . Blood sugar of 438 pre-dinner. [MD] notified. continue current plan . 2/27/25 Record review of Resident #122's glucose levels on 2/27/25 revealed: (continued on next page)

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F 0675

Level of Harm - Actual harm

Residents Affected - Few

Note: The nursing home is disputing this citation.

Date Time Glucose (mg/dL)

2/27/25 3:04 AM 151

2/27/25 6:31 AM 61 (Hypoglycemia)

2/27/25 7:08 AM 67 (Hypoglycemia)

2/27/25 7:44 AM 77

2/27/25 8:22 AM 105

2/27/25 10:48 AM 105

2/27/25 11:58 AM 92

2/27/25 4:55 PM 278

2/27/25 9:05 PM 286

Review of Resident #122's MAR, dated 2/27/25, revealed a glucose chewable tablet 16 g, give every 15 minutes PRN for low blood sugar, per Adult Hypoglycemia Treatment Diagram, was administered on 2/27/25 at 7:14 AM.

Review of Resident #122's Nursing Note, dated 2/27/25 at 1:47 AM, revealed: Residents [BG] at HS-423. PCP contacted received order to administer 2 units plus . scheduled sliding scale order- 6 Units of Lispro total administered at HS. At 0300 [BG] - 151. At 0630 [BG] -61. Resident given juice per [his/her] request. Physician notified . At 0708 [BG] -67. Given 4 glucose tablets at that time .

During an interview on 2/26/25 at 1:54 PM, Resident #122 stated at home his/her diabetes was managed by a Medtronic's insulin pump. He/she further stated his/her insulin pump and continuous glucose monitoring (CGM) system communicated between one another and the insulin pump would deliver insulin based off his/her blood glucose levels. Resident #122 stated he/she had the insulin pump over the last 2 years and denied blood sugar levels below 70 or extreme highs, and that his/her BG levels were more stable. Resident #122 stated the insulin pump usage could not be continued in facility. Resident #122 further stated since admission, fluctuations in blood glucose levels have created increased fatigued, headaches (HA), and no energy. He/she further stated, the other day my BG was 52. I had a bad headache, fatigued, unable to talk, think, and felt awful. It's not a good feeling.

During an interview on 2/26/25 at 4:15 PM, Resident #122's spouse stated he/she has been sleeping more during the day and concerned his/her blood sugar results could be the reason. He/she further stated he/she was concerned that the high blood sugar levels could affect Resident #122's vision.

During an interview on 2/27/25 at 1:26 PM, the Medical Director reviewed Resident's #122's BG levels ranging from 52-468 mg/dL on 2/20-27/25. When asked about the effects of these fluctuations, the MD stated it was not ideal. The MD further stated upon admission [Resident #122's] hemoglobin A1C [blood test that measures the average amount of glucose (sugar) in the blood over the past three months] was well controlled and now [his/her] BG results are difficult to manage and its concerning.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER: Ketchikan Med Ctr New Horizons Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE: 3100 Tongass Avenue Ketchikan, AK 99901	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an interview on 2/27/25 at 3:40 PM, when asked about Resident #122's unstable sugars, the Director of Nursing (DON) stated, We just need to keep continuing to try and manage [his/her] sugars. During an interview on 2/28/25 at 10:30 AM, Licensed Nurse (LN) #4 stated if Resident #122's BG level was more than 350 mg/dL, he/she would inform the charge nurse and the provider. LN #4 stated on Wednesday (2/26/25) Resident #122's BG level was over 400 mg/dL, the provider was notified and ordered 12 units of short acting insulin. LN #4 further stated that Resident #122's BG levels are so unpredictable and at home had better management. it is concerning when their blood glucose levels have a large range and not controlled. During the course of this survey, physician notes for Resident #122 were requested. During an interview on 2/28/25 at 12:45 PM, the DON stated no provider notes were currently available for Resident #122. Review of the American Diabetes Association web site accessed on 2/28/25 at https://diabetes.org/about-diabetes/type-1, revealed: . Continuous Glucose Monitors . What is a CGM? . CGMs continually monitor your blood glucose . Real time CGM monitoring has led to tremendous outcomes for people with diabetes who, without a CGM, may have experienced potentially life-threatening complications. Food and Blood Glucose . the food you eat plays a huge role in balancing your blood glucose (blood sugar) levels and minimizing the highs and lows. Carbs can have a big impact on blood glucose.How to make Health Eating Choices . non-starchy vegetables as a foundation for the plate. lean proteins. quality carbohydrates like starchy vegetables, fruits, whole grains, and low-fat milk, less added sugar, healthy fats, less processed foods, water . Hyperglycemia [> 180mg/dL] . If you have type 1, you may not have given yourself enough insulin . if your blood glucose is above 240mg/dL, check your urine for ketones [waste product made by the body] . Ketoacidosis [diabetic coma] develops when your body doesn't have enough insulin. Without insulin, your body can't use glucose for fuel, so your body breaks down fats to use for energy. When your body breaks down fats, waste products called ketones are produced. Unfortunately, the body cannot release all the ketones, and they build up in your blood, which can lead to ketoacidosis. Your best bet is to practice good diabetes management and learn to detect hyperglycemia so you can treat it early before it gets worse. Severe Hypoglycemia . Signs and symptoms of severe hypoglycemia, An altered mental state . weak and unable to help yourself, seizure, coma. Review of the American Association of Clinical Endocrinology (AACE) website accessed on 2/28/25 at https://www.aace.com/disease-and-conditions/diabetes/what-you-need-know-about-diabetes, revealed: How Is Type 1 Diabetes Treated? . Managing type 1 diabetes focuses on figuring out which way is best for keeping your blood glucose levels close to normal, without causing low blood sugar episodes (hypoglycemia). What Are Complications of Diabetes? . Managing your diabetes is key for preventing or delaying these complications, which include diabetic eye disease such as retinopathy, diabetic kidney disease (nephropathy), diabetic nerve disease (neuropathy), heart attacks and stroke. keeping the blood glucose levels as close to normal as possible has been shown to reduce the risk of diabetic retinopathy and kidney disease . Resident #122's Physical and Psychosocial Well-Being: (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of Resident #122's Nursing Note, dated 2/23/25 at 1:07 AM, revealed: . [He/She] was woken to take [his/her] evening meds and was drowsy .[he/she] declined most care at that time due to wanting to go back to sleep (like changing out of the hospital gown, or socks, person[al] hygiene, oral care, getting out of bed). complaint was a HA [headache] . Bg [BG]337. BG prior to breakfast was 52. 4 juices now at 106 and eating breakfast. [He/she] received 7 unit of Lispro last night (per the high dose sliding scale) and 15 units of glargine nightly. [He/she] is on a regular general diet . Review of Resident #122's Occupational Therapy Assistant Progress Note, dated 2/25/25 at 9:59 AM, revealed: . moderate fatigue. increased dizziness. Review of Resident #122's Occupational Therapy Assistant Progress Note, dated 2/27/25 at 12:17 PM, revealed: . No Occupational Therapy Intervention due to Other: Nursing reports pt [patient] has requested to sleep and not be woken this AM. COTA [Certified Occupational Therapist Assistant] will attempt OT [Occupational Therapy] session this afternoon. During an interview on 2/27/25 at 3:09 PM, Resident #122's spouse stated he/she monitored the resident's BG levels at home on their My Chart [Electronic Health Record]. He/she further stated being very concerned with the BG ranges of 52-468 mg/dL and that Resident #122 had never experienced a BG level below 70 mg/dL at home. Resident #122's spouse stated at home, the insulin pump and his/her CGM kept his/her blood glucose results about 80% within range, we did not have to worry much about it. Review of Resident #122's Occupation Therapy Assistant Progress Note, dated 2/27/25 at 4:19 PM, revealed: No Occupational Therapy Intervention due to Other: COTA attempted OT session, but pt was fast asleep and was very difficult to wake. He/she was not appropriate for treatment, will continue to follow. During an interview on 2/28/25 at 8:47 AM, Resident #122 was lying in bed. He/she stated that his/her energy level comes and goes, today is a good day but the prior two [2/26-27/25] were bad. My energy is shot. I will sleep all day, and I will be exhausted when I wake up. Resident #122 complained of headache, lack of energy and the inability to get anything completed when BG levels were 50-70. Resident #122 further stated, the other day my blood sugar was 458 and in the morning was 52. That was really hard on me, it puts a kink in my gears. During an interview on 2/28/25 at 9:15 AM, the Physical Therapist (PT) stated Resident #122 had been working on the use of his/her power wheelchair. The PT stated on 2/25/25 Resident #122 had a rough day during physical therapy. The PT further stated Resident #122 had dizziness and was very tired. (continued on next page)

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F 0675 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of the facility's hypoglycemia protocol GEN Adult Hypoglycemia Treatment Diagram, dated 6/17/22, revealed: Treatment goal: To manage hypoglycemia in adult patients and to achieve blood glucose 100 mg/dl or greater. Inclusion Criteria: blood glucose 70 mg/dL or less, blood glucose 71-99 mg/dL with signs/symptoms of hypoglycemia. Signs/symptoms may include, but are not limited to tremors, palpitations, anxiety, diaphoresis, pallor, dizziness, weakness, drowsiness, altered mental status/behavior changes, altered blood pressure, altered heart rate, or seizures . POCT every 15 minutes until blood glucose 100 mg/dL . Continue every 2 hours until 100 mg/dL or greater for 2 consecutive checks, then resume previous frequency. PO Glucose Table treatment to be repeated until glucose is 100 mg/dL or greater . blood glucose 41-70 . 1. administer 4 glucose tablets; or 4 oz of fruit juice; or 4 oz non-diet soft drink. May repeat x1. 2. If blood glucose 41-70 mg/dL after 2 oral glucose treatments refer to D50W Table**. 71-99 with hypoglycemia symptoms 1. Administer 4 glucose tablets; or 4 oz of fruit juice; or 4 oz non-diet soft drink. May repeat x 1. 2. If blood glucose 71-99 mg/dL after 2 oral glucose treatments refer to D50W Table**. D50W Table* (follow D50W doses with NS [normal saline] flush) treatment to be repeated until glucose is 100mg/dL. Blood glucose (mg/dL) . 56-70, D50W IV [intravenous] push, 12 ml, 71-99 with hypoglycemia symptoms, D50W IV push, 6ml .Glucagon Table treatment to be repeated until glucose is 100mg/dL or greater, Treatment . 1 mg glucagon IM (intramuscular.) Repeat every 15 minutes. Provider Notification, For each new episode of hypoglycemia.1. Blood glucose 70 mg/dL or less, 2. Blood glucose 71-99 mg/dL with signs/symptoms of hypoglycemia .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50031 Based on record review and interview, the facility failed to ensure 1 resident (#122), out of 13 sampled residents, received the needed care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the care and services needed. Specifically, the facility failed to ensure fluctuations in blood glucose levels for Resident #122 were managed. This failed practice placed Resident #122 with the diminished ability to think, exhaustion, and headache. In addition, Resident #122 was not able complete his/her baseline activities of daily living and unable to participate in sessions of occupational therapy. This resulted in a negative outcome that had compromised the resident's ability to maintain and/or reach his/her highest practicable physical and mental well-being. Findings: Resident #122 Record review on 2/24-28/25, revealed Resident #122 was admitted to the facility on [DATE] with diagnoses that included: - Type 1 Diabetes Mellitus (DM) with other specified complication (autoimmune disease where the pancreas produces little to no insulin, requiring lifelong insulin therapy for blood sugar control); - Diabetic polyneuropathy associated with type 1 Diabetes Mellitus (nerve damage due to prolonged high blood sugar levels, leading to symptoms such as numbness, tingling, pain, and weakness in areas of the body such as hands and feet); - Severe protein malnutrition; - Chronic kidney disease (CKD) G1/A3 (indicates kidney damage and high levels of protein in the urine); and - Parkinson's Disease (a degenerative disorder of the central nervous system characterized by tremor and impaired muscular coordination). Resident #122's Blood Glucose Management: Review of Resident #122's admission orders, dated 2/20/25 at 2:09 PM, revealed: - Diet General - Notify physician - Basal Insulin (long-acting insulin) Orders- For basal insulin orders, if blood glucose is greater than 250mg/dL (milligrams per deciliter) for 24 hours. - Notify physician- BG (blood glucose) less than 70 mg/dL or more than 349 mg/dL (continued on next page)

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F 0684

Level of Harm - Actual harm

Residents Affected - Few

Note: The nursing home is disputing this citation.

- Adult Hypoglycemia Treatment Diagram (Hypoglycemia Treatment - when blood sugars drop below 70 mg/dL which could affect the resident's health)

- POCT (point of care testing) Glucose (finger sticks to measure blood sugar)

- Blood Sugar Target . Pre-prandial (before meals) target: 100-140, post-prandial (after meals) target: 100-180.

Review of Resident #122's Baseline Care Plan, dated 2/20/25, revealed: . Diet General . Nursing . Blood Sugar Target . Pre-prandial [Before Meal] target: 100-140, Post-prandial [After Meal] target: 100-180 .

Review of Resident #122's blood sugars from admission on 2/20/25 to 2/27/25 revealed a pattern of instability as the days progressed:

2/20/25

Record review of Resident #122's glucose levels on 2/20/25 revealed:

Date Time Glucose (mg/dL)

2/20/25 4:48 PM 160

2/20/25 9:28 PM 357

2/20/25 10:52 PM 346

Review of Resident #122's Nursing Note, dated 2/20/25 at 8:03 PM, revealed: New resident admitted from home . [he/she] makes his [his/her] own decisions . [He/she] is diabetic and had [an] insulin pump (medical device used for under-the-skin continuous insulin infusion designed to help manage diabetes mellitus) infusing on admit of 0.5 units per hour. [continuous glucose monitoring] noted in left upper arm. Glargine [Long-Acting Insulin] 15 units given at [5:30 pm] and then [the] insulin pump stopped . [He/she] did not want to remove the needles at this time but verbalized understanding that these will need to be removed. [He/she] will receive Accuchecks ac [before meals] and hs [bedtime]. [He/she] is on a general diet .

Review of Resident #122's Nursing Note, dated 2/20/25 at 11:55 PM, revealed: . [His/Her] BG was 358, message sent to [Medical Director] since no short acting insulin ordered with [his/her] insulin pump being shut off on dayshift. Blood glucose (BG) was rechecked and down to 346, hospitalist . ordered 6 units of Lispro [Short Acting] once/now . not to recheck in early morning, just to recheck it next prior to breakfast .

2/21/25

Record review of Resident #122's glucose levels on 2/21/25 revealed:

Date Time Glucose (mg/dL)

(continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	2/21/25 6:45 AM 127 2/21/25 11:42 AM 280 2/21/25 4:47 PM 363 2/21/25 9:23 PM 304 2/22/25 Record review of Resident #122's glucose levels on 2/22/25 revealed: Date Time Glucose (mg/dL) 2/22/25 4:16 AM 150 2/22/25 6:59 AM 118 2/22/25 11:41 AM 283 2/22/25 4:49 PM 468 2/22/25 9:04 PM 337 Review of Resident #122's Nursing Note, dated 2/22/25 at 5:35 PM, revealed: Notified MD [Medical Director] of resident's blood sugar this evening of 468, per SS [sliding scale] [he/she] will get 9 units for [over] 350, do you want to give additional unit? Informed MD of [his/her] pre-lunch blood sugar and how much insulin [he /she] got and also fasting blood sugar this morning. PCP's [Primary Care Provider] response: Ok yes let's give [him her] 12 units and keep me posted with [his/her] pre-bedtime BS [blood sugar] and let's switch to high dose ISS [insulin sliding scale] . 2/23/25 Record review of Resident #122's glucose levels on 2/23/25 revealed: Date Time Glucose (mg/dL) 2/23/25 2:53 AM 113 2/23/25 6:52 AM 52 (Hypoglycemia) 2/23/25 7:13 AM 67 (Hypoglycemia) 2/23/25 7:31 AM 106 2/23/25 11:37 AM 309 2/23/25 5:01 PM 263 (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	2/23/25 9:07 PM 216 Review of Resident #122's Nursing Note, dated 2/23/25 at 1:07 AM, revealed: . [He/She] was woken to take [his/her] evening meds and was drowsy .[he/she] declined most care at that time due to wanting to go back to sleep (like changing out of the hospital gown, or socks, person[al] hygiene, oral care, getting out of bed). complaint was a HA [headache] . Bg [BG]337. BG prior to breakfast was 52. 4 juices now at 106 and eating breakfast. [He/she] received 7 unit of Lispro last night (per the high dose sliding scale) and 15 units of glargine nightly. [He/she] is on a regular general diet . Review of Resident #122's Nursing Note, dated 2/23/25 at 3:14 PM, revealed: Resident's diet was changed from general to carb control diet per PCP's order . 2/24/25 Record review of Resident #122's glucose levels on 2/24/25 revealed: Date Time Glucose (mg/dL) 2/24/25 3:40 AM 125 2/24/25 6:28 AM 76 2/24/25 12:07 PM 194 2/24/25 5:16 PM 358 2/24/25 9:50 PM 279 Review of Resident #122's Nursing Note, dated 2/24/25 at 6:32 PM, revealed: . High BG of 358 pre-dinner, MD .was notified per order. Questioned if 12u [units] lispro appropriate given low morning sugars. MD . gave the order to give only 10 units at dinner time tonight and keep high dose ss [sliding scale] moving forward . 2/25/25 Record review of Resident #122's glucose levels on 2/25/25 revealed: Date Time Glucose (mg/dL) 2/25/25 3:24 AM 118 2/25/25 6:31 AM 62 (Hypoglycemia) 2/25/25 6:34 AM 115 2/25/25 7:17 AM 102 2/25/25 11:58 AM 223 (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	2/25/25 5:08 PM 241 2/25/25 9:08 PM 278 Review of Resident #122's Medication Administration Record (MAR), dated 2/25/25, revealed a glucose chewable tablet 16 g (gram), PRN (as needed) for low blood sugar per Adult Hypoglycemia Treatment Diagram, was administered on 2/25/25 at 6:45 AM. Review of Resident #122's Nursing Note, dated 2/25/25 at 7:00 AM, revealed: . diet changed to medium carb consistent, [his/her] lunch BG was 194, but dinner was 358. Low this morning but doesn't eat meals during the night. Sent the following message to [MD] [Resident] HS BG was 279, gave 5 units of Lispro per HS sliding scale, plus 15 unit of nightly Glargine. Around 2300 [11:00 PM], [he/she] ate 2 puddings. BG at 0330 was 118, then BG at 0631 was 62 . After 4 glucose tabs [his/her] BG was 102, then started breakfast. This is the second night [his/her] BG has dropped, might [he/she] benefit from the evening doses of lispro be lowered? [He/she] requested [his/her] HS evening dose be changed to low dose sliding scale numbers while the pre-meals dose sliding scale remain as high numbers. Review of Resident #122's Nursing Note, dated 2/25/25 at 9:19 AM, revealed: Orders received from [MD] to change bedtime insulin coverage to low dose sliding scale . Review of Resident #122's Medication Regimen Review, dated 2/25/25 at 10:30 AM, revealed: . MED THERAPY RECOMMENDATIONS: . change insulin glargine to twice daily dosing to 10 units am and 5 units at hs for better coverage in the evening and to have less lows in the early morning. The HS lispro dose then needs to be dosed higher to cover [his/her] evening blood sugars at 0.2mg/kg (miligram/kilogram), the dose would be 18 units . 2/26/25 Record review of Resident #122's glucose levels on 2/26/25 revealed: Date Time Glucose (mg/dL) 2/26/25 4:07 AM 155 2/26/25 6:48 AM 128 2/26/25 12:07 PM 254 2/26/25 4:56 PM 438 2/26/25 9:36 PM 423 Review of Resident #122's Nursing Note, dated 2/26/25 at 6:05 PM, revealed: . Blood sugar of 438 pre-dinner. [MD] notified. continue current plan . 2/27/25 Record review of Resident #122's glucose levels on 2/27/25 revealed: (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Date Time Glucose (mg/dL) 2/27/25 3:04 AM 151 2/27/25 6:31 AM 61 (Hypoglycemia) 2/27/25 7:08 AM 67 (Hypoglycemia) 2/27/25 7:44 AM 77 2/27/25 8:22 AM 105 2/27/25 10:48 AM 105 2/27/25 11:58 AM 92 2/27/25 4:55 PM 278 2/27/25 9:05 PM 286 Review of Resident #122's MAR, dated 2/27/25, revealed a glucose chewable tablet 16 g, give every 15 minutes PRN for low blood sugar, per Adult Hypoglycemia Treatment Diagram, was administered on 2/27/25 at 7:14 AM. Review of Resident #122's Nursing Note, dated 2/27/25 at 1:47 AM, revealed: Residents [BG] at HS-423. PCP contacted received order to administer 2 units plus . scheduled sliding scale order- 6 Units of Lispro total administered at HS. At 0300 [BG] - 151. At 0630 [BG] -61. Resident given juice per [his/her] request. Physician notified . At 0708 [BG] -67. Given 4 glucose tablets at that time . During an interview on 2/26/25 at 1:54 PM, Resident #122 stated at home his/her diabetes was managed by a Medtronic's insulin pump. He/she further stated his/her insulin pump and continuous glucose monitoring (CGM) system communicated between one another and the insulin pump would deliver insulin based off his/her blood glucose levels. Resident #122 stated he/she had the insulin pump over the last 2 years and denied blood sugar levels below 70 or extreme highs, and that his/her BG levels were more stable. Resident #122 stated the insulin pump usage could not be continued in facility. Resident #122 further stated since admission, fluctuations in blood glucose levels have created increased fatigued, headaches (HA), and no energy. He/she further stated, the other day my BG was 52. I had a bad headache, fatigued, unable to talk, think, and felt awful. It's not a good feeling. During an interview on 2/26/25 at 4:15 PM, Resident #122's spouse stated he/she has been sleeping more during the day and concerned his/her blood sugar results could be the reason. He/she further stated he/she was concerned that the high blood sugar levels could affect Resident #122's vision. During an interview on 2/27/25 at 1:26 PM, the Medical Director reviewed Resident's #122's BG levels ranging from 52-468 mg/dL on 2/20-27/25. When asked about the effects of these fluctuations, the MD stated it was not ideal. The MD further stated upon admission [Resident #122's] hemoglobin A1C [blood test that measures the average amount of glucose (sugar) in the blood over the past three months] was well controlled and now [his/her] BG results are difficult to manage and its concerning. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an interview on 2/27/25 at 3:40 PM, when asked about Resident #122's unstable sugars, the Director of Nursing (DON) stated, We just need to keep continuing to try and manage [his/her] sugars. During an interview on 2/28/25 at 10:30 AM, Licensed Nurse (LN) #4 stated if Resident #122's BG level was more than 350 mg/dL, he/she would inform the charge nurse and the provider. LN #4 stated on Wednesday (2/26/25) Resident #122's BG level was over 400 mg/dL, the provider was notified and ordered 12 units of short acting insulin. LN #4 further stated that Resident #122's BG levels are so unpredictable and at home had better management. it is concerning when their blood glucose levels have a large range and not controlled. During the course of this survey, physician notes for Resident #122 were requested. During an interview on 2/28/25 at 12:45 PM, the DON stated no provider notes were currently available for Resident #122. Review of the American Diabetes Association web site accessed on 2/28/25 at https://diabetes.org/about-diabetes/type-1, revealed: . Continuous Glucose Monitors . What is a CGM? . CGMs continually monitor your blood glucose . Real time CGM monitoring has led to tremendous outcomes for people with diabetes who, without a CGM, may have experienced potentially life-threatening complications. Food and Blood Glucose . the food you eat plays a huge role in balancing your blood glucose (blood sugar) levels and minimizing the highs and lows. Carbs can have a big impact on blood glucose.How to make Health Eating Choices . non-starchy vegetables as a foundation for the plate. lean proteins. quality carbohydrates like starchy vegetables, fruits, whole grains, and low-fat milk, less added sugar, healthy fats, less processed foods, water . Hyperglycemia [> 180mg/dL] . If you have type 1, you may not have given yourself enough insulin . if your blood glucose is above 240mg/dL, check your urine for ketones [waste product made by the body] . Ketoacidosis [diabetic coma] develops when your body doesn't have enough insulin. Without insulin, your body can't use glucose for fuel, so your body breaks down fats to use for energy. When your body breaks down fats, waste products called ketones are produced. Unfortunately, the body cannot release all the ketones, and they build up in your blood, which can lead to ketoacidosis. Your best bet is to practice good diabetes management and learn to detect hyperglycemia so you can treat it early before it gets worse. Severe Hypoglycemia . Signs and symptoms of severe hypoglycemia, An altered mental state . weak and unable to help yourself, seizure, coma. Review of the American Association of Clinical Endocrinology (AACE) website accessed on 2/28/25 at https://www.aace.com/disease-and-conditions/diabetes/what-you-need-know-about-diabetes, revealed: How Is Type 1 Diabetes Treated? . Managing type 1 diabetes focuses on figuring out which way is best for keeping your blood glucose levels close to normal, without causing low blood sugar episodes (hypoglycemia). What Are Complications of Diabetes? . Managing your diabetes is key for preventing or delaying these complications, which include diabetic eye disease such as retinopathy, diabetic kidney disease (nephropathy), diabetic nerve disease (neuropathy), heart attacks and stroke. keeping the blood glucose levels as close to normal as possible has been shown to reduce the risk of diabetic retinopathy and kidney disease . Resident #122's Physical and Psychosocial Well-Being: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Ketchikan Med Ctr New Horizons Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Tongass Avenue Ketchikan, AK 99901	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of Resident #122's Nursing Note, dated 2/23/25 at 1:07 AM, revealed: . [He/She] was woken to take [his/her] evening meds and was drowsy .[he/she] declined most care at that time due to wanting to go back to sleep (like changing out of the hospital gown, or socks, person[al] hygiene, oral care, getting out of bed). complaint was a HA [headache] . Bg [BG]337. BG prior to breakfast was 52. 4 juices now at 106 and eating breakfast. [He/she] received 7 unit of Lispro last night (per the high dose sliding scale) and 15 units of glargine nightly. [He/she] is on a regular general diet . Review of Resident #122's Occupational Therapy Assistant Progress Note, dated 2/25/25 at 9:59 AM, revealed: . moderate fatigue. increased dizziness. Review of Resident #122's Occupational Therapy Assistant Progress Note, dated 2/27/25 at 12:17 PM, revealed: . No Occupational Therapy Intervention due to Other: Nursing reports pt [patient] has requested to sleep and not be woken this AM. COTA [Certified Occupational Therapist Assistant] will attempt OT [Occupational Therapy] session this afternoon. During an interview on 2/27/25 at 3:09 PM, Resident #122's spouse stated he/she monitored the resident's BG levels at home on their My Chart [Electronic Health Record]. He/she further stated being very concerned with the BG ranges of 52-468 mg/dL and that Resident #122 had never experienced a BG level below 70 mg/dL at home. Resident #122's spouse stated at home, the insulin pump and his/her CGM kept his/her blood glucose results about 80% within range, we did not have to worry much about it. Review of Resident #122's Occupation Therapy Assistant Progress Note, dated 2/27/25 at 4:19 PM, revealed: No Occupational Therapy Intervention due to Other: COTA attempted OT session, but pt was fast asleep and was very difficult to wake. He/she was not appropriate for treatment, will continue to follow. During an interview on 2/28/25 at 8:47 AM, Resident #122 was lying in bed. He/she stated that his/her energy level comes and goes, today is a good day but the prior two [2/26-27/25] were bad. My energy is shot. I will sleep all day, and I will be exhausted when I wake up. Resident #122 complained of headache, lack of energy and the inability to get anything completed when BG levels were 50-70. Resident #122 further stated, the other day my blood sugar was 458 and in the morning was 52. That was really hard on me, it puts a kink in my gears. During an interview on 2/28/25 at 9:15 AM, the Physical Therapist (PT) stated Resident #122 had been working on the use of his/her power wheelchair. The PT stated on 2/25/25 Resident #122 had a rough day during physical therapy. The PT further stated Resident #122 had dizziness and was very tired. (continued on next page)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ketchikan Med Ctr New Horizons Transitional Care	3100 Tongass Avenue Ketchikan, AK 99901

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of the facility's hypoglycemia protocol GEN Adult Hypoglycemia Treatment Diagram, dated 6/17/22, revealed: Treatment goal: To manage hypoglycemia in adult patients and to achieve blood glucose 100 mg/dl or greater. Inclusion Criteria: blood glucose 70 mg/dL or less, blood glucose 71-99 mg/dL with signs/symptoms of hypoglycemia. Signs/symptoms may include, but are not limited to tremors, palpitations, anxiety, diaphoresis, pallor, dizziness, weakness, drowsiness, altered mental status/behavior changes, altered blood pressure, altered heart rate, or seizures . POCT every 15 minutes until blood glucose 100 mg/dL . Continue every 2 hours until 100 mg/dL or greater for 2 consecutive checks, then resume previous frequency. PO Glucose Table treatment to be repeated until glucose is 100 mg/dL or greater . blood glucose 41-70 . 1. administer 4 glucose tablets; or 4 oz of fruit juice; or 4 oz non-diet soft drink. May repeat x1. 2. If blood glucose 41-70 mg/dL after 2 oral glucose treatments refer to D50W Table**. 71-99 with hypoglycemia symptoms 1. Administer 4 glucose tablets; or 4 oz of fruit juice; or 4 oz non-diet soft drink. May repeat x 1. 2. If blood glucose 71-99 mg/dL after 2 oral glucose treatments refer to D50W Table**. D50W Table* (follow D50W doses with NS [normal saline] flush) treatment to be repeated until glucose is 100mg/dL. Blood glucose (mg/dL) . 56-70, D50W IV [intravenous] push, 12 ml, 71-99 with hypoglycemia symptoms, D50W IV push, 6ml .Glucagon Table treatment to be repeated until glucose is 100mg/dL or greater, Treatment . 1 mg glucagon IM (intramuscular.) Repeat every 15 minutes. Provider Notification, For each new episode of hypoglycemia.1. Blood glucose 70 mg/dL or less, 2. Blood glucose 71-99 mg/dL with signs/symptoms of hypoglycemia .