STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. 40259 Based on record review and interview, the facility failed to ensure the resident's, or the resident representative's, right to be informed of the risks and benefits of proposed care of psychoactive medication (a medication that can alter perception, mood, or behavior) administration was documented for 2 residents (#'s 2 and 35), out of 14 sampled residents. This failed practice had the potential to violate the resident's, or resident representative's, right to be informed of treatment and treatment alternatives or treatment options and to choose the alternative or option he/she preferred. Findings: Resident #2 Record review on 2/12-16/24 revealed Resident #2 was admitted to the facility with diagnoses that included depressive disorder and restless leg syndrome (a condition characterized by a nearly irresistible urge to move the legs). A review of Resident #2's active medication orders revealed an order for Diazepam [Valium - an anti-anxiety medication, which can be used to treat muscle spasms] 5 mg [milligrams] PO [by mouth] every HS [nighttime]. Further review revealed this medication was originally ordered on 6/11/18. A review of Resident #2's Physician's Orders, dated 1/6/23 through 2/16/24, revealed this Diazepam order had remained active all thirteen months. Review of Resident #2's medical record revealed no Informed Consent for the use of Psychoactive Medication for Diazepam, which would have informed the resident of the risks and benefits of using the medication. During an interview on 2/16/24 at 10:13 AM, Pharmacist #8 stated Resident #2 should have had an informed consent form completed for Diazepam. During an interview on 2/16/24 at 10:50 AM, the Director of Nursing stated there was no informed consent form for Diazepam in Resident #2's medical record. Resident #35 (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review on 2/12-16/24 revealed Resident #35 was admitted to the facility with diagnoses that included dementia and anxiety. Further review revealed Resident #35 had a resident representative through Power of Attorney paperwork. A review of Resident #35's active medication orders revealed two past orders for Lorazepam (Ativan - a sedative medication, which can be used to treat anxiety): 1. Lorazepam 2mg/mL oral concentrate - 0.5mg by mouth every 4 hours as needed for anxiety/agitation and 2. Lorazepam 2mg/mL oral concentrate - 1 mg by mouth every 4 hours as needed for anxiety/agitation Further review revealed this medication was originally ordered on 11/10/23 and was documented on the Physicians Orders on 12/4/23, however was not documented after this. There was no official discontinuation order for Lorazepam. Review of Resident #35's medical record revealed no Informed Consent for the use of Psychoactive Medication for Lorazepam, which would have informed the resident representative of the risks and benefits of using the medication. During an interview on 2/16/24 at 10:04 AM, Pharmacist #8 stated Resident #35 should have had an informed consent form completed for Lorazepam. During an interview on 2/16/24 at 10:50 AM, the Director of Nursing stated there was no informed consent form for Lorazepam in Resident #35's medical record. Review of the facility's policy Resident Rights, dated 11/10/23, revealed: . Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to . be informed of, and participate in, his or her care planning and treatment .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 40259 Based on record review and interview, the facility failed to ensure the Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN), form CMS-10055, and the Notice of Medicare Non-Coverage (NOMNC), form CMS-10123, were delivered to 2 Medicare part A residents (#s 44 and 66) or the resident representatives, out of 3 sampled Medicare Part A residents reviewed, in a timely manner. Specifically, the forms were delivered either the day of, or 1 day before, the end of Medicare Part A coverage. This failed practice denied the resident, or family, a timely opportunity to appeal a denial of Medicare coverage and placed the resident at risk for not receiving services. Findings: Resident #44 Review of the SNF Beneficiary Notification Review for Resident #44, that was filled out by the facility, revealed Resident #44's Medicare Part A Skilled Services Episode started on 10/9/23 and ended on 10/17/23. Review of Resident #44's SNFABN and NOMNC forms revealed these forms were signed on 10/17/23, the day the Medicare Part A services ended. Resident #66 Review of the SNF Beneficiary Notification Review for Resident #66, that was filled out by the facility, revealed Resident #66's Medicare Part A Skilled Services Episode started on 8/17/23 and ended on 9/28/23. Review of Resident #66's SNFABN and NOMNC forms revealed these forms were signed on 9/27/23, one day before the Medicare Part A services ended. During an interview on 2/15/24 at 5:10 PM, the Social Services Manager stated the facility determined, through therapies and the residents or families, when residents were ready for discharge. The Social Services Manager further stated the SNFABN and NOMNC forms were presented to the resident or family at least 2 days prior to their Medicare Part A end date. The Social Services Manager stated this 2-day window did not always happen. Review of the facility's policy WFC [Wildflower Court] Advance Beneficiary Notice, dated 11/16/23, revealed: . To ensure that the resident, or representative, has enough time to make a decision whether or not to receive the services in question and assume financial responsibility, the notice shall be provided at least two days before the end of a Medicare covered Part A stay . The Social Service Department, or designee, is responsible for issuing notices .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 40259 Based on record review, observation, and interview, the facility failed to implement the comprehensive person-centered care plan for 1 resident (#4), out of 14 sampled residents, to repair eyeglasses and ensure the resident had regular eye exams, for proper and ongoing assessments of a known eye condition. This failed practice had the potential to delay treatments to improve eyesight by not scheduling follow up appointments, which could have affected the resident's ability to maintain his/her highest practicable physical, mental, and psychological well-being. Findings: Record review on 2/12-16/24 revealed Resident #4 was admitted to the facility in 2005 with diagnoses that included a traumatic brain injury, seizures, and 3rd nerve palsy of the left eye (partial or complete paralysis of the 3rd cranial nerve, which could result in the eye positioned downward and outward with the inability to move the eye normally. Double vision, enlarged pupil, droopy eyelid, eye misalignment, and tilting head to compensate for abnormal eyesight could also occur). An observation on 2/13/24 at 9:31 AM, revealed Resident #4 was wearing his/her glasses. Further observation revealed his/her glasses had tape over the right hinge of the glasses. Review of Resident #4's care conference notes, dated 12/21/22 through 12/16/23, revealed: . [Resident #4] wears glasses . Further review revealed no documentation that Resident #4's glasses were in need of repair. There was no documentation to indicate an eye appointment had been made or was scheduled during the year. Review of Resident #4's nurse's notes, dated 12/2022 to 2/2024, revealed no documentation that Resident #4's glasses were in need of repair. Review of Resident #4's care plan revealed an identified problem of visual function. Further review revealed: [Resident #4] has impaired vision related to 3rd nerve palsy of left eye. [He/She] wears glasses and denies impaired vision or visual disturbance. The goal for problem was: [Resident #4] will negotiate environment safety and participate in ADLs [activities of daily living] to maximum potential during this review period. Two actions listed under this problem were: 1) Assist/arrange for referral specialist for examination and follow-through as needed; and 2) Check glasses for cleanliness, label, scratches, or need for repair. This problem and all actions were dated 1/5/24. During an interview on 2/16/24 at 10:50 AM, the Director of Nursing (DON) stated the facility was unaware that Resident #4's glasses needed repair. The DON further stated that, after reviewing Resident #4's medical record, the facility could not determine when the last time Resident #4 had been to the ophthalmologist for an eye exam. During an interview on 2/16/24 at 11:00 AM, the Resident Care Coordinator stated this visual function problem had been on Resident #4's care plan since 7/15/16. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy Care Plan Goals and Objectives, dated 9/28/23, revealed: Care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence . Care plan goals and objectives are defined as the desired outcome for a specific resident problem . Review of the facility's policy WFC [Wildflower Court] Comprehensive Person-Centered Care Plan(s), dated 9/28/23, revealed: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident . The comprehensive, person-centered care plan . describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychological well-being .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 43792 Based on record review, interview, and observation, the facility failed to ensure information about a new open area on the skin was communicated to the nurse for 1 resident (#34), out of 14 sampled residents. Specifically, the Certified Nursing Assistants (CNAs) failed to communicate to the nurse information about a new non-pressure related wound discovered on Resident #34's sacral area (area at the end of the spine in the pelvic region) during cares. This failed practice placed this resident at risk for further skin breakdown and infection. Findings: Record review from 2/12-16/24 revealed Resident #34 was admitted to the facility with diagnoses that included spinal stenosis (narrowing of the spaces around spinal cord); weakness; and cellulitis (deep infection of the skin). Further review revealed the resident was wheelchair bound. During an interview on 2/12/24 at 10:55 AM, Resident #34 stated his/her sacral area was sore, and the CNAs applied a barrier cream to prevent skin breakdown and repositioned him/her to get pressure off the sacral area while he/she was in bed. During an interview on 2/13/24 at 10:00 AM, Resident #34 stated the pain level in the sacral area was an '8' on a scale of 0 to 10, with '0' being no pain and '10' being severe pain. Resident #34 stated he/she was concerned with skin breakdown and the possibility of pressure ulcer development. During an observation on 2/13/24 at 10:15 AM, CNA #1 and CNA #2 turned and repositioned Resident #34, who was lying in bed, while completing bowel incontinence care. The CNAs and this writer observed a red area above the anus with a small open area with a length of approximately 1/2 inch. CNA #1 applied a barrier cream to this open, reddened area. Review of Resident #34's medical record on 2/14/24 at 9:00 AM, revealed no documentation concerning the open area noted on Resident #34's skin area above the anus on 2/13/24 at 10:15 AM. During an interview on 2/14/24 at 9:30 AM, Licensed Nurse (LN) #2 and LN #3, when asked if there were any treatments scheduled for Resident #34, stated there were none scheduled. When asked if they were aware of an open area seen yesterday during Resident #34's incontinence care, they stated 'no' they weren't aware of that. The LNs stated the open area had not been mentioned in the morning report, and no treatments had been initiated. This writer explained about the open area observed on 2/13/24. During a continued interview on 2/14/24 at 9:35 AM, LN #3 discussed the open area with CNA #2 who did confirm to LN #3 that there was an open area on Resident #34's sacral area. LN #3 further stated that he/she would have reported this small wound to the charge nurse, LN #4. During an interview on 2/14/24 at 9:37 AM, LN #4 stated he/she would have assessed Resident #34's wound shortly. LN #4 further stated the CNAs who noticed the new open area should have reported to the LN on duty and then this information should have been reported to him/her. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and concurrent interview on 2/14/24 at 9:50 AM, LN #4 and CNA #2 positioned Resident #34 in bed to view the resident's sacral area. After measuring the wound in the sacral area and cleaning the area with normal saline, LN #4 applied calmoseptine to the wound. Physical Therapist (PT) #1 arrived to the room. LN #4 stated to PT #1, There is a fissure [crack] in the skin. There is bleeding. The wound appeared to be about 1/4 to 1/2 inch long with small amount of redness surrounding the open area. LN #4 stated, This is not the best spot for a dressing. The skin is split. Resident #34 stated, This is very new. LN #4 stated he/she would call the physician. Record review of an Interdisciplinary Notes, dated 2/14/24, revealed Informed by home LN that an area of open skin was noted to rsds [resident's] sacral region. Area of concern then assessed by this LN. 1 cm [centimeter] long fissure noted at the bottom of rsds gluteal cleft, superior to [his/her] anus. Small amount of soft stool noted which had frank blood present. CNA present confirmed that rsd did not have any blood in [his/her] stool yesterday. Stool cleaned and new brief placed. PT came in room at this time. This LN and PT in agreeance that Calmoseptine ointment the best option for treatment due to the very close proximity of rsds anus. Hands resanitized then area cleaned with normal saline and patted dry. Calmoseptine applied. Education provided to home LN and CNA on the importance of cleaning stool off of the Calmoseptine but not cleaning off the Calmoseptine. Message sent to primary MD [medical doctor] regarding frank blood in stool, rsds continued c/o [complaint/of] pain and the fissure/treatment plan. Response pending. Calmoseptine application added to the eTAR [electronic treatment administration record]. Home LN aware. This LN went back to rsds room to inform rsds on actions taken by this LN regarding [his/her] concerns . RSD currently talking on phone in room. During an interview on 2/14/24 at 1:30 PM, CNA #2, when asked if the open area was reported to the nurse when it was first observed, stated the open area was not reported because it was an open area and not a pressure ulcer. Review of the resident's Care Plan, dated 1/3/24 revealed: Category: 16 Pressure Ulcers . [Resident #34] has potential for skin breakdown related to incontinent episodes, inability to reposition self, and frequent skin disruptions to lower extremities [shin areas] . [Resident] skin will be free of breakdown. During an interview on 2/15/24 at 3:00 PM, the Director of Nursing, stated when the open area was found the CNAs should have communicated this to nursing the day the open area was discovered. Review of the facility's policy, Prevention of Pressure Injuries, dated 12/17/23, revealed: The RN [Registered Nurse], LPN [Licensed Practical Nurse], and CNA will inspect the skin on a daily basis when performing or assisting with personal care or ADLs [Activities of Daily Living] . CNA will report any new of changes in skin that are noted to the charge nurse on duty as quickly as possible. Review of the facility's policy, Skin Assessment, dated 12/5/23, revealed: RN/LPN shall notify the provider of any changes/concerns with patient/resident's skin integrity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 40259 Based on record review, interview, and observation, the facility failed to ensure the sole resident who smoked at the facility (Resident #4), followed his/her care plan and the smoking policy. Specifically, the facility failed to ensure the resident smoked in the one and only designated smoking area on campus, where appropriate safety measures were maintained. This failed practice had the potential to introduce avoidable fire accidents, which could affect all residents (based on a census of 48). Findings: Record review on 2/12-16/24 revealed Resident #4 was the only resident who smoked. He/she was grandfathered in, allowed to continue to smoke, as he/she was admitted prior to 3/12/12. Review of Resident #4's medical record revealed Smoking Safety Evaluation forms that were completed 3/2/23 and 8/23/23. Both evaluations revealed Resident #4 was safe to smoke independently. Review of Resident #4's care plan, under activities, revealed: . I like to smoke on a daily basis, I am allowed to use the smoking shed outside of cranberry home . During an interview on 2/13/24 at 9:38 AM, Certified Nursing Assistant (CNA) #3 stated Resident #4 smoked at specific times of the day, and he/she was only allowed to smoke in the smoking shed outside of the Cranberry home. During an interview on 2/13/24 at 9:48 AM, Licensed Nurse (LN) #1 stated Resident #4's smoking materials, cigarettes and lighter, were stored in the nurse's medication room. LN #1 further stated Resident #4 had scheduled times for smoking of four times a day plus one as needed (prn) time which were documented in Resident #4's electronic Medication Administration Record (eMAR). LN #1 stated Resident #4 smoked in the smoking shed outside of the cranberry home. An observation on 2/13/24 at 12:47 PM, of the smoking shed outside of the cranberry home, revealed the floor of the shed was concrete and was equipped with the safety measures of a fire extinguisher, a smoking apron, a smoking blanket, and a metal trash can with a fire-resistant liner for disposal of cigarettes after use. An observation on 2/14/24 at 4:07 PM, revealed Resident #4 was smoking outside in a wood framed gazebo that was to the left of the main entrance of the facility. This gazebo had a wood floor and had no safety measures in place to prevent or immediately address any fire accidents. During an interview on 2/16/23 at 8:20 AM, the Facilities Manager stated Resident #4 should only be smoking in the smoking shed outside of Cranberry if the Resident was smoking on campus property. Review of the facility's policy Resident Smoking Policy, dated 11/15/23, revealed: It is the policy of this facility to provide for the safe use of smoking materials . by residents . Residents admitted to Wildflower Court prior to 3/12/12 are allowed to smoke in designated areas only .Staff is responsible for ensuring that smoking by residents is done in a safe manner .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care. 43792 Based on record review, observation, and interview, the facility failed to ensure significant weight loss was reported to the physician for 1 resident (#39), out of 14 sampled residents. This failed practice had the potential to place the resident at risk for further weight loss and complications due to excessive weight loss. Findings: Record review from 2/12-16/24 revealed Resident #39 was admitted to the facility with diagnoses that included stroke and seizures. Review of Resident #39's Physician Order, dated 9/20/23, revealed the resident was prescribed a regular textured diet. Review of Resident #39's weight history, dated 9/21/23 through 2/1/24, revealed a 16.59% weight loss since admission on 9/21/23. The weight on 2/1/24 was recorded as 101.2 pounds which was a 20.5 lb. weight loss since 9/21/23. The record did not reveal any interventions or communications for the weight recorded on 2/1/24 of 101.2 lbs. Below are the recorded weights since 9/21/23: - 9/21/23 121.60 pounds (lbs.) - 10/13/23 115.5 lbs. - 12/1/23 111.4 lbs. - 1/9/24 118.0 lbs. - 2/1/24 101.2 lbs. Review of Resident #39's Interdisciplinary note, signed by the Social Worker and dated 12/29/23, revealed: . [He/she] has had some weight loss since admission. Review of Resident #39's Care Plan, dated 1/3/24, revealed: Nutritional Status: Less than body requirements. [Resident #39] will experience adequate nutrition through oral intake (a) assess and document resident's diet history, patterns of ingestion and intolerance to foods; (A) assess resident's likes and dislikes; (A) provide snack of choice at HS [bedtime]; and OT [occupational therapy] to treat BADL [Basic Activities of Daily Living] for self-feeding to improve independence and safety in eating . Basic Needs and preferences . I need my weight taken on the 2nd of every month. During an observation and concurrent interview on 2/12/24 at 12:15 PM, Resident #39 was observed in his/her room seated in a wheelchair at a bedside table. Resident #39's family member had brought the resident a slice of apple pie and was encouraging resident to eat the pie. The resident was eating the pie slowly without difficulty. Resident #39's family member stated that Resident #39 had lost weight since his/her admit in September 2023 due to not liking the food. Resident #39 wanted berries and more native foods. Resident #39 stated, Agudak [Eskimo ice cream] sounds good. The family member stated this dish is made with shortening and berries. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/15/24 at 9:30 AM, the Registered Dietician (RD) stated the Resident should have been reweighed after the weight was completed on 2/1/24. During an interview on 2/16/24 at 9:30 AM, the Director of Nursing stated the RD should have looked into the weight loss and also contacted the physician about the resident's 2/1/24 weight and weight loss. Review of the facility's policy Nutrition [Impaired]/Unplanned Weight Loss - Clinical Protocol, dated 1/2/24, revealed: The staff and physician will define the individual's current nutritional status [weight, food/fluid intake, and pertinent laboratory values] and identify individuals with anorexia, weight loss or gain, and significant risk for impaired nutrition . the physician will consider whether any assessment including additional diagnostic testing is indicated to help clarify the severity or consequences of weight loss and/or impaired nutrition . For individuals with recent or rapid weight gain or loss the staff review for possible fluid and electrolyte imbalance as a cause. A. Conditions such as . fluid deficits can result in rapid weight loss . The physician, with the help of the multidisciplinary team, will identify conditions and medications that may be causing anorexia, weight loss or increasing the risk of weight loss. B. For residents with such conditions, the physician may order that the resident's weight be obtained more often than monthly such as daily or weekly weights. The physician will help identify medical conditions . and medications that may be causing weight gain or loss or increasing risk for either gaining or losing weight . the physician will review carefully, and rule out medical causes of, oral or swallowing problems before authorizing other consults or interventions to modify diet consistency . Review of the facility's policy WFC [Wild Flower Court] Change in Condition or Status, dated 9/28/23, revealed: The nurse will notify the resident's attending physician or physician on call when there has been a [an] . significant change in the resident's physical . condition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 40259 Based on record review, observation, and interview, the facility's pharmacy services failed to meet the obligations of its contract agreement. Specifically, pharmacy services failed to: 1) provide accurate pharmaceutical services to assure the accurate dispensing of drugs; and 2) provide consultation on aspects of the provision of pharmacy services in the facility. These failed practices placed all residents (based on a census of 48) at risk for receiving improper pharmaceutical services and the potential for medication errors and/or adverse reactions. Findings: Record review of the facility's contract agreement between the facility and Pharmacy #1, the pharmacy services for the facility, dated 1/1/23, revealed the pharmacy would: . provide the clinical services of a Registered Pharmacist and supply prescriptions in conformance with Federal and State regulations and the need of Wildflower Court patients, particularly as follows .: 1) Clinical Pharmacy Services . A pharmacist will be available for consultation on any drug therapy for the Medical Director and nursing staff at a regularly scheduled day and time for each week. If the need of a pharmacist arises at a time other than the scheduled time, a pharmacist can be reached by phone . during store hours . and 2) Supply of Prescriptions . [Pharmacy #1] will stock and provide the medications in Unit Dose [individual daily dose] sizes for the care center patients . This agreement as signed by Pharmacist #3 on 12/28/23, through Power of Attorney authority from Pharmacy #1. Further review revealed an amendment of the contract, dated 12/19/23, when Hospital #1 acquired the facility, to add standard terms and insurance requirements, however the agreed upon pharmacy services remained the same: This Agreement shall expire December 31, 2024 . Except as expressly modified herein, all other terms and provisions of the Agreement shall be and remain valid and enforceable by and between [Hospital #1] and [Pharmacy #1] . This amendment was signed by the owner of Pharmacy #1 on 11/16/23. An observation on 2/15/24 at 10:21 AM, revealed a pre-packed, individual dose bubble pack card of the medication Warfarin (an anticoagulant medication that thins the blood) for Resident #42. The medication order read: Warfarin Sodium 2 mg [milligram] tabs [tablets]. Take 1 tablet by mouth once daily for Afib [atrial fibrillations, an irregular, often rapid hear rate that commonly causes poor blood flow]. The bubble pack had multiple clear bubbles with one tablet in each, which was the individual dose ordered. Further review revealed that bubble #12 of the card had a half tablet, instead of a whole tablet. This would have been half the ordered dose, which was a dispensing error made by the pharmacy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 2/15/24 at 2:50 PM, the Director of Nursing (DON) stated that the facility had been having issues with the pharmacy's services since 1/2024. When informed of the medication error found in Resident #42's Warfarin medication, the DON stated medication dispensing errors had been an identified concern lately and they have had to send back about 15 bubble pack cards of medication due to either medication errors or the pharmacy was filling medication that had already been discontinued. The DON stated the facility had made several attempts to contact the owner of Pharmacy #1 to discuss these concerns, but the pharmacy had not responded back despite multiple email attempts and phone texts. When asked for an accounting of the facility's attempts to contact Pharmacy #1 about the dispensing errors and the need for pharmacy services consultation, the DON provided the following: - 1/11/24: The wrong dose on the medication label of a bubble pack card was written, this was sent back and relabeled. - 1/16/24: Left a message for the owner about coming to the facility to conduct monthly medication regimen reviews. - 1/23/24: Wrong medication sent, sent back card because the medication had been discontinued. - 1/31/24: Left a text message for the owner for a call back. Got a message back that the owner would call back that day or the next. This never happened. - 2/7/24: Multiple bubble pack cards were sent to the facility, these medications were discontinued and had to be returned. Sent another text message stating the facility was having major issues with the pharmacy services and needed a call back as soon as possible. The DON received a text message back that the owner would call after 5:00 PM. The owner never called. Review of the facility's policy Accepting Delivery of Medications, dated 11/6/23, revealed: . If an error is identified when receiving medication from the pharmacy, the nurse verifying the order . informs the deliver agent of any discrepancies and notes them . returns the incorrect medications . to the dispensing pharmacy . The dispensing pharmacy, consultant pharmacist, and director of nursing services are notified of medication order errors .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 40259 Based on record review and interview, the facility's pharmacy services failed to: 1) complete monthly drug regimen reviews (DRRs), from November 2023 to January 2024, by a licensed pharmacist for all residents (based on a census of 48); and 2) complete accurate DRRs for 2 residents (#'s 2 and 35), out of 14 sampled residents. This failed practice placed all residents (based on a census of 48) at risk for unnecessary medications, medication errors, and/or adverse reactions. Findings: Consistent Monthly DRRs Record review of the facility's contract agreement between the facility and Pharmacy #1, dated 1/1/23, revealed the pharmacy would: . provide the clinical services of a Registered Pharmacist and supply prescriptions in conformance with Federal and State regulations and the need of Wildflower Court patients, particularly as follows .: 1) Clinical Pharmacy Services . A pharmacist will review each patient's chart every month. The drug therapy will be evaluated for proper application and dosage for each patient. The review will be documented in the patient's record in accordance with State and Federal laws. Any potential or current improper drug utilization will be identified, and the proper health professionals will be consulted. Recommendations will be based on currently accepted drug therapy. These reviews will be conducted on the premises of Wildflower Court. A pharmacist will work directly with the nursing staff to [ensure] proper and continued usage of drugs . This agreement as signed by Pharmacist #3 on 12/28/23, through Power of Attorney authority from Pharmacy #1. Further review revealed an amendment the contract, dated 12/19/23, when Hospital #1 acquired the facility, to add standard terms and insurance requirements, however the agreed upon pharmacy services remained the same: This Agreement shall expire December 31, 2024 . Except as expressly modified herein, all other terms and provisions of the Agreement shall be and remain valid and enforceable by and between [Hospital #1] and [Pharmacy #1] . This amendment was signed by the owner of Pharmacy #1 on 11/16/23. Record review on 2/12-16/24 of 5 sampled resident records (#'s 2,13, 26, 35, and 39) revealed no DRRs after the October 2023 review that was completed in November 2023. During an interview on 2/15/24 at 2:50 PM, the Director of Nursing (DON) stated Pharmacist #3 had been consistently completing the facility's DRRs for the residents up until November 2023, however had resigned from Pharmacy #1 after the assessments for November were completed. The pharmacy had not sent over another Pharmacist to take over this contractual obligation, despite repeated attempts from the facility to request this, as part of the pharmacy services for the facility. As a result, no DRRs for any residents in the facility had been completed for the review periods of November 2023 through January 2024 (three months). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During the course of the survey, Pharmacist #8, who worked for Hospital #1, came to the facility and completed DRRs for the months of November and December 2023 for all residents. Accurate DRRs Resident #2 Record review on 2/12-16/24 revealed Resident #2 was admitted to the facility with diagnoses that included depressive disorder and restless leg syndrome (a condition characterized by a nearly irresistible urge to move the legs). A review of Resident #2's active medication orders revealed an order for Diazepam [Valium - an anti-anxiety medication, which can be used to treat muscle spasms] 5 mg [milligrams] PO [by mouth] every HS [nighttime]. Further review revealed this medication was originally ordered on 6/11/18. A review of Resident #2's Physician's Orders, dated 1/6/23 through 2/16/24, revealed this Diazepam order had remained active all thirteen months. A review of Resident #2's DRRs, completed by Pharmacist #3, revealed there was an error on the assessment, dated 6/10/23 (for the May 2023 review), that indicated the Diazepam had been discontinued: . Diazepam 5mg at bedtime for restless legs - discontinued 6/1/23 . Further review revealed this assessment error remained on the DRRs for the review periods of June, July, August, September, and October 2023. A review of Resident #2's DRR, completed by Pharmacist #8 and dated 2/15/24 (for the December 2023 review), revealed the same assessment error. During an interview on 2/16/24 at 10:13 AM, Pharmacist #8 stated Resident #2's Diazepam medication should have been assessed as an active order on his December 2023 DDR. Resident #35 Record review on 2/12-16/24 revealed Resident #35 was admitted to the facility with diagnoses that included dementia and anxiety. Further review revealed Resident #35 was on palliative care (specialized medical care for people with a serious illness, the focus is on providing relief from the symptoms of the illness to improve quality of life). Review of Resident #35's MDS (Minimum Data Set - a federally required assessment) admission assessment, dated 11/15/24, revealed Resident #35 had a BIMS (Brief Interview for Mental Status) score was 3, which indicated severe cognitive impairment. Further review revealed Resident #35 had unclear speech, could make himself/herself understood sometimes, and could have understood others sometimes. Review of Resident #35's medication orders, dated 1/2/24, revealed the following four Morphine PRN orders: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1. Morphine concentrate 100mg [milligrams]/5mL [milliliter] [meaning 5 mL of liquid Morphine equaled 100mg] (20mg/mL) [meaning 1 mL of liquid Morphine equaled a 20mg dose] oral solution - 0.25 ml by mouth every 1 hour as needed for pain, pain scale 6-10/10 [pain scale 0 to 10, for any pain rated at a 6 or up to 10]. Titrate up for comfort . 2. Morphine concentrate 100mg/5mL (20mg/mL) oral solution - 0.5 ml by mouth every 1 hour as needed for pain, pain scale 6-10/10 [pain scale 0 to 10, for any pain rated at a 6 or up to 10]. Titrate up for comfort . 3. Morphine concentrate 100mg/5mL (20mg/mL) oral solution - 0.75 ml by mouth every 1 hour as needed for pain, pain scale 6-10/10 [pain scale 0 to 10, for any pain rated at a 6 or up to 10]. Titrate up for comfort . and 4. Morphine concentrate 100mg/5mL (20mg/mL) oral solution - 1 ml by mouth every 1 hour as needed for pain, pain scale 6-10/10 [pain scale 0 to 10, for any pain rated at a 6 or up to 10]. Titrate up for comfort . Further review revealed each Morphine PRN order had identical parameters, with the same pain scale rating. Review of Resident #35's DRR, dated 2/15/24 (for the December 2023 review), revealed Pharmacist #8 identified four different Morphine orders on the medication list: .Morphine concentrate 100mg/5 mL (20 mg/mL) oral solution [generic]; [Physician #4] Morphine concentrate 100mg/5 mL (20 mg/mL) oral solution [generic]; [Physician #4] Morphine concentrate 100mg/5 mL (20 mg/mL) oral solution [generic]; [Physician #4] Morphine concentrate 100mg/5 mL (20 mg/mL) oral solution [generic]; [Physician #4] . Further review revealed No new concerns at this time was documented at the bottom of the DRR. During an interview on 2/15/24 at 3:04 PM, the DON and Assistant Director of Nursing (ADON) both stated Resident #35's Morphine orders were not appropriate as written. The DON stated if there were multiple orders of the same medication, there needed to be very clear parameters to indicate which medication dose was to be given and when. During an interview on 2/16/24 at 10:04 AM, Pharmacist #8 stated Resident #35's Morphine as needed orders should have had a parameter specific to each dose order and should not have had all the same parameters. Pharmacist #8 further stated this concern should have been documented on the December 2023 DRR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility's policy Medication Regimen Reviews, dated 5/2019, revealed: . The consultant pharmacist performs a medication regimen review (MRR) [DRR] for every resident in the facility receiving medications. Medication reviews are done upon admission (or as close to admission as possible) and at least monthly thereafter, or more frequently if indicated . The consultant pharmacist provides the director of nursing services and medical director with a written, signed and dated copy of all medication regimen reports . 43792

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 40259 Based on record review and interview, the facility failed to ensure the medication regimen for 1 resident (#35), out of 14 sampled residents, was free from an unnecessary medication. Specifically, the facility failed to ensure 4 different Morphine (a narcotic medication that helps control severe pain) as needed medication orders were written with specific parameters for each order. This failed practice placed the resident at risk of excessive medication administration, subtherapeutic (too low a dose to be effective) medication administration, and/or the potential for adverse reactions. Findings: Record review on 2/12-16/24 revealed Resident #35 was admitted to the facility with diagnoses that included dementia and anxiety. Further review revealed Resident #35 was on palliative care (specialized medical care for people with a serious illness, the focus is on providing relief from the symptoms of the illness to improve quality of life). Review of Resident #35's MDS (Minimum Data Set - a federally required assessment) admission assessment, dated 11/15/24, revealed Resident #35 had a BIMS (Brief Interview for Mental Status) score was 3, which indicated severe cognitive impairment. Further review revealed Resident #35 had unclear speech, could make himself/herself understood sometimes, and could understand others sometimes. Review of Resident #35's medication orders, dated 1/2/24, revealed the following four Morphine as needed orders: 1. Morphine concentrate 100mg [milligrams]/5mL [milliliter] [meaning 5 mL of liquid Morphine equaled 100mg] (20mg/mL) [meaning 1 mL of liquid Morphine equaled a 20mg dose] oral solution - 0.25 ml by mouth every 1 hour as needed for pain, pain scale 6-10/10 [pain scale 0 to 10, for any pain rated at a 6 or up to 10]. Titrate up for comfort . 2. Morphine concentrate 100mg/5mL (20mg/mL) oral solution - 0.5 ml by mouth every 1 hour as needed for pain, pain scale 6-10/10 [pain scale 0 to 10, for any pain rated at a 6 or up to 10]. Titrate up for comfort . 3. Morphine concentrate 100mg/5mL (20mg/mL) oral solution - 0.75 ml by mouth every 1 hour as needed for pain, pain scale 6-10/10 [pain scale 0 to 10, for any pain rated at a 6 or up to 10]. Titrate up for comfort . and 4. Morphine concentrate 100mg/5mL (20mg/mL) oral solution - 1 ml by mouth every 1 hour as needed for pain, pain scale 6-10/10 [pain scale 0 to 10, for any pain rated at a 6 or up to 10]. Titrate up for comfort . Further review revealed each Morphine PRN order had identical parameters, with the same pain scale rating. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/15/24 at 3:04 PM, the Director of Nursing (DON) and Assistant Director of Nursing (ADON) both stated that Resident #35's Morphine orders were not appropriate as written. The DON stated if there are multiple orders of the same medication, there needed to be very clear parameters to indicate which medication dose to give and when. During an interview on 2/16/24 at 10:04 AM, Pharmacist #8 stated Resident #35's Morphine PRN orders should have a parameter specific to each dose order and should not have all the same parameters. Review of the facility's policy Medication Orders and Treatment Orders, dated 11/10/23, revealed: . Orders for medications must include . clinical condition or symptoms for which the medication is prescribed .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. 41597 Based on interview, observation, and record review, the facility failed to ensure 2 residents (#'s 7 and 24) out of 14 sampled residents, were provided with their ordered diet. Specifically, no oversight was provided to the staff serving the resident's meals in the unit kitchens. This failed practice had the potential to place the residents at risk for poor health outcomes, inadequate nutritional intake, and risk for medical complications. Findings: During the resident council meeting held on 2/14/24 at 10:32 PM, Resident #'s 2; 4; 5; 24; 34; 38; 42; 45; and 100 were in attendance. When asked about the food served in the facility, the consensus was there was too much sugar and too many carbohydrates being served. One resident stated the facility did not have any diabetic diets. Another resident stated the facility used meal (diet) cards, but he/she sometimes sent the food back, because the meal did not correspond to the meal card. Resident #7: During an observation on 2/14/23 at 12:21 PM, Home Attendant (HA) #1 was observed plating the resident's meals from the steam table on unit #1. The opened cabinet door above the steam table held the resident's diet cards, which included the resident's diet orders and preferences. Further observation revealed HA #1 plated lunch for Resident #7, whose diet card read 1800 calorie CCHO (consistent carbohydrate- diabetic) diet. HA #1 stated Resident #7 had requested soup (navy bean) and ladled out 2 servings into a large bowl. The HA then toasted and buttered two buns with 4 packs of imitation butter. When asked how he/she knew how to serve the 1800 calorie CCHO diet, the HA pointed to the menu extension sheet under the 1800 calorie column. The food items listed on the menu sheet consisted of roast turkey, gravy, mashed potatoes, pineapple upside down cake, milk, spinach, and juice. The alternative meal listed was beef tips au jus. Further review of the extension sheet revealed Week 2 Day 7 in the upper left-hand corner. Review of the WILDFLOWER COURT MENU, dated WEEK: February 26 - March 4, 2023 and the menu received on entrance for the survey week, revealed the items on the steam table matched the menu items for Wednesday, February 21, 2023, and included chicken, gravy mashed potatoes, green beans, biscuit, apple spice custard and cake, with the alternative lunch listed as grilled ham. Further review of the menu revealed Week 5 in the upper right-hand corner, which did not match the extension sheet the HA was using. During an interview on 2/15/24 at 9:16 AM, when asked if the 2 buns served during lunch were consistent with an 1800 calorie CCHO diet, the Registered Dietitian (RD) stated the residents had a choice of which carbohydrate they wanted, but 2 buns sounded like a larger than recommended serving size for that diet order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When asked about the training the HAs received for plating of food from the steam table, the RD stated she did not provide this training, that the nursing department trained the HAs. When asked who provided oversight to ensure the HAs were providing the residents with the proper diet, the RD stated the nursing department was providing this oversight. During an interview on 2/15/24 at 10:49 AM, when asked about his/her responsibilities regarding food service, Licensed Nurse (LN) #5 stated he/she did not provide any training to the HAs. When asked how he/she ensured the residents received the correct diet, the LN stated the diet cards were located in the kitchen for the HAs to follow, but he/she did not directly oversee this process. During an interview on 2/15/24 at 2:35 PM, when asked if he/she provided oversight to the HAs plating food in the kitchens, LN #6, who was acting as the charge nurse, stated he/she did not oversee the kitchens, and stated the Director of Nursing (DON) might have been responsible for that task. During an interview on 2/15/24 at 3:00 PM, when asked if she provided oversight to the HAs plating food in the kitchens, the DON stated she would have ensured the food was at the correct temperature, but she did not provide oversight to whether the HAs were serving the correct diet. Resident #24 Record review from 2/12-16/24 revealed Resident #24 was admitted to the facility with multiple sclerosis and history of stroke. Further review revealed the resident had a significant weight loss and complained of trouble swallowing. Review of Resident #24's current PHYSICIAN'S ORDERS revealed an order written on 1/11/24 to provide a side of moisture for all meals. During an observation on 2/14/23 at 12:21 PM, HA #1 was observed plating Resident #24's lunch. The Resident's diet card revealed: Soft and Bite Sized, Side of moisture with all meals (gravy, ranch dressing, sauces, melted butter). The resident was not provided a side of moisture with his/her meal, which included cut up ham and vegetables. During an interview on 2/14/24 at 12:45 PM, Resident #24 was eating his/her meal with his/her spouse. The Resident stated he/she had not received the side of moisture and he/she usually had to ask staff to provide the moisture. The Resident further stated it was hard to swallow the food without the side of moisture. Review of the facility's policy WFC [Wildflower Court] Food and Nutrition Services, dated 10/14/23, revealed: Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40259 Based on record review and interview, the facility failed to ensure the mandatory submission of staffing information based on payroll based journal (PBJ) data was submitted for the Fiscal Year (FY) Quarter 4 2023 (July 1 - September 30, 2023). This failed practice potentially denied residents and/or representatives (based on a census of 48), and the public, accurate staffing data when accessing the Nursing Home Compare website. Findings: Review on 2/12-16/23 of the facility's PBJ Staffing Data Reported, FY Quarter 2023 (July 1 - September 30), revealed the facility failed to submit data for the Quarter and had a one star staffing rating due to the failure to submit the data. During an interview on 2/15/24 at 3:50 PM, the Accounting Officer Controller stated the facility had missed the deadline to send the PBJ data for July 1 - September 30, 2023 due to the [NAME]/Wildflower transition (the facility had a change of ownership). Review of the facility's policy Wildflower Court Reporting Direct Care Staffing Information (Payroll-Based Journal), dated 11/12/23, revealed: .Direct care staffing information is submitted on the schedule specified by CMS [Centers for Medicare and Medicaid], but no less frequently than quarterly . Fiscal Quarter 4, date range: July 1-September 30, Submission Deadline: November 14 .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025027	A. Building B. Wing	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wildflower Court	2000 Salmon Creek Lane Juneau, AK 99801

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 41597 Based on record review, observation, and interview, the facility failed to ensure staff performed hand hygiene according to accepted professional practices during provision of care and services for 1 resident (#148), out of 14 sampled residents. Specifically, hand hygiene was not performed when moving from a dirty to clean task during wound care. This failed practice had the potential to increase the risk for development and transmission of disease and infection in a vulnerable population. Findings: Record review from 2/12-16/24 revealed Resident #148 was admitted to the facility with diagnoses that included sepsis (a life-threatening complication of an infection) due to a urinary tract infection. Further review revealed the resident had a sacral wound/tear on admission. During an observation on 2/15/24 at 2:00 PM, Licensed Nurse (LN) #5 was performing wound care for Resident #148. The LN first removed the old dressing from the resident's sacral region. Without performing hand hygiene or glove change, LN #5 cleaned the resident's sacral area with normal saline soaked gauze. Next, the LN placed a new dressing over the resident's sacral area. During an interview on 2/15/24 at 3:44 PM, the Infection Preventionist (IP) consultant stated hand hygiene was required to be performed during wound care when moving from a dirty to clean task. The IP consultant further stated the facility was planning to perform audits of hand hygiene during wound care. Review of the facility's policy, HAND HYGIENE, not dated, revealed: Hands should be either washed or disinfected with alcohol-based hand rub .If moving from a contaminated-body site to a clean-body site during patient care (for example, after removing a soiled dressing and before applying a new dressing).