

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  025037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/31/2025
NAME OF PROVIDER OR SUPPLIER  Yukon Kuskokwim Elder's Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 Chief Eddie Hoffman Hwy Bethel, AK 99559	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>42377</p> <p>50031</p> <p>Based on record review, interview, and observation, the facility failed to revise the care plan for 2 residents (#s 6 and 117), out of 8 sampled residents. Specifically, the facility failed to: 1) include interventions to address edema (swelling of the legs) for Resident #6; and 2) include interventions to address a urinary tract infection (bladder infection) for Resident #117. This failed practice placed the Resident #6 at risk of exacerbation of edema and discomfort; and Resident #117 at risk for not receiving the necessary and/or appropriate care and services.</p> <p>Findings:</p> <p>Resident #6</p> <p>Record review on 1/27-31/25 revealed Resident #6 was admitted to the facility with diagnoses that included vascular dementia (loss of cognitive functioning) and cardiovascular accident (CVA-stroke), seizure disorder, congestive heart failure (CHF - inability of the heart to supply blood to organs and tissues) and asthma.</p> <p>During an interview with Resident #6's representative (RR) #1, he/she stated Resident #6 had edema in his/her legs.</p> <p>Review of Resident #6's Alert Note, dated 11/23/24, revealed: Resident [#6] has bilateral lower extremity 2+ pitting edema.</p> <p>Review of Resident #6's progress notes, Comprehensive Assessments, revealed edema was noted on the following days: 11/25/24 11:01 PM; 12/3/24 12:25 PM; 12/17/24 5:59 PM; 12/23/24 8:26 PM; 12/30/24 9:59 AM; 1/20/25 8:25 PM.</p> <p>During an interview on 1/29/25 at 10:45 AM, Licensed Nurse (LN) #1 stated Resident #6 was taking Furosemide 20 mg (miligram) for swelling of the legs. He/she stated the nurses would notify the physician if Resident #6's weight increased over 5 lbs. When asked if the Resident's care plan included interventions for edema of the legs, LN #1 stated yes and he/she further stated they are located in the CHF Care Plan. When LN #1 was asked when Resident #6's edema had started, he/she stated it's been a couple of months.</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 025037
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #6's Care Plan, dated 12/3/24, the CHF identified problem, revealed no interventions for edema.</p> <p>During an observation on 1/29/25 at 11:20 AM, revealed Resident #6 was in his/her wheelchair. Further observed Resident #6 was wearing sneakers without socks and his/her legs appeared to be swollen.</p> <p>During an interview on 1/31/25 at 8:30 AM, the Director of Nursing (DON) stated the Minimum Data Set (MDS) Coordinator created the care plan. The DON further stated the MDS Coordinator would review the care plan once a week and quarterly for MDS quarterly assessment.</p> <p>When asked about Resident #6's edema not included in the care plan, the DON stated that the [NAME] hose was just ordered. The DON, who was currently covering for the MDS Coordinator, stated she will update the care plan next week.</p> <p>Resident #117</p> <p>Record review on 1/27-31/25, revealed Resident #117 was admitted to the facility with diagnoses that included history of malnutrition and CVA.</p> <p>During an interview on 1/27/25 at 4:30 PM, Resident #117 stated he/she had difficulty urinating, unable to void at times, and was incontinent. He/she stated that the symptoms started a couple days ago, and he/she was upset for not being able to hold his/her urine. Resident #117 further stated that staff were not listening to his/her concerns.</p> <p>During an interview on 1/28/25 at 1:30 PM, LN #2 stated Resident #117 was diagnosed with a urinary tract infection (UTI). LN #2 further stated the Resident had not started on the ordered antibiotic because it had not arrived at the facility but was expected to arrive later in the day.</p> <p>During an interview on 1/30/25 at 2:00 PM, the DON stated, Care plans are to be updated quarterly but anytime a change of condition occurs. Nurses cannot update care plans, but they reach out to myself to be updated . A UTI should be care planned and when a resident is on an antibiotic .</p> <p>Review of Resident #117's Nursing Progress Note, dated 1/27/25 at 7:02 PM, revealed: c/o not urinating . Md [medical doctor] made aware order[ed] some labs .</p> <p>Review of Resident #117's Nursing Progress Note, dated 1/27/25 at 7:27 PM, revealed: Resident noted with round and hard abdomen. M.D. made aware.</p> <p>Review of Resident #117's Alert Note, dated 1/27/25 at 8:38 PM, revealed: [UTI] SBAR [Situation, Background, Assessment, Recommendation] criteria are met with dysuria, urinary urgency, and suprapubic pain. Lab testing is ordered: urinalysis with urine culture if positive.</p> <p>Review of Resident #117's Nursing Progress Note, dated 1/27/25 at 10:28 PM, revealed: UTI SBAR complete . criteria is met. Urinalysis with reflex is ordered. Urine is collected via clean catch method. Urine is yellow and cloudy . Resident complains of urgency/frequency and suprapubic pain. Urine is sent to YKDRH [Yukon Kuskokwim Delta Regional Hospital]-Lab for analysis.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>51613</p> <p>Based on record review, observation, and interview, the facility failed to obtain the residents' consent for bedrails use and conduct accurate risks and benefits assessments for 7 residents (#s 1, 2, 5, 6, 8, 12, and 167), out of 8 sampled residents and 2 unsampled residents (#s 11 and 13), reviewed for bedrails use. This failed practice had the potential to place the residents at risk of falls, entrapment, and other preventable accidents and potentially place residents at risk of feelings of isolation and helplessness.</p> <p>Findings:</p> <p>Resident #1</p> <p>Record review on 1/27-31/25 revealed, Resident #1 was admitted to the facility with diagnoses of Alzheimer's disease (progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain), chronic kidney disease (CKD), type 2 diabetes mellitus (DM, non-insulin-dependent diabetes), and cognitive deficits following a cerebrovascular accident (CVA, also known as stroke, is when blood flow to a part of the brain is stopped either by a blockage or the rupture of a blood vessel).</p> <p>An observation on 1/29/25 at 10:30 AM, revealed Resident #1's bed had the two upper side rails raised.</p> <p>Review of Resident #1's most recent MDS (Minimum Data Set, a federally required nursing assessment), OBRA Annual Assessment, dated 12/15/24, revealed: . Section P - Restraints, P0100 . Used in Bed. A. Bed rail. 0 = Not used.</p> <p>Review of Resident #1's Long Term ADL [Activities of Daily Living] Function Rehab IPOC [Interdisciplinary Plan of Care], last updated on 11/4/24, revealed: .impaired ADL function . x1-2 assist with ADLs .</p> <p>Further review of Resident #1's medical record revealed no physician order, no risk and benefits and/or no informed consent regarding the use of bed rails was found.</p> <p>Resident #2</p> <p>Record review on 1/27-31/25 revealed, Resident #2 was admitted to the facility with diagnoses of major depressive disorder (MDD- mood disorder characterized by depressed mood and loss of interest and/or pleasure in activities), hallucinations (the perception of the presence of something that is not actually there, it may be auditory or visual or involve smells, tastes or touch), and expressive aphasia (characterized by partial loss of the ability to produce language).</p> <p>An observation on 1/29/25 at 10:30 AM, revealed Resident #2's bed had the two upper side rails raised.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #2's most recent MDS, OBRA Quarterly Review Assessment, dated 11/9/24, revealed: . Section P - Restraints, P0100 . Used in Bed. A. Bed rail. 0 = Not used.</p> <p>Review of Resident #2's Long Term ADL Function Rehab IPOC, last updated on 12/16/24, revealed: . dependent with all ADLs . x1-2 assist with ADLs .</p> <p>Further review of Resident #2's medical record revealed no physician order, no risk and benefits and/or no informed consent regarding the use of bed rails was found.</p> <p>Resident #5</p> <p>Record review on 1/27-31/25 revealed, Resident #5 was admitted to the facility with diagnoses of aortic valve regurgitation (a heart valve disease that causes blood to leak backward to the heart), CKD, gait disorder, and MDD.</p> <p>An observation on 1/29/25 at 10:30 AM, revealed Resident #5's bed had the two upper side rails raised.</p> <p>During an interview with Resident #5 on 1/31/25 at 09:34 AM, he/she stated it's always been up. I don't remember it being down.</p> <p>Review of Resident #5's most recent MDS, OBRA Quarterly Review Assessment, dated 12/11/24, revealed: . Section P - Restraints, P0100 . Used in Bed. A. Bed rail. 0 = Not used.</p> <p>Review of Resident #5's Long Term ADL Function Rehab IPOC, last updated on 12/16/24, revealed: .has impaired ADL function . x1-2 assist with ADLs .</p> <p>Further review of Resident #5's medical record revealed no physician order, no risk and benefits and/or no informed consent regarding the use of bed rails was found.</p> <p>Resident #6</p> <p>Record review on 1/27-31/25 revealed Resident #6 was admitted to the facility with diagnoses of dementia (loss of cognitive functioning), CVA, seizure disorder, and asthma.</p> <p>An observation on 1/29/25 at 10:30 AM, revealed Resident #5's bed had the left upper side rail raised.</p> <p>Review of Resident #6's most recent MDS, OBRA Admission Assessment, dated 11/13/24, revealed: . Section P - Restraints, P0100 . Used in Bed. A. Bed rail. 0 = Not used.</p> <p>Review of Resident #6's Long Term ADL Function Rehab IPOC, last updated on 12/10/24, revealed: .has impaired ADL function . x1 assist with ADLs .</p> <p>Further review of Resident #6's medical record revealed no physician order, no risk and benefits and/or no informed consent regarding the use of bed rails was found.</p> <p>Resident #8</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review on 1/27-31/25 revealed, Resident #8 was admitted to the facility with diagnoses of impaired mobility, rheumatoid arthritis (a chronic inflammatory disorder that affects the joints and other body systems), and Lewy body dementia (a progressive brain disorder that is characterized by the buildup of proteins into masses which affects thinking, memory, movement, and sleep).</p> <p>An observation on 1/29/25 at 10:30 AM, revealed Resident #8's bed had the two upper side rails raised.</p> <p>Review of Resident #8's most recent MDS, OBRA Quarterly Review Assessment, dated 12/11/24, revealed: . Section P - Restraints, P0100 . Used in Bed. A. Bed rail. 0 = Not used.</p> <p>Review of Resident #8's Long Term ADL Function Rehab IPOC, last updated on 12/9/24, revealed: .impaired ADL function . x1-2 assist with ADLs .</p> <p>Further review of Resident #8's medical record revealed no physician order, no risk and benefits and/or no informed consent regarding the use of bed rails was found.</p> <p>Resident #11</p> <p>Record review on 1/27-31/25 revealed, Resident #11 was admitted to the facility with diagnoses of dementia, type 2 DM, and aortic valve stenosis (narrowing of the heart's aortic valve).</p> <p>During an observation on 1/29/25 at 10:30 AM, revealed Resident #11's bed had the left upper side rail raised.</p> <p>Review of Resident #11's most recent MDS, OBRA Quarterly Review Assessment, dated 1/7/25, revealed: . Section P - Restraints, P0100 . Used in Bed. A. Bed rail. 0 = Not used.</p> <p>Review of Resident #11's medical record revealed no care plan for Long Term ADL Function Rehab IPOC.</p> <p>Further review of Resident #11's medical record revealed no physician order, no risk and benefits and/or no informed consent regarding the use of bed rails was found.</p> <p>Resident #12</p> <p>Record review on 1/27-31/25 revealed, Resident #12 was admitted to the facility with diagnoses of dementia, anxiety and insomnia (a sleep disorder).</p> <p>During an observation on 1/29/25 at 10:30 AM, revealed Resident #12's bed had the left upper side rail, and the right lower side rail raised.</p> <p>Review of Resident #12's most recent MDS, OBRA Annual Assessment, dated 10/23/24, revealed: . Section P - Restraints, P0100 . Used in Bed. A. Bed rail. 0 = Not used.</p> <p>Review of Resident #12's Long Term ADL Function Rehab IPOC, last updated on 2/5/24, revealed: .has impaired ADL function . x1 assist with ADLs .</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of Resident #12's medical record revealed no physician order, no risk and benefits and/or no informed consent regarding the use of bed rails was found.</p> <p>Resident #13</p> <p>Record review on 1/27-31/25 revealed, Resident #13 was admitted to the facility with diagnoses of dementia, depression, and benign prostatic hyperplasia (BPH- a condition in which the flow of urine is blocked due to the enlargement of prostate gland).</p> <p>During an observation on 1/29/25 at 10:30 AM, revealed Resident #13's bed had both upper side rails raised.</p> <p>Review of Resident #13's most recent MDS, OBRA Quarterly Review Assessment, dated 10/18/24, revealed: . Section P - Restraints, P0100 . Used in Bed. A. Bed rail. 0 = Not used.</p> <p>Review of Resident #13's Long Term ADL Function Rehab IPOC, last updated on 12/9/24, revealed: . mostly independent with ADLs but is forgetful at times . may require x1 assist .</p> <p>Further review of Resident #13's medical record revealed no physician order, no risk and benefits and/or no informed consent regarding the use of bed rails was found.</p> <p>Resident #167</p> <p>Record review on 1/27-31/25 revealed, Resident #167 was recently admitted to the facility with diagnoses of dementia, CKD, and BPH.</p> <p>During an observation on 1/29/25 at 10:30 AM, revealed Resident #167's bed had the left upper side rail raised.</p> <p>No MDS assessment was available during record review on 1/27-31/25.</p> <p>Review of Resident #167's Long Term ADL Function Rehab IPOC, last updated on 1/17/25, revealed: . 1-2 assist with ADLs .</p> <p>Further review of Resident #167's medical record revealed no physician order, no risk and benefits and/or no informed consent regarding the use of bed rails was found.</p> <p>During an interview on 1/30/25 at 2:20 PM, the Director of Nursing (DON) stated that the facility did not obtain consent or complete assessments for risks and benefits of side rail usage. A bedrail assessment policy was requested from the DON. She stated the facility had no policy on bedrails.</p> <p>During an interview with Certified Nursing Assistant (CNA) #1 on 1/31/25 at 9:45 AM, he/she stated that the residents that utilized the bed side rails were to help promote mobility while in bed.</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>50031</p> <p>Based on record review and interview, the facility failed to ensure 5 residents (#s 3, 5, 8, 9, and 14), out of 8 sampled residents, were examined in person by a medical provider within the required interval of at least 60 days, or no later than 10 days after the date the visit was required. This failed practice placed the residents at risk for substandard medical care. This further placed the residents at risk for exacerbation of health conditions.</p> <p>Findings:</p> <p>Resident #3</p> <p>Record review on 1/27-31/25, revealed Resident #3 was admitted to the facility with diagnoses that included osteoarthritis (degenerative joint disease), congestive heart failure (CHF- a chronic condition that results when the heart muscle is unable to pump blood efficiently), dementia (a decline in intellectual functioning, including problems with memory, reasoning and thinking), and depression.</p> <p>Review of Resident #3's medical record on 1/29/25 at 2:00 PM, revealed during the last 12 months of physician progress notes, he/she was seen in person on 3/28/24, 5/23/24, 7/10/24, 8/19/24 and 1/29/25.</p> <p>Further review revealed there was 163 calendar days between the Physician's in person visits on 8/19/24 and 1/29/25.</p> <p>Resident #5</p> <p>Record review on 1/27-31/25, revealed Resident #5 was admitted to the facility with diagnoses that included CHF, aortic valve regurgitation (a heart valve disease that causes blood to leak backward to the heart), chronic kidney disease, gait disorder, and major depressive disorder (mood disorder characterized by persistent feelings of sadness, loss of interest, and changes in sleep and/or appetite).</p> <p>Review of Resident #5's medical record on 1/29/25 at 2:00 PM, revealed during the last 12 months of physician progress notes, he/she was seen in person on 3/28/24, 5/16/24, 6/11/24 and 8/2/24.</p> <p>Further review revealed there was 180 calendar days between the Physician's in person visit on 8/2/24 and the record review conducted on 1/29/25.</p> <p>Resident #8</p> <p>Record review on 1/27-31/25, revealed Resident #8 was admitted to the facility with diagnoses that included impaired mobility, rheumatoid arthritis (a chronic inflammatory disorder that affects the joints and other body systems), CHF, peripheral vascular disease (a disorder of the blood vessels outside the heart), and Lewy body dementia (a progressive brain disorder that is characterized by the buildup of proteins into masses which affects thinking, memory, movement, and sleep).</p> <p>(continued on next page)</p>

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #8's medical records on 1/29/25 at 2:00 PM, revealed during the last 12 months of physician progress notes, he/she was seen in person on 3/28/24 and 7/10/24.</p> <p>Further review revealed there was 104 calendar days between these visits.</p> <p>Resident #9</p> <p>Record review on 1/27-31/25, revealed Resident #9 was admitted to the facility with diagnoses that included dementia and chronic kidney disease.</p> <p>Review of Resident #9's medical record on 1/29/25 at 2:00 PM, revealed during the last 12 months, a medical provider in person visits occurred on 2/27/24, 7/26/24 and 1/13/25.</p> <p>Further review revealed there was 170 calendar days between the Physician's in person visits on 2/7/24 and 7/26/24 and 171 calendar days between 7/26/24 and 1/13/25.</p> <p>Resident #14</p> <p>Record review on 1/27-31/25, revealed Resident #14 was admitted to the facility with diagnoses that included dementia, diabetes mellitus, paroxysmal atrial tachycardia (abnormal heart rhythm) and adenocarcinoma of colon (cancer in large intestine).</p> <p>Review of Resident #14's medical record on 1/29/25 at 2:00 PM, revealed during the last 12 months, a medical provider in person visits occurred on 4/24/24, 8/19/24, and 12/16/24.</p> <p>Further review revealed there was 117 calendar days between the Physician's in person visits on 4/24/24 and 8/19/24 and 119 calendar days between 8/19/24 and 12/16/24.</p> <p>During an interview on 1/30/25 at 2:00 PM, when asked how often the residents were seen in person by a medical provider, the Director of Nursing (DON) stated: minimum quarterly and within the first week of admission. When asked to clarify how often the residents were seen, the DON stated, on admission and 4 times per year, quarterly.</p> <p>When the facility policy for provider visits was requested from the DON on 1/31/25 at 10:20 AM, she stated the facility did not have a policy specific to provider visits.</p> <p>Review of the email from the facility's DON on 1/31/25 at 2:30 PM, revealed: .the Medical Director uses the federal guidelines for the timing of his visits. It is not in a written policy .</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>50031</p> <p>Based on record review and interview, the facility failed to ensure that the staff received education and training of the Q-Straint QRT-1 Series Wheelchair Restraint. This securement system was used to secure wheelchair bound residents during transport in the facility vehicle. Specifically, 1 resident (#67) out of 2 closed records obtained a superficial injury after his/her wheelchair tipped over in the facility's vehicle. This failed practice had the potential to affect all 8 out of 8 sampled residents and 2 unsampled residents who utilized wheelchairs for mobility at risk for injury during transportation in the facility's vehicle.</p> <p>Findings:</p> <p>Resident #67</p> <p>Record review on 1/27-31/25 revealed Resident #67 was admitted to the facility with diagnoses of Alzheimer's disease (progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain), anemia (a decrease in the number of red blood cells or hemoglobin, resulting in a lower ability for the blood to carry oxygen to body tissues and organs), and atrial fibrillation (a quivering or irregular heartbeat that can lead to blood clots, stroke, heart failure and death).</p> <p>Record review of Resident #67's Nurse's Note, dated 8/5/24 at 5:09 PM, revealed: Resident #67's wheelchair was placed in the facility's transport vehicle, and it tipped over while the vehicle was going around a curve. The resident sustained a superficial laceration to the right temple. Further review revealed the wheelchair was confirmed to had been secured by two Licensed Nurses (LNs).</p> <p>During random interviews from 1/27-31/25, the facility leadership was not able to identify the two LNs annotated in the nurses note above.</p> <p>Record review of the facility-provided self-reported incident document report, dated 8/9/24, revealed a corrective action plan was initiated by the facility which stated, .Instructions for use of wheelchair securement continues to be posted on the back of the transport van where wheelchairs are secure . All nurses and the activity coordinator have been assigned a skills check off using the instructions for use within HealthStream [an online education platform] with a due date of 8/16/24 .</p> <p>Record review on 1/29/25 of the HealthStream assignment completion report of the 2024 LTC [Long Term Care] Transport Restraint Training, revealed that this training was assigned to eight staff members (LN #s 2, 3, 4, 5, 6, and 7, CNA #6). Further review revealed six staff members (LN #s 3, 4, 5, 6, 7) were past due and had not completed the training.</p> <p>Record review on 1/27-31/25 of the facility staffing schedule revealed: staff members (LN #s 2, 3, 4, 5, 6, and 7, CNA #6) were active employees working with residents.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Yukon Kuskokwim Elder's Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 Chief Eddie Hoffman Hwy Bethel, AK 99559	
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/30/25 at 2:15 PM, when asked about the overdue completion of the HealthStream assignment, the Director of Nursing (DON) stated only three staff members have been trained to secure wheelchair bound residents in the facility vehicle, herself and Certified Nursing Assistants (CNAs) # 1 and #5. When proof of this training was requested, the DON stated the training was completed by a previous employee and was not able to produce the proof. When further inquired about the incident with Resident #67 and the investigation process of the facility, the DON stated she was out on leave when the incident occurred and did not have access to the interim DON's investigation as he/she was no longer an employee.</p> <p>During an interview on 1/31/25 at 9:34 AM, CNA #1 stated that he/she secured residents in the facility's transport vehicle when needed. When asked if he/she had any HealthStream skills check-off for the Q-Strait QRT-1 Series Wheelchair Restraint, he/she stated that there was none.</p> <p>Record review of Resident #67's medical record from 1/27-31/25, revealed the Resident was not longer at the facility and unable to be interviewed.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>50031</p> <p>Based on interview and record review, the facility failed to designate a registered nurse to serve as the Director of Nursing (DON) on a full-time basis. Specifically, from the end of March 2024 through the end of May 2024, there was no full-time DON for the facility. This failed practice of not providing a full-time DON to oversee daily management and the monitoring of care practices, had the potential to place all residents (based on a census of 18) at substantial risk for subquality of care.</p> <p>Findings:</p> <p>During an interview on 1/30/25 at 12:45 PM, the Yukon Kuskokwim Delta Regional Hospital's (YKDRH) Chief Nursing Officer (CNO) stated she had resigned as the DON at the Yukon Kuskokwim Elder's Home (YKEH) on 3/2024. When asked who the designated YKEH DON was, the CNO stated the new DON started in 5/2024. When further asked who the designated DON was from 3/2024 to 5/2024, the CNO provided no response.</p> <p>During an interview on 1/30/25 at 2:00 PM, the DON stated she worked at YKEH as a charge nurse from 10/2023 to 5/2024. The DON further stated she accepted the DON position at YKEH the end of May 2024. When asked who the designated DON was for YKEH from 3/2024 to 5/2024, the DON stated [the YKDRH CNO] was a resource if the facility needed.</p> <p>Review of the facility-provided email, Announcement of my New Role within YKHC, dated 2/23/24 and written by the YKDRH CNO, revealed: . I will be transitioning from my current position as the Director of Nursing at YK Elders Home to take on a new role as the Chief Nurse Executive for YKHC. This change will take effect on 3/17/24 .</p> <p>Review of the facility's job description Director of Nursing Services, dated 8/2012, revealed: . D. Position Responsibilities. 1. Responsible for the delivery of the nursing services .of each resident . 2. Oversee that the residents' dignity and right to privacy are upheld .3. Responsible for making sure that there is adequate staff . 4. Keeps the facility in compliance . 5. Develops and evaluates with the health care team and administration resident goals and policies . 6. Maintains safety rules and procedures . 7. Responsible for keeping the department on budget . 8. Observes, mentors, and trains new and current staff . 9. Keeps the administrator up to date on resident changes, staffing changes and service plan changes . 11. Supports a dignified and caring atmosphere . 13. Maintains a safe and secure working environment . 16. Assist with special projects .</p> <p>Record review of the facility's job description LTC [Long-term Care] Registered Nurse Charge Nurse, undated, revealed: . D. Position Responsibilities . 13. Report changes in resident condition to the DNS [Director of Nursing Services/DON] . in a timely manner .</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>50031</p> <p>51613</p> <p>Based on record review and interview, the facility failed to ensure the Monthly Regimen Review (MRR) were completed for 3 Residents (#s 3, 8, and 12), out of 8 sampled residents. This failed practice placed residents at risk for adverse consequences related to medication therapy.</p> <p>Findings:</p> <p>Resident #3</p> <p>Resident #3 was admitted to the facility with diagnoses of osteoarthritis (degenerative joint disease), congestive heart failure (CHF) (a chronic condition that results when the heart muscle is unable to pump blood efficiently), dementia (a decline in intellectual functioning, including problems with memory, reasoning and thinking), and depression.</p> <p>Record review of Resident #3's Pharmacy Consult notes, dated January 2024 through January 2025, revealed no MRRs were completed for September 2024 and December 2024.</p> <p>Resident #8</p> <p>Resident #8 was admitted to the facility with diagnoses of impaired mobility, rheumatoid arthritis (a chronic inflammatory disorder that affects the joints and other body systems), CHF, peripheral vascular disease (a disorder of the blood vessels outside the heart), and Lewy body dementia (a progressive brain disorder that is characterized by the buildup of proteins into masses which affects thinking, memory, movement, and sleep).</p> <p>Record review of Resident #8's Pharmacy Consult notes, dated January 2024 through January 2025, revealed no MRRs were completed for September 2024 and December 2024.</p> <p>Resident #12</p> <p>Resident #12 was admitted to the facility with diagnoses of dementia, anxiety and insomnia (a sleep disorder).</p> <p>Record review of Resident #12's Pharmacy Consult notes, dated January 2024 through January 2025, revealed no MRRs were completed for September 2024 and December 2024.</p> <p>During an interview on 1/30/25 at 1:46 PM, Pharmacist #2 stated that every month the resident's medications were reviewed and documented in the chart by Pharmacists. He/she added that the standard of MRRs were to be completed monthly. The Pharmacist further stated the pharmacy was previously short staffed, however the department is currently fully staffed.</p> <p>(continued on next page)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview 1/30/25 at 4:37 PM, Pharmacist #1 stated that the MRRs would be documented under Pharmacy Consult notes. Pharmacist #1 further stated the MRRs were not completed for September and December 2024 due to the pharmacy being short staffed.</p> <p>Record review of the facility's policy, LTC Pharmacy Services &amp; Medication Management, last review dated 6/2/21, revealed: .Complete a monthly drug regimen review of each resident's medical chart . Complete a Medication Regimen Review as often as is needed .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51613</p> <p>Based on observation, interview and record review, the facility failed to ensure expired medical supplies in 1 medical supply storage room (room [ROOM NUMBER]), out of 2 medical supply storage rooms were removed. This failed practice placed all residents (based on census of 18) at risk for adverse effects and/or complications from receiving expired medical supplies.</p> <p>Findings:</p> <p>An observation on [DATE] at 12:35 PM, of the facility's room [ROOM NUMBER], a medical supplies storage room, revealed the following expired medical supplies:</p> <ul style="list-style-type: none"> <li>- 8- BARD (brand name) 70cc (cubic centimeter) Syringes with Catheter Tip and Luer Tip Adaptors with a use by date of ,d+[DATE];</li> <li>- 1- BARD 70cc Syringe with Catheter Tip and Luer Tip Adaptors with a use by date of ,d+[DATE];</li> <li>- 2- CardinalHealth Self-Adherent Bandages 3-inch x 5 yard with an expiration date of [DATE];</li> <li>- 15- PolyMem 4 x 4 Non- Adhesive Pads with an expiration date of ,d+[DATE];</li> <li>- 34- Tefla 8 x 3 Non-adherent Pad Prepacks with an expiration date of [DATE];</li> <li>- 1- ConMed 6' Long Suction Connection Tubing with an expiration date of [DATE];</li> <li>- 1- [NAME] Distilled Water, 3 Liters, with a best by date of [DATE]; and</li> <li>- 1- Arrowhead Distilled Water, 1 Liter, with a best by date of [DATE].</li> </ul> <p>During an interview on [DATE] at 1:10 PM, Licensed Nurse (LN) #1 stated that the medical supplies mentioned above were expired.</p> <p>During an interview on [DATE] at 2:05 PM, the Director of Nursing (DON) stated that LNs were expected to have audited the medical supplies and discard supplies that were expired. When asked about the frequency of this auditing, she stated that it should have been done each shift but predominantly expected to be completed by the night shift LNs.</p> <p>Record review of the facility's policy on LTC Audit of Expired Items, last reviewed [DATE], revealed: . Designated staff shall inspect storage areas . Products that have expired or are within 30 days of expiration or have been damaged shall be removed from inventory and stored in a secure area until the product is disposed of by the facility .</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50031</p> <p>Based on observation, interview and record review the facility failed to ensure that food was stored, labeled, and prepared foods in accordance with professional standards for food safety. Specifically, the facility failed to ensure: 1) foods were labeled and dated; and 2) expired foods were discarded. These failed practices had the potential of causing or spreading foodborne illness to residents, based on a census of 18, who received food from the kitchen.</p> <p>Findings:</p> <p>Main Kitchen</p> <p>An observation, during the initial main kitchen tour, on [DATE] at 1:15 PM, revealed:</p> <p>1) Walk-in Cooler:</p> <ul style="list-style-type: none"> <li>- 3- expired Darigold Heavy Whipping Cream- 64-ounce carton- with manufacture best by date of [DATE];</li> <li>- 2- expired Yoplait Light Strawberries &amp; Banana Yogurt - 6-ounce single serving container- with manufacture best if used by date of [DATE]; and</li> <li>- 2- expired Monarch Chopped Garlic in Oil- 32-ounce plastic container-with manufacture best if used by date of [DATE].</li> </ul> <p>2) Walk-in Freezer:</p> <ul style="list-style-type: none"> <li>-1- clear plastic bag, food not identified, not labeled, no best used by date or expiration date. Food &amp; Nutrition Service staff (FNS) #2 stated contents were oxtail;</li> <li>-1- clear plastic bag, Duck, no best used by date or expiration date;</li> <li>-1- white paper package, HB no best used by date or expiration date; and</li> <li>-6- expired Monarch Chopped Garlic in Oil- 32-ounce plastic container-with manufacture best if used by date of [DATE].</li> </ul> <p>3) Dry Storage:</p> <ul style="list-style-type: none"> <li>- 1- plastic container Sweet Baby Rays Barbecue Sauce-1 gallon container, open ,d+[DATE] full, no open date.</li> <li>- 14- expired C&amp;H Confectioner Sugar -16-ounce box- with manufacture best if used by date of [DATE];</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> <li>- 6- expired Monarch Honey Grade A - 12-ounce plastic bottle- with manufacture best by date of [DATE];</li> <li>- 6- expired Monarch Honey Grade A - 12-ounce plastic bottle- with manufacture best by date of [DATE];</li> <li>- 2- expired Jif Natural Low Sodium Creamy Peanut Butter Spread - 28-ounce plastic container - with manufacture best by date of [DATE];</li> <li>- 4- expired Gold Medal [NAME] Cake Mix - 5 lb. box- with manufacture best by date of [DATE];</li> <li>- 5- expired Gold Medal Yellow Cake Mix - 5 lb. box- with manufacture best by date of [DATE];</li> <li>- 1- expired box General Mills [NAME] Chex Gluten Free - 1.4-ounce plastic single serve container- with manufacture best by date of [DATE];</li> <li>- 1- box Sysco Creamy Fudge Icing Mix open box- ,d+[DATE] full- [DATE] [written in black marker], no best used by date or expiration date;</li> <li>- 1- box Sysco Creamy Fudge Icing Mix open box- ,d+[DATE] full- [DATE] [written in black marker], no best used by date or expiration date;</li> <li>- 1- large white bin container with clear lid, not labeled, contained 1- 25 lb. [pound] bag, Panko and 1 - 25 lb. bag, All Purpose Flour noted substance that appeared to be white rice on the bottom of the container.</li> </ul> <p>4) Meal Prep Area:</p> <ul style="list-style-type: none"> <li>- 1- expired Simply Thick Easy Mix Instant Food Thickener - 55-ounce plastic container- with manufacture best by date of [DATE].</li> </ul> <p>During interview on [DATE] at 1:15 PM, FNS #2 stated food was rotated to prevent expired products, old in front and new in the back when asked about expiration dates. FNS #2 was unable to provide expiration dates or how long products are kept without expiration dates.</p> <p>5) Wing B Kitchen:</p> <ul style="list-style-type: none"> <li>- 3- clear plastic bags appeared to be white bread, no best by used date or expiration date.</li> </ul> <p>Review of the Food and Drug Administration (FDA) guidelines (Food labeling 2020), accessed at this link: <a href="https://www.FDA.gov">https://www.FDA.gov</a>, revealed: . concerning food storage and labeling, while the FDA does not mandate expiration dates, it encourages to use best by, use by, or sell by dates to indicate peak quality and safety as well as practices of inventory management such as First In, First Out (FIFO), inventory management practice that helps ensuring that older stock is used before newer stock, reducing waste and spoilage .</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility's policy LTC - Safe Food Procurement, Handling, and Storage, dated [DATE], revealed: . Yukon-Kuskokwim Health Corporation (YKHC) that all Food &amp; Nutrition Service staff and cooks will procure, store, handle, prepare, distribute, and serve food in accordance with the safe food handling and storage practices established by the State of Alaska Food Safety &amp; Sanitation Program, the United States Department of Agriculture (USDA), the U.S. Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC). II. Purpose: Unsafe food handling practices represent a potential source of pathogen exposure . CMS [Centers for Medicare &amp; Medicaid Services] recognizes the [FDA] Food Code and the [CDC] food safety guidance as national standards to procure, store, prepare, distribute and serve food in long term care facilities in a safe and sanitary manner.</p> <p>Review of the facility's policy LTC- Native Foods Donation, dated [DATE], revealed: . I. Policy: It is the policy of the [YKHC] Elder Home to provide guidance on traditional native foods. Both federal law and CMS set guidelines on foods which are allowed to be brought into the facility by families and/or donated to the Elder Home. the food once in the Kitchen is labeled, dated, and stored separately from other food .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42377</p> <p>51613</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection prevention and control practices were followed. Specifically, the facility failed to: 1) provide hand hygiene to 7 residents (#s 1, 5, 6, 9, 11, 12, and 13), out of 8 residents observed for hand hygiene before meals; and 2) ensure clean laundry of all (census of 18) residents was transported with appropriate measures to prevent contamination. This failed practice had the potential for the transmission of infectious disease and place residents at risk of acquiring communicable diseases.</p> <p>Findings:</p> <p>Hand hygiene before meals:</p> <p>A dining observation on 1/27/25 at 4:55 PM, on the Wing A unit, revealed Certified Nurse Assistants (CNAs) were serving dinner meals to the residents. Further observation revealed the CNAs did not offer hand hygiene to the residents before meals as follows:</p> <ul style="list-style-type: none"> <li>- 5:00 PM: CNA #1 served the plate of food to Resident #1 without offering hand hygiene;</li> <li>- 5:01 PM: CNA #4 served the plate of food to Resident #13 without offering hand hygiene;</li> <li>- 5:02 PM: CNA #4 served the plate of food to Resident #6 without offering hand hygiene; and</li> <li>- 5:04 PM: CNA #4 served the plate of food to Resident #12 without offering hand hygiene.</li> </ul> <p>An observation on 1/29/25 at 11:30 AM, during the dining observation on the Wing A unit, revealed Resident #6 was sitting in the wheelchair in the dining area while waiting for lunch. Licensed Nurse (LN) #1 placed Resident #6's meal on the table and then informed Resident #6 that lunch was ready at the table. Further observation revealed Resident #6 was not offered hand hygiene before meals.</p> <p>An observation on 1/30/25 at 11:30 AM, during the dining observation on the Wing A unit, revealed Resident #1 was sitting in the dining area while waiting for lunch. CNA #1 set up lunch for the resident and did not offer hand hygiene.</p> <p>Further observation revealed Residents #5 and #6 were sitting in their wheelchairs in the dining area while waiting for lunch. LN #1 placed Resident #6's meal on the table and CNA #2 placed Resident #5's meal on the table.</p> <p>Further observation revealed Residents #5 and #6 were not offered hand hygiene before meals.</p> <p>Hand hygiene after bathroom use:</p> <p>Resident #12</p> <p>(continued on next page)</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review on 1/27-31/25 revealed Resident #12 was admitted to the facility with diagnoses of dementia (neurological disease characterized by a general decline in memory, thinking, and social abilities), anxiety, and insomnia (a sleep disorder).</p> <p>A continuous observation on 1/29/25 between 11:04 AM to 11:10 AM, revealed CNA #3 wheeled Resident #12 to the bathroom to check if he/she had a BM (bowel movement). Once in the bathroom, CNA #3 had Resident #12 stand and hold on the straight grab bar on the wall next to the toilet. As CNA #3 checked his/her brief, feces fell from the brief onto the floor. The feces was picked up by Student #1 (a student CNA assisting CNA #3). The floor surface was not cleaned after. The Resident was given perineal care and was changed to a new clean brief. CNA #3 had Resident #12 sit back down on the wheelchair after and then CNA #3 removed his/her gloves and instructed Student #1 to take the Resident to the dining area for the lunch service. No hand hygiene was offered to the Resident prior to leaving the bathroom. Resident #12 was served his/her lunch shortly after and no hand hygiene was offered prior to the Resident eating.</p> <p>A continuous observation on 1/30/25 between 11:10 AM to 11:15 AM, revealed CNA #1 wheeled Resident #12 to the bathroom to check if the Resident needed a change of brief. CNA #1 had the Resident stand up and hold to the straight grab bar and CNA #2 checked Resident #12's brief, which was noted to be dry. CNA #1 had the Resident sit back down in his/her wheelchair and asked CNA #2 to take the Resident to the dining room for lunch service. No hand hygiene was offered to the resident prior to leaving the bathroom. CNA #2 served Resident #12's lunch shortly after and no hand hygiene was offered prior to the Resident eating.</p> <p>During a joint interview on 1/30/25 at 11:38 AM, the Chief Nursing Executive (CNE) stated residents were offered hand hygiene before and after meals. The Director of Nursing (DON) added that the facility used Sani wipes (a disposable disinfecting cloth) for resident's hand hygiene.</p> <p>During an interview on 1/31/25 at 8:30 AM, the DON confirmed that hand hygiene was to be offered to the residents before and after meals and when the resident used the bathroom.</p> <p>Review of the facility's policy Hand Hygiene, dated 10/13/22, revealed: .the following CDC [Centers for Disease Control and Prevention] recommendations are the [facility's] policy for hand hygiene.before and after eating and after using a restroom, wash hands with non-antimicrobial soap and water or with antimicrobial soap and water.</p> <p>Laundry Services:</p> <p>During the laundry area tour, on 1/30/25 at 12:30 PM with the Environmental Services Manager (ESM) and Environmental Services (EVS) #1, the ESM stated that there were two laundry rooms in the facility, one in each unit (Wing A and B). EVS #1 stated that the clean laundry was placed in a clean blue bin and transported from the dryer to the folding room uncovered. EVS #1 stated he/she would push the blue bin with clean clothes out of the dryer area to the folding area. The folding area was in another room passing through the hallway of the common area of the unit.</p> <p>When asked how the residents clean clothing was transported into residents' rooms, EVS #1 stated, he/she would place the clean clothing in the blue bin and push the bin to each of the residents' room and put the clothes in the resident closet. When asked if the blue bin was covered during the transport, EVS #1 stated no.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  025037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/31/2025
NAME OF PROVIDER OR SUPPLIER  Yukon Kuskokwim Elder's Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 Chief Eddie Hoffman Hwy Bethel, AK 99559	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility's policy Procedure: on YKDRH [Yukon Kuskokwim Delta Regional Hospital] and LTC [Long Term Care] Linen Management, dated 8/8/24, revealed: .Laundry should be delivered to the units in a clean covered container.</p>