

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E212	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Frankfort Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 40 North Smith Frankfort, IL 60423	

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 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** 46003</p> <p>Based on interview and record review the facility failed to invite residents to their interdisciplinary care plan meeting. This applies to 2 of 2 residents (R21 and R76) reviewed for care planning in a sample of 28 residents.</p> <p>Findings include:</p> <p>1. R21 admitted to the facility on [DATE]. R21 has diagnoses that includes schizophrenia, venous insufficiency, gastro-esophageal reflux disease, hypertensive heart disease, hyperlipidemia, peripheral vascular disease, osteoarthritis, scoliosis, osteoporosis, and bipolar disorder. R21 MDS (Minimum Data Set) dated 5/1/24 shows she is cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15. R21's care plan dated 5/13/24 states the residents demonstrate strong activity participation as evidence by joining a variety of group programs, actively participating in, and supporting resident council.</p> <p>On 6/6/24 at 10:45 AM, R21 stated she did not remember the last time she was invited to a care plan meeting.</p> <p>2. R76 readmitted to the facility on [DATE]. R76 has diagnoses that includes paranoid schizophrenia, obesity, type 2 diabetes, dorsalgia, gastro-esophageal reflux disease and vitamin d deficiency. R76's MDS (Minimum Data Set) dated 4/26/24 shows she is cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15.</p> <p>On 6/4/24 at 11:01 AM, R76 stated she did not know anything about care plan meetings and had not been invited to any. R76 stated it would be a good idea to participate in her care plan meetings.</p> <p>On 6/6/24 at 1:48 PM, V11 MDS Coordinator stated R21 and R76 have not been present during their interdisciplinary care plan meetings. V11 stated there is no documentation of R21 or R76 being invited to their care plan meetings. V11 stated there is no documentation of R21 or R76 declining to participate in their care plan meetings.</p> <p>On 6/6/24 at 2:09 PM, V1 Administrator stated residents should be invited to their care plan meetings, so they know what is going on with them and their plan of care. V1 stated there should be documentation they were invited to their care plan.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy Care Plan Development dated 3/2021 states the facility's Interdisciplinary team, in consultation with the resident and his/her representative, develops and implements a person-centered care plan for each resident.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41384</p> <p>Based on observation, interview, & record review, the facility failed to provide ADL care (activities of daily living) to 4 Of 4 residents dependent of ADL care (R3, R42, R83 & R92) in a sample of 28.</p> <p>Findings include:</p> <p>1. On 06/05/24 at 11:07 AM R3 was observed with facial hair on her chin. R3 stated that she did not know the last time she was shaved and that she wanted the staff to shave her.</p> <p>R3's electronic health record showed that she is an [AGE] year-old female admitted to the facility with diagnoses including paranoid schizophrenia, scoliosis, spinal stenosis, and polyosteoarthritis. R3's 5/1/24 MDS (Minimum Data Set) Section GG - personal hygiene showed that R3 is dependent on staff for care. A review of R3 electronic health records was conducted on 06/06/24 at 1:40 PM and it showed under Task GG- Personal Hygiene - no documentation for the last 6 months. R42's 30 day look back for Behavior Monitoring and Interventions from 5/8/24 - 6/6/24 showed no behaviors observed and the 30 days look back for ADL care for 5/8/24 - 6/6/24, did not show any refusal of ADL care.</p> <p>2. On 06/04/24 at 10:36 AM R42 was observed with facial hair on her upper lip and chin. 06/05/24 at 12:54 PM R42 was again observed with facial hair on her upper lip and chin. R42 stated It has been over a week or so since anyone shaved me. It bothers me and I have asked them to shave me, and I am going to ask them again today.</p> <p>R42's electronic health record showed that she is a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including schizoaffective disorder, type 2 diabetes and polyosteoarthritis. R42's 4/30/24 MDS section GG Personal hygiene showed that R42 needs partial to moderate assistance with personal hygiene. R42's Task GG showed no documentation no progress notes for last 6 months. R42's Progress notes were reviewed with no notes showing any refusal of ADL care. R42's 30 day look back for Behavior Monitoring and Interventions from 5/8/24 - 6/6/24 showed no behaviors observed and the 30 days look back for ADL care for 5/8/24 - 6/6/24, did not show any refusal of ADL care.</p> <p>3. On 06/04/24 at 1:41 PM, R83 was observed with long jagged toenails, about a half an inch over her toes. R83 stated that it had been about a month since the podiatrist cut them, & that it bothers her that they are so long. R83 said, I told the staff and they said that they will get to it. R83 said that was the day before on 6/5/24.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R83 electronic health record showed that she is a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including bipolar disorder & type 2 diabetes. The facility Podiatry list for 5/7/24. R83 was on the list but the list did not indicate if she had been seen or refused as it did for all of the other residents. The facility was asked to produce the podiatrist progress notes for the resident and was unable to produce a note from the Podiatrist for services for R83 on 5/7/24. On 06/06/24 at 1:30 PM a record review for the last 60 days of R83's progress notes did not show any documentation of R83 refusing care including nail care and no progress notes for 5/7/24 podiatry care. R83's 3/21/24 MDS section C showed that R83's cognition is intact and section GG - Personal Hygiene showed that R83 needs supervision or touching assistance with personal hygiene. R83's Task - Behavior Monitoring & Interventions 30 day look back from 5/8/24 - 6/6/24 showed no behaviors observed and the 30 days look back for ADL care for 5/8/24 - 6/6/24 did not show any refusal of ADL care. R83's Task GG- Personal hygiene - showed no progress notes for the last 6 months.</p> <p>4. On 06/04/24 at 11:13 AM R92 was observed with long jagged toenails. R92 said I can't remember the last time they were cut they reach/touch my shoes. They have a podiatrist here, but I have not seen him. On 06/04/24 at 1:22 PM R92 was observed with short, jagged fingernails. R92 said They need to be filed and I asked the staff, but they won't file them. R92 said that after the staff cut her nails, she asked them to file them, but they wouldn't do it.</p> <p>R92's electronic health record showed that she is a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including schizophrenia, polyosteoarthritis, and type 2 diabetes. R92's 3/7/24 MDS section C showed that R92 cognition is intact & section GG Personal Hygiene showed that R92 needs substantial to maximal assistance. On 6/06/24 at 12:42 PM, R92's progress notes were reviewed for last 30 days and no notes were observed for refusing ADL nail care. R92's Task ADL care 30 day look back from 5/8/24 to 6/6/24 showed no documentation of refusal for ADL care. R92's 20 day look back for behavior monitoring and interventions from 5/8/24 through 6/6/24 showed no behaviors observed.</p> <p>On 06/04/24 at 2:17 PM, V2 DON (Director of Nursing) stated that as of this day no one is on the list to be seen by podiatry for this month. On 06/04/24 at 2:17 PM, V3 ADON (Assistant Director of Nursing) stated - the podiatrist comes every 6-8 weeks and as needed if we request them to come. V3 stated that the staff have the emery boards to file the nails when it is needed. On 06/06/24 at 2:33 PM V2 DON stated that the staff should be shaving the women and that nail care depends on if the resident is a diabetic or not. V2 stated that staff should notify the nurse so they can put the residents on the podiatry list, or the nurse can cut the nails. V2 state that he usually cuts the nails himself. V2 stated Last week I cut R92's nails and the nails could not be cut down anymore because of calluses on the nails. I told R92 that I would put her on the list to see the podiatrist. I did not put her on the list that was an oversite on me. I looked at her nails today and yes, they are long and jagged, but they are long because of the calluses, and they are jagged, but I did not file them, that is on me. V2 stated that if the residents refuse ADL care, they let the nurse know and we document that they refused. V2 said he had no knowledge of the residents refusing nail care or shaving and there is no documentation for R3, R42, R83 & R92 refusing nail care or shaving. On 06/06/24 at 10:41 AM, V1 (Administrator) said that if a resident asks for assistance with ADL care and requires assistance, staff should provide it. V1 said that staff should observe residents' nails when they give showers and notify the nurse if they need nail care.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's Nail Care policy date 3/2021 showed routine nail care helps reduce the potential for infection, prevents intrusion of the nail into the skin, prevents possible injuries and promotes a feeling of well-being for the residents. The policy showed under, Standard: nail care is a routine part of grooming each day. The policy showed under Procedure: clip one nail at a time and file the fingernails in an oval shape, file toenails straight and do not leave any edges. Determine the resident's preferred nail length.</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** 41384</p> <p>Based on observation, interview, and record review, the facility failed to follow a physician's order for 1 resident (R92) in a sample of 27.</p> <p>Findings include:</p> <p>R92 is a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including schizophrenia, type 2 diabetes & osteoarthritis.</p> <p>On 06/04/24 at 11:13 AM, R92 was observed in her room with no braces on her wrist. There were 2 braces observed on her chair in her room at that time. R92 stated she wears braces on her wrists, but no one will come to help her to put it on. R92 stated, I can't put it on myself. The CNAs (Certified Nurse's Assistants) don't come to help put it on. I feel I should get the same help as everyone else, and I don't. R92 was observed crying as she was speaking. R92 said They know I have to wear the braces every day and that they are to put them on me, and they don't come.</p> <p>R92's 3/7/24 MDS section C showed that R92 cognition is intact & section GG Personal Hygiene showed that R92 needs substantial to maximal assistance. On 6/06/24 at 12:42 PM, R92's progress notes were reviewed for last 30 days and no notes were observed for refusing care. R92's Task ADL care 30 day look back from 5/8/24 to 6/6/24 showed no documentation of refusal for ADL care. R92's 20 day look back for behavior monitoring and interventions from 5/8/24 through 6/6/24 showed no behaviors observed. R92's 5/31/24 physician order showed, Bilateral volar wrist braces for wrist osteoarthritis. May take the brace off for bathing, eating and for breaks as needed. Avoid axial loading and heavy lifting with wrist every shift for Wrist Osteoarthritis.</p> <p>On 06/06/24 at 02:33 PM, V2 DON (Director of Nursing) stated that if a resident has an order for braces on their wrist and they ask staff to put them on staff should put them on. V2 said that staff should ensure that residents braces are on them. On 06/06/24 at 10:54 AM, V1 (Administrator) said that if a resident has an order for braces on their wrist, they should have them on. V1 stated that if a resident asks staff to put the braces on, the staff should put them on.</p> <p>The facility's Physician Orders-verbal and Fax (3/2021) showed under Procedure: Follow through with the orders as required.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48526</p> <p>Based on observation, interview, and record review the facility failed to provide adaptive eating utensils to a resident with upper extremity impairments.</p> <p>This applies to 1 of 1 resident (R5) reviewed for adaptive utensils.</p> <p>The findings include:</p> <p>R5 a [AGE] year-old admitted to the facility on [DATE] with multiple diagnoses which included dementia with behavioral disturbance, pressure ulcer of right buttock, diabetes, hypertensive heart disease, epilepsy, peripheral vascular disease, intellectual disabilities, schizophrenia, chronic obstructive pulmonary disease, and polyosteoarthritis per the face sheet.</p> <p>R5's MDS (Minimum Data Set) dated 03/22/24 showed R5 was cognitively impaired. The same MDS showed R5 had impairments to both upper and lower extremities.</p> <p>On 06/04/24 at 1:05 PM R5 was sitting in the dining room, at the table. R5 was being fed a mechanical soft diet by V16 (Certified Nursing Assistant). R5's meal card provided by the dietary department showed R5 was supposed to have a special spoon with meals. R5 did not have a special spoon during lunch. On 06/06/24 at 9:01 AM R5 was sitting at dining room table eating breakfast. R5 was being fed by V15 (Certified Nursing Assistant). Resident continues to not have the special spoon per the meal card for breakfast.</p> <p>On 06/04/24 at 1:05 PM V16 said R5 feeds himself at times. V6 stated R5 fed himself this morning for breakfast.</p> <p>On 06/06/24 at 1:30 PM V9 (Dietary Manager) stated R5 is fed at times but he can feed himself if he is not wound up. V9 stated R5 has a blue divider plate but does not have special utensils. V9 said when R5 feeds himself, he eats with the regular utensils. V9 stated she has no knowledge of R5 using special utensils and there are none in the kitchen for him. V9 stated R5 may have difficulties feeding himself without the proper eating utensils.</p> <p>On 06/06/24 at 3:22 PM V2 (Director of Nursing) stated he was not aware R5 required the use of an adaptive spoon for meals. V2 said R5 can feed himself. V2 said if the proper utensils are not given to R5, he may not get the proper nutrition and can lose weight. V2 said the kitchen should make sure R5 has the proper eating utensils. V2 said the facility does not have a policy for adaptive utensils, we follow the recommendations of the therapy department.</p> <p>R5's meal card showed a blue plate and a special spoon. R5's dietary care plan initiated 06/03/24 showed adaptive equipment: blue plate and special spoon as an intervention dated 03/22/24.</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>41384</p> <p>Based on observation, interview, and record review, the facility failed to contain respiratory equipment for 2 residents (R38 & R42) in a sample of 27.</p> <p>1. On 06/04/24 at 11:00 AM R38's BIPAP (bilevel positive airway pressure) mask and O2 nasal cannula was observed not covered. R38 said I use my BIPAP ever night and the oxygen as needed.</p> <p>R38's electronic medical record showed that she has diagnoses including chronic obstructive pulmonary disease with acute exacerbation, asthma & sleep apnea. R38's 2/19/23 physician order showed, oxygen as needed for COPD (chronic obstructive pulmonary disease), & 12/19/23 Physician order showed, BIPAP at night at bedtime for COPD.</p> <p>2. On 06/04/24 10:36 AM R42's CPAP mask (continuous positive airway pressure) and O2 nasal cannula was observed not covered. R42 stated, I use my CPAP every night at 10pm.</p> <p>R42's electronic health record showed that R42 has diagnoses including chronic respiratory failure and obstructive sleep apnea. R42's 6/11/23 physician's order showed oxygen as needed via nasal cannula at 2 liters per minute. R42's 6/11/23 physicians order showed O2 while on CPAP every night related to obstructive sleep apnea.</p> <p>On 06/06/24 at 10:35 AM, V1 (Administrator) stated that the machines should be stored and covered for infection control when not in use. On 06/06/24 at 2:33 PM, V2 DON (Director of Nursing) stated respiratory equipment including masks and nasal cannula should be contained or covered when not in use. V2 stated that the staff are to ensure that they are contained when they do rounds.</p> <p>The facility's CPAP - BIPAP guideline dated 3/2021 does not show how the equipment should be contained when it is not in use.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48526</p> <p>Based on observation, interview, and record review the facility failed to store and label medications properly.</p> <p>This applies to 1 of 1 resident (R48) reviewed for medication storage in the sample of 28.</p> <p>The findings include:</p> <p>On 06/05/24 at 9:00 AM The medication storage cabinet located inside of the nursing office contained a clear storage bag. R48 had three medications stored in the bag. The medications included: 1) Terconazole Cream 0.4% with directions to insert one applicator vaginally at bedtime until 06/01/24. The cream did not have a cap on it, and there was one applicator left in the box. 2) Ketoconazole shampoo 2% and 3) Albuterol Sulfate 0.083%. The medications were not stored in separate bags. The clear storage bag was not labeled.</p> <p>On 06/05/24 at 9:15 AM V2 (Director of Nursing) stated R48's vaginal medication was completed on 06/01/24 but the shampoo and nebulizer solution were still an active order. V2 stated the vaginal medication should not be stored with any other medications. V2 stated medications that residents take by mouth or inhalation should be separate from vaginal medications. V2 stated medications stored in bags should be labeled.</p> <p>R48 was [AGE] years old. R48 was admitted to the facility on [DATE] with multiple diagnoses which included schizophrenia, chronic obstructive pulmonary disease, and candidiasis of skin and nail.</p> <p>R48's order summary showed R48 was ordered Terconazole Vaginal Cream 0.4% on 05/24/24 and completed on 06/01/24. R48's current physician orders showed Albuterol Sulfate Inhalation Nebulization Solution and Ketoconazole External Shampoo 2%.</p> <p>The facility's Medication Storage Policy dated 03/2021 showed: Guideline- the facility maintains proper store of a variety of medications in accordance to the pharmacy recommendations and regulatory guidelines. Procedure- 4) Medications that have a different route from oral are kept separated and when appropriate in labeled and dated bags in the cabinets. 8) Discontinued medications are disposed of per facility policy.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003</p> <p>Based on interview and record review the facility failed to respect residents' right to make choices about their diet. This applies to 3 of 3 residents (R47, R57 and R101) in a sample of 28 residents.</p> <p>Findings include:</p> <p>On 6/4/24 at 12:43 PM during lunch resident were observed eating a plain turkey burger with cheese, a few tater tots, and a cup of shredded pineapple.</p> <p>1. R47 admitted to the facility on [DATE]. R47 has diagnoses that includes schizophrenia, prediabetes, iron deficiency anemia, obesity, hypertensive heart disease and bipolar disorder. R47's current Physician order is no added salt diet regular thin liquids, milk with all meals per resident's request. R47's physician orders do not include a caloric limit or order limiting food intake. R47's MDS (Minimum Data Set) dated 5/21/24 shows he is cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15.</p> <p>On 6/4/24 at 12:43 PM, R47 stated he is not given extra food when he asks for it. R47 stated residents aren't allowed extra food unless they have double portions ordered.</p> <p>2. R57 admitted to the facility on [DATE]. R57 has diagnoses that includes major depressive disorder, hyperlipidemia, type 2 diabetes, obesity, hypokalemia, alcohol abuse, anxiety, migraines, and hypertensive heart disease. R57's physician diet order is no added salt no concentrated sweets regular texture, thin liquids. R57's physician orders do not include a caloric limit or order limiting food intake. R57's MDS (Minimum Data Set) dated 4/1/24 shows she is cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15.</p> <p>On 6/4/24 at 12:43 PM, R57 stated she can't get second helpings of food if she is still hungry. R57 stated the meals are not filling. R57 stated when you're in a place like this there is usually nothing to look forward to except a good meal.</p> <p>3. R101 admitted to the facility on [DATE] with diagnoses that includes major depressive disorder, gastro-esophageal reflux disease, basal cell carcinoma, hypertensive heart disease, chronic rhinitis, and suicidal ideations. R101 physician diet order is no added salt regular texture, regular thin liquids. R101's physician orders do not include a caloric limit or an order limiting food intake. R101's MDS (Minimum Data Set) dated 5/7/24 shows she is cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15.</p> <p>On 6/4/24 at 12:43 PM, R101 stated this isn't enough food for a child. R101 stated residents are not allowed to get second helpings of food. R101 stated she would get food from the vending machine when she gets hungry, but she did not have money for the vending machine,</p> <p>On 6/04/24 at 1:28 PM, V12 Dietary Aide stated there are no second helpings served to residents even if there is extra. Only resident that are on double portions are given extra food.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Frankfort Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 40 North Smith Frankfort, IL 60423	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/04/24 at 1:28 PM, V9 Dietary Manager stated there are no second helpings for anyone that does not have double portions ordered.</p> <p>On 6/4/24 at 1:57 PM, V13 CNA (Certified Nursing Assistant) stated only residents that get double portions receive extra food. All other residents receive a single serving of their meal and are not given second helpings.</p> <p>On 6/6/24 at 2:09 PM, V1 Administrator stated If residents are still hungry, they will be provided a second helping. If there isn't enough for seconds, we can give them something else to eat.</p> <p>The facility did not provide a policy regarding resident meal choices and restrictions.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45906</p> <p>Based on observation, interview, and record review, the facility failed to properly label, date, seal, and store food items in the kitchen and use proper sanitation while checking food temperatures.</p> <p>This applies to all residents that receive oral nutrition and foods prepared in the facility kitchen.</p> <p>Findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (Form CMS-Centers for Medicare and Medicaid Services-671) dated [DATE] documents that the total census was 101 residents. On [DATE] at 10:49 AM, V9 (Dietary Manager) said there are no NPO (Nothing by Mouth) residents. All 101 residents eat from the facility kitchen.</p> <p>On [DATE] starting at 10:00 AM, the facility kitchen was toured in the presence of V9 (Dietary Manager) and the following was found:</p> <p>In the dry storage room refrigerators:</p> <ol style="list-style-type: none"> 1. An opened bag of shredded lettuce, not labeled or dated with browning lettuce and yellow liquid in the bottom of the bag. 2. A bag of unlabeled and undated diced meat with yellow liquid in bottom of bag. V9 said it was diced turkey. 3. A partially sliced yellow onion in a resealable bag dated ,d+[DATE]. 4. A half empty gallon of 2% reduced fat milk with best by date of [DATE]th. 5. A full gallon of 2% reduced fat milk with best by date of [DATE]th. <p>In the kitchen refrigerators:</p> <ol style="list-style-type: none"> 6. A resealable bag of salami deli meat that is not labeled or dated. 7. An unlabeled medium sized bin of opened various deli meats dated [DATE] with yellow liquid in bottom of bin that meat is sitting in. V9 said the meats were turkey ham, turkey baloney, and turkey salami. 8. Half of a deli ham dated [DATE] sitting in pink liquid in a medium sized silver bin. 9. A pork roast dated [DATE]. V9 said it is defrosting for later in the week, but there is no defrost date on it to show when/if it was moved from freezer to refrigerator. <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>In the dry storage:</p> <p>10. The dry storage room is filled with boxes stacked on top of boxes of dry foods. Surveyor unable to reach or see the food on the shelves on one side of the room and unable to fully open the refrigerator doors on the opposite side of the room due to boxed food items that have not been appropriately stocked. V9 said the last delivery came on [DATE] in the evening. The boxes have multiple delivery dates, some of the boxes were delivered on [DATE], some on [DATE], and some on [DATE].</p> <p>11. A 14.5 ounce can of diced green sweet bell peppers with a large dent in can on the circulation rack.</p> <p>12. A 1 gallon tub of grape jelly with lid not sealed and sticky red residue on the handle and the lid of the tub. When surveyor lifted tub off the shelf, a fly flew off the tub.</p> <p>13. On [DATE] at 12:06 PM during a return to the kitchen tour, a 20-gallon flour bin was found with a Styrofoam cup inside used for scooping and a sticky brown substance under the lid of bin.</p> <p>14. On [DATE] at 12:19 PM, while testing lunch food temperatures, V10 (Cook) wiped the thermometer with the same paper towel between each of the 7 food items, he did not clean/sanitize the thermometer probe.</p> <p>On [DATE] at 1:04 PM, V9 (Dietary Manager) stated all foods in the kitchen should be labeled and dated for food safety and for kitchen staff to be able to follow the first in, first out rule. V9 said all foods should be sealed to prevent pests or debris from contaminating the food. V9 said dented cans should be removed from circulation to prevent the food from being fed to residents and risking the residents getting sick or botulism. V9 said the food items should be stocked/put away after delivery and boxes should not be sitting on the floor because of the risk of contamination. V9 said if foods are not stocked/put away on shelves the FIFO (First In, First Out) rule is not being appropriately followed. V9 said expired foods should be discarded so the foods are not accidentally fed to residents with potential for foodborne illness. V9 said no Styrofoam cup or scooper should be stored in the flour bin because the cup could be contaminated and then contaminate the whole bin of flour. V9 said when V10 (Cook) checked food temperatures, he should have sanitized the thermometer with an alcohol wipe in between each food item to prevent the possibility of contamination and mixing foods.</p> <p>The facility's undated policy titled, Food Storage states, Policy: Sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry, and free from contaminants. Food will be stored at appropriate temperatures and by methods designed to prevent contamination or cross contamination. Procedure: 1. Label and date foods and put foods away promptly. 2. All stock must be rotated with each new order received. Rotating stock is essential to assure the freshness and highest quality of foods. a. old stock is always used first (first in- first out method). b. Supervise the person designated to put stock away to make sure it is rotated properly. c. Food should be dated as it is placed on the shelves if required by state regulation. d. Date marking to indicate the date or day by which a ready-to-eat, time/temperature control for safety food should be consumed, sold, or discarded will be visible on all high-risk food. e. Foods will be stored and handles to maintain the integrity of the packaging until ready for use .</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 facility's undated policy titled, Dry Storage Areas states, Policy: Dry storage areas will be kept in a condition which protects stored foods from infestation. Procedure: 1. Foods will be received, checked, and stored properly as soon as possible after delivery. 2. All items must be stored at least 6 inches off the floor . There must be adequate space on all sides of stored items to permit ventilation. 3. Floors, walls, shelves, and other storage areas will be kept clean .5. Dented cans without leaking or compromised seal will be stored separately in designated/labeled area . Care of the Storeroom [ROOM NUMBER]. Staff will maintain the care of the storeroom according to the following directions. a. All food will be arranged in the storeroom logically, with similar food stored together. b . New stock will be placed behind previously delivered items so that older stock will be used first . d. The storeroom will be cleaned on a regular basis. Floors will be swept and mopped at least weekly and more often as needed .</p> <p>The facility's provided undated document titled, Cold Storage Chart, USDA shows .Luncheon meats in opened package are good in the refrigerator for ,d+[DATE] days .</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48526</p> <p>Based on observation, interview, and record review the facility failed to provide mental health rehabilitation services to a resident identified with a serious mental health condition.</p> <p>This applies to 1 of 1 resident (R74) reviewed for mental health rehabilitative services in the sample of 28.</p> <p>The findings include:</p> <p>On 06/04/24 at 10:31 AM R74 was lying in bed. R74 stated she does not attend group meetings. R74 stated she doesn't do much since she does not attend group. R74 stated the staff does not try to encourage her to go to group. On 06/05/24 at 4:15 PM R74 was lying in bed. R74 stated she did not attend any group sessions today. R74 said no one invites her to groups, and she does not know the dates or times they are held. R74 said if she was invited to groups, she would attend. On 06/06/24 at 9:14 AM R74 continued to be lying in the bed. R74 said since the facility does not offer her anything to do, she lays in the bed and sleeps all day. R74 said she seldom attends activities, and no staff members comes to talk to her. R74 said she does not talk to social services or counselors.</p> <p>On 06/06/24 at 9:32 AM V14 (Psychiatric Rehabilitative Services Director) said he just started at the facility two weeks ago. V14 said R74 does not attend any groups. V14 said the last time R74 attended a group session was in February 2024. V14 said he does not have documentation showing R74 refused any programming. V14 said R74 has not been invited to groups or have been seen by the psychologist. V14 said R74 does not receive any outside services. V14 said residents with psychiatric diagnoses should not lay in bed all day and should receive services from the psychologist. All residents should be involved in counseling, programs, or group. V14 said residents in the facility should attend groups or 1:1 counseling. The social services department should invite residents to group and provide 1:1 counseling to residents. V14 said the facility did not have a policy for groups and therapy.</p> <p>R74 was [AGE] years old. R74 was admitted to the facility on [DATE] with multiple diagnoses which included schizophrenia, generalized anxiety disorder, Alzheimer's Disease with early onset per the face sheet.</p> <p>R74's MDS (Minimum Data Set) dated 05/03/24 showed R74 was cognitively intact. The same MDS showed R74 required supervision or touching assistance with all ADL's (Activities of Daily Living).</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R74's PASRR (Preadmission Screening and Resident Review) II dated 08/29/23 showed R74 was eligible for nursing facility placement. The same screening showed R74 required the following rehabilitative services: 1) Consistent implementation during the resident's daily routine and across settings, of systemic plans which are designed to change inappropriate behaviors. 2) Provision of a structured environment for those individuals who are determined to need such structure (e.g., structured socialization activities to diminish tendencies toward isolation and withdrawal). 3) Development, maintenance, and consistent implementation across settings of those programs designed to teach individuals daily living skills necessary to become more independent and self-determining including, but not limited to, grooming, personal hygiene, mobility, nutrition, vocational skill, health, drug therapy, mental health education, money management, and maintenance of the living environment. 4) Individual, group, and family psychotherapy.</p> <p>R74's social services progress notes from 01/29/24-06/06/24 were reviewed. On 02/07/24 and 02/12/24 R74 had 1:1 anger management session provided by the counselor. No other documentation regarding group or 1:1 found in R74's EMR (Electronic Medical Record).</p> <p>R74's psychosocial care plans initiated 05/02/23 showed interventions: to encourage participation in activities and psychosocial group, re-educate and counsel resident on the benefits of attending/being compliant with psychosocial programming, remind resident of time/dates of programs and provide with a schedule as applicable.</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>46003</p> <p>Based on interview and record review the facility failed to implement and document measure that prevent the waterborne pathogen Legionella and provide an up-to-date infection control policy. \This applies to all 101 residents that resided in the facility.</p> <p>Findings include:</p> <p>On 6/6/24 at 12:48 PM, V4 Maintenance Director stated corporate is responsible for testing for legionella and would have the reports. V4 stated he never heard of legionella. V4 stated each wing has hot water heater. V4 stated the last time he checked water temperatures was in March 2024. V4 stated he wasn't documenting because there were problems with the water heaters giving accurate temperatures. V4 Maintenance Director stated the resident and staff would tell him when the water temperatures dropped to make sure it was up to par.</p> <p>On 6/6/24 at 2:09 PM, V1 Administrator stated the facility uses well water and city tests the water for legionella. V1 stated water temperatures should be tested daily so if there is a problem, we know about it.</p> <p>On 6/6/24 at 3:00 PM V1 Administrator stated there is no infection control policy. V1 stated the facility has an infection control program. V1 stated she did not know when the program was last reviewed. V1 stated we don't have to test for legionnaires according to our corporate. V1 stated we do not have to do water flushing according to the water management program.</p> <p>On 6/6/24 at 3:17 PM, V4 Maintenance Director stated he does water flushing of the water heaters randomly monthly. V4 stated he does not log the flushing and did not know he was supposed to. V4 stated he called the city, and they test for legionella. The report goes on the bill and the bill goes to corporate.</p> <p>On 6/6/24 at 01:02 PM, V17 Infection Preventionist confirmed the undated document Infection Control and Surveillance Program was the facilities infection control policy. Documents provide as part of the infection control program includes Antimicrobial / Antibiotic Stewardship program dated 4/2020. Covid and Influenza dated 12/2020. Coronavirus dated 3/21. Care of residents with Covid 19 dated 5/13/20. Flu / Pneumovax Vaccine Dated 7/2022.</p> <p>The facilities undated Water Management Program for Legionella identifies control measures of temperatures at a variety of points. The program does not indicate the frequency or appropriate temperatures to control Legionella. Examples provided of what to do when controls are not met includes daily flushing of sink and showers, emptying of the ice machines and cleaning per manufactures instructions and testing of water. The last document water temperature check was done 3/21/24. The Village water report provided by the facility dated April / May 2024 does not list Legionella testing.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41384</p> <p>Based on observation, interview, and record review, the facility failed to have a fully functioning call light system.</p> <p>This applies to all residents residing at the facility.</p> <p>Findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (Form CMS-Centers for Medicare and Medicaid Services-671) dated 6/4/24 documents that the total census was 101 residents.</p> <p>On 06/04/24 at 11:13 AM, R92 was observed in her room and R92 said that she turned her call light on for staff to come down to put her brace on and nobody came down. At 11:24 AM R92 turned her call light on again. R92 said, I told my case manager that it is hard to get a CNA (Certified Nurse's Assistant) to come down to my room to help me. I feel I should get the same help as everyone else, and I don't. R92 was observed crying as she was speaking. At 11:31 AM the surveyor went to the nurses' station where the call light board was located and saw that R92's call light was on but not alarming. At that time V11 MDS (Minimum Data Set) Coordinator was observed in the nurse's station making the first announcement over the facility's overhead pager system that R92's call light was on.</p> <p>On 06/04/24 at 11:33 AM, V5 (Nurse) was in the nurse's station and said that sometimes the call light system will sound and sometimes it will not.</p> <p>On 06/04/24 at 11:35 AM, V6 (Nurse) was in the nurse's station and said that the call light system buzzer is to stay on the whole time the light is on. V6 said that sometimes no one is in the nurse's station to see or hear the call lights come on.</p> <p>On 06/04/24 at 11:44 AM, V4 (Maintenance Director) was in the nurse's station and said that the call light and buzzer is supposed to stay on until it is answered.</p> <p>On 06/04/24 at 11:47 AM the State Surveyor and V4 were in the nurse's station while the call light was being tested in a room and the call light showed the room, but it did not sound or buzz. At 11:48 AM the system was tested in another room and the system sounded/buzzed once but the board did not show what room was calling. At 11:48 AM, V4 said, I'm not going to make any excuses it's not working right. The last time I tested it was probably last month. I don't keep a log. V4 continued testing the system, at 11:54 AM the board lit up indicating a room, but it did not buzz/sound. At 11:55 AM the system buzzed once but the board did not light up indicating which room.</p> <p>On 06/04/24 at 12:54 PM V7 (Nurse) said that since she started in March 2024, she could not recall the call light system sounding a continuous buzzing while the call light was on.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/04/24 at 1:04 PM, V6 (Nurse) said that she has worked at the facility for [AGE] years and the last time she heard the call light system work properly was at least a month ago. V6 said that now the system will just chirp, or it will chirp and no light will come on. V6 said that she has told V4 about the call light system not working but she is not sure if she told V4 that the system doesn't continue to buzz until the light is turned off like it is supposed to. V6 said she should have reported it because if the call lights are not working someone could need help and they wouldn't know.</p> <p>On 06/04/24 at 1:11 PM, V5 (Nurse) said that she has worked at the facility for 2 years and she did not recall the system buzzing continuously when the call light is turned on until it is turned off.</p> <p>On 06/04/24 at 1:15 PM, V8 CNA (Certified Nurse's Assistant) said that they only know that the residents' call lights are on is when the nurses notify them.</p> <p>On 06/04/24 at 12:40 PM, V1 (Administrator) said that she did not know the last time the facility check the call light system and doesn't know how often it should be checked.</p> <p>Facility's call light policy dated 3/2021 showed that all defective call lights are to be reported to the nurse supervisor and or maintenance director.</p>		