

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Premier at the Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Richards Road North Little Rock, AR 72117	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>48977</p> <p>Based on observations, interview, and record review, the facility failed to complete a Self-administration safety screen for 1 (Resident #27) sampled resident to ensure that the resident could safely administer medication, there were no drug interactions between prescribed medication and medication at the bedside, Resident did not over/under dose, and/or the medications did not have a negative effect on any medical illness the Resident is currently was diagnosed with.</p> <p>The findings are:</p> <p>Resident #27 had a diagnosis the following diagnosis: (Primary) Hypertension and Chronic Kidney disease, stage 4 (severe), old Myocardial Infarction (heart attack), Chronic Obstructive Pulmonary Disease (condition that affects breathing), and Atrial Fibrillation (condition that affects the heart), Benign Prostatic Hyperplasia with lower Urinary Tract symptoms.</p> <p>The Physician's orders did not document any of the over the counter (OTC) medications found in the Resident's room.</p> <p>A Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 04/18/24 documented that Resident #27 scored 11 (8-12 indicating moderate cognitive impairment) on the Brief Interview of Mental Status (BIMS)</p> <p>A Care Plan for Resident #27, with the initiated date of 04/03/2024, an intervention documented If I need medications for comfort. Please administer them in accordance with the Physician's orders and my ability to safely take them.</p> <p>On 05/05/24 at 09:48 AM the Surveyor observed the following medications on the Resident's nightstand:</p> <p>a. allergy relief medication (chlorpheniramine maleate antihistamine) used to relieve symptoms of allergy, hay fever, and the common cold, and can possible interact with anyone with the following conditions: Breathing problems (such as asthma, emphysema), Glaucoma, Heart problems, High blood pressure, Liver disease, Seizures, Stomach/intestinal problems (such as ulcers, blockage), Overactive thyroid (hyperthyroidism), Trouble urinating (such as due to enlarged prostate),</p> <p>b. lidocaine gel (used to treat pain),</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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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. antifungal powder (used to treat certain kinds of fungal or yeast infections of the skin).</p> <p>On 05/05/24 at 11:58 AM, the Surveyor observed the same medication on the Resident's nightstand.</p> <p>On 05/05/24 at 02:21 PM, the Surveyor observed the same medication on the Resident's nightstand.</p> <p>On 05/06/24 at 08:21 AM, the Surveyor observed the same medications on the Resident's night.</p> <p>On 05/06/24 at 03:30 PM, the Surveyor observed the same medications on the Resident's nightstand.</p> <p>On 05/06/24 at 03:33 PM, Licensed Practical Nurse (LPN) #3 confirmed the Resident did have medication allergy relief, Lidocaine gel, and antifungal powder on his nightstand additionally the Resident had an antacid and cold and flu syrup in the nightstand.</p> <p>On 05/08/24 at 9:30 AM, the Director of Nursing voiced that a self-administration assessment was completed for the Resident on 5/6/24 to ensure that it was safe for the Resident and not at risk for over/under dosing, drug interactions, and/or other Resident get also get those medications.</p> <p>On 05/08/24 at 10:54 AM, a policy titled Self-Administration of Medications documented that Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so.</p>		

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<p>F 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>48977</p> <p>Based on observations, interviews and record review, the facility failed to ensure that privacy and dignity was maintained for 2 (Resident #9 #13) sampled residents. The findings are:</p> <ol style="list-style-type: none"> 1. According to list of diagnosis in the electronic records Resident 9 had a diagnosis of history of urinary tract infection, Overactive bladder, Retention of urine, and Acute cystitis. <ol style="list-style-type: none"> a. According to Significant Change Minimum Data Set (MDS) with the Assessment Reference Date of 4/15/24 Resident 9 scored 07 (indicates severely impaired cognition) on the Brief Interview of Mental Status (BIMS), and that the Resident had an indwelling catheter, and always incontinent of bowel. b. A Care Plan, with a revision date of 05/01/2023, documented that Resident 9 was at risk for impaired Skin Integrity related to (r/t) decreased mobility and incontinence. c. On 05/05/24 at 02:28 PM, the Surveyor observed Certified Nursing Assistant (CNA) #8 and #7 at the bedside of Resident #9 with the blanket pulled back, incontinence brief detached, and privacy curtain not pulled exposing the Resident to her roommate and anyone that entered the resident's room. d. On 05/05/24 at 02:45 PM, CNA #7 acknowledged the privacy curtain should have been pulled prior to pulling back the covers and detaching the Resident's incontinence brief. 2. Resident #13 had a diagnosis of Paraplegia and Quadriplegia. <ol style="list-style-type: none"> a. According to Quarterly Minimum Data Set with the Assessment Referenced Date of 04/11/24 Resident 13 scored 15 (13-15 indicating cognitive intact) on the Brief Interview of Mental Status. b. A Care Plan for Resident #13, with the revision 04/24/24, documented that the resident had Activities of Daily Living (ADL) self-care performance deficit and impaired mobility related to (r/t) Quadriplegia and contractures. c. On 05/07/24 at 10:15 AM, the Surveyor observed CNA #9 and #10 pushing Resident #13 on the shower bed down the hall to the shower wearing a hospital gown with nothing covering his person. d. On 05/07/24 at 10:20 AM, CNA #9 voiced that she was aware that the resident should have been covered prior to transport but, the decision was not made by her to transport the resident uncovered. e. On 05/07/24 at 10:30 AM, CNA #10 confirmed that she was aware the resident should have been covered prior to transport. CNA #10 voiced there was not a blanket available in the Resident's room and there was no time to get a clean sheet from the linen closet because she was trying to catch up. f. On 05/08/24 at 09:30 AM, the Director of Nursing (DON) voiced that the door should be closed, privacy curtain pulled, and blinds closed prior to providing care to a resident, and a resident should be covered with a sheet when transported via shower bed to protect the resident's privacy and dignity. <p>(continued on next page)</p> 		

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	g. On 05/08/24 at 10:54 AM, the Surveyor was provided a policy titled Resident Rights that documented Employees shall treat all residents with kindness, respect, and dignity. 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: to privacy and confidentiality.		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>48977</p> <p>Based on record review and interviews the facility failed to accurately assess the comprehensive assessment for 2 (Resident #52, #90) sampled residents.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. Resident 52 had a diagnosis of bi-polar, depression, and anxiety disorder. <ol style="list-style-type: none"> a. A Significant Change Minimum Data Set with the Assessment Referenced Date of 08/24/23 documented that Resident #52 scored 03 (indicating severe cognitive impairment) on the Brief Interview of Mental Status (BIMS), and Resident was not currently considered by the state level II Pre-Admission Screening and Resident Review (PASRR) process to have serious mental illness and/or intellectual disability or a related condition. b. A Care Plan for Resident #52, with the revision date of 06/19/2023, documented Resident had mood problem related to (r/t) bipolar disorder. c. On 05/08/24 at 08:15 AM, the Minimum Data Set (MDS) Coordinator was not aware that Resident 52 was considered by the state as PASSAR level II. MDS Coordinator voiced that the electronic records did not reflect that information. 2. Resident #90 had a diagnosis of depression, old Myocardial Infarction, Chronic Obstructive Pulmonary Disease (COPD). <ol style="list-style-type: none"> a. According to a Smoking Safety Screen, with the effective Date 11/27/2023, documented Resident #90 smoked 2-5 cigarettes per day. b. A Care Plan for Resident #90, with the revision date 04/30/2024, showed Resident had Chronic Obstructive Pulmonary Disease (COPD) and was a smoker at risk for shortness of breath (SOB). c. A Significant Change Minimum Data Set with the Assessment Reference Date of 10/18/23 documented Resident was not a smoker. d. On 05/08/24 at 08:15 AM, the Minimum Data Set Coordinator confirmed Resident #90 was a smoker, it was not coded on the comprehensive Assessment the Resident was a smoker, and the smoking should have been documented on the Significant Change Minimum Data Set (MDS). e. On 05/08/24 at 09:30 AM, the Director of Nursing (DON) confirmed the comprehensive assessment did not reflect Resident #52 was considered by the state as PASSAR level II and Resident #90 was a smoker which was incorrect. f. On 05/08/24 at 3:00 PM, the facility had not provided the Surveyor with a MDS coding policy, or the section of the Resident Assessment Instrument manual used to code. 		

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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>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>48977</p> <p>Based on observations, interview and record review, the facility failed to ensure the Care Plan for 1 (Resident #9) sampled resident was revised to reflect that the resident had an indwelling catheter.</p> <p>The findings are:</p> <p>According to list of diagnosis in the electronic records Resident #9 had a diagnosis of Personal history of urinary tract infection, overactive bladder, retention of urine, and acute cystitis.</p> <p>According to the Physician's order in the electronic records there was an order for an indwelling urinary catheter 16 French (FR) with 10 Cubic Centimeter (CC) balloon.</p> <p>According to Significant Change Minimum Data Set (MDS) with the Assessment Reference Date of 4/15/24 Resident 9 scored 07 (indicates severely impaired cognition) on the Brief Interview of Mental Status (BIMS), and that the Resident had an indwelling catheter, and always incontinent of bowel.</p> <p>A Care Plan, with the revision date 4/30/24, documented that Resident has an indwelling urinary Catheter 16 French/10 Cubic Centimeter (cc) for urinary incontinence. There were 2 interventions in place (catheterize 4x a day with 16fr catheter to help prevent infection and manage retention and document output notify Medical Doctor (MD) for signs/symptoms Urinary Tract Infections (UTI) or catheter related trauma) with the date Initiated: 04/04/2024.</p> <p>On 05/08/24 at 08:15 AM, the Minimum Data Set Coordinator confirmed the Resident's Care Plan was not updated to reflect that the resident had an indwelling catheter.</p> <p>On 05/08/24 at 09:30 AM, the Director of Nursing (DON) confirmed the care plan should have indwelling catheter documented with interventions in place to aide with catheter care.</p> <p>On 05/08/24 at 11:27 AM, a policy titled Care Plan, Comprehensive Person-Centered documented 11. Assessment of residents are ongoing and care plan are revised as information about the residents and the resident's condition change.</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>37634</p> <p>Based on observations, interviews and record review, the facility failed to ensure 1 Resident #104 of 3 (Resident #54, #91, and #104) sampled residents reviewed for Activities of Daily Living (ADL)s nails were clean and that they received a shave. The findings are:</p> <p>Resident #104 had diagnosis of Pressure Ulcer Sacral Region Stage 4. The Medicare-5 Day Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 4/08/24 documented resident scored 04 (00-07 indicates severe impairment) on a Brief Interview for Mental Status (BIMS) and required substantial/maximal assistance with bathing.</p> <p>A review of a facility policy titled, Shaving the Resident, dated 05/08/2024, indicated, The purpose of this procedure is to promote cleanliness and to provide skin care.</p> <p>A review of a facility policy titled, Fingernails/Toenails, Care of, dated 05/08/2024, indicated, The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections .</p> <p>A care initiated 3/08/24 documented, .Check nail length and trim and clean as necessary .</p> <p>On 5/05/24 at 11:45 AM, Resident #104's nails had a black substance underneath. His beard was approximately 2 inches long. He was asked, When was the last time you received a shave. He stated, They haven't shaved me since I've been here. I would like to have a shave. He was asked, How often do the staff clean your nails? He stated, They don't.</p> <p>On 5/06/24 at 9:49 AM Resident #104's nails had a black substance underneath, and his beard was approximately 2 inches long.</p> <p>On 5/06/24 at 2:49 PM Resident #104's nails had a black substance underneath, and his beard was approximately 2 inches long.</p> <p>On 5/06/24 at 2:55 PM Certified Nurse Aid (CNA) #11 was asked, How often does Resident #104 get a shave, and get his nails cleaned? She stated, He is supposed to get a shower tomorrow. She was asked, Can you tell me how Resident #104 nails, and beard look? CNA #11 walked in Resident #104's room, looked at his nails, then she stated, Yes they do need to be cleaned, and he needs a shave.</p> <p>05/08/24 12:15 PM, the DON was asked, How often should he have been shaved and his nails cleaned? She stated, According to his task list Tuesday, Thursdays and Saturdays.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48977</p> <p>Based on observations, interview and record review, the facility failed to ensure proper incontinence care was provided to 1 (Resident #9) sampled resident with an indwelling urinary catheter and the catheter was placed in a manner to prevent possible dislodging and/or trauma to the resident. This failed practice had the potential to affect 2 (Resident #9, #13) sample of 4 Residents on 300 hall with indwelling catheters.</p> <p>The findings are:</p> <p>According to a list of diagnosis in the electronic records Resident #9 had a diagnosis of personal history of urinary tract infection, overactive bladder, retention of urine, and acute cystitis.</p> <p>According to the Physician's order in the electronic records, there was an order for indwelling urinary catheter 16 French (FR) with 10 Cubic Centimeter (CC) balloon.</p> <p>According to Significant Change Minimum Data Set (MDS) with the Assessment Reference Date of 4/15/24 Resident #9 scored 07 (indicates severely impaired cognition) on the Brief Interview of Mental Status (BIMS), and the Resident had an indwelling urinary catheter, and always incontinent of bowel.</p> <p>A Care Plan, with a revision date of 05/01/2023, documented Resident# 9 was at risk for impaired skin integrity related to (r/t) decreased mobility and incontinence.</p> <p>Lab Result Report for Urinalysis, Urinary Tract Microbiota Susceptibility, Urinary Tract Microbiota Assay, Urine Microscopy, with the collection Date:05/02/2024 07:05, received Date:05/02/2024 13:18, and reported Date: 05/06/2024 11:23, documented Resident #9 had >100,000 Colony Forming Unit (CFU) of E. coli.</p> <p>On 05/05/24 at 02:28 PM, the Surveyor observed Certified Nursing Assistant (CNA) #8 and #7 provide peri care to Resident #9. CNA #8 did not perform the care properly. When Resident #9 was turned onto her side CNA #8 wiped the stool downward.</p> <p>On 05/05/24 at 02:30 PM, the Surveyor observed Resident #9 being turned away from the side of bed that the catheter was connected causing the catheter tubing to stretch. The Surveyor did not observe a stat lock in place.</p> <p>On 05/05/24 at 02:45 PM, CNA #8 confirmed that there had been a step skipped when providing peri care to the Resident and that the stool was wiped downward which the improper direction. CNA #7 voiced the catheter should have been on the side of bed in which the Resident was turned to prevent pulling and strain on the catheter tubing.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/08/24 at 09:30 AM, the Director of Nursing (DON) confirmed when providing peri care to a female resident the care should be performed properly. The DON confirmed the catheter should have been disconnected from the bed to prevent pulling that may have caused dislodging and/or trauma and, facility does use stat lock when there is an indwelling catheter in place to prevent dislodging and/or trauma to the resident.</p> <p>On 05/08/24 at the Surveyor was provided with a policy Urinary Incontinence-Clinical Protocol that did not pertain to the deficient practice.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>37634</p> <p>Based on observation and interview, the facility failed to ensure hydration was available at all times for 1(Resident #69) of 2 (Resident #69 and Resident #214) sampled residents reviewed for hydration. The findings are:</p> <p>A review of the Physician Order indicated Resident #69 had a diagnosis of constipation.</p> <p>The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/17/24 revealed Resident #69 had a Brief Interview of Mental Status (BIMS) of 15 (13-15 indicates cognitively intact).</p> <p>A review of Resident #69's care plan initiated on 10/02/21 documented, .Encourage and assist with fluid intake to promote hydration .</p> <p>On 5/05/24 at 11:58 AM Resident #69 asked the surveyor to get some water. The surveyor asked, How long have you been out of water? Resident stated, I haven't had any all day. The surveyor asked, How often are you out of water? Resident stated, Mostly on weekends.</p> <p>On 5/05/24 at 12:30 PM, Resident #69 doesn't have any water available.</p> <p>On 5/05/24 at 1:40 PM Certified Nurse Aide #11 was asked, Can you tell me why Resident #69 doesn't have any water available? She stated, I haven't had a chance to pass water today. I usually pass it twice a day, but I've been busy.</p> <p>On 5/08/24 at 2:30 PM the Director of Nurse (DON) was asked, Should residents have water available at all times? She stated, Yes.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>37634</p> <p>49981</p> <p>Based on observation and interview the facility failed to provide a clean oxygen tubing to 1 Resident #97 of 2 (Resident #32 and #97) sampled residents on oxygen therapy, and the facility failed to ensure oxygen tubing was placed in a storage bag for 1 Resident #32 of 2 (Resident #32, and Resident #97) sampled residents on oxygen.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. On 5/05/2024 at 9:02 AM, surveyor entered Resident #32's room to find oxygen tubing lying on the floor. <ol style="list-style-type: none"> a. On 5/07/2024 at 8:54 AM, surveyor asked Certified Nursing Assistant (CNA) #1 what should a staff person do when a resident's oxygen tubing is found lying in the floor? CNA #1 said go get the nurse. b. On 5/08/2024 at 10:40 AM, surveyor asked Director of Nursing (DON) what should a staff person do when they find oxygen tubing lying on the floor? DON said the tubing would need to be immediately replaced. c. Oxygen administration policy and services were provided by DON. 2. Resident #97 had diagnosis of Moderate Persistent Asthma. The 5-Day Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 5/03/24 documented the resident scored 00 (00-07 indicates severe impairment) on a Brief Interview for Mental Status (BIMs). <p>The May 2024 physician order documented, .Oxygen 2.5 liters per minutes by nasal cannula as needed .</p> <p>On 5/05/24 at 12:04 PM, Resident #97's oxygen machine was on. The oxygen was not attached to the resident. The tubing was on top of the oxygen machine and was not in a storage bag.</p> <p>On 5/05/24 at 12:30 PM, Resident #97's oxygen machine was on. The oxygen was not attached to the resident. The tubing was on top of the oxygen machine and was not in a storage bag.</p> <p>On 5/05/24 at 12:48 PM Registered Nurse (RN) #1 confirmed Resident #97 gets out of bed with assistance from staff, and staff removes the Resident's oxygen. She was asked, How should Resident #97's oxygen tubing be stored when not in use? RN#1 stated, It should be in a storage bag.</p> <p>On 5/08/24 12:16 PM the DON was asked, If oxygen tubing is not in use where should it be stored? She stated, Usually they're hanging on the concentrators in bags.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37634</p> <p>Based on observation, interview and record review, the facility failed to ensure bed rails were not used for 1 Resident #104 of 2 (Resident #90 and Resident #104) sampled residents reviewed for accidents without a side rail assessment to prevent the potential for accidents. The findings are:</p> <p>Resident #104 had a diagnosis of Pressure Ulcer Sacral Region Stage 4. The Medicare-5 Day Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 4/08/24 did not indicate that Resident #104 used side rails.</p> <p>A review of a side rail assessment dated [DATE], indicated Resident #104 did not use bed rails.</p> <p>On 5/05/24 at 11:45 AM, Resident #104 indicated he needed to be repositioned in bed. His bed rails were up x 2.</p> <p>On 5/05/24 at 11:48 AM, Certified Nurse Aide (CNA) #11 was asked, How long has Resident #104 used side rails? She stated, He's had them since he's been here.</p> <p>On 5/06/24 at 8:54 AM, Resident #104 was in bed. His side rails were up x 2.</p> <p>On 5/07/24 at 3:14 PM, Resident #104 was in bed. His side rails were up x 2.</p> <p>On 5/08/24 11:03 AM, the Assistant Director of Nurse (ADON) was asked, Did Resident #104 have side rails? She stated, That I can't remember. She was asked, If a resident has side rails should the resident have a side rail assessment? The ADON stated, yes.</p> <p>On 5/08/24 at 12:12 PM the DON confirmed Resident #104 used side rails.</p> <p>On 5/08/24 at 12:58 PM the administrator provided a policy titled, Bed Safety. It documented, .If side rails are used, there shall be an interdisciplinary assessment of the resident, consultation with the attending physician, and input from the resident and/or legal representative .</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>37634</p> <p>Based on interview and record review, the facility failed to ensure a dose reduction was implemented for 1 (Resident #82) of 5 (Resident #10, #30, #37, 79, and #82) sampled residents reviewed for unnecessary medication administration. The findings are:</p> <p>A review of a Physician Order, indicated Resident #82 had a diagnosis of Major Depressive Disorder.</p> <p>A Quarterly Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 5/28/24 documented the Resident scored 13 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMs).</p> <p>A review of a care plan initiated 9/26/22 documented, .Administer antidepressant medications as ordered by physicians .</p> <p>A review of Pharmacy Medication Regimen Review, dated 3/14/24 documented, .Please consider a gradual dose reduction or tapering the dose of this medication in an effort to determine optimal dose or if it may be unnecessary for this resident . It revealed Resident #82 original start date for Sertraline 125 milligrams was on 6/15/2023. The physician recommended reducing the Sertraline to 100 milligrams daily effective 3/14/24. The Director of Nurse (DON) signed the recommendation.</p> <p>A review of the May 2024 Physician Orders, revealed Resident #82 had an order for Sertraline HCI 125 milligrams at hour of sleep.</p> <p>A review of the April 2024 Medication Administration Record, revealed Resident #82 received 125 mg of Sertraline April 1, 2024, through April 30, 2024.</p> <p>A review of the May 2024 Medication Administration Record, revealed Resident #82 received 125 mg of Sertraline May 1, 2024, through May 07, 2024.</p> <p>On 5/08/24 at 1:41 PM, Licensed Practical Nurse (LPN) #4 was asked, How much Sertraline does Resident #82 receive? She looked in the computer at the orders then she stated, 125 milligrams at bedtime. The surveyor asked, Who's responsible for putting the orders in the system when the physician reduces a medication? She stated, The Director of Nurse (DON), or the Assistant Director of Nurse (ADON) put it in the system.</p> <p>On 5/08/24 at 1:44 PM, the DON was asked, Who's responsible for putting the orders in the system when the physician reduces medication? She stated, Myself or the ADON. The surveyor asked Can you tell me how much Sertraline Resident #82 receives? The DON looked in the computer and stated, She gets 125 milligrams at bedtime. The surveyor asked, Can you tell me why the doctor's orders to reduce the Sertraline to 100 milligrams was not implemented? The DON, I don't know why it wasn't changed. I signed the order.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 meet the nutritional needs of the residents for 2 of 2 meals observed. This failed practice had the potential to affect 27 residents who had mechanical soft diets. 7 residents received pureed diet from 1 of 1 kitchen.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. The menu for lunch documented the residents on mechanical soft diets and pureed diets were to receive 3/4 cup of pork chili Verde. 2. On 05/07/24 at 11:31 AM, Dietary Employee (DE) #1 used a 6-ounce spoon to place 8 servings of boiled seasoned pork cubes into a blender, ground and poured into a pan. 3. On 05/07/24 at 12:10 PM, the following observations were made on the steam table. <ol style="list-style-type: none"> a. A 4- Ounce spoon was (1/2) cup was in a pan of ground meat. b. A #8 scoop was in a pan of pureed pork chili Verde. c. On 05/08/24 at 10:57 AM, the surveyor asked the Dietary Supervisor if they ran out of mechanical soft meat when serving lunch meal. She stated, Yes, we did. I did extra 4 more servings. d. On 05/08/24 at 11:00 AM, the surveyor asked DE #1 how many servings of pork chili Verde she prepared for the residents on mechanical soft diets on 05/07/2024. DE #1 stated, I did 7 servings. e. On 05/08/24 12:25 PM, the surveyor asked Dietary Employee #3 what size spoon she used to serve mechanical soft pork chili Verde and how many servings she gave to each resident at the lunch meal on 05/07/2024. DE #3 stated, I don't remember. I gave one serving to each resident. 2. On 05/08/24, the menu for the lunch meal documented that residents who received mechanical soft diets were to receive 4 ounces of blackened chicken breast. <ol style="list-style-type: none"> a. On 05/06/24 at 12:25 PM, DE #3 was serving a single portion of mechanical soft blackened chicken breast to the residents who received mechanical soft diets. The surveyor immediately asked DE #3 what size spoon she used to serve the mechanical soft chicken and how many servings she gave to each resident. DE #3 stated, I used a 2-ounce spoon, and I gave one serving to each resident. 		

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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 and interview, the facility failed to ensure food items stored in the refrigerator and storage area were covered or sealed to maintain freshness and prevent potential cross contamination of food and beverages; expired food items were promptly removed/discarded by the expiration or use by dates; kitchen vents cleaned; provide a sanitary environment for food preparation; floors, kitchen walls, door frames and baseboards were free of rotten wood, chipped floor tiles, debris, rust, and dirt; 3 of 3 ice machines were maintained in a clean and sanitary condition to prevent food and beverage contamination; and staff washed their hands and changed gloves between dirty and clean tasks and before handling clean equipment or food items to minimize the potential for contaminating food items. This failed practice had the potential to affect 108 residents who received food from the 1 of 1 kitchen.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. During a tour of the kitchen with the Dietary Supervisor, the following observations were made in the kitchen. <ol style="list-style-type: none"> a. On [DATE] at 08:37 AM, the ice machine panel and area where the ice forms before dispensing into the ice collect had a wet sage residue. The surveyor asked the Dietary Supervisor to wipe out the wet sage colored substances found on the panel and the area where ice forms. She wiped them off with tissue paper, and wet black substances easily transferred onto the tissue paper. The surveyor asked the Dietary Supervisor who uses ice from the ice machine and how often the ice machine has been cleaned. She stated, We clean it weekly and wipe it down daily. We use it to fill beverages served to the residents at mealtimes. That's the ice the Certified Nursing Assistant uses to fill the resident's room with water pitchers. 2. On [DATE] at 08:43 AM, the following opened food items stored on the shelf in refrigerator were not covered or sealed. <ol style="list-style-type: none"> a. A box of Parmesan Cheese. b. A box of sausage patties. c. A box of chicken. 3. On [DATE] 08:45 AM, the following opened food items stored in the freezer were not covered or sealed. <ol style="list-style-type: none"> a. A box of cobbler crust dough sheets with sheets that were discolored and had freezer burn. The surveyor asked Dietary Employee (DE) to describe the appearance of the dough sheets. She stated, They have freezer burn and I will throw them away. b. A box of dinner dough stuck together frozen with ice cycles. Dietary Supervisor stated, They look like they were refrozen. <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>8. On [DATE] at 09:59 AM, 7 unopened boxes of vanilla med pass 2.0 were on a shelf in the refrigerator in the medication room on 300- hall. The med pass 2.0 had a manufacturer's best by date of [DATE]. The Nurse stated, We don't have anyone on med pass 2.0.</p> <p>9. On [DATE] at 10:09 AM, one unopened box of vanilla med pass 2.0 2-cal was on a shelf in the medication room on 200-hall. The med pass had a manufacturer's best by date of [DATE].</p> <p>10. On [DATE] 10:15 AM, the left interior panel of the ice machine in the pantry (Nourishment) room on the 200-hall had wet sage residue on them. Dietary Supervisor was asked by the surveyor to wipe residues inside the ice machine. She did so, and the sage colored substances easily transferred to the tissue napkins. She was asked, How often do you clean the ice machine and who uses ice from the machine? She stated, The maintenance man cleans it once a month. That's the ice the Certified nursing assistant uses to fill the resident's rooms with water pitchers.</p> <p>11. On [DATE] at 10:31 AM, DE #1 turned on the food preparation sink faucet and washed the blender bowl and the blade with hot water. She then turned off the sink faucet with her bare hands, contaminating them. DE #1 did not sanitize the blender bowl or the blade before attaching the blade to the base of the blender to be used pureeing food items to be served residents on pureed diets for lunch. The surveyor asked DE#1 if she should sanitize the blender bowl and the blade before using them. DE #1 stated, Yes, I should have sanitized them.</p> <p>12. On [DATE] at 10:45 AM, DE #1 placed a pan of pureed cream of corn in the oven. Without washing her hands, she picked up a clean blade and attached it to the base of the blender to be used in pureeing foods to be served to the residents who required pureed diets.</p> <p>13. On [DATE] at 10:48 AM, DE #2 touched her blouse. Without washing her hands, she picked up clean bowls to be used in portioning dessert to be served to the residents for lunch the meal and placed them on the counter with her fingers inside the bowls.</p> <p>14. On [DATE] at 11:05 AM. the floor in the storage room had sage-colored stains on it. The base board was loose, exposing the cement. The air vent in the storage room was covered with lint and rust.</p> <p>15. On [DATE] at 1:15 AM, Dietary Employee (DE) #1 had mittens on her hands. As DE # was transferring cooked meat into a pan, the mitten on her hand was touching the meat.</p> <p>16 On [DATE] at 11:29 AM, Dietary Employee (DE) #2 removed a container of peanut butter and a container of jelly from the refrigerator and placed them on the counter. She then removed gloves from the glove box and placed them on her hands contaminating the gloves. She untied a bag of bread that was on the counter. Without removing gloves and washing her hands, she removed slices from the bag, and placed them on the trays, spreading peanut butter and jelly on them. Then topped each slice of bread with another slice of bread and made peanut butter and jelly sandwiches to be served to the residents who requested it with their lunch meal.</p> <p>17. A facility policy titled Quick Resources Hand Washing documented when to wash your hands, wash your hands as often as possible. It is important to wash your hands. Before starting to work with food, utensils, or equipment. Before putting on gloves and as often as needed during food preparation and when changing tasks.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>03508</p> <p>Based on observation, record review and interview, the facility failed to ensure an effective pest control program was maintained to keep the facility free of pests.</p> <p>The findings are:</p> <p>On 05/07/24 10:50 AM, the following observations were made in the kitchen areas during the noon meal preparation and meal serving.</p> <p>a. There were 2 flies at the edges of a cart by the food preparation sink that contained clean scoops.</p> <p>b. One fly was on the wall leading to the dishwashing machine.</p> <p>c. Two flies were on the wall by the plate warmer.</p> <p>d. Two flies were flying around the food preparation area.</p> <p>On 05/07/24 11: 26 AM, there were 4 flies on the corners of a clean dish rack where clean scoops were kept. There was a fly on top of a box of iodized salt.</p> <p>On 05/07/24 11:53 AM, there were 3 flies on the window by the food preparation counter. One was on the menu, one on top of the microwave and one on the right side of the 2-door refrigerator. The surveyor asked the Dietary Supervisor to count the flies that were not moving. She did so and stated, I counted 10 flies, excluding the ones flying.</p> <p>05/08/24 10:21 AM, the surveyor asked the Dietary Supervisor how long have you been having problems with flies? She stated, It just started, because it started to warm up. Usually, a lot of flies are outside the back door.</p> <p>A Pest Elimination Service provided by the Dietary Supervisor on 05/ 08/2024 at 09:29 AM with following results.</p> <p>a. Service Provided 02/22/204 at 05:32 AM documented, The monthly pest control service and inspection was performed today. All exterior bait stations were dated, and bait was replaced where needed. Found roach activity in the kitchen coming from the wall behind the salad defiled. Flies were not reported. Target Pests . Service provided on 02/26/2024 at 12:01 PM documented, Inspected and treated for roaches. Target: Pest. Flies were not reported.</p> <p>b. Pest Elimination Monthly Fly Service provided on 03/21/2024 at 10:52 AM documented, The monthly pest control service and inspection was performed today. All exterior bait stations were inspected, cleaned, dated, and bait was replaced where needed. Treated and replaced all glue boards in the kitchen. Where roach found. Target: Pest. Flies was not reported.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>C. Pest Elimination Monthly Fly Service Provided 04/22/2024 at 10:30 AM Service Provided. Pest Elimination Monthly Fly Service documented, The monthly pest control service and inspection was performed today. All exterior bait stations were inspected, cleaned, dated, and bait was replaced where needed. Treated and replaced all glue boards in areas with roach findings. Target: Pest. Flies were not reported.</p>		