

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2024
NAME OF PROVIDER OR SUPPLIER  Friendship Manor Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  485 South Friendship Drive Nashville, IL 62263	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</b></p> <p>Based on observation, interview, and record review, the Facility failed to maintain dignified existence for 1 of 1 residents (R11) reviewed for resident rights in the sample of 40.</p> <p>Findings include:</p> <p>R11's Face Sheet documents R11 was admitted to the facility on [DATE] with diagnoses including multiple sclerosis, weakness, obstructive and reflux uropathy, and urinary retention.</p> <p>R11's Minimum Data Set (MDS) dated [DATE] documented R11 was cognitively intact, dependent for transfer, ambulated via wheelchair, and had an indwelling urinary catheter.</p> <p>R11's Care Plan initiated 5/10/17 documents R11 has an indwelling catheter related to neurogenic bladder.</p> <p>R11's Order Summary Report documents 9/13/23 order to change catheter draining bag every two weeks and as needed on night shift. The Report does not document order for the catheter itself.</p> <p>On 12/17/24 at 10:27 AM, R11 was lying in bed in her room. There was urinary catheter tubing extending from underneath her bedding that led to a catheter bag hanging from the underside of her bed. The bag was approximately half full of light yellow liquid. R11 stated, Did you see my catheter bag? (Do) you want to know where my cover for it is (located)? R11 pointed across the room where there was a cloth covering on her television table. R11 stated, It p***** me off. Why do you think I keep my curtain shut? People are always walking by (my room), and that is so embarrassing.</p> <p>On 12/18/24 at 8:22 AM, R11 was lying in bed in her room with a catheter bag hanging from the underside of the bed, approximately half full of light yellow liquid. R11 stated, regarding the catheter bag not being covered, That's the stuff I put up with (in the Facility).</p> <p>On 12/18/24 at 8:35 AM, V9, Certified Nursing Assistant (CNA), stated to V10, CNA, We've got to get a dignity bag on her (catheter bag cover). V10 stated, Residents have to have a dignity bag over their catheter bag when they are rolling around on the unit for sure, but it couldn't hurt having one (on) in (R11's) room.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/20/24 at 9:20 AM, V1, Administrator, and V2, Director of Nursing (DON), stated they would expect catheter bags to be covered in the Facility.</p> <p>The Facility's Resident Rights Policy revised 10/2009 documents, Employees shall treat all residents with kindness, respect, and dignity. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33110</p> <p>Based on interview, record review, and observation the facility failed to notify the physician and obtain an order to treat non pressure areas for one of one resident (R36) reviewed for physician notification in the sample of 40.</p> <p>Findings Include:</p> <p>R36's Electronic Health Record (EHR) documents R36 has diagnoses in part Acquired Absence of right leg above the knee unspecified, and Peripheral Vascular Disease.R36's Minimum Data Set (MDS) dated [DATE] documents R36 is cognitively intact.</p> <p>On 12/17/24 01:17 PM R36 has a sore on her lower leg left that has a dressing on it, and an order was not found in the Electronic Health Record for this dressing.</p> <p>On 12/17/24 at 10:00 AM R36 stated my leg is leaking.</p> <p>R36's Nurses Note dated 12/16/24 documents resident has a sore on her lower left leg, Dressed and covered wound with TAO and bandage. No warmth or Redness around the sore. Will continue to monitor, but it weeps, and she has to put her leg up.</p> <p>On 12/18/24 03:40 PM V2 Director of Nursing stated, we do not have an order for the treatment. V16 Licensed Practical Nurse (LPN) stated on 12/19/24 at 10:40 AM it's scabbed over.</p> <p>On 12/19/24 at 2:15 PM V16 LPN entered the room to complete the R36's dressing. The area is about 1/4 centimeters and circular the top is scabbed over, but the tip is open. The area was cleansed, and Tao (triple antibiotic ointment) and a bandage was applied. When the area was cleansed, the resident stated ouch that hurts. R36 has a new area on the side of the left leg it was not measured, and she said it was quarter size. when told that was not a appropriate she (V16) stated it was about 2-3 inches. She did not measure it. She V16 stated she would call the doctor.</p> <p>On 12/20/21 V21 stated she did call me yesterday, but I will See this today.</p> <p>The facility policy Guideline for Notifying the Physicians of a Clinical Problem dated February 2014 documents the charge nurse of supervisor should contact the attending physician at any time if they feel the clinical situation requires immediate discussion and management</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> 44953</p> <p>Based upon interview, observation, and record review the facility failed to protect a resident from abuse for 1 of 1 (R207) reviewed for abuse in the sample of 40.</p> <p>Findings include:</p> <p>R207 Minimum Data Set (MDS) dated [DATE] documented that R207 was cognitively severely impaired.</p> <p>R207 Face Sheet undated documents R207 medical diagnosis as Alzheimer's Dementia, Unsteadiness on feet, Prostate Cancer, Hypertension, Anxiety Disorder, Diverticulosis and Angina.</p> <p>A Facility Reported Incident (FRI) dated 3/23/24 documents that a staff person V24 Certified Nursing Assistant (CNA) reported to the V13 the former Administrator that around 3:20 PM R207 fell out of his wheelchair. V24 CNA notified V23 Licensed Practical Nurse (LPN). V23 LPN became visibly angry and yelled at R207 and stated You just caused me 3 more hours of work. R207 reported that V23 LPN was lecturing him and at one point had her hands on him. V23 LPN denied the allegations and reported that R207 caused bruising to her wrists from holding her (V23 ) around her wrists. Multiple staff reported witnessing V23 mistreating R207. One staff member reported witnessing V23 LPN talking aggressively to R207 when R207 propelled his wheelchair behind the nurses desk and did not want to move. The staff reported that V23 stated she wasn't going to deal with it and grabbed R207 's wrists so he would look at her and pushed his chair somewhat forcibly to get him to move. Three staff members reported observing V23 yelling at R207 Why did you have to fall? That means I have to do 3 more hours of work because of you. Based on the investigation, the facility substantiated the allegation and terminated V23 LPN's employment with the facility. V23 LPN was unavailable for interview. Attempted to contact former employees, they either no longer work at the facility, did not return calls or could not be reached. Their written statements are included with this investigation.</p> <p>The facility policy Abuse Prevention revised 5/3/2017 documents it is the policy of this facility to provide each resident with an environment that is free from any type of abuse, neglect or misappropriation of property.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</b></p> <p>Based on observation, interview, and record review, the Facility failed to implement progressive fall interventions in 2 of 11 residents (R18, R25) reviewed for accidents and hazards in the sample of 40. This failure resulted in R18 sustaining lacerations requiring emergency room (ER) transfer and repair with sutures and R25 sustaining bruising to forehead.</p> <p>Findings include:</p> <p>1-R18's Face Sheet documents R18 was admitted to the facility on [DATE] with diagnoses including weakness, polyneuropathy, right foot drop, lack of coordination, abnormalities of gait and mobility, age-related cognitive decline, and muscle wasting and atrophy.</p> <p>R18's Minimum Data Set (MDS) dated [DATE] documented R18 was moderately cognitively impaired and ambulated via wheelchair.</p> <p>R18's Undated Care Plan documents R18 is at risk for falls related to weakness, incontinence, history of falls, and leaning when tired.</p> <p>R18's 4/17/24 Progress Note documents R18 was found lying on the floor next to her bed on her right side with a significant amount of blood on the floor next to her left foot. R18 stated she was attempting to sit up on the side of the bed and lowered herself to the ground. There was bleeding between left great toe and left second toe and on underside of left great toe. Emergency Services were contacted.</p> <p>R18's 4/17/24 Fall Investigation documents R18 was found on floor next to her bed lying on her right side. There was bleeding to the space between her left great toe and left second toe and the underside of her left great toe. There was blood on the floor by her foot. R18 stated she was attempting to sit up on the side of the bed and lowered herself down onto the floor. Resident was sent to (Local Hospital).</p> <p>R18's 4/18/24 Progress Note documents R18 returned to the facility at approximately 2:20 AM with diagnosis of closed displaced fracture of proximal phalanx (bone at the base) of left great toe. There were new orders for the antibiotic Bactrim DS every 12 hours for 10 days for toe wound. The ER nurse reported R18 had 7 sutures to the laceration between left great toe and left second toe. An orthopedic surgery referral was made with plan to remove sutures in two weeks.</p> <p>R18's Fall Risk assessment dated [DATE] documented R18 was at high risk for falls.</p> <p>R18's 4/18/24 Fall Investigation does not document any progressive interventions for R18's 4/17/24 fall.</p> <p>R18's Care Plan does not document any new interventions for R18's 4/17/24 fall.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R18's Progress Notes for the month of April 2024 do not document any new interventions for R18's 4/18/24 fall.</p> <p>R18's 8/30/24 Progress Note documents R18 was sent to the ER for alleged fall.</p> <p>R18's 8/30/24 Fall Investigation documents R18 was observed lying on her right side on a floor mat next to her bed. R18 was hallucinating and attempted to get up and stand and fell down. There was a large red bump on the right side of her forehead and a left second toe laceration with bleeding. R18 was sent to the hospital.</p> <p>R18's 8/30/24 ER Notes document R18 had a forehead laceration and a 2 cm (centimeter) by 2 mm (millimeter) left second toe laceration with persistent bleeding that required repair with four sutures.</p> <p>On 12/18/24 at 3:25 PM, V12, MDS/Care Plan Coordinator, stated she was unable to provide documentation that progressive interventions were added for R18's falls on 4/17/24 or 8/30/24.</p> <p>On 12/19/24 at 10:53 AM, V19, Certified Nursing Aide (CNA), and V20, CNA, transferred R18 from wheelchair to bed via mechanical lift. There was no fall mat or visible fall intervention in R18's room. V19 stated the only fall intervention in place for R18 is the call light (within reach).</p> <p>On 12/20/24 at 9:20 AM, V1, Administrator, and V2, Director of Nursing (DON), stated they are aware they need to work on implementing post-fall interventions.</p> <p>On 12/20/24 at 9:00 AM, V21, Medical Director (MD), stated he would have expected the Facility to put something in place to help prevent subsequent falls.</p> <p>44953</p> <p>2-R25's Face Sheet undated documents her admitting diagnosis as Unspecified Sequelae of Unspecified Cerebrovascular Disease, Vascular Dementia Moderate with Anxiety, Unspecified Convulsions.</p> <p>R25's Minimum Data Set (MDS) dated [DATE] documents R25 is cognitively intact, toilet transfer, dependent, chair/bed to chair transfer dependent.</p> <p>Incident report dated 5/3/24 documents R25 was just transferred to wheelchair using a mechanical lift. The mechanical lift bar was unhooked. Bar on machine turned around bumped resident on the right upper forehead. Noted area raised 4 cm circle with purple bruise.</p> <p>On 12/19/24 at 10:00 AM V13 Social worker stated she was the administrator at that time and was unaware of the incident.</p> <p>On 12/20/24 at 9:50 AM V6 Registered Nurse stated she could not remember the incident or the staff involved.</p> <p>The facility policy Safe Lifting and Movement of Residents revised December 2013 documents in order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents.</p> <p>(continued on next page)</p>		

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F 0689  Level of Harm - Actual harm  Residents Affected - Few	The Facility's Falls Policy revised 9/2012 documents, The staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address risks of serious consequences of falling.		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</b></p> <p>Based on observation, interview, and record review, the Facility failed to implement nutritional interventions to prevent weight loss in 1 of 3 residents (R37) reviewed for nutrition in the sample of 40. This failure resulted in R37 sustaining significant, severe weight loss at the one, three, and six month marks.</p> <p>Findings include:</p> <p>R37's Face Sheet documents R37 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, anemia, right hip pain, weakness, constipation and dehydration.</p> <p>R37's Minimum Data Set (MDS) dated [DATE] documented R37 was severely cognitively impaired, had impairment on one side upper extremity, and was dependent with bed mobility and transfer.</p> <p>R37's Care Plan initiated 6/18/24 documents R37 has a nutritional deficit. Documented interventions include, Provide and serve supplements as ordered.</p> <p>R37's Monthly Weight Report documents R37 weighed 99.0 pounds in June 2024 and 93.2 pounds in July 2024. This reflects a weight loss of 5.8 pounds or 5.8% body weight loss in one month.</p> <p>R37's Monthly Weight Report documents R37 weighed 88.0 pounds in September 2024. This reflects a weight loss of 11.0 pounds or 11.0% body weight loss in three months.</p> <p>R37's Monthly Weight Report documents R37 weighed 83.4 pounds in December 2024. This reflects a weight loss of 15.6 pounds or 15.7% body weight loss over 6 months.</p> <p>R37's Order Summary Report documents 5/23/24 order for regular diet with mechanical soft texture.</p> <p>On 12/19/24 at 9:59 AM, V14, Registered Dietitian (RD) stated recommendations for dietary changes are documented in both resident Progress Notes and on the Nutritional Care Form which she provides to the V1, V2 and V4 after each visit.</p> <p>R37's Progress Notes for the month of September 2024 do not contain any documentation from V14.</p> <p>The Facility's 9/19/24 Nutritional Care Form documents the Action to change R37's diet order in (Electronic Health Record) to reflect dietary meal sheet with supplement three times daily.</p> <p>R37's 10/24/24 Progress Note by V14 documents, Recs (Recommendations): Initiate extra protein with all meals.</p> <p>The Facility's 10/24/24 Nutritional Care Form documents the Action to change R37's diet order in (Electronic Health Record) to reflect dietary meal sheet which has supplement ordered three times daily. The Action column does not document giving R37 additional protein with meals.</p> <p>R37's Progress Notes from November 2024 do not contain any documentation from V14.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility's 11/26/24 Nutritional Care Form does not contain any documentation from V14 regarding R37.</p> <p>R37's 12/18/24 Dietary Meal Sheet for Breakfast documents mechanical soft diet with supplement three times daily. There is no documentation to provide an additional protein serving.</p> <p>On 12/17/24 at 12:20 PM, R37 was sleeping in bed in her room. She appeared very thin with muscle wasting and orbital wasting. There was no meal tray in the room.</p> <p>On 12/18/24 at 8:50 AM, R37 was feeding herself French toast in the dining room with adaptive utensils. There was no nutritional supplement on R37's tray.</p> <p>On 12/18/24 at 9:05 AM, V5, Dietary Aid, stated R37 refused her supplement today and refuses them the majority of the time.</p> <p>On 12/18/24 at 2:07 PM, V2, Director of Nursing (DON), stated there has not been good communication with V14. She stated she requested some information on weight loss from V14 a couple of weeks ago and has not yet received that information.</p> <p>On 12/19/24 at 9:55 AM, V2 stated she was unable to provide any documentation of meal or supplement intakes for R37, because the Facility's documentation is minimal.</p> <p>On 12/19/24 at 9:59 AM, V14 stated residents with weight loss are considered High Risk and are seen monthly, but she did not see R37 last month and was unaware R37 continued to lose weight or refuse nutritional supplements. She stated the Facility does not consistently track meal or supplement intakes for residents and would expect to be notified of significant weight losses between visits so they can be addressed. She stated she previously recommended adding double protein portions at meals for R37, but did not add that to the Action list for the Facility, so it was never implemented.</p> <p>On 12/19/24 at 10:45 AM, V4, Dietary Manager, stated R37 does not take nutritional supplements very well. V14 stated she was unsure if she had ever seen R37 in person, and her weight loss was significant over one and six months and would not be desirable.</p> <p>On 12/20/24 at 9:20 AM, V1, Administrator, and V2 stated this is a concern that will be addressed.</p> <p>On 12/20/24 at 9:00 AM, V21, Medical Director, stated he expects physician orders to be followed and supplements to be given as prescribed.</p> <p>(continued on next page)</p>		

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F 0692  Level of Harm - Actual harm  Residents Affected - Few	The Facility's Nutrition (Impaired)/Unplanned Weight Loss - Clinical Protocol Policy revised 9/2012 documents, The nursing staff will monitor and document the weight and dietary intake of residents in a format which permits readily available comparisons over time. The threshold for significant unplanned and undesired weight loss will be based on the following criteria 1 month - 5% weight loss is significant; greater than 5% is severe. 3 months - 7.5% weight loss is significant; greater than 7.5% is severe. 6 months - 10% weight loss is significant; greater than 10% is severe. Strategies to increase a resident's intake of nutrients and calories may include fortification of foods (for example, protein added to mashed potatoes), increasing portion sizes at mealtimes, and providing between-meal snacks and/or nutritional supplementation. The Physician and staff will closely monitor residents who have been identified as having impaired nutrition or risk factors for developing impaired nutrition. Such monitoring may include: a. Evaluating the care plan to determine if the interventions are being implemented and whether they are effective in attaining the established nutritional and weight goals.		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33110</p> <p>Based on interview and record review the facility failed to monitor the resident post dialysis and paracentesis for one of one resident (R34) reviewed for quality of care in the sample of 40.</p> <p>Finding Include:</p> <p>R34's Electronic Health Record (EHR) documents R34 diagnoses in part are End Stage Renal Disease, Alcoholic Cirrhosis of Liver with Ascites, and Dependence on Dialysis.</p> <p>R34's Minimum Data Set MDS dated [DATE] documents R34 is moderately cognitively impaired.</p> <p>R34's Care Plan dated 10/31/24 documents resident (R34) at risk for complications r/t (related to) dx (diagnosis) of end stage renal disease and requires dialysis, occ.(occasionally) nauseas r/t (related to) dialysis, does not stay for entire length of dialysis, had paracentesis about every 4 weeks but now not needing as often. Goal Resident (R34) will have not unresolved complications and or issues related to end stage renal disease and or dialysis thru next review. Interventions check and change dressing to access site as ordered monitor for redness swelling warmth and drainage may have paracentesis whenever necessary. Monitor for signs and symptoms of fluid overload. There are no orders or documentation for this documented in the Electronic Health Record.</p> <p>R34's Social Service Note dated 12/11/4 documents this writer set up an appointment for paracentesis at a (Local Hospital) on 12/19/2024 at 7:00 AM.</p> <p>R34's Physician Order dated 6/14/24 documents standing order therapeutic paracentesis when needed standing order diagnosis liver cirrhosis with ascites.</p> <p>R34's Local Hospital Note dated 12/19/24 documents Ultrasound guided paracentesis was performed and 5300ml ( milliliters) of amber peritoneal fluid was removed.</p> <p>R34's (Local Hospital) Post Paracentesis Instructions documents remove bandage in 3 to 5 days, call your ordering physician if redness or drainage occurs from puncture cite. May shower but no tub baths or soaking in the water until puncture is healed. No heavy lifting. No pulling or pushing more than 10 pounds for 2 days. Slow position changes to avoid hypotension. Follow up with ordering physician 1 week repeat procedure if needed.</p> <p>R34's Medication Administration Record, Treatment Administration Record, and Physician Order Sheet did not document R34's Post Paracentesis Instructions from the Local Hospital.</p> <p>On 12/19/24 at 2:30 PM V16 Licensed Practical Nurse (LPN) stated Usually the hospital will call (after paracentesis) and give us orders. I haven't heard anything yet.</p> <p>On 12/19/24 at 2:45 PM V17 LPN stated he doesn't have them (paracentesis) often but I check for bruising or pain on the stomach.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Friendship Manor Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  485 South Friendship Drive Nashville, IL 62263	

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/19/24 R34's Physician Order Sheet (POS) did not document an order for dialysis, although he is going to dialysis.R34's POS did not document check dialysis access site.</p> <p>On 12/20/24 R34's POS documented dialysis treatment every m-w-f (Monday, Wednesday, Friday) for end stage renal disease. R34's POS did not document check dialysis access site. R34's Medication Administration Record (MAR) and Treatment Administration Record (TAR) did not document that the dialysis access site was checked.</p> <p>R34's Medication Administration Record (MAR) and Treatment Administration Record (TAR) did not document that the dialysis access site was checked.</p> <p>On 12/19/24 at 2:30PM V16 LPN stated, I check thrill and bruit three times a day. I'm kind of new here I don't know where to chart it.</p> <p>On 12/19/24 at 2:45 PM V17 LPN stated we check his access site often for thrill and bruit. We don't chart it unless something is wrong.</p> <p>A dialysis and a paracentesis policy was requested but not provided.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>35156</p> <p>Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was working in the facility for at least 8 consecutive hours a day, 7 days a week. This failure has the potential to affect all 56 residents living in the facility.</p> <p>Findings include:</p> <p>On 12/17/2024 at 9:04 AM, Staffing schedules were requested from the facility for the past 14 days.</p> <p>On 12/17/2024 at 9:33 AM, staffing schedules were reviewed and do not document any RN working on 12/1/2024, 12/2/2024, 12/3/2024, 12/5/2024, 12/7/2024, 12/8/2024, 12/9/2024, 12/10/2024 and 12/15/2024 for a total of 9 days.</p> <p>On 12/17/2024 at 2:45 PM, V1, Administrator stated, We have a census of 56 residents. I know we have been short staffed with RN (Registered Nurse) coverage.</p> <p>On 12/17/2024 at 2:55 PM, V2, Director of Nursing stated that currently the facility has two RN's, me and V6, RN. I know they are trying to hire more RN's.</p> <p>The PBJ Report for the 4th quarter documents Registered Nurse (RN) was triggered and the facility had a one-star staffing rating.</p> <p>The Facility Assessment, dated 7/1/2023 documents, Licensed nurses providing care (Licensed Practical Nurse, Registered Nurse), staffing plan based on current Census, skilled census x 3.8, intermediate census x 2.5 total /45% days, 35% evenings, 20% nights. 25% of each shift= nurse hours.</p> <p>The Facility Staffing Policy dated 10/2017 documents, Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services.</p> <p>The Staffing Policy with a revision date of April 2007 documents Our facility provides adequate staffing to meet need care and services for residents' population.</p> <p>The Facility's Daily Census Sheets dated 12/17/2024 documents a total of 56 residents living in the facility.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35156</p> <p>Based on observation and interview the Facility failed to post staffing schedules in a clear and readable format and posted in a prominent place, readily accessible to residents and visitors. This has the potential to affect all 56 residents living in the facility.</p> <p>Findings include:</p> <p>On 12/17/2024 a tour of the facility was conducted and no Nursing information, including the facility name, current date, total number of actual hours worked by the Registered nurses, Licensed Practical nurse (LPN), certified nursing assistants (CNA), and resident census was posted and or available to review.</p> <p>The 4th quarter of the PBJ report documents the facility did not have enough RN coverage for 8 consecutive hours/day and had a 1- star staffing rating.</p> <p>On 12/17/2024 at 1:03 PM, V2, Director of Nursing (DON) stated she was not aware posting of staff was required.</p> <p>On 12/17/2024 at 1:05 PM, V3, Business Office Manager stated, I know the staffing was always posted up front by the door, but we are under new management now and I am not sure if anyone has posted everything. I am not aware of any staffing posting being anywhere else in the facility.</p> <p>The Facility assessment dated [DATE] documents RN (Registered Nurse) or LPN (Licensed Practical Nurse) Charge Nurse: 1 for each shift. DON may be charge nurse 4 hours out of a consecutive 8 hours daily, 24.7 daily RN. No updated Assessment was provided.</p> <p>The Staffing Policy with a revision date of April 2007 documents Our facility provides adequate staffing to meet need care and services for residents' population.</p> <p>The Facility's Daily Census Sheets dated 12/17/2024 documents a total of 56 residents living in the facility.</p>		

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<p>F 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised.</p> <p>35156</p> <p>Based on observation, interview, and record review the Facility failed to ensure residents who were being fed by staff had staff who were properly trained and under the supervision of a RN (Registered Nurse or LPN (Licensed Practical Nurse) for 1 out of 5 residents (R1) reviewed for need for assistance with feeding in the sample of 40.</p> <p>Findings include:</p> <p>R1's Physician Order Sheet dated December 2024 documents a diagnosis of gastroesophageal reflux disease without esophagitis, personal history of other diseases of the digestive system, acquired absence of other specified parts of digestive tract, cognitive communication deficit, dysphagia, and oropharyngeal phase. R1's POS also documents a diet of pureed texture, for add house supplement at lunch and supper.</p> <p>R1's Care Plan dated 7/1/2024 documents, Nutritional deficit related selective dining area, uses 2 handle cup with lid at meals, related shake hands PRN (As needed). Goal date initiated 2/14/2024 documents, Resident will have no chewing/swallowing difficulty thru next review. Intervention: Diet as ordered: Regular pureed (2/14/2024), Monitor/document/report. s/sz (signs and symptoms) of dysphagia: pocketing, choking, coughing, drooling, several attempts to swallow.</p> <p>On 12/17/2024 at 12:20 PM, V11 Unit Aid was feeding R1 in the dining room. No Nurses were in the dining room while V11 was feeding R1. R1 was receiving a pureed diet.</p> <p>On 12/17/2024 at 12:24 PM, V11 stated she was a Unit Aid and she usually helps feed residents in the facility. V11 stated she had not taken a state approved training class for assisting residents with feeding.</p> <p>On 12/17/2024 at 2:02 PM, V1, Administrator provided the job description of the Unit Aid, which documents the following, 1-Pass out ice and water to each resident, 2-wash wheelchairs, walkers, etc, 3-serve snacks, 4- assist resident to and from dining room, 5-make beds, 6-organize closets, night stands, remove unused or unneeded items and hangers, 7-Check and straighten room, 8- Clean residents personal items in room, ie brushes, denture cups, toothbrush replace if needed, 9-Mark clothes and personal item, 10- Put clothing protectors on residents at mealtimes. The job description does not document Unit Aids can feed residents.</p> <p>On 12/18/2024 at 9:16 AM, V2, Director of Nursing (DON) stated The Unit Aids do not feed resident. (V11) is a Unit Aid and does activities also. She does not have her certification and is not a paid feeding assistant. She has been assisting with feeding the dining room. I did not realize she was not able to feed residents. V2 also stated she would not expect a resident who is at high risk for choking to be fed by a unit aid. We do not have any paid feeding assistants in the building.</p> <p>On 12/18/2024 at 1:00 PM, V1 stated they did not have a policy on feeding assistance and or residents that need assistance with feeding.</p> <p>(continued on next page)</p>		

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<p>F 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Resident Right Policy with a revision date of 11/18 documents, our facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.</p> <p>The Paid Feeding Assistants Policy with a revision date of November 2008 documents, Paid feeding Assistants must successfully complete a state-approved training course taught by a qualified professional (as defined by state law) before being permitted to feed residents. In conjunction with the facility's Registered Dietitian (RD), and an RN (Registered Nurse) will oversee the Feeding Assistant Training Program to ensure that the feeding techniques are taught correctly. Paid feeding assistants will not feed resident with complex feeding problems i.e., dysphagia).</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35156</p> <p>Based on observation, interview, and record review the facility failed to ensure food was stored and prepared in a manner which prevents potential contamination. This has the potential to affect all 56 residents living in the facility.</p> <p>Findings include:</p> <p>On 12/17/2024 at 8:51 AM, in the kitchen next to the oven there was a fryer station and the fryer basket was covered with grease, which was old looking with lots of crisp pieces floating in the grease. The handles and basket were greasy in appearance and in need of a cleaning.</p> <p>On 12/17/2024 at 8:52 AM, In the walk-in refrigerator there was a large industrial clear container of unidentified meat with noodles covered in a red sauce.</p> <p>On 12/17/2024 at 8:53 AM, There was a tray with eight bowls of unidentified food covered with plastic that had no date or label on them.</p> <p>On 12/17/2024 at 8:55 AM, there was an 18 quart clear container of white liquid with no date or label.</p> <p>On 12/17/2024 at 8:58 AM, there was an 18 quart container filled to 12 quart line of a red liquid with no date and/or label.</p> <p>On 12/17/2024 at 8:59 AM, V4, Dietary Manager stated she has taken the class for Dietary Manager but has not passed the test yet. V4 stated all things in the refrigerator should always be dated and labeled. All things should be dated and labeled.</p> <p>On 12/17/2024 at 9:00 AM, in the freezer when opening the door there were large chunks of ice on the floor of the freezer. On the ceiling of the freezer were small dots of ice crystal dripping down onto boxes in the freezer, on a large industrial box of ice cream cups, a large industrial box of waffles, two chocolate pies, 3 cases of meat and four loaves of bread. In the corner there was a large block of ice covering a box of hamburger.</p> <p>On 12/17/2024 at 9:05 AM, V4 stated we have been having issues with freezer for a couple of months now. I have talked with the Maintenance Director about it and I know we have been having a large build- up of ice.</p> <p>On 12/18/2024 at 2:33 PM, V7, Maintenance Man stated, I am fairly new here I just started two months ago. I was told there were some issues with ice buildup in the freezer a few weeks ago. I took a look at it and I am hoping to fix it.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Food Receiving and Storage Policy with a revision date of July 2014 documents, Food shall be received and stored in a manner that complies with safe handling practices. All foods shorted in the refrigerator or freezer will be covered, labeled, and dated (use by date). Such foods will be rotated using a first in - and first out system. The freezer must keep frozen foods frozen solid. Wrappers of frozen food must stay intact until thawing. Other opened container must be dated and sealed or covered during storage.</p> <p>The Facility's Daily Census Sheets dated 12/17/2024 documents a total of 56 residents living in the facility.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>35156</p> <p>Based on interview and record review, the Facility failed to ensure the Facility Assessment was current and up to date and reviewed annually. This has the potential to affect all 56 residents living in the facility.</p> <p>Findings include:</p> <p>On 12/17/2024 at 10:03 AM, the Facility Assessment was requested.</p> <p>On 12/17/2024 at 2:33 PM, the Facility Assessment was provided by V1, Administrator.</p> <p>The Facility Assessment provided by V1 had a revision date of 7/1/2023.</p> <p>On 12/17/2024 at 2:48 PM, V1 was asked if the Facility Assessment provided was the most up to date version and V1 stated, The Facility Assessment I provided to you is the most current and up to date version. That is all I have.</p> <p>On 12/18/2024 at 2:03 PM, no other Facility Assessment was provided by the Facility.</p> <p>On 12/18/2024 at 2:19 PM, V2, Director of Nursing (DON) stated there was no policy on Facility Assessment.</p> <p>The Facility's Daily Census Sheets dated 12/17/2024 documents a total of 56 residents living in the facility.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33110</p> <p>Based on interview and record review the facility failed to follow a comprehensive surveillance program to collect and analyze data to control infection in the facility. This had the potential to affect all 56 resident in the facility</p> <p>Findings include:</p> <p>1. The facility Monthly Infection Control Log for the month of November documents on 11/21/24 R54 was diagnosed with an Urinary Tract Infection (UTI) and she was given Cipro 500mg twice daily from 11/22/24 through 11/28/24. The facility Monthly Infection Control Log did not document the organism causing the UTI.</p> <p>The facility Monthly Infection Control Log for the month of November documents R16 was diagnosed with an UTI on 11/18/24 and he was ordered Cipro 500mg twice daily from 11/18/24 through 11/23/24. The Monthly Infection Control Log did not document the organism causing the infection.</p> <p>The facility Monthly Infection Control Log for the month of November documents R50 has an UTI and was ordered Cipro 500mg BID from 11/3/24 through 11/15/24. The Monthly Infection Control Log did not document the organism causing the UTI.</p> <p>The facility Monthly infection Control Log for the month of November documents R10 had a UTI infection and was given Cephalexin 500mg twice daily starting on 11/29/24 through 12/9/24. The Monthly Infection Control Log for the month of November did not document the organism.</p> <p>The Facility Pressure Ulcer cumulative Report dated 12/17/24 documents R ischium measures 3x2x1 and Coccyx 5x1x.9. Treatment for ischium Gentamicin 0.1% WB pack with Calcium Alginate Rope bordered gauze dressing. The treatment for coccyx apply Cal Alginate and bordered gauze dressing, V18 Licensed Practical Nurse (LPN) completed a dressing change on her right ischium and coccyx V18 LPN left the room returned to the room did not wash hands or hand sanitize. V18 just donned gloves. V18 did not hand sanitize with glove changes.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 12/17/24 documents there are 56 residents living in the facility.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>35156</p> <p>Based on interview and record review, the Facility failed to ensure they had a qualified Infection Control Preventionist (ICP) working full time in the facility. This has the potential to affect all 56 residents living in the facility.</p> <p>Findings include:</p> <p>On 12/18/2024 at 9:03 AM, V1, Administrator stated V2, Director of Nursing (DON) was currently the Infection Control Preventionist (ICP).</p> <p>On 12/18/2024 at 9:12 PM, V2, Director of Nursing (DON) stated, I am the ICP but I have not taken any of the required training yet. There is no one overseeing me at this point. I am doing the best I can do.</p> <p>The undated Policy and Procedure Antibiotic Stewardship Policy provided by the Facility documents, 'The facility 's leadership, including the medical director, consulting pharmacist, nursing and administration leadership, and the infection preventionist, will demonstrate commitment to antibiotic stewardship through the allocation of necessary resources and support. The Infection Preventionist or designee will monitor antibiotic use and resistance on an ongoing basis and summarize and report data to the ASP team and /or QAPI Committee on a quarterly basis at minimum. The Infection Preventionist or designee will collaborate with the pharmacist during the monthly medication regimen review (MRR) to review findings and identify and irregulars including unnecessary medications (antibiotics). The Infection Preventionist or designee will provide verbal and/or written education to nursing staff on antibiotic use (stewardship and protocols yearly at a minimum and as needed if facility data suggest antibiotic (stewardship) and protocols yearly at minimum and as needed if facility data suggests antibiotic stewardship is insufficient. The Infection Prevention will analyze the data and evaluate the effectiveness of the antibiotic stewardship.</p>		