

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2024
NAME OF PROVIDER OR SUPPLIER  Aspire at Bryan Dairy		STREET ADDRESS, CITY, STATE, ZIP CODE 9035 Bryan Dairy Rd Largo, FL 33777	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39438</p> <p>Based on interview and record review, the facility failed to ensure the grievance policy was followed to include documentation, resolution, and follow-up for 11 of 13 residents attending the resident council meeting and seven (#40, #70, #59, #39, #58, #25, and #97) of 61 total residents sampled.</p> <p>Findings included:</p> <p>Review of the facility's policy and procedures titled Complaint/Grievance with an effective date of 11/30/2014 and a revised date of 10/24/2022, revealed: Policy - The center will support each resident's right to voice a complaint/grievance without fear of discrimination or reprisal. The center will make prompt efforts to resolve the complaint/grievance and informed the resident of progress towards resolution. Procedure: 1. An employee receiving a complaint/grievance from a resident, family member and/or visitor will initiate a complaint/grievance form. * Complaint/grievance forms will be available 24 hours per day seven days a week in an unsecured common area. *Accommodations will be made to ensure residents have the opportunity regardless of their physical abilities or limitations. 2. Original grievance forms are then submitted to the grievance officer/designee for further action. 3. The grievance officer/designee shall act on the grievance and begin follow up of the concern or submit it to the appropriate department director for follow up. 4. The grievance follow-up should be completed in a reasonable time frame; This should not exceed 14 days. 5. The findings of the grievance shall be recorded on the complaint/grievance form. 6. The results will be forwarded to the executive director for review and filing. 7. The grievance official will log complaints/grievances and monthly grievance log. 8. The individual voicing the grievance will receive follow up communication with the resolution, a copy of the grievance resolution will be provided to the resident upon request.</p> <p>1. During a Resident Council (RC) Meeting on 06/10/24 at 3:15 p.m., residents voiced the following concerns:</p> <p>11 of 13 residents present stated they had an unresolved grievance about frequently receiving their meals cold for months. The residents stated they were told the facility was going to get tray warmers but the food continued to be cold. Ten of thirteen residents present at the meeting voiced dissatisfaction with the dietary service offered by the facility.</p> <p>Resident #40 stated residents could report a grievance and the facility accepted the grievance, but the breakdown in the process was a resolution. There was never a resolution.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #70 stated the facility used to provide the resident with a copy of the grievance when they placed grievances, but we are no longer allowed to have a copy of the grievance we complete. I asked for a copy of a grievance I wrote and was told no. The facility starts to take steps to correct the grievance but generally fall short.</p> <p>Interview on 06/09/24 at 11:34 a.m. with Resident #59 revealed the food was always cold and had informed the facility of this concern. A review of the Admission Record for Resident #59 revealed she had resided in the facility for over 5 years. Review of Resident #59's most recent Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 out of 15, indicating intact cognition.</p> <p>Review of the Grievance Log revealed:</p> <p>Resident #39 filed a grievance on 05/24/24 related to cold breakfast. The findings of the investigation showed the hot pellet warmer had not been working for a long period of time. Maintenance had been working to fix it. The plan to resolve the complaint/grievance indicated waiting for the hot pellet warmer to be fixed. The expected results of action taken was to fix the pellet warmer. The post investigation follow up showed the resident understood the pellet warmer was down right now, and staff would try to pass trays out in a timely manner. Resident was understanding and would keep her updated during guardian angel rounds.</p> <p>Resident #58 filed a grievance on 05/24/24 related to cold food. The findings of the investigation showed the hot pellet warmer had not been working for a long period of time. Maintenance had been working to fix it. The post investigation follow up documented explained to the resident the pellet warmer was down and maintenance was fixing it. Resident was understanding and would keep her updated during guardian angel rounds.</p> <p>Resident #25 filed a grievance on 05/29/24 related to cold food. The findings of the investigation showed the hot plates were used with hot food. The plan to resolve the issue was to ensure meals were sent to the floor timely.</p> <p>A review of the Resident Council Meeting Minutes from 01/02/24 to 05/31/24 showed no concerns related to cold food; however, a grievance filed by the Resident Council on 05/24/24 related to cold food. The findings of the investigation showed the hot pellet warmer had not been working properly and maintenance was aware of the situation. A steam table was approved and when it comes, staff will put in place. Residents were thankful that the facility was working on a steam table to ensure meals were hot.</p> <p>Review of the Food Committee Meeting Minutes dated 01/05/24 showed there was a concern about cold food. The pellet warmer was not working.</p> <p>Review of the Food Committee Meeting Minutes dated 05/24/24 showed there were concerns about cold food.</p> <p>On 06/12/24 at 11:53 a.m., the Kitchen Manager reported she reports concerns voiced during the Food Committee Meetings to her boss and the Administrator via email.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/12/24 at 11:59 a.m., the Kitchen Manager stated she had not been invited to the Resident Council Meetings. She sets up the meetings for the Food Committee. She reported the facility does not have food delivery carts with warmers. The Kitchen Manager stated the pellet warmer was not working, and this had been an issue prior to her being employed here. Review of the background screening log revealed the Kitchen Manager had a hire date of 4/30/2024. The pellet warmer was leaving the kitchen today stated the Kitchen Manager. She had done audits on food temperatures, and she found that the Certified Nursing Assistants (CNAs) were not delivering the trays timely. There had been some education done.</p> <p>On 06/12/24 at 10:19 a.m., the Social Services Director (SSD) reported anyone can write a grievance. When he receives a grievance related to dietary, he makes a copy of the grievance, put it on the Grievance/Concern Log, and takes the grievance to the Kitchen Manager. The Kitchen Manager conducts the investigation. After the investigation was complete, he would close it out and follow up with the resident and make sure the resident signs the grievance. The SSD reported he had received a lot of dietary grievances related to cold food. Dietary has been a trend, stated the SSD. The SSD stated there had been issues with cold food because they had to order a part for a piece of equipment.</p> <p>On 06/12/24 at 11:05 a.m., the Administrator stated she hadn't heard any concerns regarding cold food since the last grievance was received on 05/24/24. The resolution was more so explaining to the residents what was going on with the pellet warmer in the kitchen. The wire was not functioning properly. It was fixed but went down again, and they had to order another part. She stated right now it does not get super-hot.</p> <p>On 06/12/24 at 11:48 a.m., the Administrator reported the pellet warmer had been fixed before and provided documents related to the work orders.</p> <p>-An invoice dated 01/26/24 showed the plate warmer was not working. Replaced the high limit and thermostat. tested the unit for proper operation and unit was working properly.</p> <p>-An invoice dated 03/22/24 showed 2 or 3 bins on the plate warmer not heating. They took the plates out and checked all wires, adjusted the thermostat, and then tested the unit for proper operation.</p> <p>-An invoice dated 05/15/24 showed the hot food steam table had power issues. The technician arrived onsite and determined parts needed, however the unit was made in 1998 and parts are obsolete, provider was recommending replacement as they cannot locate parts.</p> <p>-An invoice dated 06/06/24 showed pending work was in progress for the pellet warmer to replace 20 dispenser springs, replace thermostat, and replace high limit. The replacements had not been approved.</p> <p>2. During an interview on 6/12/2024 at 9:09 AM, Resident #40 stated he was having concerns regarding missing clothing and a broken TV since returning from the hospital in April 2024. The resident stated when he returned from his hospitalization his room had been changed and that's when he discovered the missing items and the TV was not working right. Resident #40 stated the concerns were not being followed up on, and Resident #40's responsible party contacted the Ombudsman. Resident #40 reported the Ombudsman came to the facility and spoke with him. Resident #40 stated the Ombudsman would speak with the administration and follow back up. Resident #40 has not had any further follow up.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Grievance Logs from February 2024 to current, revealed one grievance in regard to missing clothing from March, 18, 2024. No other grievances were found related to Resident #40.</p> <p>On 6/12/2024 at 9:43 AM, the Social Service Director (SSD) reviewed the grievance process. The SSD reported once the grievance was received, it was logged in by social services. A decision of who was responsible for investigating the grievance was made. Then the department manager was responsible to investigate, determine resolution and follow up with the resident/responsible party. Once completed, the grievance form was returned to social services. The SSD stated, we like to get them back in three to five days. The SSD stated the Administrator (NHA) and SSD meet weekly to discuss grievances. The SSD was not aware of the Ombudsman visit for Resident #40 and stated a grievance would need to be completed if the visit was related to a concern. The SSD confirmed Residents #40's only grievance on file related to missing clothing in March of 2024.</p> <p>Interview on 6/12/2024 at 11:04 AM with the Nursing Home Administrator (NHA) revealed she was aware of Resident #40's concerns regarding the issues with the TV and the Ombudsman visit. The NHA stated a grievance was completed but never provided any documentation of the grievance.</p> <p>3. During an interview on 6/12/2024 at 9:28 AM, Resident #97 stated the facility requested he complete a room change in April of 2024. Resident #97 stated he agreed to the move and while he was at dialysis, the facility packed up his belongings and moved them to the new room. The resident reported that his good clothing that were in the closet in the previous room missing upon his return. Resident #97 stated he told the NHA his good clothing was missing. Resident #97 stated he never received any follow up in regards to the missing clothing.</p> <p>During an interview on 6/12/2024 at 9:43 AM with the SSD. The SSD confirmed no grievances were filed for Resident #97.</p> <p>41015</p> <p>48223</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41015</p> <p>Based on interview, record review, and review of the facility's policy Abuse, Neglect, Exploitation &amp; Misappropriation, the facility failed to ensure protection from repeated incidents of verbal abuse by Resident #96 towards one (Resident #34) of three residents reviewed for abuse.</p> <p>Findings included:</p> <p>During an interview on 06/11/24 at 12:50 p.m., Resident #34 stated he was receiving his medications at the nursing station around 7:00 a.m. this morning with Staff A, Licensed Practical Nurse (LPN). Resident #34 stated while taking his medication Resident #96 came to the nurses station and verbally assaulted me calling me a fat ass and using the F word. Resident #34 stated Staff A Licensed Practical Nurse (LPN) heard everything and all she did was apologize to me for his behavior. Resident #34 stated Staff B Licensed Practical Nurse (LPN), Unit Manager (UM) also came to speak with him and apologized for Resident #96's behavior towards him. Resident #34 stated this was not the first time this had occurred and he was getting tired of everyone always apologizing for Resident #96's behavior and not doing anything about it. Resident #34 stated everyone told me to just stay away from him but Resident #96 was the one who seeks me out most of the time and these verbal attacks on me need to stop.</p> <p>Review of the Admission Record showed Resident #34 was admitted to the facility on [DATE] with diagnoses that included but not limited to Unspecified Sequela of unspecified Cerebrovascular disease, recurrent depressive disorder, difficulty walking, weakness, type II diabetes mellitus and osteoarthritis.</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE], Section-C-Cognitive Patterns showed Resident #34 had a Brief Interview for Mental Status (BIMS) of 15, which indicated intact cognition.</p> <p>Review of the Admission Record showed Resident #96 was admitted to the facility on [DATE] with diagnoses that included but not limited to Schizophrenia, Encephalopathy, difficulty walking, pancytopenia, alcohol abuse uncomplicated and muscle weakness.</p> <p>Review of the the quarterly MDS dated [DATE], Section-C-Cognitive Patterns showed Resident #96 had a Brief Interview for Mental Status (BIMS) of 15, which indicated intact cognition.</p> <p>During an interview on 06/11/24 at 12:58 p.m., Staff A Licensed Practical Nurse (LPN) stated there was a verbal altercation between Resident #34 and Resident #96 this morning. Staff A LPN stated Resident #34 was at the medication cart getting his blood pressure taken when Resident #96 approached the nurses station and began cussing at Resident #34. Staff A LPN stated that Resident #34 did not engage in the verbal altercation and Staff B LPN, Unit Manager (UM) heard Resident #96 yelling and came out of her office and took care of the issue. Staff A LPN confirmed this was not the first encounter between Resident #34 and Resident #96 and stated they have a history and did not like each other.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/11/24 at 1:01 p.m., Staff B LPN,UM stated she heard an altercation this morning and came out of her office to see what was going on. Staff B LPN, UM stated she was aware of Resident #96's mental health issues, so she immediately went out the verbal altercation and told Resident #96 to cut it out and told Resident #96 to take a walk. Staff B LPN, UM stated Resident #96 then walked down the hall allowing separation between both Resident #34 and #96. Staff B LPN, UM stated Resident #34 and Resident #96 did not like it each other.</p> <p>During an interview on 06/11/24 at 1:08 p.m., the Administrator stated she was also the Risk Manager. The Administrator stated that nothing had been reported regarding any abuse or resident to resident altercation today. The Administrator stated that she had heard nothing about the verbal altercation between Resident #96 and Resident #34 from this morning, 06/11/2024. The Administrator stated if a Resident to Resident altercation occurred she would have expected Staff B LPN, UM to have reported it to her right away so she could have filed a report within the appropriate timeframe and per policy. The Administrator stated that she would report this altercation immediately and start an investigation now.</p> <p>During an interview on 06/11/24 at 1:12 p.m., Resident #96 stated that he did not like Resident #34 and he did tell him off. Resident #96 stated that Resident #34 was also trying to mess with his life and get him in trouble.</p> <p>Review of the facility's policy Abuse, Neglect, Exploitation &amp; Misappropriation revised date 11/16/22 showed, Verbal Abuse may be considered a form of mental abuse. Verbal abuse includes the use of oral, written or gestured communication, or sounds, to resident within hearing distance regardless of age ability to comprehend or disability. 7. Reporting/Response: Any employee or contracted service provider who witnessed or has knowledge of an act of abuse or an allegation of abuse, neglect, exploitation or mistreatment, including injuries of unknown sources misappropriation of resident property, to a resident, is obligated to report such information immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later then 24 hours if the event that cause the allegation do not involve abuse and do not result in serious bodily injury, to the Administrator and to the other officials in accordance with State law.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39438</p> <p>Based on record review and interview, the facility failed to notify the resident and/or resident representative of the facility policy for bed-hold for three (#177, #280, and #427) of four residents reviewed for hospitalization .</p> <p>Findings included:</p> <p>1. A review of the Admission Record showed Resident #177 was admitted to the facility on [DATE]. She was discharged to the hospital on 02/13/24.</p> <p>Additional review of the Electronic Medical Record and the Resident's 'Hard Chart' revealed no 'Bed Hold Policy'.</p> <p>On 06/11/24 at 5:48 p.m., the Administrator reported they could not find a bed hold policy for Resident #177.</p> <p>A review of the Admission Record showed Resident #177 was admitted to the facility on [DATE]. A review of a change in condition form revealed she was transferred to the hospital on 02/11/24 for altered mental status and did not return to the facility.</p> <p>Review of the medical record revealed no evidence of a bed-hold notice at the time of transfer.</p> <p>On 06/11/24 at 5:48 p.m., the Administrator confirmed they could not find any documentation to show the resident and the resident representative received written notice of the bed-hold upon transfer.</p> <p>43453</p> <p>2. Review of the Admission Record for Resident #280 revealed an original admitted [DATE]. Review of the contact information section revealed the resident was his own Responsible Party. The resident had an emergency contact listed.</p> <p>Review of a Nursing Home Transfer and Discharge Notice revealed the resident was transferred to the hospital on 05/23/24. Review of the bed-hold notice revealed Resident #280's name was filled in and his representative's name was filled in on 05/23/24 to indicate the bed-hold notice was provided; however, below the names of the resident/resident representative was the following statement:</p> <p>By signing below the staff member attest to providing the written bed hold notice to the resident and resident representative if applicable</p> <p>The signature/title line was not completed to attest that the notice was provided.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of the Admission Record for Resident #427 revealed an original admitted [DATE] and transfer to the hospital on 03/03/24. Review of the contact information section revealed the resident was his own Responsible Party.</p> <p>Review of the medical record revealed no evidence that the resident received the bed-hold notice at the time of transfer.</p> <p>On 06/11/24 at 11:31 a.m., the Assistant Social Services Director (ASSD) reviewed the medical record for Resident #427. She confirmed that no bed hold notification paperwork was present. She stated the expectation was for the nurse who was sending the resident out to initiate the paperwork. She confirmed the staff sending the resident out should sign the bed-hold form confirming they provided the bed hold information.</p> <p>An interview was conducted on 06/11/24 at 1:35 p.m. with the Social Services Director (SSD), Regional SSD, and the Nursing Home Administrator (NHA). The Regional SSD confirmed the records she reviewed for Residents #280 and #427 did not show the resident/representative were notified of the facility's bed hold policy.</p> <p>Review of the August 2018 policy and procedure titled, BED HOLD NOTICE showed in accordance with state and federal law the center provides written notice of its bed hold information to each resident and resident representative, if applicable, regarding the duration of the state bed-hold policy, during which the resident is permitted to return and resume residence in the nursing facility and the reserve bed payment policy in state plan.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41015</b></p> <p>Based on record review, interview, and review of the facility's policy, the facility failed to ensure residents received an accurate Level I Preadmission Screening and Resident Review (PASARR) for four (Residents #20, #36, #42, and #96) of six residents reviewed for PASARR.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>Review of the Admission Record showed Resident #20 was initially admitted to the facility on [DATE] with diagnoses that included schizoaffective disorder, schizophrenia and mixed anxiety disorder.</li> </ol> <p>Review of Resident #20's PASARR dated 01/15/24 Section A. MI or suspected MI (check all that apply) showed the check boxes next to Anxiety Disorder and Schizophrenia were not marked.</p> <ol style="list-style-type: none"> <li>Review of the Admission Record showed Resident #96 was initially admitted to the facility on [DATE] with diagnoses that included schizophrenia unspecified, other seizures and alcohol abuse, uncomplicated.</li> </ol> <p>Review of Resident #96's PASARR dated 12/22/23 Section A. MI or suspected MI (check all that apply) showed the check boxes next to Schizophrenia and Substance Abuse were not marked.</p> <p>On 06/11/24 at 3:35 p.m., the Director of Nursing (DON) stated she had been working in the facility for two months. The DON stated when she was first hired there was no one in the facility to review PASARRs. The DON stated that the facility had identified PASARRs that were incorrect and there was a list of PASARRs that need to be corrected, but she was the only person completing this task. The DON stated she would continue to work on them when she could.</p> <p>39438</p> <ol style="list-style-type: none"> <li>A review of the Admission Record showed Resident #36 was initially admitted to the facility on [DATE] with a Principle/Primary diagnosis of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</li> </ol> <p>Section I- Active Diagnoses of the Minimum Data Set (MDS) dated [DATE] showed the resident had diagnoses of non-Alzheimer's Dementia, anxiety disorder, depression, and schizophrenia.</p> <p>Review of Resident #36's PASARR dated 08/28/18 showed the resident was marked no for a primary diagnosis of Dementia.</p> <ol style="list-style-type: none"> <li>A review of the Admission Record showed Resident #42 was initially admitted to the facility on [DATE] with diagnoses present on admission to include bipolar disorder, major depressive disorder, and post-traumatic stress disorder. An additional diagnosis of anxiety disorder, unspecified with an onset date of 10/12/2023 was also listed.</li> </ol> <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 - Some</p>	<p>Section I- Active Diagnoses of the MDS dated [DATE] showed diagnoses of anxiety disorder, depression, bipolar disorder, and post-traumatic stress disorder (PTSD).</p> <p>Review of the PASARR dated 05/25/23 showed the resident had diagnoses of bipolar disorder and PTSD. The resident's PASARR was not updated to reflect the new anxiety diagnosis that occurred during the resident's stay.</p> <p>On 06/11/24 at 5:27 p.m., the Director of Nursing (DON) stated she would expect to see all the diagnoses listed on the PASARR and if a resident had a primary diagnosis of dementia, a Level II should be completed.</p>		

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NAME OF PROVIDER OR SUPPLIER  Aspire at Bryan Dairy		STREET ADDRESS, CITY, STATE, ZIP CODE  9035 Bryan Dairy Rd Largo, FL 33777	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41015</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper care to prevent the worsening of pressure wounds for two (Residents #74 and #12) of four residents sampled for pressure wounds.</p> <p>Findings included:</p> <p>An observation was conducted on 6/11/24 at 11:48 a.m. of Resident #74 lying in bed with his legs exposed crying out for assistance. He said his feet hurt and he needed help moving his leg. The resident was observed to have bandages on both heels and his feet were propped up on a plastic pack of disposable briefs. (Photographic evidence obtained with resident permission.)</p> <p>An observation and interview was conducted on 6/11/24 at 11:50 a.m. of Staff V, Certified Nursing Assistant (CNA) entering Resident #74's room and assisting to reposition his leg. Staff V confirmed the resident's heels were being offloaded with a pack of briefs. She said his pressure relieving boots were in the laundry so someone must have put those there. Staff V said the resident had wound care that morning and maybe they put the briefs under his heels.</p> <p>Review of Admission Records showed Resident #74 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease, muscle weakness and difficulty walking. The resident was listed as his own responsible party.</p> <p>Review of Resident #74's Minimum Data Set (MDS), dated [DATE], Section C, Cognitive Patterns, showed the resident had a Brief Interview for Mental Status (BIMS) score of 2, indicating severely impaired cognition.</p> <p>Review of Resident #74's physician orders showed:</p> <p>-Encourage offloading bilateral heels while in bed. Every shift for unstageable bilateral heels as tolerated. Date 6/4/24.</p> <p>Review of wound care provider notes showed the resident had right and left heel wounds. On 5/6/24 the wound etiology was noted to be pressure, unstageable, and offloading boots were in place. On 5/15/24 the left and right heel wounds were changed to stage 4.</p> <p>An interview was conducted on 6/11/24 at 11:53 a.m. with Staff W, Registered Nurse (RN). She confirmed Resident #74 had stage 4 pressure wounds on both heels that were in house acquired. She said the resident had boots to offload his heels while he was in bed. Staff W reviewed the photo of Resident #74's heels propped on a pack of briefs. She said that was totally inappropriate. She said she would never put briefs under someone's feet to offload them. She said had she seen that she would have fixed it immediately and educated staff.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 6/11/24 at 12:31 p.m. with the Director of Nursing (DON). She reviewed the photo of Resident #74's heels offloaded with the pack of briefs. The DON said that was not at all appropriate and she could not believe someone would have used briefs to prop his heels on. She said it should not have happened and she would investigate.</p> <p>Review of the Admission Record showed Resident #12 was originally admitted to the facility on [DATE] with diagnoses that included but not limited to multiple sclerosis, restless leg syndrome, polyneuropathy, and Parkinson's disease with dyskinesia without mention of fluctuations.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] Section-C-Cognitive Patterns showed Resident #12 had a Brief Interview for Mental Status (BIMS) of 15 (Cognitively Intact).</p> <p>Review of Resident #12's care plan showed a focus [Resident #12] has a pressure injury to the right heel. The goal showed, The resident's pressure injury will show signs of healing and have minimal risk of infection by/through the review date. The interventions included but not limited to: Administer treatments as ordered and monitor for effectiveness, assess/record/monitor wound healing, and monitor dressing to ensure it is intact and adhering report loose dressing to the nurse An additional focus showed, [Resident #12] has an arterial ulcers to: left dorsal 2nd toe, left lateral malleous, left dorsal 3rd toe, left lateral foot and left dorsal 4th toe. The goal showed, The resident will be free from infection or complications related to arterial ulcer through review date. The interventions included but not limited to Monitor/document wound document progress in wound healing on an ongoing basis, wound medical doctor visit at [local] medical weekly as ordered, WOUND/DRESSING change the dressing and record observations of site.</p> <p>Review of Resident #12's current orders showed wound care orders as followed:</p> <ul style="list-style-type: none"> <li>- Consultation with wound care provider dated 06/01/24</li> <li>- Consult with Wound Care [as needed] PRN dated 05/06/24</li> <li>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to left dorsal 2nd toe topically as needed for unstageable if soiled dated 05/06/24.</li> <li>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to left dorsal 3rd toe topically every day shift for unstageable. Use [Brand name for a strong topic antiseptic] Solution, wet gauze, and apply to wound bed for 10 mins prior to dressing application, use wound cleanser, pat dry, apply Aquacel AG hydrofiber cleanser with silver (cut to size of wound bed as directed), apply ABD Pad, cover with kerlix dated 05/06/24.</li> <li>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to left dorsal 4th toe topically as needed for unstageable if soiled dated 05/06/24.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to left dorsal 4th toe topically every day shift for unstageable. Use [Brand name for a strong topic antiseptic] Solution, wet gauze, and apply to wound bed for 10 mins prior to dressing application, use wound cleanser, pat dry, apply Aquacel AG hydrofiber cleanser with silver (cut to size of wound bed as directed), apply ABD Pad, cover with kerlix. dated 05/06/24.</p> <p>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to left dorsal 2nd toe topically every day shift for unstageable. Use [Brand name for a strong topic antiseptic] Solution, wet gauze, and apply to wound bed for 10 mins prior to dressing application, use wound cleanser, pat dry, apply Aquacel AG hydrofiber cleanser with silver (cut to size of wound bed as directed), apply ABD Pad, cover with kerlix. dated 05/06/24.</p> <p>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to left lateral foot topically as needed for unstageable if soiled dated 05/06/24.</p> <p>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to left lateral malleous every day shift for unstageable. Use [Brand name for a strong topic antiseptic] Solution, wet gauze, and apply to wound bed for 10 mins prior to dressing application, use wound cleanser, pat dry, apply Aquacel AG hydrofiber cleanser with silver (cut to size of wound bed as directed), apply ABD Pad, cover with kerlix. dated 05/06/24.</p> <p>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to left lateral malleous topically as needed for unstageable if soiled dated 05/06/24.</p> <p>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to right medial calcareous topically as needed for unstageable if soiled dated 05/06/24.</p> <p>- [Brand name for a strong topic antiseptic] (1/4 strength) External Solution 0.125% (Sodium Hypochlorite) - Apply to right medial calcareous every day shift for unstageable. Use [Brand name for a strong topic antiseptic] Solution, wet gauze, and apply to wound bed for 10 mins prior to dressing application, use wound cleanser, pat dry, apply Aquacel AG hydrofiber cleanser with silver (cut to size of wound bed as directed), apply ABD Pad, cover with kerlix. dated 05/06/24.</p> <p>Review of the Treatment Administration Record dated May 2024 showed Resident #12 missed wound treatments on the following dates:</p> <ul style="list-style-type: none"> <li>- 05/12/24</li> <li>-05/14/24</li> <li>-05/17/24</li> <li>-05/19/24</li> <li>-05/21/24</li> </ul> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-05/23/24</p> <p>-05/24/24</p> <p>-05/27/24</p> <p>-05/30/24</p> <p>-05/31/24</p> <p>Review of the Treatment Administration Record dated June 2024 showed Resident #12 missed wound treatments on the following dates:</p> <p>- 06/08/24</p> <p>-06/09/24</p> <p>During an interview on 06/11/24 at 12:32 p.m., the Director of Nursing (DON) stated the TAR did look like the wound treatments were not completed but needed to look into this more because she wondered if it was more of a documentation error than the nurses not providing wound treatment.</p> <p>During an interview on 06/11/24 at 12:40 p.m., Resident #12 stated that no one provided wound treatment to her feet this weekend. Resident #12 stated that she went to the wound care clinic every Wednesday but the nurses at the facility were to provide wound care to her all other days.</p> <p>During an interview on 06/11/24 at 5:50 p.m., The Director of Nursing (DON) stated that she spoke with some of her nurses and they informed her the wound treatment was completed they just forgot to document they completed the treatment. The DON stated that she would have expected the nursing staff to document when they provided the wound treatment for Resident #12 but did not.</p> <p>Review of the facility's policy Non-pressure skin Condition Record revision date 04/01/17 showed, Policy: To document the presence of skin impairments/new skin not related to pressure when first observed and weekly thereafter. This includes skin tears, surgical sites, etc. One site will be recorded per page.</p> <p>Review of the facility's policy Clinical Guidelines Skin &amp; Wound effective date 04/01/2017 showed, To provide a system for identifying skin at risk, implementing individual interventions including evaluation and monitoring as indicated to promote skin health, healing and decrease worsening of/prevention of pressure injury.</p> <p>Review of the facility's policy Physician Orders revision date 03/03/21 showed, Policy: The center will ensure that Physician orders are appropriately and timely documented in the medical record.</p> <p>Review of the facility's policy Pressure Injury Record revision date 04/01/2017 showed, Policy: To document the presence of skin impairment/new skin impairment related to pressure when first observed and weekly thereafter until the site is resolved. Once site will be recorded per page.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Clinical Nurse 1 LPN Job Description showed Duties and Responsibilities that included but not limited to 6. Comply with evaluation, treatment, and documentation of the company guidelines. 7. Complete required documentation in an accurate and timely manner.</p> <p>Review of the facility's Clinical Nurse 1 RN Job Description showed Duties and Responsibilities that included but not limited to 6. Comply with evaluation, treatment, and documentation of the company guidelines. 8. Complete required documentation in an accurate and timely manner. 14. Monitor compliance with resident record documentation, as directed.</p> <p>46234</p>		