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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055041 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/10/2025 |
| NAME OF PROVIDER OR SUPPLIER Royal Care Skilled Nursing Ctr | | STREET ADDRESS, CITY, STATE, ZIP CODE 2725 Pacific Avenue Long Beach, CA 90806 | |

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) |
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| <p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49889</p> <p>During an interview and record review the facility failed to ensure one out of 18 sampled residents Resident 40 had an updated Pre-admission screening and resident review (PASARR - a federal assessment requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are placed in facilities that can provide the appropriate care) to reflect Resident 40's medical condition.</p> <p>This failure had the potential to result in inappropriate placement and unidentified specialized services for Resident 40.</p> <p>Findings:</p> <p>During a review of Resident 40' s Admission Record, dated 1/10/2025 the Admission Record indicated, Resident 40 was admitted to the facility on [DATE] with diagnosis including psychoses (a severe mental condition in which thought, and emotions ae so affected that contact is lost with reality) and anxiety (emotion characterized by feelings of tension, worried thoughts).</p> <p>During a review of Resident 40's Minimum Data Set ({MDS}- a resident assessment tool) dated 12/26/25 the MDS indicated Resident 40 has moderate cognitive impairment. The MDS also indicated Resident 40 needs partial/moderate assistance (helper does less than half the work) with activities of daily living (ADL's- activities such as bathing, dressing, and toileting a person performs daily). The MDS also indicates Resident 40 has an anxiety and psychotic disorder (a severe mental condition in which thought, and emotions ae so affected that contact is lost with reality).</p> <p>During a review of Resident 40's History and Physical (H&P), dated 5/30/24 indicated, Resident 40 had impaired cognition and needs help with her affairs.</p> <p>During a review of Resident 40's PASARR Level 1 Screening, dated 5/25/2022, the PASARR level 1 screening indicated Resident 40 had a negative Level 1 screening which indicates a Level II mental health evaluation was not required.</p> <p>During a review of Resident 40's Social Service assessment dated [DATE], the Social Service assessment indicated, Resident 40 was still having episodes/behavior of paranoia and delusional, however it seems to be stable and controlled at this assessment.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of resident 40's Social Service assessment dated [DATE], the social service assessment indicated, Resident 40 was still having episodes/behavior of paranoia (a pattern of behavior where a person feels distrustful and suspicious of other people) and delusional. (having false or unrealistic beliefs), suspicious, and fixated on certain staff.</p> <p>During a review of Resident 40's Order Summary Report dated 1/10/25, the Order Summary Report indicated Resident 40 had orders to monitor behavior of psychosis as manifested by increased paranoia every shift.</p> <p>During a review of Resident 40's Care Plan titled Resident has behavior of increased hallucinations (sights, sounds, smells, tastes, or touches that a person believes to be real but are not real) related to psychosis revision date 5/9/2024, the care plan goal indicated, to have less episodes/behavior of paranoia and hallucinations.</p> <p>During an interview on 1/10/2025 at 2:34 p.m., with the Director of Nursing (DON), the DON stated that any resident that has a mental illness needs to have a PASARR level II completed, and that Resident 40 does have a diagnosis of psychosis and anxiety. The DON stated Resident 40 should have had a PASARR Level II resident review done to reflect her medical condition. The DON stated there was a possibility Resident 40 could have missed out on some special services.</p> <p>During a review of the facility's policy and procedure (P&P) titled Resident Assessment-Coordination with PASARR Program dated 5/2024, the P&P indicated Any resident who exhibits a newly evident or possible serious disorder, intellectual disability or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review. Examples include:</p> <p>A. A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a mental disorder (where dementia is not the primary diagnosis).</p> <p>B. A resident whose intellectual disability or related condition was not previously identified and evaluated through PASARR.</p> <p>C. A resident transferred, admitted , or readmitted to the facility following an inpatient psychiatric stay or equally intensive treatment.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49862</p> <p>Based on observation, interview, and record review, the facility failed to provide daily wound care treatment and services for one of five sampled residents (Resident 41) per physician order.</p> <p>This failure had the potential for Resident 41 wound to worsen and delay wound healing.</p> <p>Findings:</p> <p>During a review of Resident 41's Admission Record, the Admission Record indicated Resident 41 was admitted to the facility on [DATE] with diagnoses including, gastrostomy tube (GT-surgical opening that allows for nutritional support or stomach drainage), chronic obstructive pulmonary disease (COPD-is a chronic lung disease that causes breathing difficulties.), muscle weakness (loss of muscle strength), pressure ulcer (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) of the right heel.</p> <p>During a review of Resident 41's Minimum Data Set (a resident assessment tool) dated 11/8/2024 indicated Resident 41 was able to make self-understood, and able to understand others. The MDS indicated Resident 41 needs extensive assistance with transfer, dressing, eating, toilet use, and personal hygiene.</p> <p>During a review of Resident 41's Braden Scale for Predicting Pressure Sore Risk (tool used to assess a patient's risk of developing a pressure sore), the Braden Scale for Predicting Pressure Sore Risk indicated Resident 41 was at high risk of developing pressure sore.</p> <p>During an observation on 01/07/2025 at 1:13p.m observed Resident 41's in bed. Observed Licensed Vocational Nurse 2 (LVN 2) performing dressing change on Resident 41's gastrostomy tube site. LVN 2 stated Resident 41 only have GT dressing and no other wound treatment.</p> <p>During a concurrent interview and record review on 1/7/2025 at 2:19 p.m., with LVN 2, reviewed Resident 41's clinical record. Resident 41 has a resolved pressure ulcer on left heel, right heel with stage 4 (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone), with a physician order for daily wound treatment to right heel, cleanse with normal saline (wound cleanser) pat dry, apply Santyl (wound medication) ointment to wound, surrounding area, zinc oxide wound medication) ointment cover with dry dressing every day for 30 day. LVN 2 stated she forgot to do the treatment on Resident 41's right heel thinking it was healed already. LVN 2 stated she missed Resident 41's right heel wound treatment on 1/7/2025. LVN 2 stated she thought Resident 41 only had GT dressing. LVN 2 stated she failed to look at the physician orders and compare it with the treatment administration record.</p> <p>During an interview on 01/09/25 at 1:24 p.m., LVN 2, stated before she does the wound treatment she need to read and follow the physician's order to ensure correct wound care treatment was done. LVN 2 stated if failed to follow physician order, Resident 41 will miss the wound treatment and would cause delay in wound healing.</p> <p>(continued on next page)</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>During an interview on 01/09/25 01:45 p.m., with the Director of Nursing (DON), the DON stated licensed nurses should follow physician orders for wound treatment and compare with Treatment Administration Record. The DON stated if wound care treatment was missed before the end of the day, it should be done by any other staff or else it would develop wound infection.</p> |

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| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 21 sampled residents (Resident 37), received the Restorative Nursing Assistant (RNA, certified nursing aide program that helps residents to maintain their function and joint mobility) program as recommended by the physical therapist (PT, licensed professional aimed in the restoration, maintenance, and promotion of optimal physical function) on 12/12/2024.</p> <p>This failure had the potential to result in range of motion [ROM, full movement potential of a joint (where two bones meet)] decline and contracture (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints).</p> <p>Findings:</p> <p>During a review of Resident 37's Admission Record, the Admission Record indicated Resident 37 was admitted to the facility on [DATE] with diagnoses including amputations a surgical procedure that removes a limb or part of a limb) of the left and right leg below the knee, muscle weakness, and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 37's History and Physical (H&P), dated 11/10/2024, the H&P indicated Resident 37 had the capacity to understand and make decisions.</p> <p>During a review of Resident 37's Minimum Data Set (MDS - a resident assessment tool), dated 11/13/2024, the MDS indicated Resident 37 was dependent on nursing staff for transferring to and from a chair and shower. The MDS indicated Resident 37 needed maximal assistance from nursing staff with toileting, showering, and lower body dressing. The MDS indicated Resident 37 needed partial to moderate assistance from nursing staff with upper body dressing, moving from sitting on the side of the bed to lying flat on the bed, and moving from lying on the back to sitting on the side of the bed with no back support.</p> <p>During a review of Resident 37's Restorative Therapy Referral, dated 12/12/2024, the Restorative Therapy Referral indicated Resident 37 at risk for decline in range of motion and strength on both lower legs. The Restorative Therapy Referral indicated the PT reviewed the RNA program with the RNA and completed training with the RNA. The Restorative Therapy Referral indicated the MDS was made aware of the transfer of care.</p> <p>During a review of Resident 37's PT Discharge Summary, dated 12/12/2024, the PT Discharge Summary indicated Resident 37 had reached the maximum potential with skilled services and referred to the RNA program.</p> <p>During an interview on 1/9/2025 at 11:35 a.m., with Restorative Nursing Assistant (RNA) 1, RNA 1 stated Resident 37 does not get RNA services and does not have an order for RNA services.</p> <p>(continued on next page)</p> |

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| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 1/9/2025 at 11:50 a.m., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated Resident 37 had a referral on 12/12/2024 for RNA services. RNS 1 stated the referral should have been followed up by the licensed nursing staff. The RNS 1 stated Resident 37's physician should have been contacted to get an order for RNA program. RNS 1 stated if Resident 37 failed to receive RNA services as recommended by PT, Resident 37 could become contracted.</p> <p>During an interview on 1/10/2025 at 2:36 p.m., with Minimum Data Set Coordinator (MDSC), MDSC nurse stated she was not aware of the RNA referral and was usually given a copy of the referral. MDSC stated RNA program prevents declines in function after receiving physical therapy and maintains function.</p> <p>During an interview on 1/10/2025 at 2:44 p.m., with the Director of Nursing, the DON stated it was important for residents to receive RNA program to prevent self-isolation, decline in mobility and range of motion. The DON stated the referral for the RNA program was missed by the licensed nurses for Resident 37.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Covenant Care Restorative Nursing Program, dated 11/2017, the P&P indicated, Referral to the Restorative Nursing Program (RNP) can occur at the termination of therapy services or at any time the resident is deemed appropriate for the program. To this end, a resident may move from skilled therapy to concurrent skilled and restorative intervention as a progression through treatment. The therapist (Physical, Occupational, or Speech) will document which parts of the program are to be executed under the RNP and which are being carried out under skilled therapy by completing the restorative therapy referral.</p> | | |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49889</p> <p>Based on observation, interview, and record review, the facility failed to ensure three out of three sampled residents, Residents 26,31 and 61 who were receiving hemodialysis (clinical purification of blood as a substitute for the normal function of the kidney) treatments had an emergency dialysis kits (supplies needed to use in an emergency) at bedside, to respond to a potential medical complication, such as bleeding.</p> <p>This failure had the potential to cause a delay in treatment in case of an emergency.</p> <p>Findings:</p> <p>During a review of Resident 61s Admission Record, dated 1/10/2025, the admission record indicated, Resident 61 was readmitted to the facility on [DATE] with diagnoses including end stage renal disease (ESRD-irreversible kidney failure), dependence on renal dialysis and type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 61's Minimum Data Set (MDS - a resident assessment tool) dated 1/2/2025 the MDS indicated Resident 61 has moderate cognitive (ability to think, understand, learn, and remember) impairment. The MDS also indicated, Resident 61 needs substantial assistance (helper does more than half the work) with activities of daily living (ADL- activities such as bathing, dressing, and toileting a person performs daily). The MDS indicated that Resident 61 was receiving hemodialysis.</p> <p>During a review of Resident 61s History and Physical (H&P), dated 1/2/2025, the H&P indicated, Resident 61 does have the capacity to understand and make decisions.</p> <p>During a review of Resident 61's Order Summary Report dated 1/10/2025, the order summary report indicated, Resident 61 has orders to go to the dialysis center three times a week on Monday, Wednesday, and Friday, dialysis access site left femoral (groin) artery (main blood vessel supplying blood to the lower body).</p> <p>During an observation on 1/7/2025 at 9:00 a.m. in Resident 61's room there was no emergency dialysis kit at the bedside.</p> <p>During a review of Resident 31's Admission Record, dated 1/10/2025, the admission record indicated, that Resident 31 was admitted to the facility on [DATE] with diagnoses including ESRD, dependence on renal dialysis, and type 2 DM.</p> <p>During a review of Resident 31's MDS dated [DATE] the MDS indicated Resident 31 has moderate cognitive impairment. The MDS also indicated Resident 31 needs substantial assistance (helper does more than half the work) with her ADL's. The MDS indicated, Resident 31 was receiving hemodialysis.</p> <p>During a review of Resident 31's H&P, dated 7/2/2024, the H&P indicated, Resident 31 does have the capacity to understand and make decisions.</p> <p>(continued on next page)</p> | | |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During a review of Resident 31's Order Summary Report dated 1/10/2025, the order summary report indicated, Resident 31 has orders to go to the dialysis center three times a week on Monday, Wednesday, and Friday. The order summary report also indicated to check arteriovenous access site (AV-surgical connection between artery and a vein that allows for blood access during hemodialysis) to left upper arm every shift.</p> <p>During an observation on 1/10/2025 at 8:45 a.m. in Resident 31's room there was no emergency dialysis kit at bedside.</p> <p>During a review of Resident 26's Admission Record, dated 1/10/25 the Admission Record indicated, Resident 26 was admitted to the facility on [DATE] with diagnoses including ESRD, dependence on renal dialysis, and type 2 DM.</p> <p>During a review of Resident 26's MDS dated [DATE] the MDS indicated Resident 26 has severe cognitive impairment. The MDS indicated Resident 31 was dependent (helper does all the work) with ADL's. The MDS indicated Resident 26 was receiving hemodialysis.</p> <p>During a review of Resident 26 H&P, dated 7/22/24, the H&P indicated, Resident 26 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 26's Order Summary Report dated 1/10/2025, the order summary report indicated, Resident 26 had orders to go to the dialysis center three times a week on Tuesday, Thursday, and Saturday. The order summary report also indicated to check dressing to left upper AV fistula and remove if no signs and symptoms of bleeding after dialysis visits in the evening.</p> <p>During an observation on 1/10/2025 at 9:03 a.m. in Resident 26's room there was no emergency dialysis kit at the bedside.</p> <p>During a concurrent observation and interview on 1/10/2025 at 8:45 a.m. with Certified Nursing Assistant (CNA)1, CNA1 stated that if the resident's dialysis access site was to start bleeding, she would apply pressure to the site and call the licensed nurse. CNA1 stated she believes she has seen an emergency dialysis kit in the resident's bedside drawer. Walking rounds done with CNA 1 for Residents 26,31, and 61, observed no emergency dialysis kits were found at the bedside.</p> <p>During a concurrent observation and interview on 1/10/2025 at 9:03 a.m. with Licensed Vocational Nurse (LVN)1, LVN 1 stated that there should be an emergency dialysis kit with a dressing, clamp, and tape at the bedside of residents who are receiving hemodialysis. Walking rounds done with LVN 1 for Residents 26,31, and 61, observed no emergency dialysis kits were found at the bedside. LVN 1 stated if there was emergency bleeding we could stop it right away with an emergency dialysis kit. LVN 1 stated there was a risk for residents on hemodialysis to have a severe hemorrhage (bleeding).</p> <p>During an interview on 1/10/2025 at 2:34 p.m. with the Director of Nursing (DON), the DON stated she was made aware that there were no emergency dialysis kits at Resident 26,31, and 61's bedside and that they were in central supply. The DON stated, there should be an emergency dialysis kit at the bedside for all residents on hemodialysis. The DON stated there was a safety concern with residents who are receiving hemodialysis these residents could get hypotension (low blood pressure) and bleed out.</p> <p>(continued on next page)</p> | | |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During a review of the facility's policy and procedure (P&P) titled Hemodialysis Care dated Sept. 2007 indicated if bleeding is apparent, apply direct pressure direct pressure over the shunt site or graft site for 10-12 minutes. If bleeding is persistent or severe call physician immediately and notify dialysis center.</p> | | |

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| <p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898</p> <p>Based on observation, interview, and record review the facility failed to ensure one out of 21 sampled residents (Resident 31) received a new upper and lower denture as recommended by Resident 31's dentist on 8/22/2024.</p> <p>This failure had the potential to result in the inability to effectively chew foods, weight loss, and low self-esteem.</p> <p>Findings:</p> <p>During a review of Resident 31's Admission Record, the Admission Record indicated, Resident 31 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), end stage renal disease (ESRD-irreversible kidney failure), dysphagia (difficulty swallowing), and severe protein calorie malnutrition (a condition where a person is severely deficient in both protein and calories).</p> <p>During a review of Resident 31's Order Summary Report, dated 7/1/2024, the Order Summary Report indicated, Resident 31 may have a dental consultation with follow up treatment as needed.</p> <p>During a review of Resident 31's History and Physical (H&P), dated 7/2/2024, the H&P indicated, Resident 31 had the capacity to make decisions.</p> <p>During a review of Resident 31's Care Plan, dated 7/7/2024, the Care Plan indicated, dental evaluation.</p> <p>During a review of Resident 31's Care Plan, dated 7/19/2024, the Care Plan indicated, to coordinate arrangements for dental care, transportation as needed and as ordered.</p> <p>During a review of Resident 31's Minimum Data Set (MDS -a resident assessment tool), dated 10/3/2024, the MDS indicated Resident 31 was dependent on staff for transferring to the shower. The MDS indicated Resident 31 needed substantial to maximal assistance from nursing staff with oral hygiene, toileting, showering, upper and lower body dressing, putting on and taking off footwear, and personal hygiene. The MDS indicated Resident 31 needed partial to moderate assistance from nursing staff with rolling from left to right, sitting to lying flat on the bed, sitting to standing and transferring. The MDS indicated Resident 31 did not have any signs or symptoms of a possible swallowing disorder.</p> <p>During a concurrent observation and interview on 1/7/2025 at 10:54 a.m., with Resident 31 in Resident 31's room, observed Resident 31 did not have any teeth or dentures in her mouth. Resident 31 stated she needs dentures and was seen several months ago by the dentist for denture, but there was no follow up from the facility.</p> <p>(continued on next page)</p> | | |

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| 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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 1/09/2025 at 10:03 a.m., with Licensed Vocational Nurse (LVN) 2, LVN 2 stated the dentist comes when scheduled by the Social Service Director (SSD). The LVN 2 stated if residents need dentures the residents were referred to the SSD. LVN 2 stated on 8/22/2024 Resident 31 had a dental consultation, and new dentures were requested by Resident 31 and dentures were recommended by the dentist. LVN 2 stated there has been no follow up for dentures and Resident 31 should have a follow up for dentures. LVN 2 stated if Resident 31 does not have dentures she will not be able to eat very well.</p> <p>During an interview on 1/9/2025 at 1:41 p.m., with Assistant Social Service Director (ASSD), ASSD stated upon admission social services does assessments, dental referrals, and schedules dental visits. ASSD stated recommendations are sent by email so the resident can be seen as soon as possible. ASSD stated if a recommendation for dentures was made the social services department will send the recommendation to the insurance company for approval. Then once the recommendation was approved an informed consent will be sent for the resident to sign and a date. ASSD stated on 8/22/2024 Resident 31 was seen by the dentist and requested upper and lower dentures and a referral was sent. ASSD stated he was waiting for the dental office to call. ASSD stated he followed up 1/9/2025 with the dentist for updates and the recommendation was approved. ASSD stated Resident 31 might be upset if she does not have dentures.</p> <p>During an interview on 1/9/2025 at 2:21 p.m., with Dental Office Manager (DOM), the DOM stated Resident 31 was approved for dentures and a reminder was sent on 9/20/2024, 10/7/2024 and 11/8/2024 to the facility. The DOM stated after the third reminder, the DOM stated she stopped sending the reminders. The DOM stated she received a phone call from ASSD on 1/9/25. The DOM stated she told the ASSD once again that we have the approval and sent the consent.</p> <p>During an interview on 1/9/2025 at 2:25 p.m., with Social Service Director (SSD), SSD stated Resident 31 was seen by the dentist on 8/22/2024 for a comprehensive exam and dentures were recommended. SSD stated she received emails from the dentist office on 9/20/2024, 10/7/2024 and 11/8/2024 for authorization. SSD stated she overlooked the emails and was not sure what happened. SSD stated she failed to follow up with the dental office after receiving the correspondence on 9/20/2024, 10/7/2024 and 11/8/2024. SSD stated she was responsible for making sure recommendations from the dentist were carried out.</p> <p>During an interview on 1/10/2025 at 2:32 p.m., with the Director of Nursing (DON), the DON stated social services was responsible for dental services. The DON stated Resident 31 has the potential for weight loss if not getting dental services. The DON stated dental services was important and needs to be followed up.</p> <p>During a record review of Resident 31's Dental Progress Notes, dated 8/22/2024, the Dental Progress Notes indicated, Resident 31 was without teeth and a recommendation for new upper and lower dentures per resident request was made.</p> <p>During a record review of Resident 31's Social Services Progress Notes, dated 8/23/2024, the Social Services Progress Notes indicated, Resident 31 was seen by the dentist on 8/22/2024 for a comprehensive oral exam. The Social Services Progress Notes indicated, the dentist recommended new upper and lower dentures. The Social Services Progress Notes indicated social services will continue to follow up as needed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of Resident 31's Social Services Assessment, dated 1/2/2025, the Social Services Assessment indicated, Resident 31 needed a dental referral and was seen by the dentist on 8/22/2024.</p> <p>During a review of the facility's policy and procedure (P&P) titled F250 Social Service, dated 11/2016, the P&P indicated, Factors with a potentially negative effect on physical, mental, and psychosocial, wellbeing includes an unmet need for: Dental if residents do not have dentures to eat, they will have to have a diet downgrade to puree. This diet change often causes residents to lose weight as they do not care for the presentation or food texture. Furthermore, a resident may suffer negative psychosocial outcome from missing dentures or partials as the resident may become isolative due to the change in his/her physical appearance.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 49889</p> <p>Based on observation interview and record review the facility failed to ensure a label of open date and use by dates were placed on an open bag of frozen pancakes and cinnamon rolls.</p> <p>This failure had the potential to expose residents to a food-borne illnesses (any illness resulting from eating contaminated/spoiled foods).</p> <p>Findings:</p> <p>During an observation [DATE] at 8:10 a.m. in the kitchen freezer an open bag of pancakes and cinnamon rolls did not have a label of open date or use by date on the bag.</p> <p>During an interview on [DATE] at 8:10 a.m., with the Dietary Supervisor (DS), the DS stated that there was not a label of open date or use by date on the open bag of pancakes or cinnamon rolls. DS stated there always needs to be label of open date and use by date on food after it has been opened to ensure the quality of the food was good and palatable for the residents.</p> <p>During an interview on [DATE] at 2:34 p.m. with the Director of Nursing (DON), the DON stated all open food needs to have a label of open date and best by date to ensure the food was fresh. The DON stated there was a possibility for gastrointestinal (GI) illness if residents were served food that was expired.</p> <p>During a review of the facility's policy and procedure (P&P) titled Food Receiving dated February 2009, the P&P indicated, Upon delivery and/ or opening / using a food item's, label and date the food items at the time they are opened, follow the used- by- dates and expiration date on the product.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49862</p> <p>Based on observation, interview and record review, the facility failed to observe infection control measures by not ensuring Licensed Vocational Nurse (LVN) 2 and Certified Nursing Assistant (CNA) 2 perform hand hygiene for one out of five sample residents (Resident 41).</p> <p>This failure had the potential to result in cross contamination (the physical movement or transfer of harmful bacteria from one person, object, or place to another) and place the residents at risk for the spread of infection.</p> <p>Findings:</p> <p>During a review of Resident 41's Admission Record, the Admission Record indicated Resident 41 was admitted to the facility on [DATE] with diagnoses including, gastrostomy status (surgical opening that allows for nutritional support or stomach drainage), chronic obstructive pulmonary disease (COPD-is a chronic lung disease that causes breathing difficulties.), muscle weakness (loss of muscle strength), pressure ulcer (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) of the right heel.</p> <p>During a review of Resident 41's Minimum Data Set (a resident assessment tool) dated 11/8/2024 indicated Resident 41 was able to make self-understood, and able to understand others. The MDS indicated Resident 41 needs extensive assistance with transfer, dressing, eating, toilet use, and personal hygiene.</p> <p>During a concurrent observation and interview on 01/07/2025 at 1:13 p.m., with LVN 2, LVN 2 did not performed hand hygiene, changed her gloves, and washed her hands during and after wound care. Observed LVN 2 used the same gloves after LVN 2 performed wound care on Resident 41's right heel pressure ulcer. LVN 2 used the same gloves to check Resident 41's healing wound on Resident 41's buttocks and used the same gloves to cover the residents with linen. LVN 2 did not removed gloves to turn off the bed head light.</p> <p>During an observation on 01/08/2025 at 09:51 a.m., Certified Nursing Assistance 2 (CNA 2) was observed walking in and out of resident rooms without performing hand hygiene after dropping dirty linen in the hamper outside resident's room and wheel another resident (unknown) to the dining room without washing hands.</p> <p>During an interview 01/09/2025 at 1:24 p.m., LVN 2 stated she should perform hand hygiene before and after resident care.</p> <p>During an interview with Infection Preventionist (IP) nurse on 01/09/25 at 1:43 p.m., IP nurse stated if facility staff were not performing hand hygiene it will put the residents at risk including the staff for the spread of infection and disease.</p> <p>During a phone interview with CNA 2 on 01/10/2025 at 1:43 p.m., CNA 2 stated she should perform hand hygiene by using the hand sanitizer and wash her hands, but she forgets because she was rushing out. CNA 2 stated it was not a safe practice to not perform hand hygiene.</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 - Few</p> | <p>During an interview with Director of Nursing (DON) on 1/09/25 at 1:45 p.m., the DON stated all facility staff should always perform hand hygiene. The DON stated this will prevent the spread of infectious disease on all resident and staff. The DON stated all staff needs to wash hands, gel in and gel out before and after each resident care.</p> <p>During a review of the facility's policy and procedure (P&P) revised 10/22, titled Infection Prevention and Control Program, the P&P indicated, Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedure. The objectives of the infection control policies and practices are to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable disease and infections as per accepted national standards and guidelines.</p> |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898</p> <p>Based on interview and record review, the facility failed to implement Antibiotic Stewardship Program (measures used by the facility to ensure antibiotics [drug to treat infection] are used only when necessary and appropriate) for one of 21 sampled residents (Resident 42).</p> <p>This failure had the potential to put Resident 42 at risk for antibiotic resistance (when bacteria change to resist antibiotics used to effectively treat them) and inappropriate use of antibiotic.</p> <p>Findings:</p> <p>During a review of Resident 42's Admission Record, the Admission Record indicated, Resident 42 was admitted to the facility on [DATE] with diagnoses including left temporomandibular joint disorder (a condition that affects the joint that connects the jaw to the [NAME] and causes pain and discomfort in the jaw, face, neck and shoulders.), muscle weakness and chronic viral hepatitis C (a lifelong liver infection caused by the hepatitis C virus).</p> <p>During a review of Resident 42's Physician Progress Notes History and Physical, dated 12/23/2024, the Physician Progress Notes History and Physical indicated, Resident 42 did not appear to have decision making capacity.</p> <p>During a review of Resident 42's Minimum Data Set (MDS -a resident assessment tool), dated 10/3/2024, the MDS indicated Resident 42 needed partial to moderate assistance from nursing staff with toileting, showering, dressing, and transferring. The MDS indicated Resident 42 needed nursing staff supervision or touching assistance with rolling from left to right, eating, oral hygiene, and personal hygiene. The MDS indicated Resident 42 did not attempt to walk due to medical condition or safety concerns.</p> <p>(continued on next page)</p> |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a concurrent interview and record review on 1/10/2025 at 11:12 a.m., with the Infection Preventionist (IP), Resident 42's Progress Notes, dated 12/30/2024 was reviewed. The Progress Note indicated, on 12/20/2024 Resident 42 had left facial pain of unclear etiology. The Progress Notes indicated, Resident 42 was being treated with Augmentin (amoxicillin/clavulanate- an antibiotic used to treat bacterial infections) 875-125 milligrams (mg-unit of measurement) one tablet by mouth every 12 hours for seven days just in case the cause of the pain was from dental or soft tissue. The Progress Notes indicated after being seen by the physician he was unable to differentiate if the pain was from a tooth, the jaw, or the cheek. IP stated Resident 42 had a bacterial infection and was prescribed amoxicillin to treat a bacterial infection. IP stated the McGeer criteria was not used, and the physician ordered Augmentin for seven days for symptoms of left facial pain. IP stated the McGeer determines if there was an actual infection for skin or soft tissue and is used to establish if infection was present. IP stated on 12/27/2024 Resident 42 was referred to the dentist but was not seen by the dentist due to being discharged from the facility. IP stated before antibiotics were given to residents an assessment should be done by the licensed nurse, the physician orders labs, and the results of the labs are reviewed by the doctor. IP stated she reviews the Loeb Minimum Criteria (a set of signs and symptoms that indicate a resident in long-term care may have an infection and could benefit from antibiotics) to see if the resident meets the criteria for antibiotics. IP stated Resident 42 did not have an assessment documented, and labs were not ordered. IP stated she did not check to see if Resident 42 met the Loeb Minimum Criteria. IP stated she was not aware Resident 42 was prescribed antibiotics. IP stated the licensed nurse who transcribed the order was supposed to notify the IP or put the order in the facility's communication board. IP stated when the McGeer criteria (set of guidelines used by healthcare providers in for long term care facilities to determine when a resident likely has a significant infection and needs antibiotics based on symptoms) or Loeb criteria was not used prior to antibiotic used, residents can become resistant to antibiotics, the resident could be taken antibiotics unnecessarily, or the resident could be taking the wrong antibiotic.</p> <p>During an interview on 1/10/2025 at 2:08 p.m., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated the McGeer criteria was a screening tool used before starting antibiotics. RNS 1 stated when an antibiotic order was received the licensed nurses always notify the IP of any antibiotics ordered. RNS 1 stated the IP needs to be notified for Antibiotic Stewardship to make sure the resident gets the right antibiotics. RNS 1 stated if Antibiotic Stewardship was not done the resident could develop resistance to the antibiotic and the resident will be hard to treat with antibiotic if the resident gets an infection.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Antibiotic Stewardship Program, date revised 6/2023, the P&P indicated, Nursing staff shall assess residents who are suspected to have an infection prior to notifying the physician. Laboratory testing shall be in accordance with current standards of practice. The facility uses the McGeer criteria to define infections. The Loeb Minimum Criteria may be used to determine whether to treat an infection with antibiotics. Prescriptions for antibiotics shall specify the dose. Duration, and indication for use. Whenever possible, narrow-spectrum antibiotics that are appropriate for the condition being treated shall be utilized.</p> | | |

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| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49889</p> <p>Based on interview and record review the facility failed to ensure two out of five sampled residents, Residents 42 and 71 were provided with education regarding the risk and benefits of refusing an influenza (Flu-a contagious respiratory illness), pneumonia (PNA-an infection of the lungs), Corona virus-19 (COVID 19 virus that causes fever and cough) vaccine (medication to prevent a particular disease).</p> <p>This failure violated the resident or responsible party's rights to make an informed decision and placed two residents at a higher risk of acquiring and transmitting the influenza, pneumonia and COVID19 to other vulnerable and immunocompromised (a weak immune system) residents in the facility.</p> <p>Findings:</p> <p>During a review of Resident 42's Admission Record, dated 1/10/2025, the Admission Record indicated, Resident 42 was admitted to the facility on [DATE] with diagnoses including hepatitis c (a viral infection of the liver that leads to illness and can be spread by contact with the contaminated blood), asthma (airways become inflamed), schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 42's Minimum Data Set (MDS- a resident assessment tool) dated 12/27/2024, the MDS indicated Resident 42's cognition (ability to think, understand, learn, and remember) was intact. The MDS indicated, Resident 42 needs partial/moderate assistance (helper does less than half the work) with her activities of daily living (ADL's- activities such as bathing, dressing, and toileting a person performs daily).</p> <p>During a review of Resident 42's History and Physical (H&P), dated 5/30/2024, the H&P indicated, Resident 42 does not appear to have decision making capacity.</p> <p>During a review of Resident 42's Immunization Informed Consent Record dated 12/20/2024, the immunization informed consent record indicated, Resident 42 refused PNA, COVID 19 and influenza vaccines.</p> <p>During a review of Resident 71's Admission Record dated 1/10/25 the Admission Record indicated Resident 71 was admitted to the facility on [DATE] with diagnoses including, osteomyelitis (inflammation of bone or bone marrow, usually due to infection), type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), morbid obesity (excessive body fat that increases the risk of health problems).</p> <p>During a review of Resident 71's MDS dated [DATE], the MDS indicated Resident 71 has moderate cognitive impairment. The MDS also indicated Resident 71 needs substantial/maximal assistance (helper does more than half the work) with her ADL's</p> <p>During a review of Resident 71's Immunization Informed Consent Record dated 12/29/2024, the Immunization Informed Consent Record indicated, Resident 71 refused the PNA, COVID 19 and influenza vaccines.</p> <p>(continued on next page)</p> | | |

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| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 1/10/2025 at 10:23 a.m., with the Infection Preventionist (IP), the IP stated that all residents are offered the influenza, PNA, and COVID 19 vaccines upon admission. The IP stated that after the vaccines were offered the nurses should document in the clinical record if the resident accepted or refused and that education was provided. The IP stated that it was important with these resident population that we make sure they were informed and educated on the risks and benefits of refusing vaccines. The IP stated that she could not find in the clinical record that Residents 42 or Resident 71 were educated on the risk and benefits of refusing the vaccines.</p> <p>During an interview on 1/10/2025 at 2:34 p.m. with the Director of Nursing (DON), the DON stated that when the resident refuses to get a vaccine the nurses should educate the resident on the risk and benefits of refusing and document in the clinical record, that the resident knows the importance of getting vaccinated. The DON stated she was aware that Resident's 42 and 71 did not have documentation of being educated of the risk and benefits of refusing the vaccine in the clinical record.</p> <p>During a review of the facility's policy and procedure (P&P) titled Infection Prevention and Control Program dated 10/22 the P&P indicated this facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines.</p> <p>1.Influenza and Pneumococcal Immunization:</p> <p>Residents will be offered the influenza vaccine each year between October 1 and March 31 unless contraindicated or received the vaccine elsewhere during that time. '</p> <p>Residents will be offered the pneumococcal vaccines recommended by the CDC upon admission, unless contraindicated or received the vaccines elsewhere.</p> <p>Education will be provided to the residents and/or representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines.</p> <p>Residents will have the opportunity to refuse the immunizations.</p> <p>Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations.</p> <p>2.COVID-19 Immunization:</p> <p>Residents and staff will be offered the COVID-19 vaccine when vaccine supplies are available to the facility.</p> <p>Residents and staff will be screened prior to offering the vaccination for prior immunization medical precautions and contraindications to determine candidacy for the vaccination. '</p> <p>Education about the vaccine, risks, benefits, and potential side effects will be given to residents or resident representatives and staff prior to offering the vaccine.</p> <p>(continued on next page)</p> | | |

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| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Residents or resident representatives will have the opportunity to accept or refuse a COVID-19 vaccination, and change their decision based on current guidance.</p> <p>Documentation will reflect the education provided and details regarding whether or not the resident or staff received the vaccine.</p> | | |