

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055952	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Torrance Care Center West, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 4333 Torrance Blvd Torrance, CA 90503	

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** 46144</p> <p>Based on observation, interview, and record review the facility failed to ensure one out of six Residents (Resident 12) was treated with dignity by having Resident 12 walk around the facility without proper shoes.</p> <p>This deficient practice of Resident 12 not wearing shoes had the potential for Resident 12 to experience loss of dignity and self-esteem.</p> <p>Findings:</p> <p>During a review of Resident 12's Admission Record (Face Sheet), the Face Sheet indicated Resident 12 was initially admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 12's diagnoses included schizoaffective disorder (mental health disorder condition that is marked with a mix of hallucinations, delusions, and mood disorder), bipolar disorder (mental illness that causes unusual shifts in mood), and chronic kidney disease (long-term kidneys are damaged and can't filter blood the way they should).</p> <p>During a review of Resident 12's History and Physical (H&P), dated 4/3/2024, the H&P indicated Resident 12 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 12's Minimum Data Set ([MDS] a comprehensive assessment and care-screening tool), dated 5/3/2024, the MDS indicated Resident 12 needed moderate assistance with dressing, putting on and taking off footwear, and personal hygiene.</p> <p>During an observation on 7/23/2024 at 11:00 a.m., Resident 12 was observed walking in the hallway wearing socks that were not non-slip.</p> <p>During an observation on 7/24/2024 at 8:00 a.m., Resident 12 was observed walking outside on the smoking patio without shoes.</p> <p>During a concurrent observation and interview on 7/24/2024 at 1:46 p.m. with Certified Nursing Assistant (CNA) 3, in the hallway, Resident 12 was observed walking in the hallway with no shoes and wearing slippery socks. CNA 3 stated Resident 12 was not wearing shoes and was wearing slippery socks. CNA 3 stated Resident 12 should have on shoes and it was a part of activity of daily living ([ADL] activities related to personal care including showering and dressing).</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/24/2024 at 2:00 p.m., with Licensed Nursing Assistant (LVN) 2, LVN 2 stated Resident 12 should be wearing shoes. LVN 2 stated Resident 12 needed reminders to put on shoes. LVN 2 stated the facility failed to make sure Resident 12 had on his shoes. LVN 2 stated it was important to have Resident 12 wear his shoes to help him feel like he was in a home like environment.</p> <p>During an interview on 7/24/2024 at 3:24 p.m., with the Director of Nursing (DON), the DON stated the facility had many issues with residents not wearing their shoes. The DON stated when the residents were not wearing shoes they were at high risk for falls. The DON stated it was the dignity of the residents to be able to wear shoes when walking around the facility.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Promoting/Maintaining Resident Dignity, undated, the P&P indicated, it is the practice of the facility protect and promote residents rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. The P&P indicated all staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. The P&P indicated to groom and dress residents according to resident preference.</p>

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</p> <p>Based on interview and record review, the facility failed to complete the Physician Orders for Life-Sustaining Treatment ((POLST) patients treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency) form was completed for one out six residents (Resident 125)</p> <p>This deficient practice of not having the POLST completed had the potential for Resident 125's wishes not to be carried out in the time of distress.</p> <p>Findings:</p> <p>During a review of Resident 125's Admission Record (Face Sheet), the Face Sheet indicated Resident 125 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 125's diagnoses included major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), neuralgia (a sharp, shocking pain that follows the path of a nerve and due to irritation or damage to the nerve), and pancreatitis (the swelling of the pancreas).</p> <p>During a review of Resident 125's History and Physical (H&P), dated 5/14/2024, the H&P indicated Resident 125 had the capacity to understand and make decisions.</p> <p>During a review of Resident 125's Minimum Data Set ([MDS] a comprehensive assessment and care-screening tool), dated 5/21/2024, the MDS indicated Resident 125 required moderate assistance with toileting hygiene, lower body dressing, and putting on/taking off footwear.</p> <p>During a concurrent interview and record review on 7/25/2024 at 10:03 a.m. with the Social Services Director (SSD), Resident 125's POLST, dated 11/18/2023 was reviewed. The POLST indicated, on 11/18/2023, Part D of the POLST was incomplete. The SSD stated the POLST was reviewed quarterly. The SSD stated it was important to complete the form if Resident 125 was to become incapacitated (helpless or powerless). The SSD stated the POLST was used as guide to carry out the wishes of the resident.</p> <p>During a concurrent interview and record review on 7/25/2024 at 10:03 a.m. with the Director of Nursing (DON), Resident 125's POLST, dated 11/18/2023 was reviewed. The DON stated the POLST was not completed. The DON stated the POLST form was reviewed quarterly by the SSD. The DON stated it was important the POLST was completed to make sure Resident 125 received the best care and Resident 125 wishes were carried out.</p> <p>During a review of the facility's policy and procedure (P&P) titled, POLST Policy and Procedure, date unknown, the P&P indicated the purpose of this policy is to define a process for skilled nursing facilities to follow when a resident is admitted with a POLST. The P&P indicated the policy also outlines procedures regarding the completion of a POLST form by a resident and the steps necessary when reviewing or revising a POLST form. The P&P indicated completion of a POLST form should reflect a process of careful decision-making by the resident.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled resident (Resident 237) was appropriately notified regarding the changes in their Medicare coverage through provision of Notice of Medicare Non-Coverage (NOMNC) form.</p> <p>This deficient practice had the potential to result in the responsible parties not being able to exercise their right to file an appeal.</p> <p>Findings:</p> <p>During a review of Resident 237's Face Sheet (Admission Record), indicated the facility originally admitted Resident 237 to the facility on [DATE] and was readmitted on [DATE] with diagnoses including paranoid schizophrenia (a type of psychosis that affects a person's thoughts and behavior), unspecified glaucoma (group of eye conditions that can cause blindness), and dysphagia (difficulty of swallowing).</p> <p>During a review of Resident 237's Minimum Data Set ([MDS] resident assessment and care screening tool), dated 6/19/2024, indicated Resident 237's cognitive (the ability to think and process information) skills for daily decision making was severely impaired. The MDS also indicated Resident 237 required set-up assistance (helper assists only prior to or following the activity) in eating, oral hygiene, and upper body dressing.</p> <p>During a concurrent interview and record review on 7/24/2024 at 11:05 a.m. with the Social Service Director (SSD), the NOMNC form of Resident 237 was reviewed. The SSD stated Resident 237's last covered day for Medicare Part A skilled services will end on 6/6/2024 and the NOMNC form was not signed indicating the resident and/or resident representative was not notified of the appeal process. The SSD stated she was responsible in completing, providing, and explaining the NOMNC to the resident or resident representative. The SSD stated the NOMNC form should be completed accurately with the signature of facility representative in order to become valid since this was a legal document. The SSD stated a risk was posed to the resident or by his representative by not providing the form and the resident not being able to appeal their coverage and the resident rights not being honored.</p> <p>During a review of the facility's policy and procedure (P&P), titled Advance Beneficiary Notice, undated, the P&P indicated, NOMNC shall be issued to the resident/representative when Medicare covered services are ending, no matter if resident is leaving the facility or remaining in the facility. The P&P also indicated if the notice cannot be hand-delivered, a telephone notice shall be made, followed up immediately with a mailed, emailed, faxed or hand delivered notice and documentation shall comply with form instructions regarding telephone notices.</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49862</p> <p>Based on interview and record review, the facility failed to implement behavioral modification and dementia care techniques prior to notifying the physician (MD) for one of three sampled residents (Resident 186).</p> <p>This failure had the potential to result in Resident 186's being inappropriately assessed and transferred to the GACH.</p> <p>Findings:</p> <p>During a review of Resident 186's Admission Record (Face Sheet), the Admission Record indicated Resident 186 was initially admitted to the facility on [DATE], and was readmitted to the facility on [DATE], with diagnoses including but not limited to Type 2 diabetes mellitus with hyperglycemia (high blood sugar), hypothyroidism (low thyroid hormones), and hypertensive heart disease without heart failure.</p> <p>During a review of Resident 186's MDS dated [DATE], the MDS indicated Resident 186's cognition was intact (resident has the capacity to understand and make decisions).</p> <p>During an interview with Certified Nursing Assistant (CNA) 3 on 7/26/24 at 10:42 a.m., CNA 3 stated Resident 186 was alert but sometimes confused. CNA 3 stated the resident verbalized wanting to go home with her son. CNA 3 stated the resident did not say bad words or attempt to hit. CNA 3 stated she received training on how to deal with a resident with behavioral issues.</p> <p>During a concurrent interview and record review with Licensed Vocational Nurse (LVN) 6 on 7/26/2024 at 10:55 a.m., LVN 6 stated Resident 186 was alert but confused with some behavior issues, with sad facial expression but no crying. LVN 6 stated the resident verbalized she wanted to call her son and leave. LVN 6 stated she wanted to call her son almost every day. During a review of Resident 186's nurses' notes dated 12/7/2023 indicated there were no documentation the resident was encouraged to call her son. LVN 6 stated in this case, the nurse should have called the supervisor or social worker to get them involved. LVN 6 stated if the resident was agitated for a few days, there should have been interventions with more encouragements because staff are trained to handle behavioral and difficult residents.</p> <p>During an interview and record review with the Director of Nursing (DON) on 7/26/2024 at 12:21 p.m., the DON stated she remembers when Resident 186 was sent out to the hospital. During a review of the resident's nurse's notes, the DON stated the nurse documentation was from a nurse who no longer worked at the facility. The DON stated there should have been more charting (documenting in the medical record) when the behavior started and what the nursing interventions were if the resident was agitated for a few days. The DON stated the nurse's notes was not clear whether the resident's son was called when the resident was agitated. The DON stated, the son should have been called in the first place. During a review of the facility's training on handling difficult residents the DON stated staff were trained based on the training log. The DON stated Resident 186's needs could have been met at the facility by staff calling the resident's son.</p> <p>(continued on next page)</p>		

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Transfer and Discharge, undated indicated, This facility complies with federal regulations to permit each resident to remain in the facility, and not transfer or discharge the resident from facility unless: 1. The transfer or discharge is necessary for the resident's welfare and the resident needs cannot be met in the facility.		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49862</p> <p>Based on interview and record review, the facility failed to ensure the Notice of Proposed Transfer/Discharge form was completed and sent to the Office of the State Long-Term Ombudsman (public advocate for residents in long-term care facilities) for one of one sampled residents (Resident 186) who was transferred to the general acute care hospital (GACH).</p> <p>This failure had the potential to result in Resident 186 being denied additional protection from being inappropriately discharged and access to an advocate who could inform them of their options and rights.</p> <p>Findings:</p> <p>During a review of Resident 186's Admission Record (Face Sheet), the Admission Record indicated Resident 186 was initially admitted to the facility on [DATE], and was readmitted to the facility on [DATE], with diagnoses including but not limited to Type 2 diabetes mellitus with hyperglycemia (high blood sugar), hypothyroidism (low thyroid hormones), and hypertensive heart disease without heart failure.</p> <p>During a review of Resident 186's MDS dated [DATE], the MDS indicated Resident 186's cognition was intact (resident has the capacity to understand and make decisions).</p> <p>During an interview with the Social Worker (SW) on 7/25/24 at 3:39 p.m., the SW stated when residents are transferred from the facility, social services will fax the transfer forms to the Ombudsman.</p> <p>During an interview with the Social Worker (SW) on 7/25/24 at 4:35 p.m., the SW stated the fax records to the Ombudsman for Resident 186 was not found.</p> <p>During an interview with the Director of nursing (DON) on 7/26/24 12:21 p.m., the DON stated the social worker completes all paperwork to be faxed to the ombudsman. The DON stated if MDS data was not accurate regarding transfer, continuity of care could be lost and tracing where the resident went was important.</p> <p>During an interview with Administrator (ADM) on 7/26/24 at 3:46 p.m., the ADM stated, the notice of transfer and discharge is filled out by nursing and signed by the resident being discharged . The ADM stated the facility practice was to try to send to the Ombudsman the following day. The ADM stated sending the transfer and discharge to the Ombudsman was to ensure the Ombudsman were informed because residents may have complaints about improper discharge.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Transfer and Discharge, undated indicated, A copy of the Notice shall be provided to the office of the State Long-term care Ombudsman.</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49862</p> <p>Based on interview and record review, the facility failed to ensure one of three closed record sampled residents' (Resident 186) discharge status on the Minimum Data Set ([MDS], a resident care and screening assessment tool) was encoded correctly.</p> <p>This deficient practice resulted in incorrect data transmitted to Centers for Medicare and Medicaid Services (CMS) and had the potential to affect continuity of care.</p> <p>Findings:</p> <p>During a review of Resident 186's Admission Record (Face Sheet), the Admission Record indicated Resident 186 was initially admitted to the facility on [DATE], and was readmitted to the facility on [DATE], with diagnoses including but not limited to Type 2 diabetes mellitus with hyperglycemia (high blood sugar), hypothyroidism (low thyroid hormones), and hypertensive heart disease without heart failure.</p> <p>During a review of Resident 186's MDS dated [DATE], the MDS indicated Resident 186's cognition was intact (resident has the capacity to understand and make decisions). The MDS section A indicated Resident 186 was transferred to a hospital.</p> <p>During an interview and concurrent record review with the Minimum Data Set (MDS) nurse on 7/25/24 4:21 p. m., the MDS nurse stated she assists with completing the residents' MDS and transmits them to CMS. Reviewing Resident 186's MDS dated [DATE] the MDS nurse stated, there was a wrong entry on the MDS section A under discharge status. The MDS nurse stated Resident 186 was supposed to be discharged home or community, but the code used was for transfer to hospital. The MDS nurse stated when the coding was wrong, the facility will not know where the resident went and there will not have continuation of care. The MDS nurse stated CMS uses quality measures to track discharges, and it is important to CMS to transfer resident to the community.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</p> <p>Based on interview and record review, the facility failed to ensure one out six sampled residents (Resident 126) had a complete dental assessment upon admission.</p> <p>This deficient practice of not completing the dental assessment had the potential of Resident 126 to not receive good and services.</p> <p>Findings:</p> <p>During a review of Resident 126's Admission Record (Face Sheet), the Face Sheet indicated Resident 126 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 126's diagnoses included major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), schizoaffective disorder (mental health disorder condition that is marked with a mix of hallucinations, delusions, and mood disorder), oropharyngeal dysphagia (swallowing problems occurring in the mouth and the throat).</p> <p>During a review of Resident 126's History and Physical (H&P), dated 7/1/2024, the H&P indicated, Resident 126 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 126's Minimum Data Set ([MDS] a comprehensive assessment and care-screening tool), dated 7/1/2024, the MDS indicated, Resident 126's activities of daily living (ADL) was moderate assistance with toileting hygiene, lower body dressing, and putting on/taking off footwear.</p> <p>During a concurrent interview and record review on 7/25/2024 at 3:30 p.m. with Registered Nurse (RN) 1, Resident 126's Oral/Dental Assessment, dated 7/1/2024 and 4/12/2024 was reviewed. The Oral/Dental Assessment indicated, on 7/1/2024 assessment questions were incomplete there were no check marks to verify if Resident 126 was able to function without dentures and if the resident wanted dentures made. RN 1 stated the Dental Assessment was not completed. RN 1 stated dentures would allow Resident 126 to be able to chew his food. RN 1 we failed to give the opportunity for Resident 126 to decide if he wanted dentures are not.</p> <p>During a concurrent interview and record review on 7/25/2024 at 4:15 p.m. with Director of Nursing (DON), Resident 126's Oral/Dental Assessment, dated 7/1/2024 and 4/12/2024 was reviewed. The Oral/Dental Assessment indicated, on 7/1/2024 assessment questions were incomplete and there were no check marks to verify if Resident 126 was able to function without dentures and whether or not the resident wanted dentures made. The DON stated upon admission, the Oral/Dental Assessment questions were reviewed with the residents. The DON stated Resident 126's Dental Assessment was incomplete. The DON stated the purpose of the Dental Assessment was to make sure Resident 126 was screened for dentures. The DON stated not completing the Dental Assessment placed Resident 126 at risk for not being able to get the full nutrition when chewing food.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>50379</p> <p>Based on interview and record review, the facility failed to complete and transmit one of three residents (Resident 132) Preadmission Screening and Resident Review ([PASARR] an evaluation that determines whether an individual has mental illness and selects the appropriate services for the individual) Level II.</p> <p>This failure had the potential to result in Resident 132 not receiving specialized services for mental illness.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 7/25/2024 at 3:40 p.m. with Registered Nurse (RN) 1, Resident 132's Preadmission Screening and Resident Review (PASARR) Level I Screening, dated 5/1/2024 was reviewed. Resident 132's PASARR Level I Screening indicated the need for a PASARR Level II Screening due to Resident 132's suspected mental illness. RN 1 stated that the PASARR Level II Screening was not completed. RN 1 stated that the PASARR Level II Screening was required for Resident 132 but was not performed.</p> <p>During an interview on 7/26/2024 at 12:40 p.m. with the Director of Nursing (DON), the DON stated if a PASARR Level II Screening was required, the PASARR Level II Screening should be completed prior to admission to the facility. The DON stated that the admitting RN was responsible for following up on incomplete PASARR Screenings. The DON stated residents will not receive correct services for their mental illness and could be admitted to a facility that was unable to care for the resident.</p> <p>During a review of Resident 132's General Acute Care Hospital (GACH) Psychiatric Evaluation dated 4/23/2024, indicated Resident 132's diagnoses included schizophrenia (mental illness that affects how a person thinks, feels, and behaves) and schizoaffective bipolar disorder (a mental illness that causes periods of intense happiness and sadness).</p> <p>During review of the facility's policy titled, Resident Assessment - Coordination with PASARR Program, undated, the policy indicated All individuals with a mental disorder or intellectual disability who apply for admission to this facility will be screened in accordance with the State's Medicaid rule for screening. The policy also indicated Any resident who exhibits a newly evident or possibly serious mental disorder, intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability authority for additional resident review.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 49131</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement an individualized care plan with measurable objectives, timeframes, and interventions for three out of 36 sampled residents (Resident 61, 6 and 139).</p> <p>a. For Resident 61 with bilateral bed rails (a rail attached to the side of the bed to prevent someone from falling out of the bed or to help in movement).</p> <p>b. For Resident 6 who was a smoker.</p> <p>c. For Resident 139 who refused dental services.</p> <p>These failures had the potential to negatively affect the delivery of necessary care and services for Resident 61,6 and 139.</p> <p>Findings:</p> <p>a. During a concurrent observation and interview on 7/24/2024 at 1:22 p.m., in Resident 61's room, observed Resident 61 had bilateral bed rails up. Resident 61 stated he liked to have the bed rails because he can use it to prop his arm or move a little in bed.</p> <p>During a review of Resident 61's Admission Record (Face Sheet), the Admission Record indicated Resident 61 was readmitted to the facility on [DATE] with diagnoses including hemiplegia (a condition that causes paralysis or weakness on one side of the body), and cerebrovascular disease (variety of medical condition that affect the blood vessels of the brain).</p> <p>During a review of Resident 61's Minimum Data Set ([MDS]- a standardized assessment and care screening tool), dated 5/13/2024, the MDS indicated Resident 61 was cognitively intact (ability to reason, understand, remember, judge, and learn) and did not use bed rails.</p> <p>During an interview on 7/24/2024 at 1:44 p.m., Licensed Vocational Nurse (LVN) 3 stated Resident 61 had bilateral bed rails currently in use. LVN 3 stated for residents who want or need a bed rail, the staff must complete a device assessment to determine if it was appropriate for the resident to use, they must also have a doctor's order for the use of the bed rail and they must also have a signed consent for the use of bed rails. LVN 3 further stated there needs to be a care plan in place for residents who have a bed rail in use.</p> <p>During a concurrent interview and record review on 7/24/2024 at 1:51 p.m., with LVN 3, Resident 61's medical records (medical chart) was reviewed. Resident 61's medical record did not have a care plan for the use of bed rails. LVN 3 stated it was important to have a care plan for the bed rails because it helps staff know the proper care and education to provide to the resident.</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 - Few</p>	<p>During a review of facility's policy and procedure (P&P), titled Proper Use of Siderails, undated, indicated the use of side rails as an assistive device will be addressed in the residents' care plan.</p> <p>During a review of the facility's P&P, titled Comprehensive Care Plans, undated, indicated the comprehensive care plan will describe the services that are provided to achieve or maintain the residents' highest practicable (able to be done) physical, mental, and psychosocial well-being.</p> <p>48712</p> <p>b. During a review of Resident 6's Admission Record (Face Sheet) indicated Resident 6 was admitted to the facility on [DATE] with diagnoses including dementia (loss of thinking, remembering, and reasoning), schizophrenia (mental illness that affects how a person thinks and behaves), and seizures.</p> <p>During a review of Resident 6's History and Physical (H&P), dated 3/26/2024, indicated Resident 6 had the capacity to understand and make decisions.</p> <p>During an interview on 7/26/2024 at 9:05 a.m. with the Director of Nursing (DON), the DON stated it was important to develop a comprehensive care plan for residents who smokes so staff can better manage their care and keep them safe. The DON stated if there was no care plan facility staff will not know how to care for the resident to prevent injury.</p> <p>During an interview on 7/26/2024 at 9:27 a.m. with Treatment Nurse (TN) 1, TN1 stated if there was no care plan you do not have something to follow to provide care for the resident. Care plan was a form of communication, so staff were aware of what needs to be done. TN 1 stated if there was no care plan for a smoker they can be injured because there were no interventions.</p> <p>During a review of the facility's P&P titled, Resident Smoking, (undated), the P&P indicated all safe smoking measures will be documented on each resident's care plan. The P&P indicated a resident will be allowed to smoke in accordance with his/her care plan.</p> <p>During a review of the Resident 6's Resident Smoking Assessment Form, dated 6/6/2024, indicated staff will update the residents care plan according to information obtained during the assessment.</p> <p>46144</p> <p>c. During a review of Resident 139's Admission Record (Face Sheet), the Face Sheet indicated Resident 139 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions), major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), and prostatic hyperplasia (a condition in men which the prostate gland is enlarged).</p> <p>During a review of Resident 139's H&P, dated 7/11/2024, the H&P indicated, Resident 139 has fluctuating capacity to understand and make decisions.</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 - Few</p>	<p>During a review of Resident 139's MDS, dated [DATE], the MDS indicated, Resident 139 needed moderate assistance with activities of daily living (ADL) with dressing, putting on and taking off footwear, and personal hygiene.</p> <p>During a record review of Onsite Skilled Dental Care, dated 10/25/2023 indicated on 10/25/2023 treatment recommendation for Resident 139 to provide new dentures/partials.</p> <p>During a concurrent interview and record review on 7/24/2024 at 3:11 p.m. with the DON Onsite Skilled Dental Care, dated 12/18/2023 was reviewed. The Onsite Skilled Dental Care indicated on 12/18/2023 Resident 139 refused treatment recommendation and to follow-up per request for Resident 139 to provide new dentures/partials. The DON stated Resident 139 initially had a recommendation of treatment for dentures/partials. The DON stated on 12/18/2023 a care plan should have been developed when Resident 139 refused to have the dentures. The DON stated there was a breakdown in communication in creating a care plan for Resident 139. The DON stated Resident 139 was at risk for weight loss and not being able to chew food well. The DON stated care plan can be used as a guide to evaluate the care for the resident.</p> <p>During a concurrent interview and record review on 7/24/2024 at 3:11 p.m. with Registered Nurse (RN) 1 Onsite Skilled Dental Care, dated 12/18/2023 was reviewed. The Onsite Skilled Dental Care indicated on 12/18/2023 Resident 139 refused treatment recommendation and to follow-up per request for Resident 139 to provide new dentures/partials. RN 1 stated a care plan should have been developed when Resident 139 refuse dental services. RN 1 stated the care plan should include the risk for not having the dentures and the benefits for having dentures. RN 1 stated the care plan would guide the nurses in managing Resident 139 not having dentures.</p> <p>During a review of the facility's P&P titled, Provision of Quality Care, date unknown, the P&P indicated, Based on comprehensive assessments, the facility will ensure that residents receive treatment and care by qualified persons in accordance with professional standards of practice .the comprehensive person-centered care plans will be developed for each resident . Interventions on the care plan will be clearly identified.</p>

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</p> <p>Based on observation, interview, and record review the facility failed to ensure one out of six Residents (Resident 12) had a revised care plan for not wearing shoes to prevent falls.</p> <p>This deficient practice of not revising a care plan for not wearing shoes with Resident 12 place the Resident 12 at risk falls.</p> <p>Findings:</p> <p>During a review of Resident 12's Admission Record (Face Sheet), the Face Sheet indicated Resident 12 was initially admitted to the facility on [DATE] and was readmitted on [DATE]. Resident 12's diagnoses included schizoaffective disorder (mental health disorder condition that is marked with a mix of hallucinations, delusions, and mood disorder), bipolar disorder (mental illness that causes unusual shifts in mood), and chronic kidney disease (long-term kidneys are damaged and can't filter blood the way they should).</p> <p>During a review of Resident 12's History and Physical (H&P), dated 4/3/2024, the H&P indicated Resident 12 has fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 12's Minimum Data Set ([MDS] a comprehensive assessment and care-screening tool), dated 5/3/2024, the MDS indicated Resident 12, needed moderate assistance with activities of daily living (ADL) with dressing, putting on and taking off footwear, and personal hygiene.</p> <p>During a concurrent interview and record review on 7/24/2024 at 2:00 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 12's Resident Care Plan at Risk for Falls/Injuries, dated 4/3/2024 was reviewed. The Care Plan indicated, on 4/3/2024 Resident 12 was at risk for falls and injuries due to chronic /condition makes unstable. LVN 2 stated the Care Plan at Risk for Falls/ Injuries was not revised to encourage Resident 12 to put on shoes while walking in the facility. LVN 2 stated Resident 12 was redirectable and needed regular reminders to put on shoes. LVN 2 it was important to revise the care plan, so the staff is on the same kind of understanding about Resident 12 not wearing his shoes consistently.</p> <p>During a concurrent interview and record review on 7/24/2024 at 2:00 p.m. with Director of Nursing (DON), Resident 12's Resident Care Plan at Risk for Falls/Injuries, dated 4/3/2024 was reviewed. The Care Plan indicated, on 4/3/2024 Resident 12 was at risk for falls and injuries due to chronic /condition makes unstable. The DON stated Resident 12 refuses to wear his shoes. The DON stated Resident 12 Care Plan at Risk for Falls/Injuries should have been revised to due to his refusal to have on his shoes. The DON stated the Care Plan for Falls should have included to redirect and explain the importance of wearing shoes for Resident 12.</p> <p>(continued on next page)</p>		

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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>During a review of the facility's policy and procedure (P&P) titled, Promoting/Maintaining Resident Dignity, date unknown, the P&P indicated, It is the practice of this facility protect and promote residents rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality . Interview results will be documented; the provision of care and care plans will be revised based on information obtained from resident interviews.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712</p> <p>Based on observation, interview, and record review, the facility failed to ensure 5 of 5 sampled residents (Residents 6, 117, 122, 141, and 157) who were smokers, had an environment free of accident hazards (risk), by failing to:</p> <ol style="list-style-type: none"> 1. Implement guidance from the Resident Smoking Assessment Form which indicated all residents' smoking materials and paraphernalia must be safely stored by facility staff. 2. Ensure Residents 6, 141, 122, 157, and 117 were not in possession of smoking materials (cigarettes and lighters). 3. Provide supervision while smoking for Residents 141, 157, and 117 identified as unsafe smokers. 4. Follow its policy and procedure (P&P) titled, Accidents and Supervision, which indicated staff will observe and identify potential hazards in the environment. 5. Follow its it P&P titled Resident Smoking, which indicated, smoking materials of residents requiring supervision with smoking, will be maintained by nursing staff . <p>These deficient practices had the potential for Residents 6, 141, 122, 157, and 117 to turn on the lighters, cause a fire that could affect the health, safety, and wellbeing of all 118 residents in the facility, staff and visitors and result in serious injuries, hospitalization , and death.</p> <p>On 7/25/2024 at 5:09 p.m., an Immediate Jeopardy ([IJ] a situation in which the facility's noncompliance with one or more requirements of participation had caused, or is likely to cause serious injury, harm, impairment, or death to a resident) was called in the presence of the Administrator (ADM) and the Director of Nursing (DON) due to the facility failing to supervise smoking activities for Residents 141, 157, and 117. The facility also failed to safely secure store lighters and cigarettes.</p> <p>On 7/26/2024 at 4:51 p.m., the IJ was removed after review of the IJ Removal Plan ([IJRP]a plan with interventions to correct the deficient practice) was reviewed and deemed acceptable through observations, interview, and record review.</p> <p>The IJRP included the following immediate actions:</p> <ol style="list-style-type: none"> 1. On 7/25/2024 at 8:00 p.m., smoking assessments and care plans for all smoking residents were reviewed to address physical, cognitive, and medical diagnoses affecting to ability to smoke safely. 2. A dedicated staff and reliever were assigned and in-serviced on 7/25/2024 at 8:30 p.m. 3. Met with Residents 157, 117, 141, and 122 on 7/25/2024 at 8:00 p.m. for acknowledgement of the smoking policy. <p>a. Ensured smoking residents did not have smoking paraphernalia (items to perform a specific task).</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>b. Residents 122, 141 gave up their lighters.</p> <p>4. Facility did a sweep of all residents to ensure smokers were identified.</p> <p>5. On 7/25/2024 at 9:00 p.m. all staff in-serviced on the facility policy for resident smoking.</p> <p>a. Dedicated smoking monitors identified for cover smoking schedule.</p> <p>6. Corrective action will be monitored.</p> <p>a. Smoking care plans will be reviewed upon admission and quarterly to ensure interventions have been implemented.</p> <p>b. The DON will complete random weekly chart audits for four weeks for accuracy of assessment and care plan.</p> <p>c. Plan of correction will be monitored at monthly quality assurance meeting for the next six months.</p> <p>Findings:</p> <p>a. During a review of Resident 6's Admission Record (Face Sheet), the Face Sheet indicated Resident 6 was admitted to the facility on [DATE] with diagnoses that included dementia (loss of thinking, remembering, and reasoning), schizophrenia (mental illness that affects how a person thinks and behaves), and seizures (abnormal activity in the brain).</p> <p>During a review of Resident 6's History and Physical (H&P), dated 3/26/2024, the H&P indicated Resident 6 had the capacity to understand and make decisions.</p> <p>During a review of Resident 6's Resident Smoking Assessment Form, dated 6/6/2024, the Resident Smoking Assessment form indicated Resident 6 was not able to light a cigarette safely with a lighter and not able to use an ashtray safely. The Resident Smoking Assessment Form indicated Resident 6 was not able to extinguish a cigarette safely and completely. The Resident Smoking Assessment Form indicated Resident 6 was an unsafe smoker and must be supervised at all times when smoking.</p> <p>During a review of Resident 6's cognitive (thinking, reasoning) loss care plan, dated 3/27/2024, the care plan indicated Resident 6 had periods of forgetfulness.</p> <p>During a review of Resident 6's occupational therapy (therapy focused on abilities for daily activities) care plan, dated 3/27/2024, the care plan indicated Resident 6 had impaired strength to bilateral upper extremities.</p> <p>During a concurrent observation and interview on 7/24/24 at 3:00 p.m. at the bedside of Resident 6, Resident 6 was observed lifting the seat on his rollator walker (a four-wheeled walker with handlebars and a built-in seat) revealing the cigarettes and lighter in his possession. Resident 6 stated he always kept his own cigarettes and lighter. Resident 6 stated the facility staff did not tell him about the smoking policy. Resident 6 stated the staff was aware he had a lighter.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>b. During a review of Resident 141's Face Sheet, the Face Sheet indicated Resident 141 was admitted to the facility on [DATE] with diagnoses that included deformity of fingers and hand, lack of coordination, and seizures.</p> <p>During a review of Resident 141's H&P, dated 7/11/2024, the H&P indicated Resident 141 had the capacity to understand and make decisions.</p> <p>During a review of Resident 141's Resident Smoking Assessment Form, dated 7/9/2024, the Resident Smoking Assessment Form indicated Resident 141 was not able to light a cigarette safely with a lighter and was not a safe smoker. The smoking assessment indicated Resident 141 was not able to use an ashtray safely or extinguish a cigarette safely and completely. The assessment indicated Resident 141 must be supervised at all times and wear a protective apron when smoking.</p> <p>During a review of Resident 141's smoking care plan, dated 7/9/2024, the care plan indicated Resident 141 was an impaired smoker and needed constant supervision with protective gear. The care plan indicated the facility would provide Resident 141 with constant supervision while smoking.</p> <p>During a review of Resident 141's occupational therapy care plan, dated 7/10/2024, the care plan indicated Resident 141 had impaired strength to the bilateral upper extremities.</p> <p>During a concurrent observation and interview on 7/24/2024 at 2:53 p.m. with Resident 141 on the smoking patio, Resident 141 was smoking unmonitored by staff. Resident 141 stated staff were aware she had cigarettes and a lighter in her possession. Resident 141 stated the facility never told her about the smoking policy. Resident 141 showed the surveyor her lighter.</p> <p>c. During a review of Resident 122's Face Sheet, the Face Sheet indicated Resident 122 was admitted to the facility on [DATE] with diagnoses that included schizophrenia, heart failure (heart doesn't work as well as it should), and kidney disease (damage to the kidney).</p> <p>During a review of Resident 122's H&P, dated 1/8/2024, the H&P indicated Resident 122 had the capacity to make decisions for activities of daily living.</p> <p>During a review of Resident 122's Resident Smoking Assessment Form, dated 5/31/2024, the Resident Smoking Assessment Form indicated Resident 122 was not able to light a cigarette safely with a lighter. The Resident Smoking Assessment Form indicated Resident 122 was an unsafe smoker and must be supervised at all times when smoking.</p> <p>During a review of Resident 122's smoking care plan, dated 1/8/2024, the care plan indicated Resident 122 may smoke under supervision. The care plan indicated the facility would observe Resident 122 for unsafe smoking behaviors/practices and supervise Resident 122 based on the Smoking Assessment. The care plan indicated the facility would store smoking and incendiary-related (devices designed to cause fire) material per the facility policy.</p> <p>During an observation on 7/24/2024 at 4:42 p.m. in the room of Resident 122, Resident 122 was observed with three cigarettes and two lighters in his bedside drawer.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 7/25/2024 at 8:52 a.m. with LVN 4, at Resident 122's bedside, Resident 122 was observed with one cigarette in his bedside drawer. LVN 4 stated cigarettes should not be in the drawer. LVN 4 stated cigarettes were stored at the receptionist's desk and staff monitor for lighters. LVN 4 stated a resident could start a fire and everyone's safety is in jeopardy.</p> <p>d. During a review of Resident 157's Face Sheet, the Face sheet indicated Resident 157 was admitted to the facility on [DATE] with diagnoses that included schizophrenia, dementia, and diabetes (abnormal blood sugar).</p> <p>During a review of Resident 157's H&P, dated 2/5/2024, the H&P indicated Resident 157 had the capacity to understand and make decisions.</p> <p>During a review of Resident 157's Resident Smoking Assessment Form, dated 7/23/2024, the Resident Smoking Assessment Form indicated Resident 157 was not able to use an ashtray safely and not able to extinguish a cigarette safely and completely. The assessment indicated Resident 157 was an unsafe smoker and must be supervised at all times when smoking.</p> <p>During a review of Resident 157's smoking care plan, dated 2/5/2024, the care plan indicated Resident 157 may smoke under supervision. The care plan indicated the facility would observe resident for unsafe smoking behaviors/practices and would supervise Resident 157 per the smoking assessment. The care plan indicated the facility would store smoking and incendiary-related material per facility policy.</p> <p>During a review of Resident 157's cognitive loss care plan, dated 2/5/2024, the care plan indicated Resident 157 had periods of confusion.</p> <p>During a review of Resident 157's occupational therapy care plan, dated 2/6/2024, the care plan indicated Resident 157 had impaired strength to the bilateral upper extremities.</p> <p>During an observation on 7/24/2024 at 2:39 p.m., Resident 157 was observed on the smoking patio. Resident 157 handed Resident 117 a cigarette. There were no facility staff observed on the smoking patio at that time.</p> <p>During a concurrent observation and interview on 7/24/2024 at 2:44 p.m. with LVN 3 in the hallway outside the smoking patio, LVN 3 and the surveyor observed Resident 157 was observed in the smoking patio. stand Resident 157 stood up from a chair and lit a cigarette for Resident 117. LVN 3 stated, he (Resident 157) had a lighter. LVN 3 stated Resident 157 should not have a lighter because it was a risk for fire and there was no one monitoring him. LVN 3 stated Resident 157 could have started a fire in the facility if there was a resident on oxygen in the patio area.</p> <p>e. During a review of Resident 117's Face Sheet, the Face Sheet indicated Resident 117 was admitted to the facility on [DATE] with diagnoses that included left hemiplegia (unable to move one side of the body), heart failure, and left above the knee amputation (removal of a body part).</p> <p>During a review of Resident 117's H&P, dated 9/8/2023, the H&P indicated Resident 117 had the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 117's Resident Smoking Assessment Form, dated 4/22/2024, the Resident Smoking Assessment Form indicated Resident 117 was not able to light a cigarette safely with a lighter, was not able to use an ashtray safely, and was not able to extinguish a cigarette safely and completely. The assessment indicated Resident 117 was an unsafe smoker and must be supervised at all times when smoking.</p> <p>During a review of Resident 117's smoking care plan, dated 9/8/2023, the care plan indicated Resident 117 needed observation while smoking. The care plan indicated the facility would provide Resident 117 with observation while smoking.</p> <p>During a concurrent observation and interview on 7/24/2024 at 2:39 p.m. with Resident 117, on the smoking patio, Resident 117 stated she kept her own cigarettes. Resident 117 stated she was told she could not have a lighter in her possession, but the staff never asked if she had a lighter.</p> <p>During a concurrent observation and interview on 7/24/2024 at 2:50 p.m. with Certified Nursing Assistant (CNA) 1, in the smoking patio, Resident 117 and Resident 157 was observed actively smoking on the smoking patio and CNA1 stated he had to go answer a call light and was observed leaving the smoking patio. Resident 117 and Resident 157 were observed unmonitored on the smoking patio. CNA 1 stated when he entered the patio no one was monitoring the residents smoking. CNA 1 stated the facility's policy indicated a staff must always monitor residents while smoking.</p> <p>During a concurrent observation and interview on 7/24/2024 at 2:54 p.m. with Activity Assistant (AA) 1, AA 1 was observed checking the pockets of Resident 157 and found cigarettes but did not take the cigarettes. Resident 117 was observed pulling out her lighter for the surveyor to view but AA 1 did not take Resident 117's lighter. AA 1 stated someone must monitor the residents while they smoke to ensure no one burns their clothes. AA 1 stated if no one was monitoring the residents they may get burned. AA 1 stated a staff member should also monitor the patio to make sure residents did not leave through the gate. AA 1 stated some residents kept their own cigarettes and lighters in their possession.</p> <p>During an interview on 7/25/2024 at 9:41 a.m. with AA 1, AA 1 stated cigarettes and lighters should be kept in a locked box at the receptionist's desk where residents did not have access to it. AA 1 stated some residents keep their own cigarettes and lighters in their possession. AA 1 stated Resident 141, Resident 6, and Resident 122 had smoking items in their possession and were not allowed to keep smoking items. AA 1 stated he did not take away smoking items because the residents would be upset. AA 1 stated the residents needed to be monitored to avoid burns.</p> <p>During an interview on 7/26/2024 at 9:05 a.m. with the Director of Nursing (DON), the DON stated per the facility's policy, residents must be supervised at all times while smoking. The DON stated residents must be supervised because there was a risk for burns or injury because some residents were forgetful. The DON stated staff must provide and light the cigarette for the residents. The DON stated residents' personal cigarettes were kept in a locked box at the receptionist's desk should not have cigarettes or lighters in their possession. The DON stated upon admission smokers were assessed using the Resident Smoking Assessment Form to determine if they were safe to smoke.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the facility policy and procedure (P&P) titled, Resident Smoking, (undated), the P&P indicated residents who smoke would be assessed using the Resident Smoking Assessment to determine whether or not supervision was required when smoking, or if the resident was safe to smoke at all. The P&P indicated smoking materials of residents requiring supervision with smoking would be maintained by nursing staff.</p> <p>During a review of the facility P&P titled, Accidents and Supervision, (undated), indicated the resident would receive adequate supervision to prevent accidents. The P&P indicated all staff were to be involved in observing and identifying potential hazards in the environment.</p> <p>During a review of the facility's Resident Smoking Assessment Form, (undated) indicated for safety reasons, residents may not store cigarettes, lighters, or any smoking materials at the bedside, in their bedside stand, in their closets or in any drawers in their room. The Resident Smoking Assessment Form indicated for everyone's safety, any and all smoking materials and paraphernalia must be safely stored by facility staff.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to ensure resident urinary output (amount of urine and fluid a person excrete) was monitored for one of two sampled residents (Resident 31) who had an indwelling foley catheter (a flexible plastic tube inserted into the bladder to provide continuous urinary drainage) as indicated in the plan of care and physician's order.</p> <p>This deficient practice had the potential to result in urinary retention (inability to urinate) and delayed identification of urinary tract infection ([UTI] an infection that can occur in any part of the urinary system, kidneys, bladder, ureter, or urethra).</p> <p>Findings:</p> <p>During a review of Resident 31's Face Sheet (Admission Record), the Face Sheet indicated Resident 31 was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including obstructive uropathy (a urinary tract disorder that occurs when urine flow is blocked), benign prostatic hyperplasia (a condition in which the prostate gland becomes very enlarged and may cause problems associated with urination), and chronic kidney disease (progressive damage and loss of function in the kidneys).</p> <p>During a review of Resident 31's History and Physical (H&P), dated 5/25/2024, the H&P indicated, Resident 31 was able to make needs known and make decisions.</p> <p>During a review of Resident 31's Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 5/4/2024, the MDS indicated Resident 31 need moderate assistance (helper does less than half the effort) in eating and oral hygiene. The MDS also indicated Resident 31 had an indwelling catheter.</p> <p>During a review of Resident 31's Physician Orders, dated 4/27/2024, the Physician Orders indicated, to monitor Resident 31's output every shift (7 a.m. to 3p.m., 3p.m. to 11p.m., and 11p.m. to 7a.m.) and record for 30 days.</p> <p>During a review of Resident 31's care plan for indwelling catheter, dated 4/27/2024, indicated Resident 31's foley catheter will continue to be functional without developing problems such as UTI and urinary retention. The care plan interventions including to assess and record Resident 31's intake (measurement of a patient's fluid intake by mouth, feeding tube, or intravenous catheters) and output.</p> <p>During a concurrent interview and record review on 7/25/2024 at 2:35 p.m. with Treatment Nurse (TN 1), Resident 31's Treatment Records for the month of April and May 2024 were reviewed. TN 1 stated there were no documentation Resident 31's output was assessed and monitored for 30 days after it was ordered on 4/27/2024. TN 1 stated it was the facility's policy to monitor and record intake and output every shift for 30 days for all residents with indwelling foley catheter.</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>During an interview on 7/25/2024 at 2:42 p.m. with the Director of Nursing (DON), the DON stated it was important to monitor the output of resident with indwelling foley catheter to make sure he was not retaining any urine which could lead to UTI. The DON stated Resident 31 was a high risk to develop UTI due to presence of indwelling foley catheter. The DON stated if the UTI was not detected early it could lead to sepsis (life threatening medical emergency that occurs when the body's immune system has an extreme response to an infection or injury) that would require hospitalization .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Urinary Catheter Care, undated, the P&P indicated, The purpose of the procedure is to prevent catheter-associated urinary tract infection by maintaining an accurate record of the resident's daily output.</p> <p>During a review of the facility's P&P titled, Measuring and Recording Output, undated, the P&P indicated, The date and time the resident's urine output was measured and recorded should be documented in the resident's medical record.</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 49131</p> <p>Based on observation, interview, and record review, the facility failed to ensure appropriate use of bed rails (are adjustable metal or rigid plastic bars that attach to the bed) for one of 36 sampled residents (Resident 61), as indicated in the facility's policy and procedure by failing to:</p> <ol style="list-style-type: none"> 1. Complete a siderail assessment per facility's policy and procedure. 2. Ensure Resident 61 had a physician order for the use of bed rails. 3. Ensure Resident 61 had a signed consent for the use of bilateral siderails. 4. Implement a care plan for the use of bedrails. <p>These deficient practices had the potential to physical harm from possible entrapment (when a person is trapped by the bed rail in a position they cannot move from) from the use of bed rails for Resident 61.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 7/24/2024 at 1:22 p.m., in Resident 61's room, Resident 61 had bilateral bed rails up. Resident 61 stated he liked to have the bed rails because he can use it to prop his arm or move a little in bed.</p> <p>During a review of Resident 61's Admission Record, the Admission Record indicated Resident 61 was readmitted to the facility on [DATE] with diagnoses including hemiplegia (a condition that causes paralysis or weakness on one side of the body), and cerebrovascular disease (variety of medical condition that affect the blood vessels of the brain).</p> <p>During a review of Resident 61's Minimum Data Set (MDS-standardized assessment and care screening tool), dated 5/13/2024, the MDS indicated Resident 61 was cognitively intact (ability to reason, understand, remember, judge, and learn) and did not use bed rails.</p> <p>During an interview on 7/24/2024 at 1:44 p.m., Licensed Vocational Nurse (LVN) 3 stated Resident 61 had bilateral bed rails currently in use for positioning. LVN 3 stated for residents who want or need a bed rail, they must complete a device assessment to determine if it was appropriate for the resident to use, they must also have a doctor order for the use of the bed rail and they must also have a signed consent for the use of bed rails. LVN 3 further stated there should be a care plan in place for those who have a bed rail in use.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 7/24/2024 at 1:51 p.m., with LVN 3, Resident 61's medical records (medical chart) was reviewed. Resident 61's medical record did not have a device assessment done, did not have a physician order for the use of bed rails, and did not have a physician's order for the use of bed rails. LVN 3 stated it was important to have a device assessment done because it can be a danger for certain residents because they can be trapped in between the bed rails and the bed. LVN 3 stated it was important to have a physician order for the use of bed rails because it was needed to obtain consent from the resident to use bed rails. LVN 3 stated it was important to have consent signed by the resident for the use of bed rails because the resident or their representative need to be aware of the benefits and the risks of using a side rail. LVN 3 further stated it was important to have a care plan for the bed rails because it helps staff know the proper care and education to provide to the resident.</p> <p>During a review of the policy and procedure (P&P), titled Proper Use of Siderails, (undated), indicated an assessment of the residents' symptoms and the reason for using side rails will be conducted prior to use. It also indicated the physician will review and order side rail usage and the use of the side rail will be addressed in the care plan.</p> <p>During review of the policy and procedure, titled Comprehensive Care Plans, undated, it indicated the comprehensive care plan will describe the services that are provided to achieve or maintain the residents' highest practicable (able to be done) physical, mental, and psychosocial wellbeing.</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832</p> <p>Based on interview and record, the facility failed to ensure a follow up appointment for a cataract (a medical condition in which the lens of the eye becomes cloudy) evaluation/referral was completed for one of 6 sampled residents (Resident 106).</p> <p>This deficient practice had the potential to result in the delay of necessary care and services for Resident 106.</p> <p>Findings:</p> <p>During a review of Resident 106's face sheet (admission record), the face sheet indicated Resident 106 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included congestive heart failure (a long-term condition in which your heart can't pump blood well enough to meet your body's needs), hepatic encephalopathy (the loss of brain function when a damaged liver doesn't remove toxins from the blood), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), and type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>During a review of Resident 106's Minimum Data Set (MDS- a comprehensive assessment and care screening tool), dated 6/10/2024, the MDS indicated Resident 106 was cognitively intact with daily decision making. The MDS indicated Resident 106 required partial assistance with toileting, showering, and dressing needs.</p> <p>During a review of Resident 106's Eye Consultation record, dated 4/20/2024, the eye consultation record indicated Resident 106 required a referral to a Lasik eye clinic (eye surgery to correct vision) for cataracts.</p> <p>During an interview, on 7/23/2024 at 10:53 a.m., with Resident 106, Resident 106 stated she had cataracts in both of her eyes. Resident 106 stated she needed to obtain the name of her insurance and a copy of her driver's license so she could schedule an appointment for her cataract referral. Resident 106 stated the social worker had the information she needed.</p> <p>Resident 106 stated she had been unsuccessful in retrieving her information due to the facility not having a social worker. Resident 106 stated, Nothing has been done regarding my cataracts so I would like to get my insurance information and a copy of my driver's license to set up the appointment myself.</p> <p>During a concurrent interview and record review, on 7/25/2024 at 2:40 p.m., with the Social Services Director (SSD), the SSD stated the facility had in-house ophthalmology services for all residents. The SSD stated when a resident received a referral from the facility's ophthalmology provider, the Social Services Department was responsible for faxing a resident's information to the referral company and following up with scheduling an appointment. The SSD stated the referral appointment for Resident 106 should had been made but was not. The SSD stated the risk of not following up with a medical eye appointment could result in worsening vision and delay of care.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 7/26/2024 at 1:30 p.m., with the Director of Nursing (DON), the DON stated the Social Services Department was responsible for setting up transportation and medical appointments for residents. The DON stated services should had been provided for Resident 106. The DON stated the risk of not following up with a cataracts referral could result in a worsening condition for the resident and delay of care.</p> <p>During a review of the facility's policy and procedures (P&P), titled Hearing and Vision Services, dated 2/2023, the P&P indicated the social worker/social services designee is responsible for assisting residents, and their families, in locating and utilizing any available resources for the provision of the vision and hearing services the resident needs.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>47923</p> <p>Based on observation, interview, and record review, the facility failed to ensure a Controlled Drug Record form (a log containing the date, time, quantity, and nurse's signature each time a dose is administered) was completed accurately.</p> <p>This deficient practice increased the risk of loss or diversion of controlled medications (a drug or other substances that is tightly controlled by the government because it may be abused or cause addiction and may cause significant risk to patient safety).</p> <p>Findings:</p> <p>During a concurrent observation and interview on 7/25/2024 at 7:45 a.m., with the Director of Nursing (DON) in her office, controlled medication area inspection was conducted. The DON produced four Controlled Drug Record forms that were given to her by licensed nursing staff for drug destruction. The four Controlled Drug Record forms did not indicate the signature of nurse receiving the medication, the date it was received, and the number of doses received.</p> <p>The DON stated she did not validate the accuracy of the number of medications she received against the quantity of the medications by not signing the Controlled Drug Record forms. The discontinued controlled medications included the following:</p> <p>Lorazepam (medication used to relieve anxiety) 0.5 milligrams ([mg] unit of measurement) tablet.</p> <p>Lorazepam 1mg tablet.</p> <p>Temazepam (a sedative-hypnotic medication to help one sleep) 15mg capsule.</p> <p>Temazepam 15mg capsule.</p> <p>During an interview on 7/25/2024 at 7:55 a.m., with the DON, the DON stated the process for receiving discontinued controlled medication from licensed nursing staff included two signatures on Controlled Drug Record forms, the date, and the quantity it was received. The DON acknowledged that the Controlled Drug Record forms were incomplete. The DON stated there was a risk for drug diversion if the Controlled Drug Record process was not completed accurately.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Controlled Substance Administration and Accountability, undated, the P&P indicated, The facility will promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion, or accidental exposure. The P&P also indicated all controlled substances are recorded on the designated usage forms and written documentation must be clearly legible with all applicable information provided.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49131</p> <p>Based on observation, interview, and record review, the facility failed to remove one packet of expired norethindrone (medication for birth control) for Resident 168 from the medication cart.</p> <p>This deficient practice had the potential to result in the use of ineffective medication for Resident 168.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 7/25/2024 at 2:17 p.m. with Licensed Vocational Nurse (LVN) 5, medication cart for the 7 a.m. to 3 p.m. and 3 p.m.-11p.m. shift was checked. LVN 5 stated the packet of Micronor (generic name, norethindrone, a medication to prevent pregnancy) for Resident 168 was expired with an expiration date of 05/2024. LVN 5 stated it was important to not give expired medications to the residents because the medication may not be as effective and will not have the intended effect.</p> <p>During a review of Resident 168's Admission Record, the Admission Record indicated Resident 168 was readmitted to the facility on [DATE] with diagnoses including sexual dysfunction (difficulty experienced by a person during any stage of normal sexual activity), and nicotine (an addictive drug found in cigarettes) dependence.</p> <p>During a review of Resident 168's Minimum Data Set (MDS- standardized assessment and care screening tool), dated 5/13/2024, the MDS indicated Resident 168 was cognitively intact.</p> <p>During a review of Resident 168's Physician Orders, dated 07/2024, the Physician's Orders indicated Resident 168 took Micronor (generic name, norethindrone, a medication to prevent pregnancy) tablet, one tablet a day to prevent pregnancy.</p> <p>During a review of the policy and procedure (P&P), titled Medication Administration, (undated), the policy and procedure indicated to identify expiration date of the medication and if expired, to notify the nurse manager.</p>

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832</p> <p>Based on observation, interview and record review, the facility failed to ensure dental services were obtained for one of 6 sample residents (Resident 169).</p> <p>This deficient practice had the potential to result in Resident 169's inability to chew foods and potentially result in weight loss, lack of energy and loss of muscle mass.</p> <p>Findings:</p> <p>During a review of Resident 169's face sheet (admission record), the face sheet indicated Resident 169 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included metabolic encephalopathy (a problem in the brain caused by a chemical imbalance in the blood), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), adult failure to thrive (a syndrome of weight loss, decreased appetite and poor nutrition, and inactivity) and moderate protein-calorie malnutrition (a state of nutrition in which a deficiency or imbalance of energy, protein, and other nutrients causes measurable adverse effects on tissue/body).</p> <p>During a review of Resident 169's Minimum Data Set (MDS- a comprehensive assessment and care screening tool), dated 4/26/2024, the MDS indicated Resident 169 was moderately impaired with daily decision making. The MDS indicated Resident 169 was dependent on staff with toileting, showering, and dressing needs.</p> <p>During a review of Resident 169's Initial Dental Evaluation, dated 11/3/2023, the dental evaluation indicated recommendations included preventative treatment.</p> <p>During a review of Resident 169's Dental Follow-up Notification (DFN), dated 11/8/2023, the DFN indicated the recommended treatment could not be provided due to Resident 169 not having dental coverage at that time.</p> <p>During a concurrent observation and interview on 7/23/2024 at 10:49 a.m., with Resident 169, Resident 169 was observed with missing teeth. Resident 169 stated she had asked the Social Services Department multiple times for dental services. Resident 169 stated she did not have dentures. Resident 169 stated, I have to get my teeth fixed.</p> <p>During an interview on 7/25/2024 at 2:40 p.m., with the Social Services Director (SSD), the SSD stated the facility had in-house dental services for all residents. The SSD stated if a resident did not have dental coverage, the facility's Social Services department was responsible for applying to Medi-Cal (on the resident's behalf) to obtain the necessary services. The SSD stated she did not know if services were applied for Resident 169. The SSD stated there was not a denial letter from Medi-Cal in Resident 169's chart. The SSD stated the risk of not providing dental services could result in inadequate care and weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/26/2024 at 1:30 p.m., with the Director of Nursing (DON), the DON stated the Social Services department was responsible for applying to Medi-Cal if residents did not have coverage. The DON stated dental services should have been provided for Resident 169. The DON stated the risk of not providing dental services could result in a worsening condition, delay of care and weight loss.</p> <p>During a review of the facility's policy and procedures (P&P), titled Dental Services, dated 11/2017, the P&P indicated residents and/or resident representatives, during the admission process, are notified of dental services available under the State plan, and of the potential charges that may apply in the case of routine or emergency dental care provided by outside resources. The P&P indicated the Social Services Director maintains contact information for providers of dental services that are available to facility residents at a nominal cost.</p>

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>47923</p> <p>Based on interview and record review, the facility failed to employ a Social Worker on a full-time basis that met the qualifications specified in the regulation.</p> <p>This deficient practice had the potential for 175 out of 175 residents residing in the facility to not be assisted and receive medically related necessary care and behavioral health services to attain their highest practicable well-being.</p> <p>Findings:</p> <p>During an interview on 7/24/2024 at 10:48 a.m. with the Social Service Director (SSD), the SSD stated facility was licensed for 195 residents and need a full time Social Worker to be employed to meet the needs of all residents and if there were concerns and issues that need attention. The SSD stated she does not have a set schedule to work as a Director of the Social Service department since she work also as a Certified Nurse Assistant (CNA). The SSD stated she has 2 assistant that works in the Social Service Department, but they were not qualified to become a director. The SSD could not provide any evidence that she worked as a full time Director of the Social Service Department.</p> <p>During a concurrent interview and record review on 7/24/2024 at 1:11 p.m. with the Director of Staff Development (DSD), employee file and timecard sheet of SSD were reviewed. The DSD stated the SSD did not meet the required full-time hours per week (30-32 hours per week) as a Director of the Social Service Department. The DSD stated the SSD had a change of department as a CNA effective 3/1/2023. The DSD stated the SSD decided to work as a full time CNA to get paid overtime and part time SSD at the same time. The DSD stated she already informed the Administrator (ADM) about the part time hours of SSD, but nothing had been done.</p> <p>During an interview on 7/24/2024 at 1:30 p.m. with the ADM, the ADM stated because the facility was licensed to more than 120 residents, the facility needs to employ a qualified full time Social Worker. The ADM stated she had hired a several full time Social Worker but eventually resigned. The ADM acknowledged the facility did not have a full time SSD. The ADM stated it was important to employ a full time Social Worker to meet the psychosocial needs of all residents and provide medically related social services.</p> <p>During a review of facility's Social Service Director Job Description, the SSD Job Description indicated any facility with more than 120 beds must employ a qualified social worker on a full-time basis. The SSD Job Description also indicated the SSD is responsible for overseeing the development, implementation, supervision, and ongoing evaluation of the Social Services Department designed to meet and assist residents in attaining or maintaining their highest practicable well-being.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>47923</p> <p>Based on interview and record review, the facility's Quality Assessment and Assurance ([QAA] develop and implement appropriate plans of action to correct identified quality deficiencies) and Quality Assurance Performance Improvement ([QAPI] takes a systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving residents and families, and all nursing home caregivers in practical and creative problem solving) committee failed to:</p> <p>1. Employ a qualified social worker on a full-time basis that meet the qualifications specified in the regulation.</p> <p>This deficient practice had the potential for 175 out of 175 residents residing in the facility to not be assisted and receive medically related necessary care and behavioral health services to attain their highest practicable well-being.</p> <p>2. Provide supervision for residents who was identified as unsafe smokers and evaluate the provisions of care and develop a policy and procedure for routinely checking cigarettes and lighter.</p> <p>This deficient practice had the potential to endanger the lives of 175 residents residing in the facility, including staff and visitors due to fire.</p> <p>Findings:</p> <p>1. During a concurrent interview and record review on 7/26/2024 at 11:53 a.m. with the Administrator (ADM), the Quarterly QAPI sheet, dated 3/16/2023, 6/2023, 9/28/2023, 12/21/2023, 3/21/2024, were reviewed. The ADM stated the attendance sheet indicated no Social Service Director (SSD) in charge of the facility. The ADM stated QAPI members meet quarterly and more frequently as needed to discuss and address issues of identified concerns and to evaluate the quality and safety of the residents. The ADM stated because the facility was licensed to more than 120 residents, the facility needs to employ a qualified full time SSD with a bachelor's degree. The ADM acknowledged that facility did not have a full time SSD. The ADM stated she had hired a several full time SSD but eventually resigned. The ADM stated it was important to employ a full time SSD to meet the psychosocial needs of all residents. The ADM stated she did not reevaluate the provisions of care and develop a policy and procedure for hiring a full-time SSD. The ADM stated it was not address and discuss during the QAPI meeting regarding the lack of full time SSD.</p> <p>During a review of facility's Social Service Director Job Description, the SSD Job Description indicated the SSD is responsible for overseeing the establishment of departmental QA procedures and modification of those procedures where appropriate. The SSD Job Description also indicated the SSD will participate in facility policy development in order to positively impact the quality of care delivered to residents.</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During a QAPI interview on 7/26/2024 at 12:05 p.m. with the ADM, the ADM stated the purpose of the QAPI was to improve the process of care of the facility and to provide better care of the residents. The ADM stated the facility did not identify there was a lack of knowledge with the type of supervision and monitoring required for residents identified as unsafe smokers. The ADM stated the facility did not have a policy and procedure for routinely checking residents in possession of smoking paraphernalia (equipment designed for a particular use or activity) for the safety of all the residents and staff.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Quality Assurance and Performance Improvement (QAPI), revised 2021, the P&P indicated The facility will develop, implement, and maintain an effective, comprehensive, data driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The P&P also indicated the QAPI program will be ongoing, comprehensive, and will address the full range of care and services provided by the facility.</p> <p>Cross Reference: F850, F689</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** 46144</p> <p>Based on observation, interview, and record review, the facility failed to maintain and observe infection control practices by failing to:</p> <ul style="list-style-type: none"> a. Practice hand hygiene. b. Disinfect residents smoking aprons after each use. <p>These deficient practices had the potential to result in cross contamination (physical movement or transfer of harmful bacteria from one person, object, or place to another) and place residents at risk for the spread of infection.</p> <p>Findings:</p> <ul style="list-style-type: none"> a. During an observation on 7/23/2024 at 10:30 a.m. in Building B at nursing station B there was a sink for hand washing. Certified Nursing Assistant (CNA) 2 wiped up a wet substance from the floor next to nursing station B, threw away the paper towel, and failed to wash her hands. CNA 2 preceded to assigned area near Station A and sat in a chair near room [ROOM NUMBER] without washing her hands. <p>During an interview on 7/23/2024 at 11:00 a.m. with CNA 2, CNA 2 stated, she failed to wash her hands after she picked up the wet substance off the floor. CNA 2 stated it was important to practice hand hygiene to not spread infection to the residents.</p> <p>During an interview on 7/26/2024 at 9:32 a.m. with Infection Preventionist Nurse (IP), the IP stated the staff should be washing their hands before and after resident care. The IP stated CNA 2 was to wash her hands right away after wiping up the wet substance. The IP stated it was important to practice good hand hygiene to prevent the spread of germs to the residents and staff.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Handwashing/Hand Hygiene, date unknown, the P&P indicated, This facility considers hand hygiene the primary means to prevent the spread of infection .Employes must wash their hand after the handling of residents mucous membranes and body fluids or excretions .Employee must wash their hands for at least 15 seconds or using alcohol-based hand rubs.</p> <ul style="list-style-type: none"> b. During an observation on 7/25/2024 at 9:45 a.m. in Building B on the smoking patio residents had on aprons while smoking. The residents would remove the aprons and the aprons were not disinfected after each use. <p>During a concurrent observation and interview on 7/25/24 at 9:54 a.m. with Activity Assistant (AA) 2 near the smoking patio, the smoking residents were removing smoking aprons and other smoking residents were putting on the same smoking aprons without the smoking aprons being disinfected between use. AA 2 stated the smoking aprons were not being disinfected after each use. AA 2 stated the smoking aprons not being disinfected after each use was placing the residents at risk for infection.</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 on 7/25/2024 at 1:24 p.m. with the Director of Nursing (DON), the DON stated the staff need to disinfect the smoking aprons after each use. The DON stated it was important to disinfect the smoking aprons after each use to prevent the spread of infection from resident to resident.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control Program, date unknown, 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 .All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned.</p>

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on observation, interview and record review, the facility failed to provide at least 80 square feet ([sq. ft.] unit of measurement) per resident in multiple resident bedrooms for 20 out of 78 resident rooms.</p> <p>This deficient practice had the potential to result in an inadequate provision of safe nursing care, and privacy for the residents.</p> <p>Findings:</p> <p>During a facility tour on 7/25/2024 at 8:55 a.m., observed that room [ROOM NUMBER], 18, 19, 20, 21, 23, 24, 25, 27, 29, 30, 31, 32, 33, 34, 35, 37, 38, 39, and 40, residents were able to move in and out of their rooms, and there was space for the beds, side tables, and resident care equipment.</p> <p>During an interview on 7/25/2024 at 9:10 a.m., with the Administrator (ADM), the ADM confirmed they had rooms less than the required 80 sq. ft per resident.</p> <p>During a review of the facility's request for waiver of room size letter dated 7/24/2024 submitted by ADM, for 20 resident rooms was reviewed. The waiver request letter indicated there is adequate space for residents to get in and out of wheelchairs and residents have sufficient freedom for movement. The waiver request letter also indicated, the floor area of the affected rooms does not adversely affect the resident's health and safety and is in accordance with the special needs of the residents.</p> <p>The following room provided less than 80 sq. ft per resident:</p> <p>Rooms # beds sq. ft.</p> <p>17 3 228.15</p> <p>18 3 224.25</p> <p>19 3 216.6</p> <p>20 3 214.7</p> <p>21 3 224.2</p> <p>23 3 220</p> <p>24 3 220</p> <p>25 3 220</p> <p>(continued on next page)</p>

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	27 3 220 29 3 220 30 3 220 31 3 220 32 3 220 33 3 220 34 3 220 35 3 220 37 3 220 38 3 234.6 39 3 234.6 40 3 226.2 The minimum sq. ft. for a three-bedroom room was 240 sq. ft.