

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085025	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2024
NAME OF PROVIDER OR SUPPLIER Churchman Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4949 Ogletown-Stanton Road Newark, DE 19713	

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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>47114</p> <p>Based on interview, record review and review of facility documentation it was been determined that for three (R102, R346, R446) out of twenty-three residents reviewed for choices, the facility failed to ensure care preferences were being honored. Findings include:</p> <p>1. Review of R346's clinical record revealed:</p> <p>12/5/22 - R346 was admitted to the facility with diagnoses including stroke and aphasia (affects ability to communicate).</p> <p>12/6/22 - Review of R346's care plan for communication problem related to aphasia revised 1/19/24 included interventions to allow adequate time to respond, repeat as necessary, do not rush, request clarification from the resident to ensure understanding, use simple brief words and cues. Other interventions included: resident is able to answer yes/no by nodding, points to things and is able to make needs know to staff at all times.</p> <p>2/25/23 - Review of the facility's form for verification of investigation documented . 1. Following investigation and interview of witness the assigned CNA (Certified Nursing Assistant) refused to honor the residents' rights to refuse and make choices . 2. Instead, the CNA proceeded to force the resident to get changed.</p> <p>2/27/23 Review of facility provided documentaton revealed:</p> <p>2/27/23 - E2 (DON) interviewed E18 (CNA) and confirmed R346 was agitated (upset) when E18 was attempting to perform ADL care and personal hygiene.</p> <p>2/27/23 - E2 interviewed E59 (CNA). During the interview E59 confirmed R346 was nodding no and pointing that the resident did not want care to be given by E18.</p> <p>2/27/23 - E2 interviewed E60 (LPN). E60 heard screaming and yelling and walked into [R346's] room and asked what was wrong and said [R346] was gesturing to get E18 out of the room. E60 said E18 stated [R346] ripped the first diaper and now I am trying to put on a second one. E60 told E18 you need to go.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/12/24 10:38 AM - During a telephone interview E18 revealed [R356] was frustrated about being cleaned up after the resident had a bowel movement. E18 said, I told [R346] I could not leave her like that, she always refused care, she needed to be cleaned up. E18 said, E59 told the nurse because she felt like I was being rough with [R346], and that I was making the resident do something that the resident did not want to be done. E18 stated, the other girl said that the way I turned [R346] it was a push instead of a turn and hold the resident.</p> <p>3/12/24 10:50 AM - During a telephone interview E59 said, that happened almost a year ago. E18 asked me to help with changing the resident, when I went into the room [R346] pointed at me and I thought [R346] did not want me to help, but then [R346] pointed at E18, it's been a while, but I felt like E18 was pretty aggressive with changing [R346] and it upset me, and I reported it to E60.</p> <p>3/12/24 12:27 PM - An interview with E2 revealed [R346] did not want E18 to provide care and that E18 was insistent on getting [R346] changed and that E59 felt like it was [R346]'s right to refuse care.</p> <p>The facility failed to ensure that R346 was given the opportunity to exercise his/her rights of self-determination and choice of care giver and care and services provided.</p> <p>47621</p> <p>2. Review of R446's clinical record revealed:</p> <p>2/21/24 - R446 was admitted to the facility with diagnoses, including but not limited to, end-stage renal disease on hemodialysis.</p> <p>2/21/24 - E52's (MD) order in R446's EMR stated, Dialysis (Mom/Wed/Fri) at [hemodialysis center] Chair time 7:20 AM. Pick up time 6:00 - 6:30 AM. E52 also ordered, Shower .every evening shift every Saturday and every day shift every Wednesday.</p> <p>R446's care plan documented, The resident needs dialysis: hemo r/t (related to) renal failure with Interventions stating Dialysis (Mon/Wed/Fri) at [hemodialysis facility]. Chair time 7:20 AM. Pick up 6:00 - 6:30 AM.</p> <p>2/29/24 11:35 AM - During an interview, R446 stated that she has only been bathed one time since her admission on 2/21/24.</p> <p>3/6/24 9:53 AM - During an interview, E30 (ADON) confirmed that R446 has hemodialysis scheduled on Monday, Wednesday and Friday day shift and that she typically returns after 4 PM.</p> <p>Surveyor reviewed nursing notes that documented R446's return time from her dialysis treatments Friday 2/23/24 at 4:32 PM, Monday 2/26/24 at 1:54 PM, Wednesday 2/28/24 at 5:17 PM and Friday 3/8/24 at 3 PM.</p> <p>3/7/24 1:11 PM - During an interview, E30 (ADON) stated, Showers are assigned by the room number that the resident is in. Of course, we can personalize it if the resident requests it.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed the CNA Tasks tab in PCC and in the Bathing section, it was documented that R446 had physical help in part of bathing activity on Saturday, 2/24/24 at 9:59 PM and Saturday, 3/2/24 at 10:52 PM. The CNAs documented on Wednesday, 2/28/24 and Wednesday, 3/6/24 that resident not available.</p> <p>48409</p> <p>3. Review of R102's clinical record revealed:</p> <p>12/31/22 - R102 was admitted to the facility with diagnoses including a left kneecap fracture. R102's showers were scheduled for Tuesdays 7-3, and Fridays 3-11 shift.</p> <p>1/6/23 10:18 PM - R102's medical records documented, RR, RR, RR - resident refused. R102's nursing progress notes lacked evidence that the nurse was informed of R102's refusal of the shower.</p> <p>1/13/23 10:11 PM - R102's medical records documented, NA, NA, NA - not applicable. R102's nursing progress notes lacked evidence that the nurse was informed that R102 did not receive a shower.</p> <p>3/7/24 10:35 AM - During an interview R30 (ADON) confirmed that R102's medical records lacked evidence that the nurse was informed that R102 was given a shower. E30 stated, The resident is supposed to be offered a shower three times, and the nurse should write a progress if she refused.</p> <p>The facility failed to provide R102 a shower on 1/13/23, and lacked evidence that the nurse was notified that showers were not given on 1/6/23 and 1/13/23.</p> <p>3/19/24 3:45 PM -Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman Office.</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>47621</p> <p>Based on record review and interview, it was determined that for one (R96) of three residents reviewed for beneficiary notification, the facility failed to provide evidence that R96 or her responsible party was notified of Medicare non-coverage prior to her discharge on 12/20/23. Findings Include:</p> <p>Review of R96's clinical record revealed:</p> <p>11/18/23 - R96 was admitted to the facility with diagnoses, including but not limited to, ataxia (poor muscle control that causes clumsy movements) and weakness.</p> <p>11/25/23 - R96's admission Minimum Data Set (MDS) assessment documented a Brief Interview for Mental Status (BIMS) score of 11, which is reflective of moderate cognitive impairment.</p> <p>12/20/23 - R96 was discharged from the facility.</p> <p>3/11/24 2:19 PM -During an interview, E1 (NHA) confirmed that the facility did not have a Notice of Medicare Non-Coverage (NOMNC) form for R96.</p> <p>3/13/24 3:45 PM - Findings were reviewed with E1, E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman office.</p>

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<p>F 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>48409</p> <p>Based on observation and interview, it was determined that for two out of two shower rooms reviewed, the facility failed to provide services necessary to maintain a clean and sanitary environment. Findings include:</p> <p>3/4/24 9:24 AM - During an observation of the East and [NAME] wings shower rooms, several large areas (where the walls met the tiles) of blackened substance were observed. Multiple areas of chipped and broken floor and wall tiles were also observed.</p> <p>3/4/24 9:45 AM - During an environmental tour, it was observed that floors in rooms E101 through E122 were coated with a thick, blackened, greasy substance. An observation of rooms W101 through W122 revealed blackened, greasy substance on the floors as well.</p> <p>3/5/24 11:00 AM - The shower rooms and the residents' rooms continued to have the same blackened substance on the walls, and the floors.</p> <p>3/5/24 1:30 PM - Findings were confirmed with E5 (Cooperate Resource Manager) and E6 (Maintenance/Housekeeping Director)</p> <p>Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman Office.</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>32810</p> <p>Based on record review and interviews, it was determined for three (R55, R103, R247) out of twenty three residents in the investigative sample, the facility failed to accurately completed the resident assessments . Findings include:</p> <p>1. Review of R55's clinical record revealed:</p> <p>2/8/23 - A physicians order was written for R55 to receive two liters of oxygen to be worn continuously.</p> <p>1/30/24- A quarterly MDS assessment documented in the special treatments section that oxygen not in use by R55.</p> <p>January 2024 - Review of R55's MAR revealed R55 received oxygen daily.</p> <p>During an interview on 3/6/24 at 10:31 AM E33 (RNAC) confirmed the MDS assessment error.</p> <p>40264</p> <p>2. Review of R247's clinical records revealed the following:</p> <p>12/20/23 - R247 was admitted to the facility.</p> <p>12/20/23- R247 had a physician's orders for the following medications for Parkinson's Disease:</p> <ul style="list-style-type: none"> - amantadine 100 mg 1 tablet daily; - carbidopa/levodopa 24/100 mg 3 tablets 3x a day; - entacapone 200 mg 1 tablet 3x a day. <p>12/21/23 - R247 was care planned for Parkinson's disease. Interventions included but not limited to give medications as ordered by the physician and to monitor for side effects and effectiveness.</p> <p>12/26/23 - R247's Admission MDS (Minimum Data Set) assessment lacked evidence that Parkinson's Disease was included and accurately coded under the Neurological Diagnoses section of the MDS.</p> <p>3/11/23 10:24 AM - In an interview, E37 (RNAC) confirmed that R247's admission MDS was not accurately coded and that Parkinson Disease should be added in R247's list of neurological diagnosis.</p> <p>48409</p> <p>3. Review of R103's clinical record revealed:</p> <p>(continued on next page)</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>7/1/22 - R103 was admitted to the facility with diagnoses including diabetes, muscle weakness and dementia.</p> <p>2/21/23 - R103's care plan documented, .Actual impairment to skin integrity related to unstageable wound to sacrum.</p> <p>9/1/24 - R103's medical records (face sheet) updated to included, Pressure -induced deep tissue of sacral region.</p> <p>9/1/23 R103's medical records documented, Sacral wound 2 x 4 cm observed.</p> <p>9/2/23 - R103's medical records documented, Deep tissue injury.</p> <p>10/17/23 - E32 (Wound MD) documented, Pressure injury (unavoidable stage 3).</p> <p>10/24/23 - E32 documented, .Pressure injury (unavoidable stage 3).</p> <p>10/31/23 - E32 documented, .Pressure injury (unavoidable stage 3).</p> <p>11/7/23 - E32 doumented, .Pressure injury (unavoidable).</p> <p>11/8/23 - R103 was sent the the hospital, and was diagnosed with sepsis.</p> <p>11/8/23 - R103's (Discharge/Anticipated Return) MDS documented, No pressure ulcer.</p> <p>3/8/24 12:45 PM - During an interview E33 (MDS Coordinator) stated, The MDS assessments dated 11/8/23 did not include the pressure ulcers.</p> <p>The facility failed to accurately document R103's pressure ulcer in the discharge MDS assessment.</p> <p>3/13/24 3:45 PM -Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations) , E4 (Regional Clinical Specialist), and representatives from the Ombudsman Office.</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>47621</p> <p>Based on record review, it was determined that for one (R95) out of twenty-three residents reviewed for care plans, the facility failed to develop and implement a person-centered care plan that accurately reflected R95's medical needs. Findings include:</p> <p>Reviw of R95's record revealed:</p> <p>12/18/23 - E46 (hospital Infectious Disease MD) documented in R95's Progress Note Infectious Disease, Sepsis - repeat [blood] culture - negative . Endocarditis-Vegetation is small .continue ceftriaxone for total of 6 weeks. Stop date will be January 19, 2024.</p> <p>12/21/23 - R95 was admitted to the facility with diagnoses including, but not limited to, heart disease and anxiety.</p> <p>12/22/23 - R95's care plan included a focus stating, the resident is on IV medications r/t (related to) sepsis with interventions that address the IV access. The interventions do not document the location (LUE) or type of access (PICC). The care plan also included a focus stating, the resident is on antibiotic therapy related to sepsis with interventions that fail to name the specific antibiotic and address the duration of the antibiotic. Both care plan focuses incorrectly identify the diagnosis warranting the therapy as sepsis. R95 no longer had active sepsis as proven by the negative blood culture documented by the Infectious Disease physician on 12/18/23. R95 was being treated with 6 weeks of IV antibiotics for endocarditis.</p> <p>3/13/24 3:45 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman office.</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>32810</p> <p>Based on record review and interview it was determined that for two (R31, and R296) out of twenty-three residents investigated facility failed to revise the care plan to reflect the current care needs. Findings include:</p> <p>1. Review of R31's clinical record revealed:</p> <p>2/1/24- A quarterly MDS assessment documented in the special services section that R31 received restorative services of walking training and range of motion (ROM).</p> <p>2/1/24 - R31's restorative services care plan was reviewed/revise and included interventions of active ROM for 15 minutes, contractures measurements, document visual changes, report changes or discomfort, provide assistance with devices. Interventions listed did not include walking R31.</p> <p>Review of currently in use but undated CNA Task list for care of R31 indicated the resident is to participate in the restorative walking program and ambulate with walker 30 ft daily or as tolerated.</p> <p>During an interview on 3/6/24 at 10:10 AM E58 (RN) unit manager confirmed that interventions related to walking were not included in the restorative services care plan for R31.</p> <p>46134</p> <p>2. Review of R296's clinical record revealed:</p> <p>6/30/23 - R296 was admitted to the facility with multiple diagnoses, including kidney cancer and chronic kidney disease. R296 was admitted to the facility directly from a hospital stay during which he had a nephrostomy tube (tube placed to drain urine) placed in his left kidney. R296's left kidney was unable to drain urine related to his kidney cancer.</p> <p>R296 was admitted to the hospital from the facility on the following dates because his nephrostomy tube became dislodged:</p> <p>8/18/23, 10/14/23, 11/18/23, 12/19/23 and 1/24/24.</p> <p>3/1/24 - A review of R296's 1/2/24 quarterly Resident Assessment Instrument and the comprehensive care plan, updated 2/28/24, revealed the lack of care plan revisions to reflect monitoring for nephrostomy tube dislodgement and the hospitalization s that R296's had for nephrostomy tube dislodgement on the above dates.</p> <p>3/7/24 10:20 AM- E47 (LPN) confirmed that R296's care plan had not been revised to reflect his many hospitalization s since he was admitted to the facility.</p> <p>3/13/24 3:45PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman Office.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>47621</p> <p>Based on record review and interview, it was determined that for five (R37, R63, R96, R446, R447) out of twenty-three residents reviewed for care plans, the facility failed to meet professional standards of the Delaware Board of Nursing Scope of Practice by having LPNs complete the admission assessment and admission progress note. Findings include:</p> <p>Delaware State Board of Nursing - RN, LPN and NA/UAP Duties 2023 . Admission Assessments * - RN . * = Once a care plan is established, the LPN may do assessments .</p> <p>The Braden Scale is a validated tool designed to assess a patient's risk of developing pressure ulcers. National Library of Medicine, Nov. 21, 2022.</p> <p>Cross refer F660, F695, F677</p> <p>1. Review of R37's clinical record revealed:</p> <p>2/17/24 - R37 was admitted to the facility.</p> <p>2/17/24 - E68 (LPN) completed the dehydration risk and the Braden scale for prediction of pressure ulcer risk evaluations in R37's electronic medical record (EMR).</p> <p>2/17/24 4:00 AM - E68 (LPN) wrote R37's clinical admission note in R37's EMR.</p> <p>2/24/24 - E31 (LPN) completed the elopement form in R37's EMR.</p> <p>An LPN, not an RN as required by the Delaware State regulation for Board of Nursing Scope of Practice, completed the admission process for R37.</p> <p>2. Review of R63's clinical record revealed:</p> <p>1/29/24- R63 was admitted to the facility.</p> <p>1/29/24 - E69 (LPN) completed R63's clinical admission form, elopement, fall risk, dehydration risk and Braden scale for prediction of pressure ulcer risk evaluations in R63's EMR.</p> <p>1/29/24 5:49 PM - E69 wrote R63's clinical admission note in R63's EMR.</p> <p>An LPN, not an RN as required by the Delaware State regulation for Board of Nursing Scope of Practice, completed the admission process for R63.</p> <p>3. Review of R96's clinical record revealed:</p> <p>11/18/23 - R96 was admitted to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/18/23 - E31 (LPN) completed R96's clinical admission form, elopement, fall risk, dehydration risk and Braden scale for prediction of pressure ulcer risk evaluations in R96's EMR.</p> <p>11/18/23 5:20 PM - E31 wrote R96's clinical admission note in R96's EMR.</p> <p>An LPN, not an RN as required by the Delaware State regulation for Board of Nursing Scope of Practice, completed the admission process for R96.</p> <p>4. Review of R446's clinical record revealed:</p> <p>2/21/24 - R446 was admitted to the facility.</p> <p>2/21/24 - E69 (LPN) completed R446's clinical admission form, elopement, fall risk, dehydration risk and Braden scale for prediction of pressure ulcer risk evaluations in R446's EMR.</p> <p>2/21/24 9:19 PM - E69 wrote R446's clinical admission note in R446's EMR.</p> <p>An LPN, not an RN as required by the Delaware State regulation for Board of Nursing Scope of Practice, completed the admission process for R446.</p> <p>5. Review of R447's clinical record revealed:</p> <p>2/19/24 - R447 was admitted to the facility.</p> <p>2/19/24 - E70 (LPN) completed R447's clinical admission form, elopement, fall risk, dehydration risk and Braden scale for prediction of pressure ulcer risk evaluations in R447's EMR.</p> <p>2/19/24 10:50 PM - E70 wrote R446's clinical admission note in R447's EMR.</p> <p>An LPN, not an RN as required by the Delaware State regulation for Board of Nursing Scope of Practice, completed the admission process for R447.</p> <p>3/7/24 4:51 PM - During an interview, E69 (LPN) confirmed that he completed the admission process for R63 on 1/29/24 and R446's admission paperwork on 2/21/24.</p> <p>3/6/24 9:23 AM - During an Interview, E31 (LPN) stated that whichever nurse is assigned the room for the new admit patient, that nurse completes the admission process paperwork.</p> <p>3/6/24 10:01 AM - During an interview, E58 (RN Unit manager) stated, If an admission comes in on day shift, the Unit manager processes the admission by calling the NP/MD and verifying the hospital orders for medications and treatments and then puts the orders in the computer [EMR]. Then the unit manager starts the care plan. If a patient is admitted on an off shift, the nursing supervisor is suppose to complete the admission process paperwork. The admission process includes the clinical admission form, the elopement risk evaluation, the fall risk evaluation, the dehydration evaluation and the Braden scale for prediction of pressure ulcers evaluation. It also includes writing a general admission note in the EMR.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3/11/24 10:57 AM- During an interview, E30 (ADON) stated that the word assessment is not in any of the admission paperwork. When asked where the State required RN admission assessment was for these residents, E30 stated that she did not know and to check with the DON.</p> <p>3/13/24 3:45 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman office.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>32810</p> <p>Based on record review and interview it was determined that for one (R31) out of one resident reviewed for rehab and restorative the facility failed to ensure R31 received restorative services consistently when R31 was not walked daily. Findings include:</p> <p>Review of R31's clinical record revealed:</p> <p>1/17/24 - The CNA Task list for the care of R31 was revised to include the resident is to participate in the restorative walking program and ambulate with walker 30 foot daily or as tolerated.</p> <p>2/1/24- A Quarterly MDS assessment documented in the special services section that R31 received restorative services of walking training and range of motion (ROM).</p> <p>During an interview on 2/29/24 at 12:04 PM R(31) stated, I was told I had graduated to walking therapy but getting that has been hit or miss.</p> <p>February 2024 - Point of care (POC) CNA responses for assisting R31 to walk lacked evidence that the resident was assisted with walking on the following dates: 2/1, 2/2, 2/3, 2/4, 2/6, 2/10, 2/17, 2/18, 2/19, 2/20, 2/22, 2/24 and 2/25.</p> <p>During an interview on 3/5/24 at 1:00 PM E58 (RN) unit manager stated, I just talked with some of the aides, they said when an extra aide is assigned restorative they document n/a because then it's not their responsibility. When asked how nursing verifies that the walking was completed, E58 stated, They should be documenting that it's completed.</p> <p>3/13/24 3:45 PM -Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations) , E4 (Regional Clinical Specialist) and representatives from the Ombudsman Office.</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>40264</p> <p>Based on observation, interview and record review, it was determined that for two (R248 and R6) out of six residents reviewed for accidents, the facility failed to ensure residents were free from accident hazards and/or were provided adequate supervision to prevent accidents. R248 sustained harm when the facility failed to ensure staff provided supervision and assistance with care resulting in a fall with facial bone fractures. For R6 the facility failed to ensure the resident environment was free of an accident hazard. Findings include:</p> <p>1. Review of R248's clinical record revealed the following:</p> <p>5/15/23 - R248 was admitted to the facility with diagnoses including but not limited to history of fall(s) and a broken pelvis (the lower part of the trunk between the abdomen and thighs).</p> <p>5/15/23 - R248 was care planned for self care deficit related to decrease in functional mobility, strength, balance and endurance and interventions included:</p> <ul style="list-style-type: none"> - one person assist with bed mobility, one person assist with transfers, toileting, bathing and dressing, Set up assist with eating; - Encourage independence in ADL care, but offer assistance as needed. <p>5/16/23 - A PT (Physical Therapy) Evaluation documented that R248's functional assessment for bed mobility was SBA (Stand - by Assist). In addition, the PT assessment summary noted, .pt (patient) presents with reduced activity tolerance and strength needed to return to PLOF (previous level of function), Pt c/o (complained of) 7/10 pain (pain scale for severe pain in a scale of 0-10) in B (bilateral) hips and low back which limits ability to return to PLOF Risk Factors: Due to the documented physical impairments and associated functional deficits, the patient is at risk for falls and further decline in function.</p> <p>5/20/23 10:43 AM - A nurse progress note documented, .resident lying on her left side on the floor . c/o (complained of) 'pain all over body' & yelled when left shoulder and left hip palpated .unable to indicate how she got to floor . send to (hospital) as per order via . NP (Nurse Practitioner). 911 notified .Resident left the facility at 10:30 .</p> <p>5/20/23 12:20 PM - Review of the [hospital ER] physician record documented, .Patient states that she was in her usual state of health .in her bed when she rolled out into the floor while sleeping .She struck her head on the floor sustaining bruising of her face .states that she is having pain over her face .left shoulder right hip pain .</p> <p>5/20/23 9:55 AM - Facility incident report revealed that, Resident was observed lying on the floor in her room. When asked what happened, she did not respond to the question during assessment, she complained of pain to her L (left) shoulder and L hip. Order was received to send her out to the ER for further evaluation . Resident was transferred to the ER at 10:30 AM .</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility's 5 day follow up summary documented, .resident complained of generalized body pain including left shoulder and left hip pain which was exacerbated by movement .resident was sent to ER (emergency room) and returned 5/20/23 2300 (11:00 PM) .CT (computerize tomography scan, an imaging test that takes detailed pictures of the inside of the body) of the facial bone was positive for an acute left tripod fracture (facial bone fracture) .Interview with staff showed that the fall was witnessed. The fall occurred when the assigned aid (CNA)was providing care to the resident who is a 1 person assist with bed mobility. The aid turned the resident to her side, at which time the resident suddenly rolled off the bed before the CNA could break the fall .</p> <p>5/22/23 - R248's Admission MDS (Minimum Data Set) assessment revealed that R248 had a moderately impaired cognition, required extensive assist of one person for bed mobility and toileting during the review period. An extensive assist of one person staff means that a resident is involved in an activity but the one person staff provides the weight bearing support.</p> <p>Review of R248's May 15, 2023 through May 20, 2023 CNA flowsheet revealed that R248 was an extensive assist of one person staff in 6 out of 14 opportunities, two times on the 3-11 shift and four times during the 11-7 shift.</p> <p>3/12/24 11:00 AM - Review of the facility's incident report and investigation revealed an undated written statement by E36 (CNA) and documented, I was changing [R248] (sic) I raised the bed to my waist. She crossed her leg over but put her leg over to (sic) far and fell on to the floor. She fell on to the floor and began to complain of her face and left knee hurting. I notified the nurse immediately, her vitals were checked and I waited for the EMT (Emergency Medical Technicians) to come and take her to the hospital.</p> <p>3/12/24 11: 42 AM - A telephone interview with E36 revealed that she was not familiar with the resident [R248] and it was her first time taking care of her. E36 also stated that she was at the resident's bedside to change her . CNA further stated that she raised the bed with R248 on the bed, turning to be changed. R248 crossed her leg to turn to her side but she crossed her leg way too far that she rolled on to the floor and fell . I did not touch and I did not hold to support her as she was moving on her own. She moved and crossed her legs on her own.</p> <p>Despite the history of a fall at home resulting in an injury and a subsequent hospitalization with a fall risk and high risk of injury designation, the facility failed to ensure R248's safety when E36 turned R248 to her side while providing personal care without touching or holding to support R248, at which time R248 rolled off the bed and had a fall which resulted in facial bone fractures.</p> <p>47114</p> <p>2. Review of R6's clinical record revealed:</p> <p>Review of the facility's policy and procedure titled Fall Prevention last updated 4/1/20, documented . 1. Fall prevention is achieved through an interdisciplinary approach of managing risk factors and implementing appropriate interventions to reduce the risk of falls . 2. Potential interventions may include exercise, environmental modification, medication, assistive devices, footwear etc . 3. Develop a plan of care which can include general and specific interventions to reduce fall risks.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>4/6/23 - Review of R6's care plan for falls revised 1/30/24 documented . 1. At risk for falls related to cognitive deficits, impaired mobility, gait/balance problems, impulsiveness, and poor safety awareness . 2. Fall mats at both sides while in bed . 3. Resident needs a safe environment with even floors free from spills and or clutter . 4. Every one hour checks.</p> <p>9/17/23 - R6 was readmitted to the facility with diagnoses include dementia, schizoaffective disorder bipolar type, Parkinson disease, osteoarthritis, abnormality of gait and balance and muscle weakness.</p> <p>12/19/23 - Review of R6's quarterly MDS Assessment documented R6 was severely impaired for daily decision making with a BIMS of 5 and that R6 required partial moderate assist to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. Additionally, R6 required partial moderate assist to transfer to and from a bed to chair or wheelchair.</p> <p>2/11/24 12:12 AM - Review of R6's fall evaluation form documented . 1. Balance problem while standing.</p> <p>2/29/24 11:30 AM - R6 was observed in her room sitting in the wheelchair. R6 had fall mats down on the floor at both sides of the bed, while R6 was not in bed. In addition, R6 was observed self-propelling her wheelchair towards the bed, stopped the wheelchair at the edge of the fall mat on the floor, stood up and walked on the fall mat and leaned over onto the bed to pick up R6's stuffed animal from the center of the bed.</p> <p>3/1/24 11:02 AM - R6 was observed being assisted back to her room by E40 (CNA). E40 left the room and R6 remained sitting up in her wheelchair with fall mats on the floor at both sides of the bed.</p> <p>3/1/24 2:26 PM - The third observation in R6's room revealed fall mats at both sides of the bed on the floor while R6 was sitting up in the wheelchair in her room.</p> <p>3/5/24 10:09 AM - R6 was up and out of bed sitting in the wheelchair in her room. Fall mats at both sides of the bed on the floor.</p> <p>3/5/24 11:02 AM - During an interview E40 revealed R6 had falls that's why the fall mats are down.</p> <p>3/5/24 12:43 PM - During an interview E41 (LPN) revealed, [R6] is at risk for falls, and that the fall mats on the floor are a precautionary measure if R6 happens to fall at the bedside.</p> <p>3/5/24 1:03 PM - During an interview E37 (RN) stated, the fall mats on the floor in [R6's] room provided a cushioned area for [R6] to fall on to if [R6] had a fall. After E37 reviewed R6's care plan for falls E37 confirmed, the fall mats should be on the floor when [R6] is in the bed. The fall mats in R6's room were picked up from the floor as R6 was observed to be sitting in the wheelchair in her room.</p> <p>The facility did not provide R6 a safe environment in her room. R6's care plan was not followed as fall mats were only to be placed on the floor at both sides of the bed when R6 was in bed.</p> <p>3/13/24 3:45 PM -Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations) and E4 (Regional Clinical Specialist) and representatives from the Ombudsman Office.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47621</p> <p>Based on record review and interviews, it was determined that for one (R63) out of one resident reviewed for respiratory, the facility failed to provide care consistent with the professional standards with regards to R63's albuterol nebulizer (neb) treatment. Findings include:</p> <p>Albuterol (Inhalation Route) Proper Usage- . The albuterol inhalation solution should be used with a jet nebulizer that is connected to an air compressor with good air flow .To use the inhalation solution in the nebulizer:</p> <ul style="list-style-type: none"> -Use one container of solution or mix the exact amount of solution using the dropper provided for each dose. -Place the inhalation solution in the medicine reservoir or nebulizer cup on the machine -Connect the nebulizer to the face mask or mouthpiece. -Use the face mask or mouthpiece to breathe in the medicine. -Use the nebulizer for about 15 minutes, or until the medicine in the nebulizer cup is gone. Mayo Clinic, February 1, 2024 <p>The facility's Nebulizer Therapy policy (dated 4/1/2020) stated, Policy: It is the policy of this facility for nebulizer treatments, once ordered, to be administered by nursing staff as directed using proper technique and standard precautions .Care of the resident 15. When medication delivery us complete, turn the machine off. Treatment may be considered complete with the onset of nebulizer sputtering.</p> <p>9/22/23 - R63 was admitted to the facility.</p> <p>12/20/23 - R63's quarterly MDS assessment documented a BIMS score of 15, which reflected normal cognition.</p> <p>1/24/24 - F3's (R63's former roommate) admission MDS assessment documented a BIMS score of 15, which was reflective as having normal cognition.</p> <p>2/16/24 - E63 (NP) ordered R63 Albuterol sulfate inhalation nebulization solution (2.5 mg/3 ml) 0.083% 1 vial inhale orally four times a day for SOB (shortness of breath).</p> <p>The Surveyor confirmed that R63's medication administration record (MAR) for February and March listed the times of albuterol neb treatments as 9 AM, 12 noon, 5 PM and 9 PM.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/29/24 3:55 PM - During an interview, F4 (R63's family member) stated, Last week, after [R63] was given his night time neb (albuterol) treatment. [R63] gets a breathing treatment from the little machine that lasts about 15 minutes. Those treatments make [R63] anxious; he does not like the facemask on his face. Well, no one came back to take the facemask off [R6] after about an hour and [R63] was getting upset. His roommate, [F3] had to call his family member at home to have her call the front desk to have someone come down to take the treatment facemask off [R63].</p> <p>3/1/24 10:20 AM - During an interview, F3 reported, A few nights ago, after [R63] got his evening neb, which is suppose to be a 10 minute thing, they left it on for an hour. At first, I rang the call light and when no one came, I started to call out, 'Is there a nurse?' because we were both in bed. I must have yelled numerous times. Then I was planning on calling his family member (F4) but [R63] said, 'She would be in bed because it was after 10 PM.' So I called my family member and she called the front desk. Then a male nurse came in and took it (the facemask) off without saying a word.</p> <p>3/1/24 10:30 AM - R63 confirmed during an interview that the incident with the neb facemask being left on his face for over 45 minutes did occur.</p> <p>3/13/24 3:45 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman office.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>47621</p> <p>Based on record review, observation and interview, it was determined that for one (R446) out of one resident reviewed for dialysis, the facility failed to ensure that R446's transportation needs related to dialysis were met as evidenced by the failure to schedule/confirm transportation to dialysis on 3/6/24. Findings include:</p> <p>Review of R446's clinical record revealed:</p> <p>2/21/24 - R446 was admitted to the facility with diagnoses, including but not limited to, end-stage renal disease (ESRD) requiring hemodialysis.</p> <p>2/21/24 - R446's care plan documented, The resident needs dialysis: hemo (hemodialysis) r/t (related to) renal failure with Interventions stating Dialysis (Mon/Wed/Fri) at [hemodialysis facility]. Chair time 7:20 AM. Pick up 6:00 - 6:30 AM.</p> <p>3/6/24 7:15 AM - The Surveyor observed R446 sitting in a wheelchair in the facility lobby. E1 (NHA) confirmed that R446's ride to hemodialysis did not pick her and the facility was arranging another ride to get her to her dialysis treatment.</p> <p>This hemodialysis treatment was exactly 14 days (2 weeks) from R446's admitted .</p> <p>3/6/24 9:35 AM - R446 was driven to her hemodialysis treatment in the facility bus.</p> <p>3/6/24 9:53 AM - During an interview, E30 (ADON) stated, Transport to dialysis is arranged by the hospital for the first two weeks after discharge and then it is the dialysis center social worker's job to arrange the transport.</p> <p>3/7/24 8:52 AM - During an interview, E48 (LPN) stated, Normally the dialysis transport is longstanding, if they were on dialysis in the community. So [E62] (unit clerk) calls the dialysis center and lets them know where the resident is now housed and arranges for them to pick the resident up here.</p> <p>3/7/24 3:35 PM - The Surveyor reviewed the facility's Long Term Facility Outpatient Dialysis Services Coordination Agreement, which stated, Consistent with this definition, Renal Dialysis Services shall not include transportation of the ESRD residents to and from the ESRD Dialysis Unit . Obligations of Long Term Care Facility and/or Owner - .5. Transport and referral of ESRD Residents: A. The Long Term Care Facility shall be responsible for arranging for suitable and timely transportation of the ESRD resident to and from the ESRD Dialysis Unit, including the selection of the mode of transportation, qualified personnel to accompany the ESRD resident, transportation equipment usually associated with this type of transfer or referral in accordance with the applicable federal and state laws and regulations and all costs or transportation expenses associated with such transfer.</p> <p>3/13/24 3:45 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman office.</p>		

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<p>F 0756</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>47621</p> <p>Based on record review and interview, it was determined that the facility failed to provide a MRR policy with time frames for response from the provider for irregularities and a complete process for following up regarding an urgent action irregularity which included time frames for informing the provider of the urgent finding and what to do if the provider fails to response in a certain time frame. Findings include:</p> <p>3/1/24 - The Surveyor reviewed the Medication Regimen Review policy dated 4/1/20 provided by the facility.</p> <p>Medication Regimen Review .</p> <p>Policy Explanation and Compliance Guidelines: .</p> <p>7. Timelines and responsibilities for Medication Regimen Review</p> <p>a. The pharmacist shall communicate any recommendations and identified irregularities via written communication within 10 working days of the review.</p> <p>b. If the pharmacist should identify an irregularity that requires urgent action to protect a resident, the DON or designee is informed verbally.</p> <p>c. Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities.</p> <p>The facility was unable to provide evidence within their Medication Regimen Review policy of stated time frames for response from the provider for pharmacist identified and reported irregularities. The facility was also unable to provide evidence within their Medication Regimen Review policy of a complete process for pharmacist identified and reported urgent action irregularities with stated time frames for informing the provider of the urgent finding and the process the facility must take if the provider fails to response in a designated time frame.</p> <p>3/13/24 3:45 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman office.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>47114</p> <p>Based on clinical record review and interview, it was determined that for one (R2) out of five residents reviewed for unnecessary medications, the facility failed to complete an AIMS assessment for R2 a resident taking anti-psychoactive medications. For one (R198) out of one residents reviewed for behavioral-emotional distress the facility failed to effectively monitor R198 for side effects related to use of an antipsychotic medication when AIMS testing was not completed November 2022 - May 2023 during which the resident continued to receive antipsychotic medications. Additionally the facility failed to administer R198's antipsychotic medication [olanzapine] for seven doses due to lapse in pharmacy delivery. Findings include:</p> <p>Review of the facility's policy and procedure titled Behavior and Psychoactive Management Program last updated 4/1/20, documented . 1. Monitoring for any adverse side effects of medications, which includes completion of Abnormal Involuntary Movement Scale (AIMS) as per recognized standards of practice.</p> <p>1. Review of R2's clinical record revealed:</p> <p>3/10/23 - R2 was readmitted to the facility with a diagnosis of dementia, psychotic disorder with delusions, anxiety, and major depressive disorder.</p> <p>4/21/23 6:00 PM - A review of R2's MAR (Medication Administration Record) documented, 1.Nurse to complete AIMS quarterly one time a day every 92 days.</p> <p>3/11/24 11:00 AM - Review of R2's clinical record lacked evidence that a quarterly AIMS had been completed for the use of Seroquel 25 mg two times a day and Seroquel 50 mg at bedtime for major depressive disorder and delusions for the month of October 2023.</p> <p>3/11/24 11:19 AM - During an interview E37 (RN) revealed R2's AIMS evaluation is done quarterly. E37 confirmed R2's clinical record lacked a quarterly AIMS evaluation for the month of October 2023.</p> <p>3/11/24 12:00 PM - An interview with E2 (DON) revealed R2's AIMS evaluation should have been done in October 2023.</p> <p>3/12/24 12:41 PM - During an interview E2 confirmed, I was not able to find R2's AIMS evaluation for October 2023.</p> <p>32810</p> <p>2a. Review of R198's clinical record revealed:</p> <p>2/15/23- A physicians order was revised for R198 to receive Olanzapine [antipsychotic] 7.5 mg at bedtime for schizoaffective disorder. The original order was 3/16/22.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/7/23 7:41 PM - A progress note written by E12 (NP) documented, Patient is seen today for follow up schizoaffective disorder and medication review. Mood remains stable .Patient with mild tremors of the hands possibly extrapyramidal effects, will discuss with psych team about starting on cogentin as requested by patient.</p> <p>3/10/23- A physicians order was written for R198 to receive Bentropine/cogentin 0.5mg ordered for dystonia[tremors], a side effect of antipsychotic medication use.</p> <p>3/16/23 8:14 PM - A physicians note written by E65(MD) documented, Late Entry: Patient is seen for follow up after started on cogentin for tremors secondary to antipsychotic medications. She is having improvement in her tremors.</p> <p>4/21-23 - A physicians order was written for R198 to receive AIMS testing now and every 92's day, quarterly.</p> <p>6/15/23 - AIMS testing completed for R198. Prior AIMS test was completed on 10/27/22.</p> <p>During an interview on 3/12/24 at 3:16 PM E2 (DON) confirmed AIM's assessments for monitoring of side effects of antipsychotic use was not complete from November 2022 through</p> <p>2b. The facility's pharmacy policy on unavailable medications last updated 4/20/23 indicated, if the ordered medication is unavailable in the emergency stock supply a licensed nurse calls the pharmacy's answering service and request to speak with the registered pharmacist on call to determine a plan of action with may include: emergency delivery, use of emergency back up pharmacy.</p> <p>March 2023 -Review of R198's MAR revealed the Olanzapine was given to the resident 3/20/23 through 3/27/23.</p> <p>3/20/23 11:22 PM - An orders administration note documented in R198's clinical record documented that the Olanzapine was not given because the facility was awaiting delivery.</p> <p>3/24/23 10:24 PM - An orders administration note documented R198's Olanzapine was, unavailable. Pending pharmacy delivery.</p> <p>3/26/23 10:46 PM - An orders administration note documented R198's Olanzapine was, Awaiting delivery.</p> <p>3/27/23 10:42 PM - An orders administration note documented R198's Olanzapine was not administered because the facility was Waiting for a medication order from the pharmacy, pharmacy has been notified.</p> <p>During an interview on 3/13/24 at 10:49 AM E2 (DON) confirmed that R198's Olanzapine was not avaiable for 7 days and the facility only utilizes one pharmacy at this time for fulfilling orders. E2 stated, We are in the process of setting up a system with a back up pharmacy but have not just yet.</p> <p>During an interview on 3/13/24 at 1:08 PM E64 (LPN) who was assigned to R198 on 3/20 and 3/24, it was confirmed that R198's Olanzapine was not available and not administered.</p> <p>(continued on next page)</p>		

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/13/24 3:45 PM -Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations) and E4 (Regional Clinical Specialist) and representatives from the Ombudsman Office.		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>46134</p> <p>Based on observation and interview, it was determined that for two (R27 and R28) randomly observed residents, the facility failed to ensure that the residents received the selected food and drinks from the menu. Findings include:</p> <p>2/29/24 12:15 PM - During a random dining observation of R28's lunch tray, the meal ticket did not match when R28 did not receive cranberry juice or sauteed spinach. E45 (CNA) confirmed the finding.</p> <p>3/5/24 8:10 AM - During a random dining observation of R27's breakfast tray, the meal ticket did match when R27 was not served oatmeal. E40 (LPN) confirmed the finding.</p> <p>3/8/24 12:58 PM - During a random dining observation of R28's lunch tray, the meal ticket did not match when R28 did not receive cranberry juice. E48 (LPN) confirmed the finding.</p> <p>3/13/24 3:45 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations) , E4 (Regional Clinical Specialist) and representatives from the Ombudsman Office.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46134</p> <p>Based on observation and interview during the initial kitchen tour, it was determined that the facility failed to ensure that proper sanitation practices were in place and that food was stored in accordance with professional standards. Additionally, it was determined that the facility failed to ensure dishes were chemically sanitized when dish washing machine temperatures failed to rise to the degree required for heat sanitization. Findings include:</p> <p>1. 2/29/24 from 9:00 AM to 9:20 AM, observation of the kitchen with E42 (Dietary Services Director) revealed the following:</p> <p>E43 (Dietary Aide) did not have a hair net or beard covering in place.</p> <p>The hand washing sink had no paper towels available.</p> <p>The walk-in freezer had two containers of what appeared to be soup and one container of what appeared to be gravy, all without content description labels, dates of preparation and expiration.</p> <p>The above findings were immediately confirmed with E42.</p> <p>32810</p> <p>2. The Wareforce dish washing machine [brand used by the facility] manual indicated 140 F temperature and chlorine/bleach required for sanitization of dishes. https://www.jacksonwws.com/wp-content/uploads/2018/11/WAREFORCE-I-Manual-Rev-K.pdf.</p> <p>The [undated] facility policy on Warewashing indicated, all dish machine washing temperatures will be maintained in accordance with manufacturer recommendations for high temperature or low temperature machines.</p> <p>During the follow up kitchen tour on 3/1/24 at 10:29 AM - 10:47 AM the following was observed:</p> <p>10:39 AM - Single rack dish washing machine wash cycle 130 degree's F, with no chemical sanitization attached.</p> <p>10:42 AM - Single rack dish washing machine wash cycle 130 degree's F, with no chemical sanitization attached.</p> <p>10:45 AM - E42 (DDS) confirmed the dishwashing temperatures and stated, We use bleach attached to sanitize, it has had issues but has been fine lately. We have had maintenance come out. The Surveyor requested E42 (DDS) to point out the attached sanitizing agent/bleach. E42 then confirmed it was not attached.</p> <p>10:47 AM - E42 (DDS) retrieved a replacement of sanitizer/bleach and connected it to the dishwashing machine. Nearby dishes were re-ran the dish washing machine with the added sanitization/bleach.</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3/13/24 3:45 PM -Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations) , E4 (Regional Clinical Specialist) and representatives from the Ombudsman Office.

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<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32545</p> <p>Based on record review and interview, it was determined that for six (R42, R47, R63, R76, R98 R107, R108) out of twenty-three residents records reviewed, the facility failed to maintain and safeguard medical records information on each resident against loss and ensure the records are complete, accurately documented and readily accessible. Findings include:</p> <p>1. R98's clinical record revealed:</p> <p>3/5/22 - R98 was admitted to the facility and discharged [DATE].</p> <p>Review of the R98's paper chart and the electronic clinical record lacked evidence of R98's admission agreement with the facility upon admission on 3/5/22.</p> <p>3/11/24 at 3:51 PM - In response to a written request for R98's admission agreement, E3 (Corporate Clinical Operations) documented, we do not have the document.</p> <p>47621</p> <p>2. Review of R42's clinical record revealed:</p> <p>4/22/20 - R42 was admitted to the facility.</p> <p>12/13/23 - E66 (NP) ordered UA (urinalysis) and C&S (culture and sensitivity) to R/O (rule out) UTI (urinary tract infection).</p> <p>12/18/23 10:28 AM - Urine culture results reported in R42's EMR stated, Growth- 1 organism growth.</p> <p>R42's EMR did not have readily accessible documentation of the culture results naming the organism and the sensitivities identifying which antibiotic the organism could be treated with.</p> <p>Upon the Surveyor's request, the facility was able to produce a printout from the [laboratory's] website with the 12/15/23 urine culture results, which revealed the organism was Klebsiella oxytoca ESBL (extended-spectrum beta-lactamases).</p> <p>Of note, only a limited number of people have account access to the [laboratory] website.</p> <p>The Surveyor was unable to find evidence of the urine microbiology culture results that showed the organism and sensitivities and documentation of MDRO colonization in R42's EMR .</p> <p>3. Review of R63's clinical record revealed:</p> <p>9/22/23 - R63 was admitted to the facility.</p> <p>12/6/23 - E66 (NP) ordered UA and C&S to R/O UTI.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>12/8/23 - Urine culture results reported in R63's EMR stated, Growth- 1 organism growth.</p> <p>R63's EMR did not have readily accessible documentation of the culture results naming the organism and the sensitivities identifying which antibiotic the organism could be treated with.</p> <p>Upon the Surveyor's request, the facility was able to produce a printout from the [laboratory's] website with the 12/6/23 urine culture results, which revealed the organism was Klebsiella pneumoniae ESBL.</p> <p>Of note, only a limited number of people have account access to the [laboratory] website.</p> <p>The Surveyor was unable to find evidence of the urine microbiology culture results that showed the organism and sensitivities and/or documentation of MDRO colonization in R63's EMR .</p> <p>4. Review of R76's clinical record revealed:</p> <p>6/5/23- R76 was admitted to the facility.</p> <p>2/25/24 - E52 (MD) ordered UA and C&S secondary to increased confusion.</p> <p>2/29/24 - Urine culture results reported in R76's EMR stated, Growth- 1 organism growth.</p> <p>R76's EMR did not have readily accessible documentation of the culture results naming the organism and the sensitivities identifying which antibiotic the organism could be treated with.</p> <p>Upon the Surveyor's request, the facility was able to produce a printout from the [laboratory's] website with the 2/27/24 urine culture results, which revealed the organism was Klebsiella pneumoniae ESBL.</p> <p>Of note, only a limited number of people have account access to the [laboratory] website.</p> <p>The Surveyor was unable to find evidence of the urine microbiology culture results that showed the organism and sensitivities and/or documentation of MDRO colonization in R76's EMR .</p> <p>5. Review of R107's clinical record revealed:</p> <p>9/15/23 - R107 was admitted to the facility.</p> <p>9/25/23 - E12 (NP) ordered UA and C&S to R/O UTI.</p> <p>9/29/23 - Urine culture results reported in R107's EMR stated, Growth- 1 organism growth.</p> <p>R107's EMR did not have readily accessible documentation of the culture results naming the organism and the sensitivities identifying which antibiotic the organism could be treated with.</p> <p>Upon the Surveyor's request, the facility was able to produce a printout from the [laboratory's] website with the 9/27/23 urine culture results, which revealed the organism was Klebsiella pneumoniae ESBL.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Of note, only a limited number of people have account access to the [laboratory] website.</p> <p>The Surveyor was unable to find evidence of the urine microbiology culture results that showed the organism and sensitivities.</p> <p>6. Review of R108's clinical record revealed:</p> <p>5/10/23 - R108 was admitted to the facility.</p> <p>1/21/24 - E63 (NP) ordered UA and C&S to R/O UTI.</p> <p>1/24/24 - Urine culture results reported in R107's EMR stated, Growth- 1 organism growth.</p> <p>R108's EMR did not have readily accessible documentation of the culture results naming the organism and the sensitivities identifying which antibiotic the organism could be treated with.</p> <p>Upon the Surveyor's request, the facility was able to produce a printout from the [laboratory's] website with the 1/22/24 urine culture results, which revealed the organism was Klebsiella pneumoniae ESBL.</p> <p>Of note, only a limited number of people have account access to the [laboratory] website.</p> <p>The Surveyor was unable to find evidence of the urine microbiology culture results that showed the organism and sensitivities and/or documentation of MDRO colonization in R108's EMR .</p> <p>3/12/24 8:35 AM- During an interview, E1 (NHA) stated, The providers have access to the [laboratory] website to get the names of the organisms. We don't upload the results into the EMR.</p> <p>3/13/24 3:45 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman.</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>46134</p> <p>Based on observation and interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe and sanitary environment. Findings include:</p> <p>Review of the 4/1/22 facility policy for Glucometers revealed the following:</p> <ul style="list-style-type: none"> -Purpose: Disinfection of Blood Glucose Monitoring -Procedure: .3. Use EPA approved disinfectant to disinfect glucometer per glucometer manufacturer's guidelines. <p>The manufacturers guidelines for cleaning and disinfecting state that the glucometer should be cleaned and disinfected after use on each patient.</p> <p>3/6/24 7:45AM - During a medication observation, E26 (LPN) obtained a blood glucose level on R27 using a glucometer, E26 did not clean or disinfect the glucometer after using it. At 7:56 AM, E26 obtained a blood glucose reading on R15 using the same glucometer that had not been cleaned or sanitized after it had been used on R27. E26 confirmed the findings at 8:05 AM.</p> <p>3/13/24 3:45PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman Office.</p>

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>46134</p> <p>Based on interview and review of facility documentation, it was determined that the facility failed to develop, implement, and maintain an effective training program for staff, consistent with their expected roles. Findings include:</p> <p>Review of the facility Nursing Orientation Check List revealed that nephrostomy (tube placed to drain urine) care was not on the checklist.</p> <p>Review of R296's clinical record revealed:</p> <p>6/30/23 - R296 was admitted to the facility with multiple diagnoses, including kidney cancer and chronic kidney disease. R296 had a nephrostomy tube placed in his left kidney during a recent hospitalization . R296's left kidney was unable to drain urine because of his kidney cancer.</p> <p>7/15/23 - A physician's order was written to flush R296's nephrostomy tube with 10 ml saline flush daily, every day shift. R296 was hospitalized seven times from 7/16/23 through 2/28/24, and the facility physician's order for the nephrostomy flush resumed with R296's facility readmissions.</p> <p>3/7/24 1:30 PM - During an observation E40 (LPN) flushed R296's nephrostomy tube. During an interview, E40 stated that she had not received facility training to flush a nephrostomy tube, but that she was familiar with the procedure from doing it at another facility.</p> <p>3/7/24 3:24 PM - During an interview E28 (Staff Developer) confirmed that she has not done nephrostomy tube flush education with nursing staff yet.</p> <p>3/13/24 3:45 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (Corporate Clinical Operations), E4 (Regional Clinical Specialist) and representatives from the Ombudsman office.</p>