

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER The Blossoms at Newport Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 326 Lindley Lane Newport, AR 72112	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38200</p> <p>Based on observation, interviews, record review, facility document review, and facility policy review, it was determined the facility failed to ensure residents were dressed appropriately for the day for 1 (Resident #179) of 1 sample mix residents. The findings are:</p> <p>On 11/4/2024 at 11:01 AM, Surveyor observed Resident #179 lying in bed in a hospital gown.</p> <p>Review of Resident #179's Admission Record with an admitted [DATE] revealed the resident has a need for assistance with personal care.</p> <p>Review of Resident #179's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/22/2024 noted a score of 10 (8-12 indicates moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS) with a diagnosis of symptoms and signs involving the Musculoskeletal system, and revealed the resident requires partial assistance with dressing upper body and dependent for dressing the lower body.</p> <p>Review of Resident #179's Care plan with an initiated date of 10/25/2024 noted the resident requires partial assist to dress upper and lower body.</p> <p>On 11/5/2024 at 9:29 AM, the Surveyor observed Resident #179 is sitting in wheelchair in their room in a hospital gown. Resident #179 confirmed they preferred to be dressed in their own clothing and showed this surveyor the dresser with the residents daily clothing in it. The resident confirmed needing assistance to put on clothing.</p> <p>During an interview with Certified Nursing Assistant (CNA) #10 in Resident #179's room on 11/5/2024 at 10:49 AM, the CNA confirmed the resident was dressed in a hospital gown and should be dressed in their own clothing.</p> <p>During an interview with CNA #11 in Resident #179's room on 11/5/2024 at 10:49 AM, the CNA confirmed the resident was dressed in a hospital gown and should be dressed in their own clothing.</p> <p>During an interview with the Director of Nursing (DON) on 11/7/2024 at 2:40 PM, she confirmed it is a resident's right to be dressed to maintain their dignity.</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
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a facility policy titled, Resident Dignity with an effective date of 4/2021 noted Policy Statement: Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality. Policy Interpretation and Implementation: Residents shall always be treated with dignity and respect. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth.		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>38200</p> <p>Based on record review, interview, facility document review, and facility policy review, it was determine the facility failed to ensure written information regarding the right to formulate an advanced directive was provided to residents or their responsible parties, to enable them to make informed decisions regarding which measures would be provided or withheld at end of life for 02 (Resident #62, #2) of 2 sample mix residents reviewed for Advance Directive. The findings are:</p> <p>Review of Resident #62's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of August 12, 2024, noted a score of 6 (0-7 indicates severe cognitive impairment) on the Brief Interview for Mental Status (BIMS) and noted a diagnosis of paralysis (quadriplegia), traumatic brain injury, and post-traumatic stress disorder (PTSD).</p> <p>Review of Resident #62's electronic medical record contained a Physician Ordered Life Sustaining Treatment (POLST) form with advance directive selected that indicates it is available to review and signed on 5/9/24. No advance directive was located.</p> <p>Review of Resident #62's Care Plan with an initiated date of 10/22/2024 noted to follow instructions as detailed inside the advance directive if the resident has one.</p> <p>During an interview with the Director of Nursing (DON) on 11/7/24 at 9:49 AM, she confirmed Resident #62 has a POLST, and it notes the resident wants an advance directive, but no advance directive wishes were noted, and no separate advance directive wishes on file.</p> <p>Review of Resident #2's electronic medical record contained a Resuscitation Designation Order that is not dated that noted I do have an advance directive selected with no advance directive wishes on file.</p> <p>Review of Resident #2's Care Plan with an initiated date of 6/28/2019 noted to follow instructions as detailed inside the advance directing if the resident has one.</p> <p>Review of Resident #2's Quarterly MDS with an ARD of 11/4/2024, noted a score of 3 (0-7 indicates severe cognitive impairment) on the BIMS and noted a diagnosis of Dementia.</p> <p>During an interview with the DON on 11/7/24 at 9:49 AM, she confirmed Resident #2 has a Resuscitation Designation Order that notes the resident has an advance directive, but no advance directive wishes were noted, and no separate advance directive wishes on file.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a facility policy titled, Advance Directives with an effective date of 4/2021 noted Policy Interpretation and Implementation 1. Upon admission, the resident will be provided with written information concerning the right to refuse of accept medical or surgical treatment and to formula an advance directive if he or she chooses to do so. 7. Information about whether the resident has executed an advance directive shall be displayed prominently in the medical record. 8. If the resident indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives. 10. The plan of care for each resident will be consistent with his or her documented treatment preferences and/ or advance directive.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49413</p> <p>Based on observations, interviews, and document review the facility failed to ensure a clean sanitary environment by not properly cleaning a resident's restroom.</p> <p>The findings are:</p> <p>During an observation on 11/4/2024 at 10:20 AM, the restroom in room [ROOM NUMBER] had a foul, stale overpowering smell. The right side of the toilet seat contained an approximate three-inch smear of a brown chunky substance that graduated to the top of the toilet seat. The top portion of the trash can, which sat on the left side of the toilet, contained numerous paper products with the same similar colored unknown substance. Adhered to the right corner of the light switch contained a glob of unknown brown substance.</p> <p>During an interview on 11/7/2024 at 9:45 AM, where the Administrator was asked about the condition of the bathroom there was not a reply provided.</p> <p>During an interview on 11/7/2024 at 10:00 AM, the Housekeeping Supervisor stated rooms are cleaned on a daily basis.</p> <p>A review of the daily cleaning schedule for 10/31/2024 showed clean trashcans, soap/sanitizers, tissue/paper towels, bathroom vent, mirror/sink/toilet, overbed lights, pictures, curtains, clean refrigerator, bed rails, closets, chairs, wipe down walls, wipe door handles, sweep under beds were not completed.</p> <p>A review of the Daily Cleaning Schedule for 11/4/2024 showed bathroom vent, sharps container, overbed lights, pictures, curtains, mini blind, A/C filter, TV's, bed rails, and wipe down walls were not completed.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38200</p> <p>51064</p> <p>Based on observation, interviews, record review, facility document review, and facility policy review, it was determined the facility failed to ensure the comprehensive care plan addressed and individualized appropriate care and services for 2 (Resident #54, #72) of 2 sample mix residents reviewed for care plan. The Findings are:</p> <p>1. During an interview with Resident #54 on 11/04/24 at 11:54 AM, the resident said I fell here in my room trying to use the urinal. My chair went out from under me, hit my head on the wall and ended up on my left side. My ribs are still sore. I got sent for x-rays. I've fallen twice and didn't have my brakes locked.</p> <p>Review of Resident #54's Care Plan with an initiated date of 2/5/2024 did not note an intervention for the residents fall on 9/27/2024.</p> <p>Review of Resident #54's Progress Notes dated 9/27/2024 at 1:35 PM, noted Resident #54 fell out wheelchair onto the floor and complained of head and left rib pain. Emergency Medical Services (EMS) were called.</p> <p>Review of Resident #54's Progress Notes dated 9/27/2024 at 1:46 PM, noted Resident #54 had a transfer/discharge notice sent their Representative.</p> <p>Review of Resident #54's Progress Notes dated 9/27/2024 at 6:08 PM, noted the resident had arrived back to the facility at 6:00 PM by facility van in a wheelchair accompanied by staff.</p> <p>Review of Resident #54's Progress Notes dated 9/28/2024 at 1:33 AM noted</p> <p>day two (2) of Incident and Accident (I&A) due to falling.</p> <p>Review of Resident #54's Assessment list does not reveal an Incident and Accident Reports (I&A) for the residents fall on 9/27/2024.</p> <p>During an interview with the Director of Nursing (DON) on 11/7/24 at 2:32 PM, she stated Resident #54 has brake extenders for an intervention for the fall on 9/27/2024, but it is not on the care plan and there is no I&A. She also confirmed the fall with intervention should be on the care plan for staff to know the resident is a high risk for falls.</p> <p>3. Review of Resident #54's Administration Orders dated 5/27/2024 reveal the resident has an order for Ultram oral tablet 50 milligrams (mg) (Tramadol Hydrochloride (HCL)) give 50 mg by mouth every eight (8) hours as need for pain (PRN). Opioid Monitoring: Monitor for side effects of opioid use including tolerance, increased sensitivity to pain, constipation, nausea/vomiting, dry mouth, sleepiness, dizziness, confusion, respiratory depression, itching, and sweating.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #54's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/7/2024 noted opioid use.</p> <p>Review of Resident #54's Care Plan with an initiated date of 2/5/2024 does not document opioid use or the black box warning.</p> <p>During an interview with the DON on 11/7/24 at 2:40 PM, she confirmed Resident #54 was not care planned for opioid use and there was no black box warning on the care plan and there should be.</p> <p>During an interview with the Minimum Data Set (MDS) Coordinator on 11/7/2024 at 3:12 PM, she confirmed Resident #54 was not care planned for opioid use and there was no black box warning on the care plan, but that it needs to be listed on the care plan.</p> <p>Review of facility policy titled, Care Plans, Comprehensive Person-Centered with a revision date of December 2016 noted Policy Statement: A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation 1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 8. The comprehensive, person-centered care plan will: a. Include measurable objectives and timeframes; b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; h. Incorporate risk factors associated with identified problems.</p> <p>Resident #72 Admission Record reported admitted [DATE]. Diagnosis of bone disease, paralysis, spinal cord injury, and muscle wasting recorded.</p> <p>Review of Minimum Data Set (MDS) with Assessment Reference Date (ARD) of September 24, 2024, reported Brief Interview for Mental Status (BIMS) of 11.</p> <p>Review of Order Summary Report active 11/04/2024 recorded Resident #72 was prescribed and given antidepressants, opioids, and anticoagulants.</p> <p>Review of Care Plan with initiated date 3/25/2024 does not report Black Box Warnings for prescribed and given antidepressants, opioids, and anticoagulants including but not limited to potential side effects.</p> <p>During an interview with the DON on 11/6/2024 at 2:20 PM, the DON confirmed that Black Box Warnings should be included for medications such as antidepressants, opioids, and anticoagulants.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38200</p> <p>49413</p> <p>51064</p> <p>Based on observation, interview, record review, facility document review, and facility policy review, it was determined the facility failed to ensure female residents had hair removed from their face for 1 (Resident #46) of 1 sample mix resident to promote good hygiene; ensure residents clothing was changed when stained or dirty for 2 (Resident #24, #52) of 2 sample mix residents to promote good hygiene; to ensure residents fingernails were kept clean and trimmed for 3 (Resident #2, #179, #52) of 3 sample mix residents to promote good hygiene.</p> <p>The findings are:</p> <p>3. On 11/4/24 at 11:30 AM, the Surveyor observed Resident #2's fingernails untrimmed with a brown/ black substance underneath the nails.</p> <p>Review of Resident #2's Admission Record with an admitted [DATE] revealed the resident has a need for assistance with personal care, Rheumatoid Polyneuropathy (simultaneous malfunction of many nerves throughout the body) with Rheumatoid Arthritis, and lack of coordination.</p> <p>Review of Resident #2's Care Plan with an initiated date of 7/6/2023 noted check the resident's fingernail length and trim as needed.</p> <p>Review of Resident #2's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/4/2024 noted a score of 3 (0-7 indicates severe cognitive impairment) on the Brief Interview for Mental Status (BIMS) with a diagnosis of Dementia and revealed the resident is substantial to maximal assistance with shower/bathing.</p> <p>On 11/5/24 at 9:52 AM, the Surveyor observed Resident #2's fingernails untrimmed with a brown/ black substance underneath them.</p> <p>During an interview with Social Worker in the resident's room on 11/5/24 at 9:54 AM, she confirmed Resident #2's fingernails were long and dirty and said the family prefers them cleaned and trimmed not long and dirty.</p> <p>During an interview with Certified Nurse Aide (CNA) #9 in Resident #2's room on 11/5/24 at 9:58 AM, she confirmed Resident #2's fingernails were long and dirty and needed cleaned and trimmed.</p> <p>On 11/4/24 at 11:01 AM, the Surveyor observed Resident #179's fingernails with a brown/ black substance underneath them.</p> <p>Review of Resident #179's Admission Record with an admitted [DATE] revealed the resident has a need for assistance with personal care.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #179's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/22/2024 a score of 10 on the Brief Interview for Mental Status (BIMS) with a diagnosis of symptoms and signs involving the musculoskeletal system and revealed the resident is dependent for shower/bathe.</p> <p>Review of Resident #179's Care plan with an initiated date of 10/25/2024 noted check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse.</p> <p>During an interview with Resident #179 on 11/5/24 at 9:22 AM, the resident confirmed their fingernails were dirty and the resident wants them cleaned.</p> <p>During an interview with CNA #10 in Resident #179's room on 11/5/24 at 10:51 AM, she confirmed the resident's fingernails were dirty and should be kept clean.</p> <p>During an interview with CNA #11 in Resident #179's room on 11/5/24 at 10:51 AM, she confirmed the resident's fingernails were dirty and should be kept clean.</p> <p>During an interview with the Director of Nursing (DON) on 11/7/2024 at 2:40 PM, she confirmed the resident's fingernails are to be kept clean and trimmed for the resident's health and hygiene.</p> <p>Resident # 46 had diagnoses of: cognitive communication deficit is when someone has trouble with one or more cognitive processes involved in communication, adult failure to thrive is defined as four syndromes are prevalent and predictive of adverse outcomes in patients with failure to thrive: impaired physical function, malnutrition, depression, and cognitive impairment. (National Institute of Health), dementia, anxiety, muscle decrease, difficulty swallowing.</p> <p>Resident # 46 has a Brief Interview of Mental Status of 4 indicating they are unable to answer or provide a sensible answer to the question asked.</p> <p>During an observation on 11/4/24 at 2:23 PM, Surveyor observed Resident #46 in wheelchair at the nurses' station unshaved with hair on lip and chin.</p> <p>During an observation on 11/4/24 at 3:10 PM, Resident #46 had unshaved facial hair above upper lip and on chin.</p> <p>October 4, 2024, through October 31, 2024, Resident # 46 shower task sheet showed to have received 16 showers. Shower task sheet showed nine not applicable dates, one refusal, one day staff provided over half the shower and grooming help and one day staff did all shower and grooming for Resident # 46.</p> <p>October 8, 2024, Minimum Data Set, section GG Functional Abilities, showed that personal hygiene, to include shaving, to be a level 3. Level 3 is a partial/moderate assistance where the helper does less than half the effort.</p> <p>Resident #46 - care plan shows ADL self-care performance deficit; provide step by step instructions</p> <p>Resident # 46 is scheduled for showers on Wednesday and Saturday of each week. Resident # 46 entered Facility on</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #52's Admission Record reported admitted [DATE]. Diagnosis reported dementia, depression, reduced mobility, need for assistance with personal care, muscle weakness, lack of coordination, cognitive communication deficit, weakness, abnormal posture, unsteadiness on feet.</p> <p>Resident #52 Minimum Data Set (MDS) with Assessment Record Date (ARD) of September 23, 2024, reported Brief Interview of Mental Status (BIMS) score of 03.</p> <p>During initial rounds on 11/4/2024 at 10:00 AM Resident #52 was noted to have a shirt with what appeared to be food on it and long, dirty looking fingernails.</p> <p>During a concurrent observation and interview on 11/5/2024 at 1:00 PM, Resident #52 was noted to have on a shirt with what appeared to be food on it and long, dirty looking fingernails. The Licensed Practical Nurse (LPN) #4 stated Resident #52 should have on a clean shirt and nail care should be provided.</p> <p>During an observation on 11/7/2024 at 11:45 AM, Resident #52 had long fingernails with black matter underneath</p> <p>Resident #52's Care Plan with initiated date of 4/4/22 reported Resident #52 requires assistance with activities of daily living (ADL) including substantial/max assistance with oral hygiene, toilet hygiene, bathing/showering, upper and lower body dressing, and personal hygiene.</p> <p>Review of the facility provided a policy titled, Care of Fingernails/ Toenails with a revision date of October 2010 noted Purpose: The purpose of this procedure are to clean the nail bed, to keep the nails trimmed, and to prevent infections. General Guidelines: 1. Nail care includes cleaning and regular trimming; 2. Proper nail care can aid in the prevention of skin problems around the nail bed; 4. Trimmed and smooth nails prevent resident from accidentally scratching and injuring his or her skin.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>51477</p> <p>Based on observation, interview, record review, and facility document review, it was determined the facility failed to ensure physician orders were in place for wound care treatment for 1(Resident #24) of 1 sample mix residents reviewed for pressure ulcer that was acquired within the facility.</p> <p>Findings include:</p> <p>A review of an Admission Record noted Resident #24 was admitted to facility on 4/12/2024 with a diagnosis of Alzheimer's Disease (Disease that destroys memory and mental functions).</p> <p>Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/14/2024, revealed Resident #24 had a Brief Interview for Mental Status (BIMS) score of 03, which indicates the Resident had severe cognitive impairment. Section M subsection M0300 part F revealed that there was one (1) unstageable pressure ulcer.</p> <p>Review of Resident 24's Care Plan, with an initiated date of 7/19/2024, revealed Resident #24 has an unstageable pressure ulcer to the coccyx (small triangular bone at lower back); unstable pressure injury coccyx with interventions that include: assess/record/monitor wound healing, measure length, width and depth where possible, assess and document status of wound perimeter, wound bed and healing progress, report improvements and declines to the Medical Doctor (M. D.), Notify M.D. of abnormal findings/changes to site.</p> <p>Review of Resident #24's Clinical Physician Orders with a start dated of 10/22/2024 noted the use of debridement ointment to be applied to coccyx.</p> <p>Review of Resident #24's Order Report Weekly Wound Eval with a date of 11/4/2024 revealed that current treatment order that was ordered on 10/21/2024 and noted clean unstable pressure injury coccyx with wound cleanser, apply debridement ointment/bordered gauze qd (every day) /prn (as needed) till healed.</p> <p>During an interview with Licensed Practical Nurse (LPN) #4 on 11/7/2024 at 10:11 AM, she confirmed Resident #24's pressure ulcer treatment only mentioned in the physician's orders for the medication to be used and that she will put the full order in now.</p>		

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NAME OF PROVIDER OR SUPPLIER The Blossoms at Newport Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 326 Lindley Lane Newport, AR 72112	
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>03508</p> <p>Based on observation, record review and interview, the facility failed to ensure meals were prepared and served according to the planned written menu to ensure that nutritionally balanced meals were provided for the residents for 1 of 1 meal observed.</p> <p>The findings are.</p> <p>1. On 11/04//2024, the menu for noon meal documented residents on pureed diets were to receive 3/4 cup of pureed spaghetti.</p> <p>a. On 11/04/24 at 11:34 AM, DC #2 used a 4-ounce ladle spoon (1/2 cup) to place 4 servings of spaghetti with meat sauce into a blender and pureed, instead of 3/4 cup. At 11:35 AM, DC #2 poured the pureed spaghetti into a pan, covered it with foil and placed it in the oven.</p> <p>2. On 11/04/24 at 12:20 PM, DC #2 used a #10 scoop (1/3 cup) to serve a single portion of pureed spaghetti with meat sauce to the residents who required pureed diets, instead of 3/4 cup.</p> <p>3. On 11/04/24 at 12:50 PM, DC #2 when asked during an interview what spoon size she had used when portioning spaghetti with meat sauce into a blender to be pureed. DC #2 stated she used 4-ounce ladle spoon when putting it into a blender to puree and used #10 scoop to give a single serving to each resident. When asked if she looked at the menu, DC #2 mentioned she did not. They should have received the same amount as the other residents.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>03508</p> <p>Based on observation, record review, interview, and review of the facility policy, the facility failed to ensure pureed food items were blended to a smooth, lump free consistency to minimize the risk of choking or other complications for those residents who required pureed diets for 1 of 1 meal observed. The findings are:</p> <ol style="list-style-type: none"> 1. On 11/04/24 at 11:34 AM, during the noon meal preparation. The DC #2 used a 4-ounce ladle spoon to place 4 servings of spaghetti with meat sauce into a blender and pureed. At 11:35 AM, DC #2 poured the pureed spaghetti into a pan, covered it with foil and placed in the oven. The consistency was chunky and was not smooth. There were chunks of noodle visible in the mixture. 2. On 11/04/24 at 12:20 PM, the following observations were made during the noon meal service in the kitchen. <ol style="list-style-type: none"> a. The residents on the pureed diets were served pureed spaghetti. The consistency was lumpy and was not smooth. There were pieces of noodles in the mixture. b. Pureed bread consistency was runny. c. At 12:47 PM, DA #1 confirmed the consistency of the pureed bread was runny because she had used too much milk and less bread. Also stated pureed spaghetti needed more juice, it was thick, and you can still see pieces of noodles. d. On 11/04/24 at 12:50 PM, DC #2 confirmed the pureed spaghetti was chunky that it should have been like pudding or mashed. e. On 11/04/24 12:51 PM, the Dietary Manager confirmed pureed spaghetti was chunky and was not smooth. Pureed foods should be like pudding or mashed potato with no lumps. f. A review of a facility policy titled, Puree Definition, not dated and provided by the Dietary Manager on 11/5/2024, indicated all foods are moistened and processed until smooth (no lumps) to an applesauce-like or pudding consistency. Food should be prepared so that it is smooth throughout, there are no lumps, it is not pasty, sticky or gummy and not runny. 		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51477</p> <p>Based on observation, interview, record review, and facility document review, it was determined that the facility failed to ensure proper assistive devices are utilized during meals for 1 (Resident #52) of 1 sample mix residents observed during meals who feed themselves.</p> <p>Findings include:</p> <p>During an observation on 11/4/2024 at 12:49 PM, Resident #52 was observed having difficulty with feeding self with regular fork. Using fingers of the resident's other hand to assist with food placement on utensil.</p> <p>A review of the Admission Record noted Resident #52 was admitted to the facility on [DATE] with a diagnosis of Peripheral Vascular Disease (condition that affects blood flow to limbs. Resident also has diagnosis of Dementia (condition that affects brain function such as memory, judgement, and daily function), reduced mobility, muscle weakness, lack of coordination, Dysphagia (difficulty swallowing food), and abnormal posture.</p> <p>Review of Resident 52's Care Plan, initiated 4/9/2024, revealed the resident demonstrates some or high risk to potentially choke, aspire foods or liquids. This problem is related to diagnosis of Dysphagia. It also noted some interventions staff would do is provide needed assistance PRN (as needed), and that the resident is setup/clean up assist with meals, an intervention for Physical and Occupational Therapy to evaluate and screen as needed and ordered.</p> <p>Review of OT (Occupational Therapy) Discharge Summary on 5/24/2024, patient will safely perform self-feeding tasks with supervised assist with use of built-up spoon and occasional verbal cues and 0% tactile cues for grasp / release of items and for use of compensatory strategies due to body part awareness impairments in order to increase ability to eat in environment with minimal to no supervision or assistance needs.</p> <p>Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/23/2024, revealed Resident #52 had a Brief Interview for Mental Status (BIMS) score of 03, which indicates the Resident had severe cognitive impairment.</p> <p>During an interview with Certified Nursing Assistant (CNA) #12 on 11/4/2024 at 12:50 PM, she said Resident #52 would benefit with a different kind of eating device and was having trouble eating the spaghetti.</p> <p>During an observation on 11/5/24 at 12:25 PM, the Surveyor observed Resident #52 putting fingers in food and scooping it on to the spoon. Staff was assisting feeding Resident #52 at times. Resident continues to have difficulty with feeding self.</p> <p>(continued on next page)</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 11/6/2024 at 12:20 PM, the Surveyor observed Resident #52 eating lunch with the lunch plate sitting on a tray. Resident #52 was observed by Surveyor attempting to feed self by dropping food on the clothing protector and tray and continued having difficult with using a spoon.</p> <p>During an interview on 11/7/2024 at 2:30 PM with Director of Rehabilitation, she confirmed based on the last assessment, Resident #52 needed a built-up spoon for eating.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03508</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure dietary staff thoroughly washed their hands and changed gloves when contaminated and before handling food and clean equipment when contaminated; food items stored in the refrigerator, freezer and dry storage area were covered or sealed. expired food items and spices were promptly removed/discarded on or before the expiration or use by date; 1 of 1 ice machine and 1 of 1 scoop holder were maintained in a sanitary condition for 2 of 2 meals observed. The findings are:</p> <ol style="list-style-type: none"> 1. On [DATE] at 9:57 AM, Dietary Aide (DA) #1 pulled her hair net down. Without washing her hands, DA #1 picked up clean plates and stacked them on the cart with her fingers inside of them. 2. On [DATE] at 9:59 AM, the ice machine in the kitchen had wet mixture of colors on the panel where ice touched before dropping into the ice collector. The Surveyor asked Dietary Manager if she could wipe the area in the ice machine that had wet mixture of colors on it. She did, and residue easily transferred to the tissue, and she stated it was nasty. She was asked who used the ice from the machine and how often they cleaned it. She stated CNAs use it to fill beverages served to the residents at mealtimes and for the water pitchers in the resident's rooms. The kitchen staff cleans it every week. and they clean it every week. 3. On [DATE] at 10:02 AM, Dietary [NAME] (DC) #2 was interviewed about observations made in the ice machine and she was asked if anyone had used ice from the machine this morning. DC #2 stated CNAs used ice from the machine this morning to fill beverages served to the residents for breakfast meal. The kitchen staff also provided bags of ice, which were collected from the ice machine, and gave them to the CNAs to use for the water pitchers in the resident's rooms. 4. On [DATE] at 10:03 AM, Dietary Aide #1 interviewed about observations made in the ice machine and she was asked if anyone had used ice from the machine this morning. DA #1 stated she and DC #2 bagged ice from the machine this morning and stored them in the freezer to use for drinks during the meal service and the bags of ice are used for water pitchers in the resident's rooms. 5. On [DATE] at 10:05 AM, an opened box of salt was on a shelf above the food counter. The salt was in firm blocks and hard. The Dietary Manager confirmed salt was hard, staff had opened the box incorrectly and the contents needed to be discarded. She mentioned she wouldn't use it for herself. 6. On [DATE] at 10:07 AM, an opened can of ground ginger was on a rack in the kitchen with an expiration date of [DATE]. 7. On [DATE] 10:09 AM, an opened box of heavy cream was on a shelf in the refrigerator with an expiration date of ,d+[DATE] /24. 8. On [DATE] at 10:12 AM, the following observations were made on a shelf in the freezer: <ol style="list-style-type: none"> a. An opened bag of pie shells. The bag was not sealed. <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>b. An opened box of cookie dough. The box was not covered or sealed.</p> <p>9. On [DATE] at 10:26 AM, an opened gallon of barbeque sauce was on a shelf in the storage room. The manufacture's specification on the gallon indicated to refrigerate after opening. The Dietary Manager after reviewing the manufacture's specification on the gallon confirmed barbeque sauce should have been refrigerated as soon as it was opened.</p> <p>10. On [DATE] at 10:49 AM, the holder scoop on the wall by the ice machine had reddish slimy residue at the bottom of it. The ice scoop was resting directly on residue. Asked the Dietary Manager if she could wipe off the area at the of the scoop holder. She did and stated it was brown-reddish color, nasty, dirty, and slimy.</p> <p>11. On [DATE] at 10:51 AM, the following observation were made in the refrigerator in the nourishment room by the front of the nurses' station were:</p> <p>a. nutritional drinks on a shelf in the refrigerator did not have received date on them.</p> <p>b. Six bottles of nutritional drinks. Nine cartons of Nutritional drinks. There was no received date on them.</p> <p>c. A bag of prune. There was no opened or received date on the bag.</p> <p>12. On [DATE] at 11:02 AM, the following observation were made in the back medication room:</p> <p>a. One bottle of lemon lime on a shelf in the refrigerator had an expiration date of [DATE].</p> <p>b. An opened bag of chips was in a basket on top of the freezer. The bag was not sealed.</p> <p>c. One packet of peanut crackers had an expiration date of [DATE].</p> <p>13. [DATE] 11:07 AM, an opened bottle of thickener was observed on a shelf. The manufacture's specification on the bottle indicated to refrigerate after opening. The Dietary Manager confirmed it should be stored in the refrigerator once opened.</p> <p>14. On [DATE] at 11:22 AM, DA #1 turned on the hand washing sink faucet and washed her hands. After washing her hands, she turned off the faucet using pieces of tissue paper, thereby contaminating the tissue. She then used same tissue to dry her hands, without re-washing her hands afterwards. Then, she picked up a clean blade and attached it to the base of the blender to be used in portioning food items to be served to the residents for lunch meal. DA #1 was interviewed and was asked what she should have done after touching dirty objects and before handling clean equipment she stated she should have her hands.</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>15. On [DATE] at 11:33 AM, Dietary [NAME] (DC) #2 picked up a pot of meat sauce from the stove and placed it on the counter. DA #2 pushed a food cart that contained a pan of spaghetti towards the food preparation counter. Without washing her hand, she picked up a clean blade and attached it to the base of the blender to be used in pureeing food items to the served the residents who required pureed diets. The DC #2 was interviewed and asked what she should have done after touching dirty objects before handling clean equipment and she stated she should have washed her hands.</p> <p>16. On [DATE] at 11:55 AM, the following observations were made on a shelf in the storage room.</p> <p>a. A bottle of strawberry fruit spread. Some of the fruit spread has been used from it. The manufacture's specification on the bottle indicated to refrigerate after open.</p> <p>b. An opened bag of rice cake, there was no received or opened date on the bag.</p> <p>c. One can of broccoli with cheese soup with an expiration date of [DATE].</p> <p>d. One can of coffee with an expiration date of [DATE].</p> <p>17. A review of facility policy titled, Hand Washing, not dated, provided by the Dietary Manager on [DATE] indicated, employees should wash their hands after engaging in other activities that contaminate the hands.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>49413</p> <p>50682</p> <p>51064</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on record review, observations, and interviews, the facility failed to ensure that clean linen carts were properly covered and Enhanced Barrier Precautions (EBP), were implemented for 1 (Resident #279) of 1 sampled resident to prevent potential infection and/or the spread of infections.</p> <p>The findings are:</p> <p>During observation on 11/4/2024 at 10:18 AM, the clean linen carts had the front flap completely open on halls 100, 200, 300, 400, and 500.</p> <p>During observation on 11/5/2024 at 4:32 AM, the clean linen carts had the front flap completely open on halls 100, 200, 300, 400 and 500.</p> <p>11/7/2024 at 3:24 PM, the Director of Nursing (DON) confirmed the clean linen carts should be covered because it is clean linen.</p> <p>Review of a facility policy provided by the (DON) titled Policy and Procedures with subject being Enhanced Barrier Precautions had a revised date of 03/12/2024, indicated that residents with indwelling medical devices such as a central line, catheter or feeding tube should be placed on EBP to prevent the spread of infections. The policy indicated staff should wear correct personal protective equipment (PPE). Per the policy, EBP is an approach of targeted gown and glove use during high-contact resident care activities such as providing incontinent care.</p> <p>A review of an Admission Record indicated the facility admitted Resident #279 with diagnosis of infectious disease that included kidney failure and urine retention.</p> <p>The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/12/2024 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 14 which indicates the resident was independent for their daily decision making.</p> <p>Review of Resident #279's Care Plan revised on 05/22/2024 revealed the resident required Enhanced Barrier Precautions due to indwelling urinary catheter. Interventions included that gloves and gowns were required prior to performing high-contact care.</p> <p>On 11/04/2024 at 11:30 AM, Certified Nursing Assistants (CNA) #5 and #6 were observed performing incontinent care for R#279. While performing care they did not have on a gown. Resident was on Enhanced Barrier Precautions.</p> <p>On 11/04/2024 at 11:45 AM during an interview, CNA # 5 stated she should have put on a gown and mask.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/04/2024 at 11:50 AM, during an interview CNA # 6 stated she should have worn a gown and mask sue to the potential for spreading infections.</p> <p>On 11/05/24 at 3:10 PM, during an interview the DON stated both CNAs should have worn gloves and a gown because the resident had an indwelling catheter and was on EBP</p> <p>During an observation on 11/5/2024 at 9:50 AM, CNA #5 entered a contact precaution room. Without donning personal protective equipment (PPE) or performing hand hygiene the CNA #5 grabbed the resident in contact isolation by the shoulders and repositioned the resident.</p> <p>During an observation on 11/5/2024 at 3:00 PM, Licensed Practical Nurse (LPN) #4 entered a contract precaution room. Without donning PPE or performing hand hygiene the LPN #4 grabbed the residents over-the-bed table and brought it into the hallway to hold wound care supplies.</p> <p>During an interview on 11/5/2024 at 3:30 PM, the Registered Nurse (RN) #7 stated that before entering a contact isolation room the staff should perform hand hygiene and don PPE.</p> <p>Facility provided Infection Prevention & Control Program policy dated 04/21 stated that gloves and disposable gown should be worn when providing care for residents on contact precautions.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>51064</p> <p>Based on observation and interview the facility failed to provide a clean, sanitary and comfortable environment for residents, staff, and visitors. The findings are:</p> <p>During initial rounds on 11/4/2024 at 10:00 AM, the Surveyor noted a strong odor on 400 hall of the facility.</p> <p>During a concurrent observation and interview on 11/12/2024 at 2:30 PM, Certified Nursing Assistant (CNA) #5 stated the 400 hall of the facility has smelled foul for months.</p> <p>During an interview on 11/7/2024 at 4:00 PM, the Administrator stated there was a significant odor on 400 hall of the facility and the odor can be noted by staff, residents, and visitors.</p>