

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/08/2024
NAME OF PROVIDER OR SUPPLIER Chatuge Regional Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 386 Belaire Drive Hiawassee, GA 30546	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35690</p> <p>Based on record review and interviews, the facility failed to assist one resident (R) (R56) in obtaining identification for voting purposes out of total sample of 27 residents reviewed for resident rights. This had the potential for a diminished quality of life and the failure to promote the resident's right to vote.</p> <p>Findings include:</p> <p>Review of R56's Record of Admission, located under the Clinical tab of the electronic medical record (EMR), revealed R56 was admitted to the facility on [DATE].</p> <p>Review of R56's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/28/2024 and located under the Clinical tab of the EMR, revealed R56 scored 15 out of 15 on the Brief interview for Mental Status (BIMS), which indicated R56 was cognitively intact.</p> <p>During an interview on 6/4/2024 at 11:42 am, R56 stated he needed assistance getting his license so he could vote. R56 stated when he went to vote last time, he only had a copy of his identification card, and they would not accept the copy, so his vote did not count. He indicated that it was important to him that he vote as he has never missed a vote in his life. R56 said the facility is aware of what he needs but no one has helped him.</p> <p>During an interview on 6/5/2024 at 4:30 pm, the Activities Director (AD) stated he was aware that R56 needed to renew his identification card but confirmed he had not done anything about it.</p> <p>During an interview on 6/6/2024 at 5:15 pm, the AD revealed he had taken R56 to get his identification card.</p> <p>During an interview on 6/7/2024 at 2:00 pm, the Social Services Director (SSD) and the Director of Nursing (DON) verified that the AD would have been responsible for ensuring R56 had his identification card updated.</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 - Many</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>35690</p> <p>Based on record review, interview, and review of the policy titled Grievance Policy, the facility failed to ensure that grievances were promptly and thoroughly resolved and/or responded to for one resident (R) (R107) out of 27 sampled residents. Additionally, the facility failed to have a process in place for residents to file a grievance anonymously. This had the potential to affect all of the residents of the facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Grievance Policy, dated May 2022 revealed the policy of the facility is to assist residents and their family members or advocates in filing grievances when such requests are made. Procedure: Number 1. Any resident, his/her representative, family member, or advocate may file a grievance concerning his/her treatment, medical care, behavior of other residents, staff members, theft of property, etc. without fear of threat or reprisal in any form. Number 3. The Administrator has delegated the responsibility of the grievance investigation to the Social Services department. Number 4. Upon receipt of the grievance the social worker will determine which department head or heads need to investigate the allegations and submit a written report of such findings to the Administrator within five working days of receiving the grievance. Number 6. The resident, or person filing the grievance will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems.</p> <p>Review of a Grievance Form dated 4/22/2024 documented that R107 submitted a grievance form to Social Services Director (SSD). The grievance read, SS (social services) received a message from resident's granddaughter that the resident was not allowed to use the bathroom over the weekend. SS spoke with resident who advised the Certified Nurse Aide (CNA) when resident asked to get up for bedside toilet the CNA told the resident to use her pull up. Resident advised that the CNA did not get her up, did not take her to the bedside toilet, and kept her in bed all weekend. Resident said she did not get up out of the bed until Monday 4/22/2024. Resident advised that she was given an enema Friday, and it did not feel right to her to be made to use the bathroom on herself. The Investigation portion of the Grievance Form read Spoke with the staff member in charge of resident. She stated that resident asked her to help her get on BSC (bed side commode). Staff member then informed resident that since she just had an enema, they [sic] may not make it to the toilet. Staff member also reported that resident did not go to sleep until after 4:00 am and she voiced she was tired. The Action Taken was blank. The Person making the complaint has been informed of results was blank. The investigating employee was the Director of Nursing (DON), dated 4/24/2024 and the Administrator signed the document on 5/1/2024.</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 - Many</p>	<p>During an interview on 6/6/2024 at 3:23 pm, the Administrator said the incident, from 4/22/2024, when CNA spoke rudely to R107 was documented on a grievance form and then staff completed education. He said the CNA should always report something like that and then it should be documented on a grievance form. The Administrator said he was typically the grievance coordinator. He said that any grievance should go to the correct department who can address the grievance and then they should follow up with the resident and the family. He said when a grievance comes up in a Resident Council meeting then the Activity Director (AD) should write it on the grievance form and get them to the right department. He confirmed he currently didn't have a grievance form that residents and family members could access and submit anonymously if they chose to.</p> <p>During an interview on 6/7/2024 at 3:35 pm, the Director of Nursing (DON) stated that completing a grievance form was important. She indicated if the grievance involved nursing then she would be involved with the investigation. She stated the SSD will be involved in every grievance.</p> <p>Cross Reference F600.</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36917</p> <p>Based on record review, interviews, and review of policy titled Abuse Reporting and Investigation, the facility failed to protect the resident's right to be free from abuse from by facility staff. Specifically, the facility failed to protect two residents (R) (R78 and R107) of 27 total sampled residents from physical, mental, and verbal abuse from Certified Nursing Assistant (CNA) staff. Due to the vulnerable nature of the nursing home population and the likelihood of resident abuse in the facility, immediate action was required to prevent further events of abuse.</p> <p>On 6/7/2024, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused, or had the likelihood to cause, serious injury, harm, impairment, or death to residents.</p> <p>The facility's Administrator and Director of Nursing (DON) were informed of two Immediate Jeopardy's (IJ) on 6/7/2024 at 8:49 am. The noncompliance related to the first Immediate Jeopardy was identified to have existed on 3/22/2024 when the facility failed to protect two residents (R) (R78 and R107) from physical, mental, and verbal abuse.</p> <p>A Credible Allegation of Compliance was received on 6/7/2024. Based on observations, record review, resident and staff interviews, and review of facility policies as outlined in the Credible Allegation of Compliance, it was validated that the corrective plans and the immediacy of the deficient practice was removed as of 6/8/2024.</p> <p>Findings include:</p> <p>Review of the policy titled Abuse Reporting and Investigation, revised March 2017, revealed Facility will not permit residents to be subjected to abuse by anyone, visitors, other residents, staff members, volunteers, and/or other agency working inside facility. Forms of abuse consist of verbal, sexual, physical, mental, neglect, exploitation/misappropriation of resident property, mistreatment, and injuries of unknown origin.</p> <p>1. Review of R78's Record of Admission located under the Clinical tab of the electronic medical record (EMR), revealed an admitted [DATE] with a diagnosis of dementia.</p> <p>Review of R78's significant change Minimum Data Set (MDS) dated of 3/21/2024 revealed a Brief Interview of Mental Status (BIMS) score of a zero out of 15 which indicated R78 was severely cognitively impaired.</p> <p>Review of the Facility Reported Incident (FRI) dated 3/22/2024, completed by the Administrator/Abuse Coordinator, revealed a report of verbal abuse. The report stated, allegation was reported by another CNA [CNA3] that a staff member [CNA2] spoke harshly to the resident during her shower.</p> <p>The FRI further revealed that Human Resource (HR) staff was interviewed and stated that CNA 3 reported the above incident to her. The HR staff stated CNA 3 submitted a written statement of the incident and it was provided to the administrator.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The FRI included an interview with the Director of Nursing (DON) where she stated that she provided verbal training to staff to always be mindful of your tone of voice.</p> <p>Review of CNA 2's personnel file revealed no evidence of abuse training other than a statement on how to report elder abuse under the Elder Justice Act. CNA 2 was suspended with pay for three days. The facility could not provide a facility investigation that determined the outcome of the incident. CNA 2 continued to provide direct care to R78, 16 times since this incident occurred, as recently as 6/5/2024.</p> <p>During an interview on 6/6/2024 at 9:20 am, the Administrator stated he had misplaced all documentation related to this incident.</p> <p>During an interview on 6/6/2024 at 9:55 am, CNA 3 stated she provided a verbal and written statement that CNA 2 was rough with R78 during a shower by throwing the resident into the shower chair. CNA 3 said R78 began gagging and crying. She stated R78 said I am going to vomit. She stated that CNA 2 told the resident if you vomit on me, I am going to punch you. CNA 3 proceeded to say that CNA 2 sprayed water in R78's face.</p> <p>35690</p> <p>2. Review of R107's Record of Admission, located under the Clinical tab of the EMR, revealed R107 was admitted to the facility on [DATE] with a diagnosis of Hemiparesis.</p> <p>Review of R107's Discharge MDS dated [DATE] revealed a BIMS score of 15 out of 15 which indicated R107 was cognitively intact. The resident required supervision for lower body and toileting.</p> <p>Review of a Grievance Form dated 4/22/2024 documented that R107 submitted a grievance form to Social Services Director (SSD). The grievance read, SS (social services) received a message from resident's granddaughter that the resident was not allowed to use the bathroom over the weekend. SS spoke with resident who advised when resident asked to get up for bedside toilet the CNA told the resident to use her pull up. Resident advised that the CNA did not get her up, did not take her to the bedside toilet, and kept her in bed all weekend. Resident said she did not get up out of the bed until Monday 4/22/2024. Resident advised that she was given an enema Friday, and it did not feel right to her to be made to use the bathroom on herself. The Investigation portion of the Grievance Form read Spoke with the staff member in charge of resident. She stated that resident asked her to help her get on BSC (bed side commode). Staff member then informed resident that since she just had an enema, they [sic] may not make it to the toilet. Staff member also reported that resident did not go to sleep until after 4:00 am and she voiced she was tired. The Action Taken included no documentation. The investigating employee was the Director of Nursing (DON), dated 4/24/2024 and the Administrator signed the document on 5/1/2024.</p> <p>During an interview on 6/6/2024 at 5:30 pm, the DON revealed she had talked to CNA 2 but did not document anything. The DON confirmed that CNA 2 who was named in the allegation had continued working since the event occurred.</p> <p>During an interview on 6/6/2024 at 7:30 pm, the Administrator revealed he had suspended CNA 2 and has since been terminated.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/8/2024 at 3:15 pm, the Administrator revealed the police had been notified regarding the incident.</p> <p>An attempt to interview CNA 2 was unsuccessful.</p>

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<p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36917</p> <p>Based on record review, interviews, and review of policy titled Abuse Reporting and Investigation, the facility failed to protect one resident (R) (R71) out of a total sample of 27 from exploitation perpetrated by Certified Nurse Aide (CNA)1. Due to the vulnerable nature of the nursing home population, a potential for serious exploitation existed, and the likelihood of CNA 1 exploiting other residents in the facility required immediate action to prevent further events of exploitation.</p> <p>On 6/7/2024, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused, or had the likelihood to cause, serious injury, harm, impairment, or death to residents.</p> <p>The facility's Administrator and Director of Nursing (DON) were informed of two Immediate Jeopardy's (IJ) on 6/7/2024 at 8:49 am. The noncompliance related to the second Immediate Jeopardy was identified to have existed on 7/12/2023 when the facility failed to protect R71 from exploitation by CNA 1.</p> <p>A Credible Allegation of Compliance was received on 6/7/2024. Based on observations, record review, resident and staff interviews, and review of facility policies as outlined in the Credible Allegation of Compliance, it was validated that the corrective plans and the immediacy of the deficient practice was removed as of 6/8/2024.</p> <p>Findings include:</p> <p>Review of the policy titled Abuse Reporting and Investigation, revised March 2017, indicated the Procedure is the facility will not permit residents to be subjected to abuse by anyone, visitors, other residents, staff members, volunteers, and/or other agency working inside facility. Forms of abuse consist of verbal, sexual, physical, mental, neglect, exploitation/misappropriation of resident property, mistreatment, and injuries of unknown origin. Implementation: Number 8. Employees of this facility who have been accused of resident abuse will be suspended immediately pending the outcome of the investigation.</p> <p>Review of R71's Record of Admission located under the Clinical tab of the electronic medical record (EMR), revealed an admitted [DATE] with a diagnosis of dementia and delusions.</p> <p>Review of R71's quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 11 out of 15 which indicated R71 was moderately cognitively impaired.</p> <p>(continued on next page)</p>

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<p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of an untitled document dated 7/12/2023, written by the Administrator documented CNA 1 was spending time with R71. The document revealed CNA 1 was staying with the resident in the facility until 2:00 am. The document revealed that facility staff observed CNA 1 holding hands with R71 in his room during this time. Further review of the document revealed the Administrator spoke with CNA 1 regarding the relationship with R71 and she denied any involvement. The Administrator discussed concerns that CNA 1 was spending so much time with R71 while other residents assigned to her required assistance, which had to be provided by other CNA's. The Administrator informed CNA 1 that personal relationships between resident and employees crossed professional boundaries and would not be tolerated. In this document, he indicated he was reassigning CNA 1 to another hall and that she was no longer allowed to cross over to R71's hall.</p> <p>Review of a report filed to the Adult Protective Services (APS), by the Business Office Manager dated 5/30/2024, revealed R71 left Against Medical Advice (AMA). Review of additional information in the report filed to the APS revealed R71 came to the business office to pay his bill and R71 presented three debit cards that were all declined. He stated I don't know who is spending all my money.</p> <p>Review of an untitled document, dated 6/3/2024, written by the Administrator revealed R71 returned from the hospital with his medical record. The medical record revealed that CNA 1 was listed as his emergency contact. The Administrator spoke with the staff member about her being listed as the emergency contact on the hospital medical records for R71. He reiterated to her their prior conversation from 7/12/2023. CNA 1 would not respond to the Administrator during this conversation. CNA 1 then requested a piece of paper from the Administrator and proceeded to write her resignation letter and presented it to the administrator.</p> <p>During an interview on 6/6/2024 at 10:48 pm, the Administrator confirmed he did not thoroughly investigate the allegations of exploitation of R71 by CNA 1 as he felt they were rumors and had no further information to provide.</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36917</p> <p>Based on record review, interviews, and review of policy titled Abuse Reporting and Investigation, the facility failed to ensure allegations of abuse, an injury of unknown origin that resulted in a hip fracture, and an allegation of employee to resident exploitation were reported to the State Survey Agency (SSA). Specifically, residents (R) (R71 and R107) were verbally abused by staff; R71 sustained an injury of unknown origin and potential exploitation by facility staff. The failure of the facility to report these incidents has the likelihood to lead to future unreported injuries of unknown origin, exploitation, and mental and verbal abuse against residents. The sample size was 27.</p> <p>On 6/7/2024, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused, or had the likelihood to cause, serious injury, harm, impairment, or death to residents.</p> <p>The facility's Administrator and Director of Nursing (DON) were informed of two Immediate Jeopardy's (IJ) on 6/7/2024 at 8:49 am. The noncompliance related to the Immediate Jeopardy was identified to have existed on 7/12/2023 related to the failure to report exploitation by Certified Nursing Aide (CNA) CNA 1 to R71, failed to report an injury of unknown origin for R71, and failed to report employee to resident abuse for R107.</p> <p>A Credible Allegation of Compliance was received on 6/7/2024. Based on observations, record review, resident and staff interviews, and review of facility policies as outlined in the Credible Allegation of Compliance, it was validated that the corrective plans and the immediacy of the deficient practice was removed as of 6/8/2024.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse Reporting and Investigation, revised March 2017, indicated Implementation: Number 14. The Administrator will provide a written report of the results of all abuse investigations and appropriate action taken to the State Survey and Certification Agency, the local police department, the Ombudsman, and others as may be required by state or local laws, within five (5) working days of the reported incident.</p> <p>1. Review of R71's Record of Admission located under the Clinical tab of the electronic medical record (EMR), revealed an admitted [DATE] with a diagnosis of dementia and delusions.</p> <p>Review of R71's quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 11 out of 15 which indicated R71 was moderately cognitively impaired.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of an untitled document dated 7/12/2023, written by the Administrator, summarizes a situation between CNA 1 and R71. CNA 1 would spend time in R71's room while neglecting her other assigned residents and was observed to be holding hands with R71. The Administrator spoke with CNA 1 regarding personal relationships between residents and employees that crossed professional boundaries and would not be tolerated. She denied any involvement with R71. She was reassigned to another hall, informed her that she was no longer allowed to cross over to R71's hall. There was no evidence this incident was reported to the SSA.</p> <p>Review of the Adult Protective Services (APS) report dated 5/30/2024 filed by the Business Office Manager revealed R71 left facility Against Medical Advice (AMA). Review of additional information in the report revealed R71 attempted to pay his bill and R71 presented three debit cards that were all declined. Resident stated, I don't know who is spending all my money. There was no evidence this incident was reported to the SSA.</p> <p>Cross Refer F602.</p> <p>Review of the Progress Notes dated 3/8/2024 indicated resident was on a leave of absence (LOA) from the facility 3/5/2024 through 3/7/2024. Upon his return, the resident reported that he had a fall while on LOA and thought he had a broken right leg/hip. This note further revealed R71 was not able to move his leg on that side and knee and foot appeared very swollen. R71 was immediately sent to the emergency room . On 3/12/2024, the resident returned to the facility from the hospital. He had a fractured right femur that had been repaired in surgery. There was no evidence that the injury of unknown origin was reported to the SSA.</p> <p>2. Review of R107's Record of Admission, located under the Clinical tab of the EMR revealed R107 was admitted to the facility on [DATE] with a diagnosis of Hemiparesis.</p> <p>Review of the Discharge MDS dated [DATE] revealed a BIMS score of 15 out of 15 which indicated R107 was cognitively intact. The resident required supervision for lower body and toileting.</p> <p>Review of the Grievance Form dated 4/22/2024 revealed that R107 submitted a grievance form when the facility received a message from resident's granddaughter that the resident was not allowed to use the bathroom over the weekend. When Social Services spoke with R107 he advised that that CNA 2 would not assist him to the bathroom and told him to go in his pull up. He further stated CNA 2 did not get him up all weekend. There was no evidence the incident was reported to the SSA.</p> <p>During an interview on 6/5/2024 at 2:50 pm, the Administrator confirmed the exploitation, injury of unknow origin, and verbal abuse were not reported to the SSA.</p> <p>Cross Reference F600.</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36917</p> <p>Based on record review, interviews, and review of the policy titled Abuse Reporting and Investigation, the facility failed to ensure that allegations of abuse, allegations of exploitation, and an injury of unknown origin, were thoroughly investigated for three residents (R) (R78, R71, and R107) reviewed out of a total sample of 27 residents. Specifically, the facility failed to investigate allegations of employee to resident abuse for R78 and R107, perpetrated by Certified Nurse Aide (CNA) 2. In addition, the facility failed to investigate an injury of unknown origin that resulted in a hip fracture and failed to investigate allegations of exploitation for R71 perpetrated by CNA 1. The failure of the Administrator to investigate these incidents have the likelihood to lead to future unreported allegations of abuse and exploitation as well as injuries of unknown origin.</p> <p>On 6/7/2024, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused, or had the likelihood to cause, serious injury, harm, impairment, or death to residents.</p> <p>The facility's Administrator and Director of Nursing (DON) were informed of two Immediate Jeopardy's (IJ) on 6/7/2024 at 8:49 am. The noncompliance related to the second Immediate Jeopardy was identified to have existed on 7/12/2023 when the facility became aware CNA 1 was in a personal relationship with R71 and potentially exploited is money.</p> <p>A Credible Allegation of Compliance was received on 6/7/2024. Based on observations, record review, resident and staff interviews, and review of facility policies as outlined in the Credible Allegation of Compliance, it was validated that the corrective plans and the immediacy of the deficient practice was removed as of 6/8/2024.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse Reporting and Investigation, revised March 2017, indicated the Statement Of Purpose is that all reports of resident abuse, neglect, and injuries of unknown source shall be thoroughly and promptly investigated by the facility. Implementation: Number 1. Should an incident or suspected incident of resident abuse, mistreatment, neglect, or injury of unknown source be reported, the Administrator and/or the Director of Nursing (DON), will appoint a member of management to investigate the alleged incident. Number 14. The Administrator will provide a written report of the results of all abuse investigations and appropriate action taken to the state survey and certification agency, the local police department, the ombudsman, and other as may be required by state and local laws, within five working days of the reported incident.</p> <p>1. Review of R71's Record of Admission located under the Clinical tab of the electronic medical record (EMR), revealed an admitted [DATE] with diagnoses of dementia and delusions.</p> <p>Review of R71's quarterly Minimum Data Set (MDS) dated [DATE] revealed a BIMS score of 11 out of 15 which indicated R71 was moderately cognitively impaired.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Chatuge Regional Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 386 Belaire Drive Hiawassee, GA 30546	
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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The Administrator submitted a written document dated 7/12/2023 that documented a suspected situation with CNA 1 and R71 being involved in a relationship with each other. The document continued to indicate that CNA 1 would neglect the other residents on her assignment, while she would be spending time in R71's room. CNA 1 was reassigned to another hall, and she was no longer allowed to go to R71's hall. There was no evidence this incident was thoroughly investigated by the facility.</p> <p>Review of the Adult Protective Services (APS) report dated 5/30/2024 filed by the Business Office Manager revealed R71 left facility Against Medical Advice (AMA). Review of additional information in the report revealed R71 attempted to pay his bill and he presented three debit cards that were all declined. Resident stated, I don't know who is spending all my money. There was no evidence this incident was reported to the SA.</p> <p>Review of the Progress Notes dated 3/8/2024 indicated resident was on a leave of absence (LOA) from the facility 3/5/2024 through 3/7/2024. Upon his return, the resident reported that he had a fall while on LOA and thought he had a broken right leg/hip. This note further revealed R71 was not able to move his leg on that side and knee and foot appeared very swollen. R71 was immediately sent to the emergency room . On 3/12/2024, the resident returned to the facility from the hospital. He had a fractured right femur that had been repaired in surgery. There was no evidence that the injury of unknown origin was investigated by the facility.</p> <p>During an interview with the Administrator on 6/6/2024 at 10:48 pm, he confirmed the above incidents involving R71 were not thoroughly investigated.</p> <p>3. Review of R78's Record of Admission located under the Clinical tab of the EMR revealed an admitted [DATE] with a diagnosis of dementia.</p> <p>Review of R78's significant change MDS dated of 3/21/2024 revealed a BIMS score of a zero out of 15 which indicated R78 was severely cognitively impaired.</p> <p>Review of the Facility Reported Incident (FRI) dated 3/22/2024, completed by the administrator/abuse coordinator, revealed a report of verbal abuse to R78 by CNA 2. Further review of this FRI revealed no documentation of an investigation.</p> <p>During an interview on 6/6/2024 at 9:20 am, the Administrator revealed he had investigated the issue but misplaced all documentation related to this incident. He was unable to provide or report the outcome of the investigation and confirmed CNA 2 continued to provide care to R78 and other residents.</p> <p>4. Review of R107's Record of Admission, located under the Clinical tab of the EMR revealed R107 was admitted to the facility on [DATE] with a diagnosis of Hemiparesis.</p> <p>Review of R107's discharge MDS dated [DATE] revealed a BIMS score of 15 out of 15 which indicated R107 was cognitively intact. The resident required supervision for lower body and toileting.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the Grievance Form dated 4/22/2024 revealed that R107 submitted a grievance when the facility received a message from resident's granddaughter stating that the resident was not allowed to use the bathroom over the weekend. When Social Services spoke with R107 he advised that that CNA 2 would not assist him to the bathroom and told him to go in his pull up. He further stated she did not get him up all weekend. There was no evidence the incident was investigated by the facility.</p> <p>During an interview on 6/5/2024 at 2:50 pm, the Administrator confirmed there was an allegation of abuse reported by R107 against CNA 2 and the facility did not complete a thorough investigation of the abuse.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154</p> <p>Based on record review, interviews, and review of the policy titled Resident Transfer and Discharge Rights Policy and Procedure, the facility failed to ensure three of five residents (R1, R72, and R101) and/or their representatives reviewed for facility initiated emergent hospital transfer were provided with written transfer notice that contained all required information. This failure has the potential to affect the resident and their representatives by not having the knowledge of where and why a resident was transferred, and/or how to appeal the transfer, if desired.</p> <p>Findings include:</p> <p>Review of the facility policy titled Resident Transfer and Discharge Rights Policy and Procedure, revised 6/2024 indicated the policy is to ensure that prior to resident transfer or discharge, whether voluntary or involuntary, resident transfer or discharge is necessary and if so, facility is in compliance with all regulatory requirements. Procedure: Number 6. Written Transfer Notification must include the following:</p> <ol style="list-style-type: none"> a. Notification must be an advance notice (either 30 days or as soon as practicable, depending on the reason for the transfer/discharge: b. Reason for transfer/discharge c. The effective date of the transfer or discharge d. The location to which the resident was transferred or discharged e. Statement that the resident has a right to appeal the action to the State of Georgia (facility will not discharge or transfer resident when an appeal is pending unless failure to transfer or discharge would endanger the health or safety of the resident or other individuals in the facility f. Name, address, and telephone number of the State Long Term Care Ombudsman. <p>1. Review of R1's Face Sheet from the electronic medical record (EMR) Face Sheet report tab showed a facility admitted [DATE].</p> <p>Review of R1's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 4/12/2024 showed a Brief Interview for Mental Status (BIMS) of 15, indicative of being cognitively intact.</p> <p>During an interview on 6/5/2024 at 10:37 am, R1 stated he had just come back from the hospital, he thought it was for a urinary tract infection.</p> <p>Review of R1's EMR Progress Notes revealed on 5/13/2024 at 2:17 pm, R1 was experiencing a change in mental status, increased weakness, and slurred speech; the physician was contacted and an order to send to the emergency room (ER) was received; emergency services were called for transport to the ER.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the EMR did not show any documentation of a written notice of transfer provided to R1 or his representative.</p> <p>During an interview on 6/6/2024 at 5:55 pm, the Director of Nursing (DON) revealed she was not aware a transfer notice was required in writing and needed to be given to the resident and/or their representative. She revealed they call the doctor, EMS [Emergency Medical Services], and call the family to let them know.</p> <p>During an interview on 6/7/2024 at 1:50 pm, with the representative of R1 revealed she was with him at a doctor's appointment, and she called and told the nurse his symptoms. When we got back to the facility the doctor was there and gave orders to send him to the hospital. The representative stated she did not receive anything in writing about the transfer.</p> <p>2. Review of R72's Face Sheet from the EMR Face Sheet from the Report tab showed a facility admitted [DATE].</p> <p>Review of R72's EMR Progress Note revealed on 5/30/2024 at 6:59 pm the nurse documented a change in mental status, decreased intake, increased sleeping, and a lack of response to stimuli; the physician was notified and an order to send to the ER was received; and R72's representative was notified by phone.</p> <p>Further review of the EMR did not show any documentation of a written notice of transfer provided to R72 or her representative.</p> <p>During a telephone interview on 6/7/2024 at 8:06 pm, the representative for R72 stated he had not been given a written transfer notice, was notified (by phone) and was at the hospital when R72 arrived.</p> <p>3. Review of R101's Face Sheet from the EMR Reports tab showed a facility admitted [DATE].</p> <p>Review of R101's Progress Note revealed on 3/15/2024 at 6:47 pm the nurse noted labored breathing and a decrease in his oxygen saturation. The nurse contacted the physician and received an order to send the resident to the ER for evaluation and treatment; the nurse contacted EMS for transport to the hospital.</p> <p>Further review of the EMR did not show any documentation of a written notice of transfer provided to R101 or his representative.</p> <p>During an interview on 6/7/2024 at 7:10 pm, the DON stated she would expect that we follow the regulations.</p> <p>During an interview on 6/7/2024 at 8:10 pm regarding the emergent transfer process, Licensed Practical Nurse (LPN) 6 stated We tell them [resident], and we call the family. When specified if anything in writing was given to the resident or family, LPN 6 stated, No.</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154</p> <p>Based on record review, interviews, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure an annual Minimum Data Set (MDS) assessment was submitted within 14 days of completion to Centers for Medicare and Medicaid Services (CMS) Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) System for one resident (R) (R58) reviewed out of a total sample of 27. This failure had the potential to adversely affect the care planning and care provision for any resident that may not have received a comprehensive assessment.</p> <p>Findings include:</p> <p>Review of the October 2023 RAI Manual page 2-24 showed:</p> <p>The ARD . must be set within 366 days after the ARD of the previous . comprehensive assessment (ARD of previous comprehensive assessment + 366 calendar days) AND within 92 days since the ARD of the previous . Quarterly . (ARD of previous . Quarterly assessment + 92 calendar days).</p> <p>Review of R58's electronic medical record (EMR) Face Sheet from the Face Sheet tab showed a facility admitted [DATE].</p> <p>Review of the MDS assessments received by Centers for Medicare and Medicaid Services (CMS) showed the last MDS received had an assessment reference date (ARD) of 1/15/2024.</p> <p>The MDS Coordinator (MDSC) provided documentation for R58 of . Final Validation Report dated 5/30/2024 that the ARD of 4/11/2024 annual (comprehensive) MDS was not submitted until 5/30/2024 and, on page 4 of 52, showed Message: Record Submitted Late: The submission date is more than 14 days after V0200C2 on this new comprehensive assessment.</p> <p>During an interview on 6/6/2024 at 10:50 am, the MDSC confirmed R58's assessment was submitted late, stating, The assessment was closed, and the care plan signature was in there, but the last audit was not done to actually close it and I didn't notice it.</p> <p>In a follow-up interview on 6/6/2024 at 6:12 pm, the MDSC stated the facility did not have a policy regarding timely submission of assessments. She stated, We use the RAI Manual and follow that.</p> <p>During an interview on 6/7/2024 at 7:00 pm, the Director of Nursing (DON) stated the expectation is that MDS assessments would be submitted within the RAI guidelines and confirmed the facility did not have a policy and used the RAI Manual.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35690</p> <p>Based on record review, interviews, and review of the policy titled Care Plan Meetings, the facility failed to ensure that three residents (R) (R56, R44, and R17) of 27 sampled residents had scheduled care plan conferences after each assessment. In addition, the facility failed to ensure updated interventions were included on the comprehensive care plan for one resident (R3). This failure had the potential for residents not to be involved with their care decisions and potential unmet care needs.</p> <p>Findings include:</p> <p>Review of the undated policy titled Care Plan Meetings, revealed the policy is that each resident will have an individualized interdisciplinary care plan in place. The care plan will be ongoing, focusing on each individual resident as a unitary unit. Resident and their representative will play an active role in the development of goals and implementation of the residents Comprehensive care plan. Procedure: Number 5. The resident, resident representative, and IDT team members will sign attendance sheet at each comprehensive care plan meeting and this form will be scanned into the residents EMR. Number 7. The comprehensive care plan will be revised as needed and goals updated as appropriate.</p> <p>1. Review of R56's Record of Admission, located under the Clinical tab of the electronic medical record (EMR), revealed R56 was admitted to the facility on [DATE] with a diagnosis of hemiparesis.</p> <p>Review of R56's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/28/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated R56 was cognitively intact.</p> <p>Review of the Care Plan Attendance Sheet provided by the MDS Coordinator (MDSC) dated 11/8/2023 revealed that R56 and a friend attended. The form did not indicate the type of assessment. This was the only care plan conference that was held since R56's admission.</p> <p>Interview on 6/4/2024 at 11:42 am, R56 said he was never involved in planning his care but would like to be.</p> <p>2. Review of R44's Record of Admission, located under the Clinical tab of the EMR revealed R44 was admitted to the facility on [DATE] with a diagnosis of dementia and seizure disorder.</p> <p>Review of R44's quarterly MDS with an ARD of 2/26/2024 and located under the Clinical tab of the EMR, revealed a BIMS of 15 which indicated R44 was cognitively intact.</p> <p>Review of the Care Plan Attendance Sheets dated 5/4/2023 and 8/31/2023 revealed that R44 attended. The form indicated the type of assessment was a quarterly assessment. These were the only care plan conferences that were held for R44 since admission.</p> <p>3. Review of R17's Record of Admission, located under the Clinical tab of the EMR revealed R17 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's Disease.</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R17's significant change MDS with an ARD of 2/16/2024 and located under the Clinical tab of the EMR, revealed a BIMS score of 11 which indicated R17 was moderately impaired.</p> <p>Review of the Care Plan Attendance Sheet dated 2/10/2023 revealed that R17 and two other unknown individuals attended. The form did not indicate the type of assessment. This was the only care plan conference that was held for R17 since admission.</p> <p>During a group interview on 6/6/2024 at 10:00 am, members of the Resident Council (R88, R15, R17, R2, R44, R94 and R8), all seven residents revealed they had never been invited to a care plan conference and did not know that care plan conferences existed. R44 and R17 stated it would be important to them to be involved in planning their care.</p> <p>30622</p> <p>4. Review of R3's Record of Admission, located under the Clinical tab of the EMR), revealed R3 was admitted on [DATE] with diagnosis of cerebral palsy.</p> <p>Review of R3's quarterly MDS with an ARD of 3/12/2024 located under the MDS tab revealed the resident did not have a BIMS score.</p> <p>Review of R3's June 2024 Physician Orders, revealed the following order dated 9/21/2023: Bilateral body pillows to be in place under fitted sheet when resident in bed for torso support Resident having no upper body core strength and having gastric feeding tube in place resident needs for support in attempt to keep resident upright and aide in possible prevention of aspiration.</p> <p>Review of the care plan dated 12/23/2020 revealed R3 had impaired bed mobility. Interventions to care include assess for changes quarterly and as needed. The care plan did not address the resident's order for body pillows under the fitted sheet.</p> <p>Observations on 6/5/2024 at 10:34 am, 6/5/2024 at 1:27 pm, 6/5/2024 at 5:14 pm, and 6/6/2024 at 8:30 am, revealed R3 was observed in bed without pillows under the fitted sheet.</p> <p>During an interview on 6/6/2024 at 12:25 pm, MDS Coordinator (MDSC) stated she was currently working on the care plan conference process. She revealed since COVID the facility has not had care plan conferences. She said their new process would start today and they would be starting a Performance Improvement Plan (PIP) on this date. The MDSC said usually when it is time for R56's care conference, they do not invite him, only his responsible party.</p> <p>During an interview on 6/7/2024 at 2:15 pm, R97's Family Members (FM)1 and FM 2 stated they are rarely informed about the status of R97 and were uncertain about the process. The family members indicated they would appreciate a care plan conference, so they would know more about what was going on with R97.</p> <p>During an interview on 6/7/2024 at 3:35 pm, the Director of Nursing (DON) stated she was not aware that care plan conferences were not being conducted until R56 was discussed the day before. She said moving forward care conferences will happen because they are important.</p> <p>Cross Refer F684</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30622</p> <p>Based on observations, record review, staff interviews, and review of the policy titled Physician Orders Policy and Procedure, the facility failed to follow the physician orders for one resident (R) (R3) related to using body pillows for positioning. This failure had the potential to put the resident at risk of aspirating. The sample size was 27.</p> <p>Findings include:</p> <p>Review of the policy titled Physician Orders Policy and Procedure revised 6/2024, revealed the nurse will carry out all physician orders within a timely manner. The nurse will notify the physician with any delay.</p> <p>Review of R3's Record of Admission, located under the clinical tab of the electronic medical record (EMR), revealed R3 was admitted to the facility on [DATE] with a diagnosis of cerebral palsy.</p> <p>Review of R3's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/12/2024 revealed the Brief Interview for Mental Status (BIMS) was not completed. The section to enter the BIMS was blank. It was documented the resident was rarely/never understood.</p> <p>Review of R3's Physician Orders, revealed an order dated 9/21/2023 for bilateral body pillows to be in place under fitted sheet when resident in bed for torso support, resident having no upper body core strength, and having gastric feeding tube in place. Resident needs support in attempt to keep resident upright and aide in possible prevention of aspiration.</p> <p>Review of the Kardex Summary located in the EMR under the Clinical tab revealed for fall interventions bilateral body pillows in place under fitted sheet for torso support.</p> <p>During observations on 6/5/2024 at 10:34 am, 6/5/2024 at 1:27 pm, 6/5/2024 at 5:14 pm, and 6/6/2024 at 8:30 am, the resident was observed in bed without body pillows under the fitted sheet.</p> <p>During an interview on 6/5/2024 at 5:16 pm, Certified Nurse Aide (CNA) 5 stated, he did not use pillows under the fitted bed sheet. He revealed he was not aware of the physician order to have pillows under the resident's fitted sheet.</p> <p>During an interview on 6/5/2024 at 5:38 pm, Licensed Practical Nurse (LPN) 3 stated, she was not aware of the physician order for pillows under the fitted sheet and, she had never placed them under R3's sheet.</p> <p>During an interview on 6/6/2024 at 11:10 am, LPN 5 confirmed she was aware of the physician orders for R3 to have pillows under his fitted sheet. She stated she did not know why the pillows were not in place or when they were removed. The LPN verified the pillows were not in place.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30622</p> <p>Based on observations, record review, interviews, and review of the policy titled Departmental (Respiratory Therapy) - Prevention of Infection, the facility failed to provide respiratory care in accordance with professional standards for one resident (R) (R48) of two residents reviewed for respiratory care out of a total sample of 27 residents. Specifically, respiratory equipment was not stored in a sanitary manner. This had the potential for the resident to have possible respiratory infections.</p> <p>Findings include:</p> <p>Review of the policy titled Departmental (Respiratory Therapy) - Prevention of Infection, dated 2001, revealed the policy is to guide prevention of infection associated with Respiratory tasks and equipment. Infection Control Considerations . Medications: Number 3. After completion of therapy: a. remove the nebulizer container; b. rinse the container with fresh tap water; c. dry on a clean paper towel or gauze sponge. Number 4. Reconnect to the administration set-up when air dried. Number 5. Take care not to contaminate internal nebulizer tubes. Number 6. Wipe the mouthpiece with damp paper towel or gauze sponge. Number 7. Store the circuit in plastic bag, marked with date and resident's name, between uses.</p> <p>Review of R48's Record of Admission revealed R48 was admitted to the facility on [DATE] with diagnosis of chronic obstructive pulmonary disease (COPD).</p> <p>Review of the quarterly Minimum Data Set (MDS) for R48 with an Assessment Reference Date (ARD) of 4/25/2024 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating resident was cognitively intact.</p> <p>Review of June 2024 Physician Orders revealed the following order dated 2/14/2024 for ipratropium bromide-albuterol sulfa (Albuterol Sulfate/Ipratropium Bromide 3 milligrams/milliter-0.5 MG/3 ML solution) 1 vial inhalation twice daily for COPD.</p> <p>Observation on 6/5/2024 at 1:17 pm, revealed R48's nebulizer medication chamber still had medication in it. It had not been rinsed and was not stored in the plastic storage bag.</p> <p>Interview on 6/5/2024 at 2:44 pm, R48 stated staff placed the medication chamber and tubing in the basket behind her bed and did not rinse it out. She revealed when she first received the device, the instructions indicated to boil the mouthpiece and medication chamber for five minutes after use.</p> <p>Interview on 6/5/2024 at 2:52 pm, Registered Nurse (RN) 1 verified that medication was still in the medication chamber and, the medication chamber, mask and tubing were not bagged. She stated she should have rinsed the medication chamber after the medication was administered, and the equipment should have been rinsed, dried, and placed in the plastic bag.</p> <p>Interview on 6/5/2024 at 3:29 pm, the Director of Nursing (DON) stated the nurses administering the nebulized breathing treatments should wash the equipment after each use with soap and water, dry it with a paper towel, and then place the items in the storage bag.</p>		

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NAME OF PROVIDER OR SUPPLIER Chatuge Regional Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 386 Belaire Drive Hiawassee, GA 30546	
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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154</p> <p>Based on observations, record review, interviews, and review of the policy titled Proper Use of Side Rails, the facility failed to ensure that informed consents were signed prior to the use of bedrails for four of 27 sampled residents (R) (R1, R45, R72, and R78) reviewed for bed rail use. The failure had the potential for risks of injury, entrapment, and/or death.</p> <p>Findings include:</p> <p>Review of the policy titled Proper Use of Side Rails, revised December 2016, revealed the policy is to ensure the safe use of side rails as resident mobility aids. General Guidelines: Number 9. Consent for side rail use will be obtained from the resident or legal representative, after presenting potential benefits and risks.</p> <p>1. Review of R1's Face Sheet from the electronic medical record (EMR) Face Sheet report tab showed a facility admitted [DATE].</p> <p>The residents quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 4/12/2024 revealed a Brief Interview for Mental Status score of 15 out of 15, indicative of being cognitively intact.</p> <p>Review of the care plan for R1 dated 12/17/2021 documented resident has impaired bed mobility and uses bilateral upper quarter-length side rail to assist with bed mobility, turning, and repositioning. Interventions to care include monitor for safety, provide frequent visual checks, assist in turning, repositioning, pulling up in bed as needed, and assess for changes quarterly.</p> <p>Review of the 8/22/2020 (first) and 4/10/2024 (most recent) bed rail assessments showed bed rail precautions and alternatives to siderails had been discussed with R1 for the first assessment and the family/resident representative for the most recent.</p> <p>Review of the 12/14/2020 quarterly restorative Interdisciplinary Progress Notes (IPN) written by Registered Nurse (RN) RN3 documented Resident has order for one bed rail but has requested two bed rails with turning and repositioning in bed, risks and benefits of bed rail use discussed with resident and resident wife. However, there wasn't an informed consent signed located in the EMR.</p> <p>During an observation and interview on 6/5/2024 at 10:40 am, R1 was noted to have bilateral upper quarter rails on his bed. When asked if he used them, R1 responded I hate these damn things, they antagonize me. When asked if he had been advised of the risks/benefits of the rails, he stated, No risk/benefits - I hate them damn things.</p> <p>2. Review of R45's Face Sheet from EMR Face Sheet report tab showed a facility admitted [DATE].</p> <p>The residents quarterly MDS with an ARD of 3/11/2024 revealed a Brief Interview for Mental Status score of 15 out of 15, indicative of being cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the care plan for R45 dated 12/16/2020 documented resident has impaired bed mobility and uses bilateral upper quarter-length side rail to assist with bed mobility, turning and repositioning, and to access his bed controls. Interventions to care include monitor for safety while in bed, provide frequent visual checks, assist in turning, repositioning, pulling up in bed as needed, and assess for changes quarterly.</p> <p>Review of the 12/28/2020 (first) and 2/14/2024 (most recent) bed rail assessments for R45 showed siderail precautions and alternatives to siderails had been discussed with family/representative. However, there was no signed consent form found in the EMR.</p> <p>Review of the 12/28/2020 restorative IPN written by RN3 documented resident has bilateral upper bedrails and risks/benefits had been discussed with the resident and wife. However, there was no signed consent form found in the EMR.</p> <p>During an interview and observation on 6/4/2024 at 2:14 pm, it was observed that R45 had one upper quarter bed rail on the window side of the bed. When asked if anyone had reviewed the risks and/or benefits of the bed rail, R45 stated, No, not said anything to me.</p> <p>3. Review of R72's Face Sheet from the EMR Face Sheet report tab showed a facility admitted [DATE].</p> <p>The residents quarterly MDS with an ARD of 3/19/2024 revealed no BIMS score and the resident was rarely or never understood.</p> <p>Review of the care plan for R72 dated 9/30/2022 documented resident has impaired bed mobility and uses bilateral upper quarter-length side rail to assist with bed mobility and turning and repositioning. Interventions to care include monitor for safety while in bed, provide frequent visual checks, assist in turning, repositioning, pulling up in bed as needed, and assess for changes quarterly.</p> <p>Review of the 9/30/2022 (first) and 3/5/2024 (most recent) bed rail assessments for R72 showed siderail precautions and alternatives to siderails had been discussed with family/representative. However, there was no informed consent found with the family and/or representative in the EMR.</p> <p>During an observation on 6/4/2024 at 12:09 pm, R72 was out of the room but the bed had one upper quarter rail in the up position on the window side of the bed.</p> <p>During an observation of R72's bed on 6/7/2024 at 10:54 am, bilateral upper quarter rails now wrapped in pipe insulation padding. Registered Nurse (RN)1 was outside the door and said, The padding was added yesterday because she fell out of bed and hit her cheek on the siderail. When asked if R72 used the rails, RN1 replied Yes - to turn and reposition, that's how she fell out of the bed.</p> <p>4. Review of R78's Face Sheet from the EMR Face Sheet report tab showed a facility admitted [DATE].</p> <p>Review of the significant change of status MDS with an ARD of 3/21/2024 revealed a BIMS score could not be obtained and the resident was rarely or never understood.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the care plan for R78 dated 2/14/2024 documented resident has impaired bed mobility and uses 1-2 upper quarter-length side rail(s) to assist with bed mobility, turning and repositioning, and bed controls. Interventions to care include monitor for safety while in bed, provide frequent visual checks, assist in turning, repositioning, pulling up in bed as needed, and assess for changes quarterly.</p> <p>Review of the 2/2/2023 (first) and 3/4/2024 (most recent) bed rail assessments for R78 showed siderail precautions and alternatives to siderails had been discussed with family or representative.</p> <p>Review of the 4/20/2023 restorative IPN written by RN4 documented resident demonstrates proper use of upper bilateral quarter length side rails for turning, and repositioning. There was no signed consent form found in the EMR.</p> <p>During an observation of R78's room on 6/4/2024 at 10:15 am, the bed had bilateral upper quarter rails in the up position.</p> <p>During an interview on 6/7/2024 at 7:19 pm, the Director of Nursing (DON) stated the expectation was that the facility would attempt alternatives before side rails were used and that they do assess the resident; that risk/benefits would be advised, and it is documented who is being advised.</p> <p>No signed consents were provided for any of the four residents above by the time of the exit conference.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>28154</p> <p>Based on observation and staff interviews, the facility failed to ensure that the daily nurse staffing posted included the name of the facility, the facility census, and the total number and the actual hours worked by the licensed and unlicensed nursing staff directly responsible for resident care per shift. display contained the required information for residents, visitors, and/or staff. This failure could affect the knowledge of the family members or representatives of the 104 residents in the facility.</p> <p>Findings include:</p> <p>During an observation on 6/4/2024 at 9:15 am of the nursing staff posting on the wall in the lobby of the facility revealed a grid chart with all 30 days of June with the first three days filled out with the numbers of staff for each of the following staffing categories for each of three eight-hour shifts (days, evenings, nights - no ward clerk):</p> <ul style="list-style-type: none"> *Registered Nurse (RN) *Licensed Practical Nurse (LPN) *Certified Nurse Aide (CNA) *Ward Clerk (WC) <p>The staff posting did not show the name of the facility, the census for each shift, or the total number of hours for each category.</p> <p>Review of the April and May 2024 staff posting documents provided by the facility showed the entire months and the number of staff for each category, but not the facility name, census, or total number of hours worked for each staffing category.</p> <p>During an interview on 6/7/2024 at 9:33 am Human Resources (HR) staff stated she was responsible for the staff posting, and stated it may not be every day, the numbers are not the day of, but usually the day after. At 4:12 pm, the HR staff stated there was no policy regarding the nurse staff posting.</p> <p>During an interview on 6/7/2024 at 7:03 pm, the Director of Nursing (DON) stated the expectation was that the staff posting would contain all the required elements. The DON confirmed the posting did not contain all the required elements.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30622</p> <p>Based on record review, staff interviews, and review of the policy titled 10.b Medication Regimen Review, the consultant pharmacist failed to identify and report irregularities regarding an order for PRN (as needed) lorazepam (antianxiety medication) beyond 14 days and to include a written rationale and duration for continuing its use, for one resident (R) (R24) reviewed for psychotropic medications from a total of 27 sampled residents.</p> <p>Findings include:</p> <p>Review of the policy titled 10.b Medication Regimen Review revised 5/2020 revealed Procedure: A. The consultant pharmacist will conduct medication regimen reviews (MRRs) if required under a pharmacy consultant agreement and will make recommendations based on the information available in the residents health record.</p> <p>Review of the clinical record revealed was admitted to the facility on [DATE] with diagnosis of dementia.</p> <p>The resident's annual Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) was coded as 15, which indicated no cognitive impairment. Section N revealed that the resident received antianxiety medications.</p> <p>Review of the June 2024 Physician Orders revealed an order dated 5/9/2023 for lorazepam 0.5 milligrams (mg) tablet, one tablet by mouth as needed [PRN] TID [three times a day] for anxiety.</p> <p>Review of R24's Medication Regimen Review (MRR) from 5/2023 through 5/2024 provided by the Director of Nursing (DON) did not reveal any recommendations from the pharmacist to address the lack of a 14-day stop date or for the physician to provide a rationale to continue the lorazepam.</p> <p>Review of R24's EMR revealed no documentation by the resident's physician regarding the clinical rationale for continued use of lorazepam.</p> <p>During a phone interview on 6/7/2024 at 10:47 am, Physician (PHY) 1 was contacted regarding the lorazepam order. He confirmed he did not document the rationale for the continued use of lorazepam.</p> <p>During an interview on 6/7/2024 at 11:35 am, Licensed Practical Nurse (LPN) 1 stated they did not have any documentation showing pharmacy recommendations regarding the resident's lorazepam.</p> <p>During an interview on 6/7/2024 at 11:47 am, the Pharmacist verified the monthly MRRs did not address the lorazepam and no recommendations were made.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30622</p> <p>Based on record review, staff interviews, and review of the policy titled Physician Orders Policy and Procedure, the facility failed to ensure that as needed (PRN) order for antianxiety medication was limited to 14 days and failed to document the rationale for the extended duration for the PRN order for one of five residents (R) (R24) reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>Review of the policy titled Physician Orders Policy and Procedure revised 6/2024 revealed Procedure Number 4. All medication orders must have a route, dose, frequency, and diagnosis. Time frames, stop dates, and quantities must be specific. Number 5. The Physician will be notified of any need for clarification or additional orders if needed.</p> <p>Review of R24's Record of Admission revealed resident was admitted to the facility on [DATE] with diagnosis of dementia in other diseases classified elsewhere, mild, with psychotic disturbance.</p> <p>Review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/27/2024 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R24 was cognitively intact.</p> <p>Review of the June 2024 Physician Orders revealed the following order dated 5/9/2023 for lorazepam 0.5 milligrams (mg) tablet, one tablet by mouth as needed [PRN] TID [three times a day] for anxiety.</p> <p>Review of the care plan dated 4/5/2024 indicated resident is at risk for side effects from psychotropic medication - receives antidepressant medication. Interventions to care include allow the resident to express feelings of sadness/anxiety and be a good listener, behavioral health services as needed, antipsychotic, antidepressant, and anti-anxiety medications as ordered. Ativan was added 4/21/2024.</p> <p>Review of R24's EMR revealed there was no documentation by the resident's physician of the clinical rationale for the continued use of lorazepam, PRN.</p> <p>Interview on 6/7/2024 at 10:26 am, Registered Nurse (RN) 1 stated she was aware that there needed to be a 14-day stop date for all antianxiety and antipsychotic medications that are ordered PRN. During further interview, she stated she was not aware the physician needed to provide a rationale if the medication was going to be continued.</p> <p>During a phone interview on 6/7/2024 at 10:47 am, Physician 1 was contacted regarding the lorazepam order. He stated due to the diagnosis Parkinson's disease and the anxiety related to that diagnosis he felt the continued use greater than 14 days was warranted and justified. He stated he was aware the rationale should be documented in his progress note.</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>During an interview on 6/7/2024 at 11:35 am, Licensed Practical Nurse (LPN) 1 verified they did not have any documentation showing a 14-day stop date regarding the resident's PRN lorazepam.</p> <p>During an interview on 6/7/2024 at 11:47 am, the Pharmacist stated R24 began having behaviors in May and the lorazepam was added for PRN use. During further interview, the Pharmacist stated she was aware of the 14-day stop date requirement but did not provide an explanation of why it was not addressed.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>30622</p> <p>Based on observations, interviews, and review of the policy Titled Copy of 5.d Storage and Expiration of Medications, Biologicals, Syringes, and Needles, the facility failed to ensure expired medications were removed from one of two medication carts, failed to remove expired phlebotomy supplies for one of two phlebotomy carts, and one of two medication rooms. This had the potential to affect any resident who might be administered expired medications/use of expired supplies. The census was 104.</p> <p>Findings include:</p> <p>Review of the undated policy titled Copy of 5.d Storage and Expiration of Medications, Biologicals, Syringes, and Needles revealed Procedure: C.9. Nursing staff will monitor for expired drugs and cleanliness of medication room/medication carts once weekly. Procedure: D. Facility should ensure that medications and biologicals: (1) have an expiration date on the label; (2) have been retained longer than recommended by the manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separate from other medications until destroyed or returned to the pharmacy or supplier.</p> <p>1. Observation on 6/6/2024 at 9:27 am in the Blue Hall medication room, the following expired items were found:</p> <p>One bottle Pro- Stat (protein) expired 4/2024</p> <p>One bottle Pro-Stat expired 3/2024</p> <p>One bottle Co-Q-10 100 milligrams (mg) tabs expired 5/2024</p> <p>One bottle Zinc Sulfate 220 mg expired 4/2024</p> <p>One bottle Zinc Sulfate 220 mg expired 3/2024</p> <p>One box L-Methylfolate Calcium Tablets expired 4/2024</p> <p>One box L-Methylfolate Calcium Tablets expired 10/2023</p> <p>Seven boxes of Omeprazole 20 mg tablets expired 5/2024</p> <p>One box Omeprazole 20 mg tablets expired 12/2023</p> <p>One box Omeprazole 20 mg tablets expired 2/2024</p> <p>One box Pink Bismuth anti-diarrheal 30 chewable tablets expired 5/2024</p> <p>Four boxes of Omeprazole acid reducer 20 mg tablets expired 5/2024</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>One box Saccharomyces Boulardii (probiotic) 250 mg capsules expired 5/2024</p> <p>One bottle Iron supplement liquid expired 2/2023</p> <p>One bottle Centrum Adults expired 2/2024</p> <p>Interview on 6/6/2024 at 9:27 am, Registered Nurse (RN) 2 verified the expiration dates and, confirmed that the medications were still available for resident use. She stated the expired medications should be given to the Director of Nursing (DON) for destruction.</p> <p>Interview on 6/6/2024 at 9:50 am, Licensed Practical Nurse (LPN) 4 stated the expiration dates should be checked upon receiving the medications from the pharmacy. The LPN stated the night shift nurses were responsible for checking the medication room for expired medications.</p> <p>2. Observation and interview on 6/6/2024 at 2:07 pm, the phlebotomy cart located at the nurses' station between the pink and green halls revealed one black top vacutainer tube that expired on 6/2/2024; one container (85 tubes) of light blue top vacutainer tubes expired on 12/31/2023. RN 1 verified the expiration dates and confirmed they were still available to be used.</p> <p>3. Observation on 6/6/2024 at 2:10 pm, the [NAME] Hall medication cart was inspected with LPN 5 and revealed one card of discontinued oxycodone (narcotic pain medication) 15 mg with 78 tablets was on the cart. The LPN stated that discontinued narcotics should be removed from the cart the day they are discontinued. LPN 5 verified the oxycodone medication was discontinued.</p> <p>Interview on 6/6/2024 at 2:20 pm, the DON stated expired medications should not be available for use on medication carts or in the medication room. She stated they should be removed immediately.</p>

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>35690</p> <p>Based on observations and resident and staff interviews, the facility failed to ensure that meals were served according to resident preferences and designated meal times for 50 residents on the green and pink halls.</p> <p>Findings include:</p> <p>Interview on 6/4/2024 at 9:30 am, the Registered Dietician (RD) and the Dietary Manager (DM) stated the designated meal times were: Breakfast was to be served at 8:00 am, Lunch to be served at 12:00 pm, and Dinner was to be served at 5:00 pm.</p> <p>Interview on 6/4/2024 at 1:39 pm, R48 stated she had not received her lunch yet. At that moment, a staff member entered the room with her tray. R48 stated the trays should be there at noon or 12:30 pm. Her roommate also did not have a tray and revealed it was supposed to be noon.</p> <p>Interview on 6/4/2024 at 2:08 pm, R45 stated he had not received his lunch tray. The interview ended at 2:25 PM and the lunch tray had still not arrived.</p> <p>During a group interview on 6/6/2024 at 10:00 am with members of the Resident Council (R88, R15, R17, R2, R44, R94 and R8), residents confirmed meal delivery was consistently late. R88 and R15 said dinner was sometimes so late it affected their acid reflux. R17 and R55 expressed concerns about having lunch so late because they were diabetics and received insulin. R17 stated sometimes lunch is served as late as 2:15 pm.</p> <p>Observation on 6/6/2024 at 1:31 pm (an hour and a half after the scheduled time), lunch trays for 24 residents were observed to arrive on the pink hall. Continued observation revealed the last tray on the hall was served at 1:51 pm.</p> <p>Interview on 6/6/2024 at 1:57 pm, Certified Nurse Aide (CNA) 9 revealed room trays always come late. She said she has seen them come as late as 3:00 pm.</p> <p>Interview on 6/6/2024 at 2:00 pm, CNA10 confirmed that room trays always come late. She said they are supposed to make round on their residents between 2:00 pm - 4:00 pm daily and it is difficult when lunch is served so late.</p> <p>Interview on 6/6/2024 at 2:12 pm, CNA 11 said lunch trays always come around this time or later. She said when trays come so late it makes it difficult to complete other work because residents are eating. She said residents frequently complain about how long it takes to get their meals.</p> <p>Interview on 6/7/2024 at 1:30 pm, R45 stated he had not yet received his lunch tray.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Chatuge Regional Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 386 Belaire Drive Hiawassee, GA 30546	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 6/7/2024 at 1:45 pm (an hour and 45 minutes after the scheduled time), lunch trays for 26 residents were observed to arrive on the green hall. Continued observation revealed the last tray on the hall was served at 2:19 pm.</p> <p>Observation on 6/7/2024 at 1:50 pm, eight residents were observed on the green hall, sitting outside their rooms, waiting for their lunch. R81 said we always eat lunch late. R52 agreed saying, usually we don't get lunch earlier than 2:00 pm. R52 stated she was hungry since breakfast was served earlier this morning.</p> <p>Observation and interview on 6/7/2024 at 2:15 pm, family members (FM) 1 and FM 2 for R97 were observed giving him a protein shake. FM 2 revealed the lunch trays were always served late and they were not sure why. They said that's too late for lunch, and R97 agreed.</p> <p>Interview on 6/7/2024 at 6:54 pm, the DM said room trays are late because of the lack of communication between nursing and dietary staff. He said having a list of who is coming into the dining room would help with room trays being served earlier.</p> <p>Interview on 6/7/2024 at 7:06 pm, the Director of Nursing (DON) stated the expectation is that meal service would be timely, all day should be timely.</p> <p>Interview on 6/8/2024 at 11:27 am, License Practical Nurse (LPN) 4, the Unit Manager for Pink Hall and LPN 2, the Unit Manager for [NAME] Hall, stated they were not aware that meals were served as late as 2:00 pm at times. They both agreed that receiving meals at 2:00 pm was too late and said serving a meal late impacts other resident care that staff need to complete.</p> <p>A policy for meal service and/or mealtimes was requested. The policy was never provided.</p> <p>28154</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>36917</p> <p>Based on record review, interviews, review of the Administrator Job Description, and review of the policy titled Abuse Reporting and Investigation, the facility Administration failed to provide protective oversight to attain the highest practicable physical and psychosocial wellbeing of the residents. Specifically, Administration failed to take appropriate action on allegations of employee-to-resident abuse, exploitation, and injury of unknown origin, which were reported to him. The failure of the Administrator to take appropriate action which was reported to him has the likelihood to lead to future allegations of abuse, exploitation, and injury of unknown origin that are not identified, reported, or investigated.</p> <p>On 6/7/2024, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused, or had the likelihood to cause, serious injury, harm, impairment, or death to residents.</p> <p>The facility's Administrator and Director of Nursing (DON) were informed of two Immediate Jeopardy's (IJ) on 6/7/2024 at 8:49 am. The noncompliance related to the Immediate Jeopardy's was identified to have existed on 3/22/2024 when the facility failed to protect two residents (R) (R78 and R107) from physical, mental, and verbal abuse. A second Immediate Jeopardy was identified to have existed on 3/22/2024 when Certified Nurse Aide (CNA)1 began a personal relationship with R71.</p> <p>A Credible Allegation of Compliance was received on 6/7/2024. Based on observations, record review, resident and staff interviews, and review of facility policies as outlined in the Credible Allegation of Compliance, it was validated that the corrective plans and the immediacy of the deficient practice was removed as of 6/8/2024.</p> <p>Findings include:</p> <p>Review of the undated document titled Nursing Home Administration Job Description/Performance Evaluation documented the Administrator of the Nursing Home shall be responsible for the planning, controlling, and directing the overall program and shall be responsible for direct supervision of all departments of the Nursing Home. The Administrator of the Nursing Home is an experienced professional who ensures that the facility meets the age specific needs of adults and geriatrics as well the physical, psychosocial, and cultural needs of the residents. Functions and duties include:</p> <p>Assist with planning, organizing, controlling, and directing a viable program of services at Nursing Home.</p> <p>Manage a program of patient services that allows resident the opportunity for input into the facility's operation and to promote an environment that is conducive to the social, physical, psychological, and cultural health of the patient population.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Ensure the facility's physical plan is maintained to OSHA guidelines and standards and that the physical environment remains attractive and pleasant to residents and visitors.</p> <p>Ensure compliance with State and Federal guidelines regarding Nursing Home operations.</p> <p>Monitor in-service training and ensure that it is carried out on an on-going basis and encourage staff development.</p> <p>Attend organizational meetings, board meetings, and represent the Nursing Home in all matters.</p> <p>Review of a policy titled Abuse Reporting and Investigation, last revised March 2017 revealed Implementation: Number 3.c. Interview the person(s) reporting the incident; d. Interview any witnesses to the incident; e. Interview the resident; f. and interview the resident's attending physician as needed to determine the resident's current level of cognitive function and medical condition; g. Interview staff members on all shifts who have had contact with the resident during the period of the alleged incident; i. interview other residents to whom the accused employee provides care or services; j. and review all events leading up to the alleged incident, and obtain the interviews in writing by the staff member or the administrator/abuse coordinator, notify the ombudsman, suspend the employee pending the progress/findings of the investigation. Number 5. Witness reports will be obtained in writing. Number 14. The Administrator will provide a written report of the results of all abuse investigations and appropriate action taken to the state survey and certification agency.</p> <p>1. On 7/12/2023, an allegation of exploitation was reported to the Administrator regarding a staff to resident personal relationship between CNA 1 and R71. The Administrator failed to identify this personal relationship as potential exploitation and did not investigate or report this allegation.</p> <p>Cross Refer F602</p> <p>2. On 3/8/2024, the Administrator was made aware of an injury of unknown origin for R71 and failed to investigate and report this incident.</p> <p>Cross Refer F609 and F610</p> <p>3. On 3/22/2024, the Administrator became aware of an allegation of employee to resident abuse towards R78, perpetrated by CNA 2. The Administrator did not identify this situation as abuse, did not protect R78 from CNA 2, failed to investigate this allegation, and failed to report the incident accurately.</p> <p>Cross Reference F600 , F609 and F610</p> <p>4. On 4/22/2024 the facility became aware of an allegation of mental and verbal abuse from CNA 2 to R107 and did not report or investigate the incident.</p> <p>Cross Refer F600, F609, and F610</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 6/6/2024 at 9:20 am, the Administrator confirmed the incidents listed above were indicative of abuse to the residents, and were either not reported timely, and/or investigated thoroughly. He indicated he had misplaced the documentation related to the incidents.</p>		

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>28154</p> <p>Based on interviews, review of facility's Nursing Home Inspection Report Upon Receipt of Equipment, review of the Food and Drug Administration (FDA) guidelines, and review of the policy titled Proper Use of Side Rails, the facility failed to ensure bed rails were inspected for safety to minimize the risks of possible entrapment or resident injury for 90 resident beds out of 104. This failure had the potential to cause serious injury to all 90 residents in the facility using a bed with bed rails attached.</p> <p>Findings include:</p> <p>Review of the policy titled Proper Use of Side Rails, revised in December 2016, revealed the policy is to ensure the safe use of side rails as resident mobility aids. General Guidelines: Number 13. When side rail usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk of entrapment (the amount of safe space may vary depending on the type of bed and mattress used).</p> <p>Review of the Nursing Home Inspection Report Upon Receipt of Equipment provided by the facility and completed annually, documented items inspected included electrical and bed function. There was nothing noted regarding the review of the bed rails for secure attachment and/or gaps that the US Department of Health and Human Services: FDA guidelines dated 3/10/2006 that showed the measurements for the bed rails to reduce the chance of resident entrapment when using bed rails.</p> <p>During an interview on 6/7/2024 at 9:55 am, Maintenance Worker (MW) confirmed that they did not perform safety checks on resident beds with side rails.</p> <p>Review of a resident list compiled by Restorative Nurse Aide (RNA) on 6/7/2024 at 8:05 pm revealed that 90 of 104 residents in the facility have one or two side rails on their beds.</p> <p>During an interview on 6/7/2024 at 7:14 pm, the Director of Nursing (DON) stated the expectation was that maintenance would inspect the beds, including bedrails for safety and security.</p>		