

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14E848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Decatur Rehab & Health Care CT		STREET ADDRESS, CITY, STATE, ZIP CODE  136 South Dipper Lane Decatur, IL 62522	
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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50430</p> <p>Based on observation, interview, and record review the facility failed to ensure equipment is in good working repair, and the environment is clean and free of debris for three (R25, R26, R6) of 12 residents reviewed for safe homelike environment out of a sample list of 34.</p> <p>Findings include:</p> <p>The facility's 11/2018 Resident Right's policy provided by V1 (Administrator) documents the facility must provide a safe, clean, comfortable and homelike environment.</p> <p>1.) On 9/23/24 at 1:30 PM, R25 stated his dresser in his room is broken and missing the front of his top dresser drawer. R25 stated he made staff aware a week ago, but nobody has fixed his dresser yet. R25 stated since his dresser has been broken it has become harder to get to his items he needs.</p> <p>On 9/23/24 at 1:38 PM, the face to the top drawer of R25's dresser was missing. The floor of this drawer was broken in half. R25's clothes from the top drawer were falling out of the drawer and into the next dresser drawer. These clothes included socks and underwear.</p> <p>On 9/23/23 at 1:50 PM, V5 (Maintenance Director) stated that's an issue. V5 confirmed at this time that R25's dresser should be in good working repair.</p> <p>2.) On 9/25/24 at 10:05 AM, R26's bed was unmade. The top of the mattress had large, dark, brown, and black discolorations covering eighty percent of the mattress. The mattress was indented and broken down in the middle.</p> <p>On 9/25/24 at 10:10 AM, V12 (Housekeeper) stated R26's mattress always looks that way and V12 does her best to clean the mattress but the stains are permanent. V12 stated I wouldn't want my family member on that mattress. V12 further stated that many mattresses in the facility are in bad shape and need replaced.</p> <p>32853</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3.) R6's Physician's Order Sheet dated 9/1/24 through 9/30/24 documents diagnoses including Unspecified Dementia, Cerebral Infarction and Altered Mental Status. R6's Minimum Data Set (MDS) dated [DATE] documents R6 requires assistance to roll from left to right and back in bed and documents that R6 is dependent for transfers from the bed to the chair.</p> <p>On 9/22/24 at 8:36 AM, R6 was not in his room but the bilateral side rails were up and there was foam wrapped around and taped to the side rails. The foam was ripped and the tape was shredded and frayed. On 9/22/24 at 12:57 PM the side rails were in the same condition.</p> <p>On 9/22/24 at 9:39 AM, R6 was in his room in his wheel chair. R6 was yelling for someone to help him up and he had his hand on the side rail shaking it and rattling it back and forth.</p> <p>On 9/24/24 at 2:44 PM, V5 Maintenance Supervisor confirmed R6's side rails are in poor condition and look bad. V5 stated that he has new foam and tape in the garage that he can replace R6's with.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41970</p> <p>Based on interview and record review the facility failed to report an allegation of physical abuse to the Abuse Coordinator for one of one resident (R4) reviewed for abuse in a sample list of 34 residents.</p> <p>Findings include:</p> <p>The facility policy titled 'Abuse Prevention Program' revised 11/28/2016 documents the facility affirms the right of the residents to be free from abuse, neglect, misappropriation of property and exploitation. Abuse is the willful injection of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. This same policy documents the facility must ensure all allegations of abuse are reported immediately to the Administrator of the facility. The report must be made to Illinois Department of Public Health (IDPH) within 24 hours after forming the suspicion.</p> <p>R4's undated Medical Diagnosis List documents medical diagnoses of Psychotic and Mood Disturbance, Anxiety, Congestive Heart Failure, Bipolar without psychotic features, Dementia with Agitation, Schizophrenia and Weakness.</p> <p>R4's Minimum Data Set (MDS) dated [DATE] documents R4 as moderately cognitively impaired. This same MDS documents R4 requires moderate assistance with dressing, eating, personal hygiene, bathing, toileting and transfers.</p> <p>R4's Nurse Progress Note dated 9/17/24 at 4:00 AM documents (R4) complained '[NAME] cut my privates.' (R4) reoriented to surroundings and escorted for safety. No further behavior noted.</p> <p>R4's Initial Report to the State Agency dated 9/22/24 documents (R4) made a statement that someone named '[NAME]' cut her private parts. No one in the facility with that name.</p> <p>On 9/22/24 at 1:30 PM V1 Administrator stated V1 was never notified of R4's allegation. V1 Administrator stated I am just now seeing this nurse progress note. I didn't know anything about it. We (facility) do not have a resident or staff member named [NAME]. (R4) has a lot of behaviors like Hallucinations and Delusions. There was no indication that (R4) ever had anything like that happen. The staff did assess her with no findings but just did not report it to me. I will get that reported to the State Agency right away.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</b></p> <p>Based on observation, interview, and record review the facility failed to accurately complete resident assessments for four (R35, R36, R7, R27) of 12 residents reviewed for Minimum Data Sets (MDS) in the sample list of 34.</p> <p>Findings include:</p> <p>The facility's Comprehensive Assessments/MDS policy dated 11/1/17 documents the Resident Assessment Instrument should be utilized to comprehensively assess residents and to use resident observations and communications with the resident and staff to obtain resident information.</p> <p>1.) R35's September 2024 Medication Administration Record documents R35 receives Xarelto (anticoagulant) 20 milligrams daily as of 2/1/24.</p> <p>R35's MDS dated [DATE] does not document anticoagulant use.</p> <p>On 9/24/24 at 12:40 PM V10 (MDS/Licensed Practical Nurse) stated V10 floats between three facilities as the MDS Coordinator and relies on V3 (Assistant Director of Nursing) to complete assessments that are related to the MDS coding. V10 stated V10 expects the assessments to be accurate since V10 does not really know the residents and their medical needs. V10 stated R35's MDS incorrectly documented antiplatelet use instead of anticoagulant.</p> <p>2.) On 9/22/24 at 8:19 AM R36's Continuous Positive Airway Pressure (CPAP) mask and tubing was uncovered and on top of the CPAP machine on R36's night stand. R36 stated the nurses clean it and fill it with water. On 9/24/24 at 9:58 AM R36 stated R36 is not sure of the settings for R36's CPAP. R36 stated R36 uses the CPAP every night and just turns the machine on as the settings were previously preset.</p> <p>R36's September 2024 Physician Order Summary documents R36 has a diagnosis of Obstructive Sleep Apnea and R36 uses CPAP independently and the nurses are responsible for cleaning it weekly.</p> <p>R36's MDS dated [DATE] does not document CPAP use or R36's pulmonary disease.</p> <p>On 9/24/24 at 12:40 PM V10 stated V10 reviews physician orders for respiratory care needs such as oxygen and CPAP use. V10 confirmed R36's MDS does not document CPAP use.</p> <p>32853</p> <p>3.) R27's Physician's Order Sheet (POS) dated 9/1/24 through 9/30/24 documents diagnoses including Pacemaker, CVA (Cardiovascular Accident), A-Fib (Atrial Fibrillation) Respiratory Failure, OSA (Obstructive Sleep Apnea), COPD (Chronic Obstructive Pulmonary Disease), Asthma, Tachy-[NAME] Syndrome, Acute on Chronic Hypoxemic Respiratory Failure and COPD Exacerbation. This POS documents an order for Circuit mask and tubing, clean weekly on Sundays on day shift and order for CPAP (Continuous Positive Airway Pressure) on at night via mask IPAP (Inspiratory Positive Airway Pressure) at 12.0.</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R27's medical record documents that R27 was diagnosed with Pneumonia in June, 2024.</p> <p>On 9/22/24 at 8:45 AM, there was a CPAP machine on a cart on the left hand side of R27's bed. There was a mask and tubing attached to the machine.</p> <p>On 9/24/24 at 11:40 AM, R27 stated that she does have a CPAP machine but she states that it is missing parts so she hasn't been using it lately.</p> <p>R27's Minimum Data Sets dated 4/20/24 and 7/25/24 does not indicate that R27 uses a CPAP machine. The area Non-invasive Mechanical Ventilator CPAP is blacked out.</p> <p>On 9/24/24 at 12:17 PM, V10 Minimum Data Set Nurse confirmed that the CPAP was not coded on the MDS. V10 stated that it does not allow her to mark it as using while in facility for some reason.</p> <p>4.) R7's Physician's Order Sheet dated 9/1/24 through 9/30/24 documents a diagnosis of Hemiparesis.</p> <p>On 9/22/24 at 9:35 AM, R7 was in his room in his wheel chair and his left hand was contracted. R7 raised his left arm up and tried to open his left hand and could only open slightly.</p> <p>R7's Minimum Data Set (MDS) dated [DATE] documents Range of Motion impairment to both sides of the body on the upper and lower portions. R7's Range of Motion assessment dated [DATE] documents R7 is at a moderate risk and documents that R7 has greater than 80% functional range of motion in his wrist, fingers and thumb of the left hand.</p> <p>R7's Range of Motion Assessments dated 1/4/24, 4/4/24 and 7/2/24 document R7 has full range of motion to his left wrist, thumb and fingers. R7's Functional Abilities and Goals Review dated 10/5/23, 1/4/24, 4/4/24 and 7/2/24 document R7 has no impairment his upper extremities.</p> <p>On 9/23/24 at 1:18 PM, V6 (Director of Rehab) confirmed R7 has a left hand contracture.</p> <p>On 9/24/24 at 10:18 AM V7 (Certified Nursing Assistant) confirmed that R7's left hand has been contracted since she has known him at least 1/1/2 years.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40385</p> <p>Based on interview and record review the facility failed to obtain a Level 2 Preadmission Screening and Resident Review (PASRR) after a new diagnosis of mental illness for one (R30) of three residents reviewed for PASRR in the sample list of 34.</p> <p>Findings include:</p> <p>R30's Face Sheet dated 8/26/24 comments R30 admitted to the facility on [DATE], a diagnosis of unspecified psychosis was added on 10/10/23, and a diagnosis of anxiety was added on 10/18/23.</p> <p>R30's Notice of PASRR Level 1 Screen Outcome dated 8/16/22 documents a Level 2 screening was not required since R30 did not have a mental illness diagnosis. There is no documentation that a Level 2 PASRR was completed after R30 was diagnosed with psychosis.</p> <p>On 9/23/24 at 10:47 AM V11 (Business Office Manager) confirmed V11 coordinates PASRRs. V11 reviewed R30's Level 1 PASRR and stated that a Level 2 was not required. V11 stated V11 has not had any residents with new diagnosis of mental illness after admission, so she was unaware that a Level 2 PASRR would be required.</p> <p>On 9/23/24 at 10:50 AM V18 (Licensed Practical Nurse) stated R30 has a history of behaviors of hallucinations and yelling out, but his behaviors have been better. V18 stated R30 self isolates since R30 has paranoia and anxiety when around a lot of people. V18 stated R30 sees (Psychiatry Services) and has had medication adjustments.</p> <p>On 9/23/24 at 12:40 PM V1 (Administrator) confirmed R30 has not had a Level 2 PASRR completed. V1 stated neither V1 nor V11 were aware that PASRRs needed to be done after a new diagnosis of mental illness.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40385</p> <p>Based on observation, interview, and record review the facility failed to develop a comprehensive care plan for three (R35, R36, R37) of 12 residents reviewed for care plans in the sample list of 34.</p> <p>Findings include:</p> <p>The facility's Comprehensive Care Planning policy dated 11/1/17 documents the facility shall complete periodic assessments for each resident which is used to develop the resident's person centered comprehensive plan of care, and this care plan should reflect medical and nursing needs.</p> <p>1.) R35's September 2024 Physician Order Summary (POS) documents R35 receives Lurasidone (antipsychotic) 60 milligrams (mg) every morning and 80 mg every evening and Xarelto (anticoagulant) 20 mg daily.</p> <p>R35's Nursing Notes document the following: On 6/23/24 at 9:00 AM R35's thumb was bleeding from R35 biting his hand due to anxiety. On 7/9/24 at 3:00 PM R35 was biting his fingers due to anxiety/nerves. On 8/12/24 at 8:45 PM R35 had a verbal outburst related to wanting his medications. On 9/15/24 at 6:30 AM R35 banged R35's fists on the dining room table and cried wanting R35's medications. R35 yelled Give me them now. On 9/15/24 at 2:25 PM R35 demanded R35's scheduled 4:00 PM medications and yelled in the dining room.</p> <p>R35's Care Plan revised 9/23/24 documents anticoagulant use, antipsychotic use, behaviors of self harm and fixation on medications was not included in R35's plan of care prior to 9/23/24.</p> <p>On 9/23/24 at 1:25 PM V1 (Administrator) stated R35's anticoagulant and antipsychotic use should be care planned. At 1:47 PM V1 confirmed R35's self harm and fixation on medications should be care planned.</p> <p>2.) On 9/22/24 at 8:19 AM R36's Continuous Positive Airway Pressure (CPAP) mask and tubing was uncovered and on top of the CPAP machine on R36's night stand. R36 stated the nurses clean it and fill it with water. On 9/23/24 at 10:04 AM R36's CPAP mask and tubing was uncovered and on top of the machine on R36's night stand. On 9/24/24 at 9:58 AM R36 stated R36 is not sure of the settings for R36's CPAP. R36 stated R36 uses the CPAP every night and just turns the machine on as the settings were previously preset.</p> <p>R36's September 2024 Physician Order Summary documents R36 uses CPAP independently and the nurses are responsible for cleaning it weekly.</p> <p>R36's Care Plan dated 5/20/24 does not document R36's CPAP use.</p> <p>On 9/23/24 at 12:20 PM V1 (Administrator) confirmed R36's care plan did not include CPAP use prior to 9/23/24.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>50993</p> <p>3.) R37's undated Facesheet documents R37 was admitted to the facility on [DATE].</p> <p>R37's September 2024 Physician Order Sheet documents an order for Quetiapine (antipsychotic) 25mg (milligrams) in the morning and 50mg at bedtime.</p> <p>R37's Care Plan dated 08/14/2024 documents R37 uses an anti-psychotic medication related to diagnoses of Alzheimer's, end of life care, and anxiety. There is no specific behavior for the use of the antipsychotic, no appropriate diagnosis to justify the use of an antipsychotic medication, and no non-pharmacological interventions documented on the Care Plan.</p> <p>On 09/24/24 at 1:45 PM, V10 MDSC (Minimum Data Set Coordinator) stated R37's Care Plan dated 8/14/24 was the only Care Plan completed for R37. V10 stated Comprehensive Care Plans should be completed within 21 days of admission and confirmed that R37's was not completed during that timeline. V10 also stated that V10 only writes a basic Care Plan due to not knowing the residents well enough to do specific interventions due to working as MDSC in multiple facilities.</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</b></p> <p>Based on observation, interview and record review the facility failed to assess, monitor, implement pressure relieving interventions, complete treatments, and obtain weekly documentation for a pressure sore for one of one (R31) residents reviewed for pressure sores in a sample list of 34 residents. These failures resulted in R31's right heel pressure sore deteriorating requiring mechanical debridement and delaying prosthetic device placement for R31's Left Below the Knee Amputation.</p> <p>R31's Medical Record documents R31's medical diagnoses of Cardiomyopathy, Diabetes Mellitus Type II, Grade One Diastolic dysfunction, Severe Protein Calorie, Malnutrition, recent Left Below the Knee Amputation and Right Heel Stage 3 Pressure Ulcer.</p> <p>R31's undated Face Sheet documents R31 admitted to facility on 1/15/2024.</p> <p>R31's Nursing Admission assessment dated [DATE] does not document any skin impairment to R31's Right Heel.</p> <p>R31's Nursing Summary dated 2/2/24 documents R31's skin as intact with no skin impairment.</p> <p>R31's Careplan intervention dated 3/5/24 instructs staff to complete a Skin Risk Assessment weekly for four weeks on admission and readmission then quarterly thereafter. This same careplan does not include R31's Right Heel Stage 3 Pressure Ulcer.</p> <p>R31's Minimum Data Set (MDS) dated [DATE] documents R31 as cognitively intact. This same MDS documents R31 requires moderate assistance from staff for toileting, bathing, dressing, personal hygiene, and transfers.</p> <p>R31's Treatment Administration Record (TAR) dated June 2024 documents a treatment order (right heel) starting 6/24/24 to cleanse wound with Normal Saline or wound cleanser. Cover wound bed with honey (medical grade) (not intact skin) and cover with dry dressing daily. This treatment was signed as refused on 6/24/24, 6/25/24 and discontinued on 6/26/24.</p> <p>R31's Nurse Progress Note dated 6/26/24 at 2:00 AM documents Current (Right) Heel treatment discontinued due to (R31's) declination and continues to take dressing off each time applied treatment. Changed back to Skin Prep twice daily. Continue no shoe to Right Foot. Heel protector when up in wheelchair. Float Right Heel when in bed every shift.</p> <p>R31's Nurse Progress Note dated 7/1/24 at 1:00 PM documents Received order for (R31's) Right Heel. Cleanse with wound cleanser or Normal Saline. Cover with honey (medical grade) and dry dressing. Wrap with roll gauze.</p> <p>R31's Nurse Progress Note dated 7/6/24 at 5:00 PM documents Received new order for Doxycycline 100 milligrams (mg) twice daily for ten days for (R31's Right Heel) wound healing.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R31's Treatment Administration Record (TAR) dated July 2024 documents a treatment order (right heel) starting 7/15/24 to cleanse wound with Normal Saline or wound cleanser, apply Betadine to cover Eschar/black area, cover with absorbent pad and wrap with gauze twice daily. This same TAR does not document R31's treatment was completed for the evening shift on 7/18 and 7/19, day shift on 7/20 and 7/21 and neither day nor evening shift from 7/22/24-7/31/24. This same TAR does not document weekly skin assessments as being completed on 7/2, 7/9, 7/23 and 7/30/24.</p> <p>R31's Initial Wound Clinic Progress Note dated 7/30/24 documents R31's Right Calcaneus Pressure Ulcer as a Stage 3 wound.</p> <p>R31's Physician Order Sheet (POS) dated September 2024 documents a physician order to Cleanse (R31's) Right Heel wound with wound cleanser, apply Calcium Alginate, and cover with roll gauze or cushion twice daily. The order also instructs staff to apply heel protectors when R31 is up in the wheelchair, float Right Heel when in bed/chair every shift and no shoe for R31's Right Foot.</p> <p>R31's Wound Clinic Progress Note dated 9/10/24, 9/17/24 and 9/24/24 documents R31's Right Calcaneus Pressure Ulcer as a deteriorating Stage 3. These same reports document Heel suspension boot to: (R31) NEEDS HEEL SUSPENSION BOOT. FACILITY TO ORDER This same assessment documents float heels off of bed/chair. (R31) (Right) Heel needs floated 24/7. (R31's) wound has deteriorated and appears to have had more pressure applied to the area. No skin prep or lotion in (R31's) wound. Please lotion (R31's) foot with dressing changes.</p> <p>R31's Medical Record does not document any Skin Risk Assessment since R31's admission on 1/15/24. This same medical record does not document any measurements, or weekly assessment details of R31's Right Heel Stage 3 Pressure Ulcer.</p> <p>On 9/22/24 at 10:15 AM R31 was using her Right Foot to propel herself along in her wheelchair in the main dining room. R31 was not wearing a heel protector nor had her Right Foot floated. Multiple staff present in the main dining room did not encourage/instruct R31 to offload pressure from her Right Heel Stage 3 Pressure Ulcer.</p> <p>On 9/25/24 at 11:35 AM V16 Wound Clinic Nurse Practitioner (NP) stated R31 has been seen at the offsite wound clinic for two months for the treatment of her Right Heel Stage 3 Pressure Ulcer. V16 stated R31 is alert and oriented and needs encouragement and verbal reminders to keep her Right Foot offloaded from any pressure. V16 NP stated R31 will keep her own foot up if you remind her. V16 stated R31 is motivated to get her Right Heel healed up. V16 stated the facility is responsible for reminding R31 to keep R31's Right Foot off of the floor and to not place any pressure on it. V16 NP stated The last few times (R31) has come into the clinic, she is not wearing any heel protector. As soon as (R31's) Right Heel heals up, then we can work on getting her a prosthetic for her Left stump. (R31) is looking forward to that so she can go home. The facility has not helped (R31) facilitate the healing of her Right Heel Pressure Ulcer. (R31's) Right Heel Pressure Ulcer should be healing faster. (R31) has the internal mechanisms and power to get that healed with the help of the facility but unfortunately they (facility) are delaying the healing of her Right Heel Pressure Ulcer due to not making sure that her pressure relief interventions are in place.</p> <p>(continued on next page)</p>		

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F 0686  Level of Harm - Actual harm  Residents Affected - Few	<p>On 9/25/24 at 2:00 PM V1 Administrator stated R31's Right Heel Stage 3 Pressure Ulcer is facility acquired and has worsened during R31's stay at this facility. V1 Administrator stated (R31) did not have any pressure wound when she was admitted . (R31) was admitted because she had just had her Left Below the Knee Amputation done at the hospital. V1 stated R1 has had two separate pressure ulcers on her Right Heel. V1 Administrator stated R31 previously had a facility acquired Suspected Deep Tissue Injury (SDTI) on the same area on her Right Heel which had healed. V1 stated We (facility) should never have discontinued (R31's) treatment to her Right Heel on 6/26/24. I don't think (R31's) wound was completely healed. Within a week (R31's) Right Heel opened up and now (R31) currently has a facility acquired Right Heel Stage 3 Pressure Ulcer with orders in place. (R31's) Stage 3 Pressure Ulcer should have been listed on her careplan and it wasn't. There are no interventions on her careplan that show that (R31) had an open pressure ulcer. (R31) is alert and oriented but the staff should be providing a heel protector or whatever else she needs and also making sure to remind her to offload pressure to that Right Heel.</p> <p>The facility policy titled Decubitus Care/Pressure Areas revised January 2018 documents it is the policy of this facility to ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer. The pressure area will be assessed and documented on the Treatment Administration Record (TAR) or the Wound Documentation Record. Document size, stage, site, depth, drainage, color, odor and treatment. When a pressure ulcer is identified additional interventions must be established and noted on the careplan in an effort to prevent worsening or re-occurring pressure ulcers.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32853</p> <p>Based on observation, interview and record review the facility failed to provide restorative care services for one of three residents (R7) reviewed for restorative services in the sample list of 34.</p> <p>Findings include:</p> <p>R7's Physician's Order Sheet dated 9/1/24 through 9/30/24 documents a diagnosis of Hemiparesis and documents an admitted [DATE]. R7's Minimum Data Set (MDS) dated [DATE] documents R7 had moderately impaired cognition and was not receiving any therapy or restorative services. R7's MDS dated [DATE] documents R7 is cognitively intact but did not receive any therapy and had 7 days of range of motion.</p> <p>On 9/22/24 at 9:35 AM, R7 was in his room and when asked if he had any concerns about his care he raised his left arm and tried to open his left hand. R7's left hand is contracted and he says that he thinks it just happened in the last couple months. R7 stated that he is not sure how it happened. R7 stated that he does not receive therapy or any exercises for his hand.</p> <p>R7's Restorative Nursing Program Documentation for August 2024 and September 2024 documents R7's restorative programs were to wheel himself in his wheelchair from the dining room to his room and for bilateral lower extremity exercises. There is no documentation that R7 has received any range of motion exercises for his left hand.</p> <p>On 9/23/24 at 1:18 PM, V6 Director of Rehab confirmed R7's left hand is contracted. She stated that R7's hand contracture was recently brought to her attention. V6 stated that she is waiting for orders to be signed for the therapy to begin. V6 stated that the last time R7 was on the case load his hand was not like that. V6 stated that she does not know what happened to it. V6 stated that she does not know the last time R7 had therapy services as it was a different therapy company and they do not have access to their records. V6 stated that she would assume they are doing range of motion exercises. V6 stated they will try to loosen that hand as much as possible and possibly try some splinting. V6 confirmed to her knowledge nothing has been done for the left hand contracture.</p> <p>On 9/24/24 at 10:18 AM, V7 Certified Nursing Assistant stated that R7's left hand has been contracted since she has known him at least 1 1/2 years. V7 stated that they have tried opening it and placing a wash cloth in it but he takes it out. V7 stated she tries to open it when washing and doing ADLs (Activities of Daily Living) and stretching but it goes right back contracted. V7 stated she does not know if there is any restorative program for R7's left hand.</p> <p>On 9/25/24 at 9:07 AM, R7 was in his wheelchair in his room with his left hand contracted and laying across his chest.</p> <p>On 9/25/24 at 10:16 AM, V3 Assistant Director of Nursing/RCC (Resident Care Coordinator) stated that staff should be doing range of motion exercises to R7's left hand.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>50993</p> <p>Based on observation, interview and record review, the facility failed to store and secure portable oxygen cylinders appropriately for five of five residents (R27, R20, R5, R29 and R13) reviewed for oxygen on the sample list of 34.</p> <p>Findings Include:</p> <p>On 9/25/24 at 10:24 AM, there were three oxygen cylinders sitting on the floor in the medication storage room, not secured or in a cart, along with three oxygen carts that had three oxygen cylinders in them. At this time, V3 Assistant Director of Nursing confirmed that three oxygen cylinders were not secured in a cart and should be. V3 also stated that the oxygen cylinders should not be stored in the medication storage room and explained all oxygen is supposed to be stored outside.</p> <p>The facility's undated Residents On Oxygen form documents R27, R20, R5, R29 and R13 all use oxygen.</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>40385</p> <p>Based on observation, interview, and record review the facility failed to obtain orders for Continuous Positive Airway Pressure (CPAP) settings and maintain hygienic care and storage of CPAP equipment for one (R36) of two residents reviewed for CPAP in the sample list of 34.</p> <p>Findings include:</p> <p>The facility's Bilevel Positive Airway Pressure/CPAP policy dated 3/8/13 documents CPAP and BiPAP use must have orders that includes the type of unit, pressure settings, inspiratory/expiratory positive airway pressure, frequency, oxygen if applicable, and humidification if applicable; and to clean the circuits weekly and as needed.</p> <p>1.) On 9/22/24 at 8:19 AM R36's CPAP mask and tubing was uncovered and on top of the CPAP machine on R36's night stand. R36 stated the nurses clean it and fill it with water. On 9/23/24 at 10:04 AM R36's CPAP mask and tubing were uncovered and on top of the machine on R36's night stand. On 9/24/24 at 9:58 AM R36 stated R36 is not sure of the settings for R36's CPAP. R36 stated R36 uses the CPAP every night and just turns the machine on as the settings were previously preset.</p> <p>R36's September 2024 Physician Order Summary documents R36 uses CPAP independently and the nurses are responsible for cleaning it weekly. There is no order for the settings or airway pressure for R36's CPAP.</p> <p>On 9/23/24 at 10:06 AM V18 Licensed Practical Nurse stated R36 is independent with CPAP care, but the night nurses clean it between 5:00 AM and 6:00 AM. V18 stated the CPAP mask should be stored in a clear plastic bag when not in use.</p> <p>On 9/24/24 at 9:46 AM V1 Administrator confirmed R36's orders should include settings and airway pressure. V1 stated R36 does a lot of things independently, but doesn't always know things medically. V1 stated V1 will follow up to see what R36's CPAP settings should be.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40385</p> <p>Based on observation, interview, and record review the facility failed to obtain consent, implement Gradual Dose Reductions, complete assessments, and track targeted behaviors for psychotropic medication use. These failures affect three (R21, R35, R37) of five residents reviewed for unnecessary medications in the sample list of 34.</p> <p>Findings include:</p> <p>The facility's Psychotropic Medication Policy dated 11/28/17 documents attempt to rule out causes of behaviors, attempt non-pharmacological interventions, initiate a Pre-Psychotropic Medication Assessment prior to starting a new psychotropic medication, complete Psychotropic Medication Assessments within 14 days of admission and at least quarterly, obtain informed consent, and document behaviors on the behavior tracking sheets. This policy documents residents receiving psychotropic medications will have either a psychiatric diagnosis or maladaptive behaviors that could be harmful to themselves/others, cause emotional distress, or destruction of property. This policy documents gradual dose reductions (GDR) will be attempted at least twice per year unless clinically contraindication is documented by the physician, the pharmacy will request GDRs as needed on a monthly basis, these recommendations will be sent to the physician in a timely manner and the nurses will transcribe the physician's recommendations once received.</p> <p>1.) R21's Minimum Data Set (MDS) dated [DATE] documents R21 has severe cognitive impairment, R21 has verbal behaviors towards others, R21 takes an antipsychotic, a GDR has not been attempted since the last assessment and there is no physician documented clinical contraindication for a GDR.</p> <p>R21's September 2024 Physician Order Summary (POS) documents the following orders: a referral to (Psychiatry Services) 9/16/24, Divalproex (mood stabilizer) Sodium Extended Release (ER) 250 milligrams (mg) give two tablets every morning and three tablets every evening 5/26/23, Risperidone (antipsychotic) 0.25 mg daily five times per week 1/14/20, and Mirtazapine (antidepressants) 7.5 mg daily 1/18/22. This POS documents R21's diagnoses include Dementia, Alcohol Abuse, and Bipolar Disorder.</p> <p>There are no documented consents for Risperidone or Mirtazapine in R21's medical record. There is no documentation of attempted GDRs for Divalproex, Risperidone, and Mirtazapine within the last year in R21's medical record, or physician documented clinical rational as to why GDRs should not be implemented.</p> <p>On 9/24/24 at 11:16 AM V8 Regional Clinical Director provided R21's psychotropic medication consents, which only documented consent for Divalproex.</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>On 9/25/24 at 9:20 AM V1 Administrator stated V1 can't locate R21's August 2024 pharmacy recommendation that was in R21's medical record. V1 stated she recalls seeing it, and it should not have been sent to (Psychiatry Services). V1 confirmed R21 had not been seen by (Psychiatry Services) prior to the order 9/16/24. V1 stated GDR requests and physician declination are documented on the pharmacy recommendations. V1 confirmed September 2024 pharmacy recommendations have not been returned from the physicians yet. V1 stated all of R21's psychotropic medication consents have been provided. On 9/25/24 at 9:45 AM V1 Administrator provided R21's pharmacy recommendations dated 4/3/24, 5/1/24, 8/1/24, and 9/4/24, all of which are blank/incomplete.</p> <p>The pharmacy Consultation Reports dated 4/3/24, 5/1/24, 8/1/24 and 9/4/24 document R21 receives Risperidone 0.25 mg five times weekly, Depakote (Divalproex) ER 500 mg every morning and 750 mg every evening, and Mirtazapine 7.5 mg every evening for Bipolar Depression and to consider a GDR. These reports suggest reducing Risperidone 0.25 mg to every other evening. These forms are incomplete and do not document the recommendation was followed up with R21's physician.</p> <p>On 9/25/24 at 10:00 AM V3 Assistant Director of Nursing stated pharmacy recommendations are sent from pharmacy to V1, V1 then gives the forms to the nurses to send to the physician for follow up and implement the orders. V3 stated the completed forms are given back to V1.</p> <p>On 9/25/24 at 10:03 AM V1 stated V1 would look to see if R21's pharmacy recommendations were completed, if they weren't completed there would be repeat GDR requests. The facility failed to provide documentation that these pharmacy recommendations were implemented.</p> <p>2.) On 9/22/24 at 9:05 AM R35 stated R35 does not see a psychiatrist, only his primary physician. On 9/23/24 at 10:30 AM R35 was participating in BINGO activity and loudly asked when R35 was going to get R35's medications. V9 Licensed Practical Nurse (LPN) told R35 that V18 LPN was doing something first and then V18 would administer R35's medications.</p> <p>R35's Face Sheet dated 8/26/24 documents R35 admitted on [DATE] and R35's diagnoses include Panic Disorder, Schizophrenia, and Major Depressive Disorder.</p> <p>R35's MDS dated [DATE] documents R35 has moderate cognitive impairment, R35 refuses cares and wanders, R35 takes an antipsychotic, a GDR has not been attempted since the last assessment and there is no physician documented clinical contraindication for a GDR.</p> <p>R35's September 2024 POS documents the following orders: Lurasidone (antipsychotic) Hydrochloride 60 mg every morning and 80 mg every evening 2/1/24, Buspirone (antianxiety)10 mg twice daily 2/1/24, Hydroxyzine (used for anxiety) 25 mg twice daily 7/20/24, and Trazodone (antidepressant) Hydrochloride 100 mg daily. There are no documented consents for these psychotropic medications and no documented psychotropic medication assessments for the use of Hydroxyzine in R35's medical record.</p> <p>R35's July and August 2024 Medication Administration Records document Hydroxyzine 25 mg twice daily PRN (as needed) was initiated on 7/19/24. This medication was given nine times prior to being scheduled twice daily on 8/14/24.</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>R35's Nursing Notes document the following: On 6/23/24 at 9:00 AM R35's thumb was bleeding from R35 biting his hand due to anxiety. On 7/9/24 at 3:00 PM R35 was biting his fingers due to anxiety/nerves. Between 8/7 and 8/10/24 R35 was given Hydroxyzine as needed for anxiety. On 8/12/24 at 8:45 PM R35 had a verbal outburst related to wanting his medications. On 9/15/24 at 6:30 AM R35 banged R35's fists on the dining room table and cried wanting R35's medications. R35 yelled Give me them now. On 9/15/24 at 2:25 PM R35 demanded R35's scheduled 4:00 PM medications and yelled in the dining room.</p> <p>R35's August 2024 and September 2024 Behavior Tracking does not include R35's behaviors of biting his hands/fingers or fixation on medications. Crying is the only documented targeted behavior on these tracking forms.</p> <p>The pharmacy Consultation Reports dated 8/1/24 and 9/4/24 document R35 has received Lurasidone 60 mg every morning and 80 mg every evening and Trazodone 100 mg every evening since 2/1/24 and documents to attempt a GDR for these medications and to consider implementing a GDR. These forms document to consider decreasing Lurasidone to 60 mg twice daily. These forms are incomplete and do not document the recommendation was followed up with R35's physician. The 8/1/24 report included a handwritten note that this form was sent to (Psychiatry Services) for review.</p> <p>On 9/22/24 at 10:50 AM V17 LPN stated R35 has Schizophrenia and has not received any psychiatric services after admitting to the facility. V17 stated last week V17 requested that R35 be evaluated by (Psychiatric Services) and the facility was in the process of getting R35 a guardian at that time. V17 stated R35 would benefit from psychiatry services due to R35's behaviors of crying and temper tantrums when R35 does not get his way.</p> <p>On 9/23/24 at 1:44 PM V18 LPN stated R35's behaviors consist of self harm by biting his thumb until it bleeds if he doesn't get his way, fixating and frequently asking about his medications, and R35 charged at V18 the other day.</p> <p>On 9/23/24 at 1:25 PM V1 Administrator stated R35 has not had psychiatric services since admission and will be seeing (Psychiatry Services) next visit. V1 stated the facility recently initiated obtaining a guardian for R35, but prior to that we were obtaining medication consents from R35 since R35's Brief Interview for Mental Status Score is high enough. V35 stated psychotropic medication assessments should be documented quarterly, with significant changes, upon initiation, and with increases in dosages. V1 stated these assessments are documented in the assessment section of the medical record. V1 verified R35's medical record did not contain assessments for Hydroxyzine. V1 stated V1 will see if V1 could find consents for R35's medications. V1 stated the facility has not gotten the September 2024 pharmacy recommendations back yet from the physicians. V1 confirmed R35's August pharmacy recommendation was not signed by a provider and V1 thinks the form was sent to (Psychiatry Services) by mistake. On 9/23/24 at 1:47 PM V1 confirmed R35's self harming behaviors and tantrum behaviors should be included in R35's behavior tracking. V1 stated V1 thinks V4 Social Services Director misinterpreted that when V4 documented crying behaviors on R35's behavior tracking. On 9/24/24 at 3:11 PM V1 stated V1 was unable to locate R35's psychotropic medication consents and assessments for Hydroxyzine.</p> <p>50993</p> <p>3.) R37's undated Facesheet documents R37 was admitted to the facility on [DATE].</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>R37's Physician's Orders dated September 2024 document R37 was admitted to the facility with the following orders: Quetiapine (antipsychotic) 25mg (milligrams) in the morning and 50mg at bedtime and Mirtazapine (antidepressant) 45mg at bedtime. These Physician Orders also document an order received on 8/18/24 for Lorazepam (antianxiety) 1mg twice daily and every 4 hours as needed.</p> <p>R37's medical record does not contain a consent for any psychotropic medications.</p> <p>R37's medical record documents a GDR (Gradual Dose Reduction) for Quetiapine to be reduced to 25mg BID (twice daily) that was declined on 07/18/24 by V20 (Hospice Medical Director), but no justification/rationale was provided for the decline.</p> <p>R37's medical record only contained one Psychotropic Medication Evaluation dated 07/03/2024. This document is not complete and does not document indications for use or resident specific behaviors.</p> <p>On 09/24/2024 at 1:15 PM, V1 (Facility Administrator) stated no psychotropic drug reviews are done on admission, only quarterly, and explained I (V1) didn't know we (facility) were suppose to do them on admission. V1 stated no consents for the psychotropic medications were completed for R37.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>50993</p> <p>Based on observation, interview, and record review the facility failed to administer medications according to physician orders and manufacturer recommendations for four of 13 residents (R13, R24, R90, R31) reviewed for medication administration on the sample list of 34. The facility had five errors out of 26 opportunities resulting in a medication error rate of 19.23 percent.</p> <p>Findings include:</p> <p>1.) R13's September 2024 Physician Order Sheet documents an order for Benzotropine (Parkinson's medication) 2mg (milligram) three times daily with meals scheduled to be given at 12:00 PM and Novolin R (Fast Acting Insulin) 100 units sliding scale coverage according to R13's glucose level (151-200=two units, 201-250=four units, 251-300=six units, 301-350=8 units) scheduled to be given at 11:00 AM.</p> <p>On 09/23/24 at 11:17 AM, V18 LPN (Licensed Practical Nurse) stated V18 had already administered R13's oral medications before 11:00 AM, but is now ready to administer the ordered Insulin. V18 entered R13's room and checked R13's glucose level which read 199.</p> <p>On 09/23/24 at 11:21 AM, V18 withdrew 2 units of Novolin R Insulin out of a vial that was labeled with another resident's name and administered it to R13. At this time, V18 stated there was only one vial in the medication cart and it was the same Insulin that R13 uses so V18 administered that instead of going and getting R13's Insulin out of the refrigerator.</p> <p>On 09/23/24 at 12:21 PM, R13 was sitting in dining room waiting on lunch and stated he last ate at approximately 8:30 AM.</p> <p>On 09/25/24 at 1:00 PM, V1 (Administrator) stated Insulin should be given within 15 minutes of mealtimes and insulin vials should not be shared between residents.</p> <p>2.) R24's September 2024 Physician Order Sheet documents an order for Ferrous Sulfate (Iron) 325mg three times daily with meals.</p> <p>On 09/23/24 at 11:34 AM, V18 LPN (Licensed Practical Nurse) administered R24's Ferrous Sulfate 325mg.</p> <p>On 09/23/24 at 12:21 PM, R24 was sitting in dining room waiting on lunch and stated he last ate at breakfast.</p> <p>3.) R90's September 2024 Physician Order Sheet documents an order for Lispro (Fast Acting Insulin) 100 units sliding scale coverage according to glucose level scheduled to be given at 11:00 AM.</p> <p>On 09/23/24 at 11:40 AM, V18 LPN (Licensed Practical Nurse) entered R90's room and checked R90's glucose level which read 159.</p> <p>On 09/23/24 at 11:45 AM, V18 administered 5 units of Lispro Insulin to R90 according to R90's sliding scale order.</p> <p>(continued on next page)</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/23/24 at 12:18 PM, R90 was in his room waiting on lunch to be served. R90 stated he has had nothing to eat since breakfast, which was around 8:30 AM.</p> <p>On 09/25/24 at 1:00 PM, V1 (Administrator) stated Insulin should be given within 15 minutes of mealtimes.</p> <p>4.) R31's September 2024 Physician Order Sheet documents an order to administer Lispro (Fast Acting Insulin) according to R31's glucose level, to be given at 11:00 AM.</p> <p>On 09/24/24 at 11:07 AM, V9 LPN (Licensed Practical Nurse) entered R31's room and checked R31's glucose level which read 212.</p> <p>On 09/24/24 at 11:13 AM, V9 administered 3 units of Lispro Insulin to R31 according to R31's sliding scale orders.</p> <p>On 09/24/24 at 11:19 AM, R31 stated she has not eaten anything since breakfast at 8:00 AM.</p> <p>On 09/24/24 at 11:49 AM, R31 was sitting in the dining room waiting on lunch to be served.</p> <p>On 09/25/24 at 1:00 PM, V1 (Administrator) stated Insulin should be given within 15 minutes of mealtimes.</p> <p>The package insert for Novolin R and Lispro Insulin dated February/2012 documents this fast acting insulin is to be administered within 30 minutes of the start of a meal.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>50993</p> <p>Based on observation, interview, and record review the facility failed to ensure medications were labeled and stored appropriately in the medication storage room and medication cart. This has the potential to affect all 39 residents who reside in the facility.</p> <p>Findings Include:</p> <p>1. R15's Physicians Orders dated September 2024 documents an order for a Combivent Inhaler 20mcg (micrograms)/100mcg (inhaler) one puff four times a day.</p> <p>On 09/23/24 at 11:55 AM, V9 LPN (Licensed Practical Nurse) administered a Combivent Inhaler 20mcg/100mcg to R15. This inhaler was loose in the medication cart and did not contain a pharmacy label with R15's name or instructions for use. At this time, V9 stated I don't know where the label is for the medication, but V9 knows the inhaler belongs to R15 because R15 is the only resident that gets Combivent.</p> <p>On 09/24/24 at 11:24 AM, V9 LPN administered a Combivent Inhaler 20mcg/100mcg to R15. This inhaler was loose in the medication cart and did not contain a pharmacy label with R15's name or instructions for use. At this time, V9 stated, I (V9) meant to get the pharmacy label in a bag with the inhaler but I forgot all about it.</p> <p>2. On 09/25/24 between 10:20 AM and 10:41 AM, the medication refrigerator in the medication storage room had a silver padlock present on the refrigerator door but was not locked. Located in the medication refrigerator on the second shelf was a bottle of Lorazepam (antianxiety) {Controlled Substance} oral solution 2mg (milligram)/ml(milliliter) for R6 and a pharmacy metal box, unsecured in the refrigerator, with a pharmacy sheet indicating that the box contained Lorazepam 2mg/ml.</p> <p>On 09/25/24 at 10:37 AM, V3 ADON (Assistant Director of Nursing) stated the medication refrigerator should be locked at all times, and confirmed that it was not locked. V3 also stated the Lorazepam in the locked metal box could be used for any resident in the facility who would get an order for it.</p> <p>3. On 9/25/24 at 10:39 am, the drawer labeled 25 and 26 of the treatment cart contained an opened bottle of Nystatin powder (Antifungal) without a label.</p> <p>On 09/25/24 at 10:41 AM, V1 (Facility Administrator) stated the Nystatin Powder would be for either R18, R9, or R1 however V1 did not believe that any of those residents had an order for Nystatin Powder. V1 then reviewed treatment orders for R18, R9 and R1 and confirmed neither of them had an order for the Nystatin Powder, therefore it should not be in the treatment cart.</p> <p>4. On 09/25/24 at 11:02 AM, the top drawer of the medication cart contained the following: an open bottle of Azelastine HCL (Hydrochloride) 0.05% eye drops for R35 that was dispensed by pharmacy on 7/28/24 but did not document when the bottle was opened and an open bottle of Azelastine HCL 0.05% eye drops for R13 that was dispensed on 07/09/24 but did not document when the bottle was opened.</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 - Many</p>	<p>On 9/25/24 at 11:10 AM, V3 Assistant Director of Nursing stated that eye drops should be dated when opened.</p> <p>The facility's Procurement and Storage of Medications policy reviewed 11/06/18 documents all medications brought into the Facility shall be labeled with at least the following information: Name, address and phone number of dispensing pharmacy; resident name, physician name, name and strength of medication, directions for administering, last date dispensed and prescription number; both the brand and generic name if substitution is made; appropriate auxiliary labeling. All medication containers shall be labeled with the date opened by the person breaking the container seal. Schedule II drugs are to be stored under double-lock subject to different key.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid dated 09/22/24 documents 39 residents reside in the facility.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>41970</p> <p>Based on observation, interview and record review the facility failed to employ a full time Certified Dietary Manager. This failure has the potential to affect all 39 residents residing in the facility.</p> <p>Findings include:</p> <p>The Facility Daily Census dated 9/22/24 documents 39 residents reside in this facility,</p> <p>The Facility Assessment updated 7/15/24 documents the facility resources needed to provide competent support and care for the resident population every day and during emergencies includes a Certified Dietary Manager.</p> <p>On 9/22/4-9/25/24 during various times on first and second shifts there was no Certified Dietary Manager onsite during survey timeframe.</p> <p>On 9/22/24 at 8:25 AM V13 [NAME] stated the facility does not have a Dietary Manager. V13 stated It would be nice. There are so many things that need cleaned up, fixed and taken care of in our kitchen. That is the Dietary Manager's job to make sure we have the temperatures right, the residents get the right orders and make sure our kitchen runs smoothly. You can see that we (facility) need a lot of help.</p> <p>On 9/22/24 at 2:55 PM V1 Administrator stated the facility does not have a Certified/Dietary Manager. V1 stated the facility kitchen is overseen by V1 Administrator and V5 Maintenance Director. V1 stated We (facility) know our kitchen is struggling. There are new staff working in there with little to no guidance or training. We (facility) are working on that. We are working to make it better but it takes time. The errors in the kitchen may not have happened if we (facility) did have a Dietary Manager.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</b></p> <p>Based on observation, interview and record review the facility failed to provide palatable foods for two (R14, R22) residents out of two residents reviewed for palatable foods in a sample list of 34 residents.</p> <p>Findings include:</p> <p>1. R14's Cognitive assessment dated [DATE] documents R14 as moderately cognitively impaired.</p> <p>On 9/22/24 at 11:43 AM V13 [NAME] pureed R14's pot roast with vegetables, placed R14's blended pot roast in his divided plate and sat it on the counter for 55 minutes with no cover. R14's food was not warmed prior to serving at 12:38 PM.</p> <p>On 9/22/24 at 11:50 AM The blended pot roast lacked flavor, was not appealing to look at and had multiple pieces of meat that required mechanical chewing to break down.</p> <p>On 9/22/24 at 11:54 AM V13 [NAME] blended R14's serving of beets to a watery, pourable consistency. V13 then placed the entire portion of blended beets in R14's divided plate with the blended pot roast and set it back on the counter with no lid.</p> <p>On 9/22/24 at 12:20 PM V13 [NAME] mixed two breadsticks with 1.5 cups of water to blend to a watery, pourable consistency. The blended bread was light tan colored and had no flavor. V13 then added R14's blended bread to his partially made plate and returned R14's plate to the counter with no lid.</p> <p>On 9/22/24 at 1:05 PM R14 stated This food is so cold. I don't like cold food.</p> <p>2. R22's Minimum Data Set (MDS) dated [DATE] documents R22 as cognitively intact. This same MDS documents R22 requires set up for eating.</p> <p>R22's Physician Order Sheet (POS) dated September 2024 documents a physician order for a regular consistency diet with thin liquids.</p> <p>On 9/22/24 at 9:00 AM R22 was laying in bed with her breakfast tray laying in front of her on her bedside table.</p> <p>On 9/22/24 at 9:03 AM R22 stated Our food is always cold. Look at this. They (staff) come in here and leave my tray but don't wake me up to eat or they wake me up but serve me cold food. I don't like cold oatmeal. It is nasty. I have asked them to reheat my food before but they never come back to do it. You don't have to take its temperature to know that it is too cold after its been sitting here for 45 minutes.</p> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/24/24 at 2:50 PM V1 Administrator stated Resident's food should be warm to taste. We (facility) have ways to warm up the food if it is too cold but I know the staff might get busy and forget. The kitchen staff should not set food aside for an hour and then give it to the residents without warming it up first. I will provide education to the kitchen staff and Certified Nurse Aides (CNA) about making sure the meals are served warm. I don't know if we have a policy for this but it should just be the standard.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41970</p> <p>Based on observation, interview and record review the facility failed to follow a physician order to provide a pureed diet by not providing the appropriate consistency of pureed foods for one (R14) out of one resident reviewed for diet consistency in a sample list of 34 residents.</p> <p>Findings include:</p> <p>R14's Cognitive assessment dated [DATE] documents R14 as moderately cognitively impaired.</p> <p>R14's Physician Order Sheet (POS) dated September 2024 documents R14's medical diagnoses of Hypertension, Dysarthria, Gastroesophageal Reflux Disorder (GERD) with Esophagitis, Cerebral Infarction, Hemiplegia and Hemiparesis. This same POS documents a physician ordered diet of Carbohydrate Controlled diet of pureed texture and thin liquids.</p> <p>R14's Careplan intervention dated 6/16/24 instructs staff to serve R14 his diet as ordered by Physician.</p> <p>The facility recipe for Pureed Pot Roast and Vegetables documents 2.0 servings of pot roast and vegetables should be mixed with one quarter cup of thickener.</p> <p>The facility recipe for Harvard Beets documents 2.0 servings of beets should be mixed with two tablespoons of thickener.</p> <p>The facility recipe for Bread/Toast/Roll documents 2.0 servings of bread should be mixed with two fluid ounces of milk and one and one-quarter teaspoon of thickener.</p> <p>On 9/22/24 at 11:43 AM V13 [NAME] added approximately two cups of pot roast with vegetables with 3.5 cups of tap water to blend to a pureed texture. The blended pot roast was pourable consistency with bits of meat.</p> <p>On 9/22/24 at 11:50 AM The blended pot roast lacked flavor, was not appealing to look at and had multiple pieces of meat that required mechanical chewing to break down.</p> <p>On 9/22/24 at 11:54 AM V13 [NAME] placed one serving of beets, one cup of water and three pumps of liquid thickener together to blend. The blended beets were very watery and pourable.</p> <p>On 9/22/24 at 12:45 PM R14 was served his pureed meal of pot roast, beets and breadsticks. R14 used a standard teaspoon to attempt to feed self. R14 had difficulty keeping his menu items on the spoon and spilled his pot roast, beets and bread on his lap. R14 took several bites of watery consistency foods served and began coughing. V17 Licensed Practical Nurse (LPN) walked over to R14, patted him on the back and asked if he was having trouble eating his meal due to the consistency was too thin. R14 continued to cough for 10 minutes. V17 LPN offered R14 drinks stating to R14 This will help clear your throat'. Your food is too thin for you.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/22/24 at 1:00 PM R14 stated That meal was too thin for me to eat. I spilled it all over me and what I did get down made me cough. I didn't choke or anything. I am not supposed to eat food that thin.</p> <p>On 9/22/24 at 1:30 PM V17 Licensed Practical Nurse (LPN) stated R14 has a history of difficulty swallowing and sometimes coughs during meals. V17 stated Our kitchen staff need to make sure (R14's) foods are at the right pureed consistency. Last week (R14) was served food so thick he was pocketing and coughing because he tried to swallow food that was so thick you could cut it. Today (R14's) meal is watery. We (facility) need to train our cooks how to prepare the resident's meals right before something really bad happens.</p> <p>On 9/22/24 at 2:30 PM V1 Administrator stated Our kitchen staff is fairly new. We (facility) are in the process of training them. (R14's) meals are supposed to be a pureed consistency which should be like pudding. Too thick or too thin (R14) could end up aspirating and get Pneumonia.</p> <p>The facility policy titled Therapeutic and Mechanically Altered Diets revised October 2020 documents the facility should prepare and serve all therapeutic and mechanically altered diets as planned. A therapeutic diet is a diet ordered to manage problematic health conditions. A mechanically altered diet is a diet specifically prepared to alter the consistency of food in order to facilitate oral intake.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</b></p> <p>Based on observation, interview and record review the facility failed to ensure the food products served were within the recommended date, failed to monitor food temperatures during meal service, failed to monitor temperatures and/or sanitizer level on dishwasher, failed to ensure to dishes were sanitized prior to resident use, failed to maintain sanitation practices in the facility kitchen, failed to monitor temperatures for the facility reach in cooler, reach in freezer, and chest freezer and failed to properly label and store foods. These failures have the potential to affect all 39 residents residing in facility.</p> <p>Findings include:</p> <p>The Facility Daily Census dated [DATE] documents 39 residents reside in facility.</p> <p>The facility Week four Sunday menu included Pot Roast and Vegetables, Harvard beets, roll/margarine and pie of choice.</p> <p>The facility was unable to provide temperature logs for the facility kitchen reach in refrigerator, reach in freezer, chest freezer and dishwasher.</p> <p>On [DATE] at 8:10 AM initial tour of the facility kitchen was completed with the following findings:</p> <ol style="list-style-type: none"> <li>1. The facility large reach in freezer stored multiple large bags of frozen potatoes, waffles, waffle sticks and a plastic bag of pre-sliced unidentifiable pink deli meat which did not have any labels or expiration dates.</li> <li>2. The facility large reach in refrigerator contained items with no label and no expiration date including: a clear plastic gallon sized container with an unknown red gel like substance, six deli sandwiches with meat substance and slice of yellow cheese, gallon sized clear container of mashed potatoes floating in hazy liquid on all sides/top and bottom, clear plastic bag of black crumbled substance and two whole cucumbers in clear plastic bag all with no label and no expiration date.</li> <li>3. The facility large reach in refrigerator contained six quarts of lactose free milk all dated [DATE], multiple clear squeeze bottles of various condiments with no label and no date, a gallon sized mayonnaise container and buttermilk ranch dressing containers both with lids laying over top of open containers and neither had expiration dates or opened dates.</li> <li>4. The air vents on the ceiling were filled with dust and brown grime. Occasional pieces of debris would float down from the ceiling vents onto the food prep area.</li> <li>5. The facility reach in freezer is positioned directly next to the food holding table. The entire side of the facility freezer two feet deep by six feet tall was covered in unknown brown splatters and food debris. The food holding table does not have lighting over it. The area where the food holding table is located is very dim.</li> </ol> <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>6. The facility food temperature log dated [DATE] did not have any entries for ,d+[DATE], ,d+[DATE] and , d+[DATE].</p> <p>7. Dozens of small flying gnats were swarming an open bag of yellow onions in the dry storage room. One onion near bottom of the bag had a foul odor and was oozing brown liquid onto floor.</p> <p>8. The facility small white chest freezer containing breadsticks, loaves of sliced bread and dinner rolls all with no label or expiration date did not have a thermometer inside the freezer.</p> <p>9. The facility range hood located directly over the stovetop cooking area was covered with brown grime and grease splatters. The range hood had a sticker on it that read 'Range Hood Cleaning Inspection.' This same sticker has lines for dates to be written in for cleaning inspections. There were no dates filled in for dates of service.</p> <p>On [DATE] at 11:10 AM V14 Dietary Aide obtained a temperature of 105 degrees Fahrenheit during the wash cycle of the mechanical dishwasher. V14 then used a litmus strip to test the Ph level with a result of a faint purple line which correlated to less than 50 parts per million (PPM). V13 [NAME] observed the entire process.</p> <p>On [DATE] from 11:20 AM-1:30 PM V14 Dietary Aide and V13 [NAME] both used the dishwasher to wash holding pans, utensils, cups and covers for plates during meal service and then used the same dishes to serve resident foods during lunch service.</p> <p>On [DATE] at 8:40 AM V14 Dietary Aid stated (R23) gets that (lactose free milk). I used the carton that is sitting on the serving table (pointing at the same carton). (R23) gets it every morning. V14 Dietary Aide confirmed V14 served R14 expired lactose free milk.</p> <p>On [DATE] at 11:20 AM V14 Dietary Aide stated That dishwasher isn't running hot enough water and isn't cleaning the dishes like it should. I don't know what is wrong with it but the dishes still need done. V13 [NAME] stated That thing (dishwasher) didn't work right last week. I told them (facility) but nothing happened to it after that. Nothing got fixed.</p> <p>On [DATE] at 9:00 AM V5 Maintenance Director stated the facility has a contract with a cleaning company to clean the range hood. V5 stated I help to oversee the kitchen sometimes, so I know a lot about what goes on in there. We (facility) need a lot of help in that kitchen. It needs a deep clean for the entire kitchen. There are no cleaning schedules really. We (staff) just clean as we go or if we see something that needs cleaned, then we are supposed to clean it up. The contracted cleaning company comes once every five years to do a deep clean on the range hood. In between the five year mark there is no regular cleaning schedule.</p> <p>On [DATE] at 2:00 PM V1 Administrator stated the dietary staff should monitor the temperatures of the foods being served and stored. V1 stated the refrigerator, freezer, dishwasher and food temperatures should all be logged either daily or with each meal. V1 stated The kitchen needs a lot of work. I am not surprised there are issues. I know there have been logs in the past but I don't have anything now. I don't know if the staff are checking temperatures or not. I hope they are. V1 stated serving foods that are expired, not labeled or not temperature checked prior to serving could make a resident ill.</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 policy titled Kitchen Sanitation revised [DATE] documents the facility policy is to comply with local health standards and local and state sanitation regulations. The food service manager will develop a cleaning schedule for the department and ensure that the dietary employees complete cleaning tasks as scheduled.</p> <p>The facility policy titled Ware-Washing Dish Machine revised [DATE] documents for low temperature dish machines the temperature of the wash water shall not be less than 120 degrees Fahrenheit. Before washing anything, use a test strip to check the sanitizer level. For Chlorine sanitizers the level should be ,d+[DATE] parts per million (PPM). Record either the temperatures or the sanitizer level on the dishwasher temperature log.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>40385</p> <p>Based on interview and record review the facility failed to ensure it's antibiotic stewardship policy was comprehensive, and failed to track organisms and implement use of infection assessment tools. These failures have the potential to affect all 39 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility provided Antibiotic Stewardship Program dated 12/10/21 documents to utilize core elements for antibiotic stewardship including accountability by identifying physicians, nursing, and pharmacy leadership responsible for oversight, action by implementing at least one policy/practice for antibiotic use, and tracking by monitoring at least one process measure and outcome. This policy does not document who is responsible for implementation and oversight of the program, what information should be tracked/monitored and the frequency, and what infection surveillance tools are used to ensure antibiotics are appropriately prescribed.</p> <p>The facility's Resident Infection Control and Antimicrobial Logs dated May-August 2024 document the following: R12 was prescribed different antibiotics on 4/26/24 and 5/22/24 for Urinary Tract Infection (UTI), but does not list the organism as prompted by the log. R27 was prescribed antibiotics on 5/23/24 for UTI and does not list the organism. R34 was prescribed different antibiotics on 6/11/24, 6/17/24, and 7/1/24 for other infection of urinary signs/symptoms, and a culture or infectious organism is not listed. R3 was prescribed different antibiotics on 7/20/24 and 8/16/24 for UTI, and a culture and organism are not listed. R190 was prescribed antibiotics on 8/3/24 for UTI, and a culture and organism are not listed.</p> <p>On 9/24/24 at 11:36 AM V1 Administrator/Infection Preventionist stated V8 Regional Clinical Director has been overseeing the infection control logs since the facility does not have a Director of Nursing. At 11:38 AM V8 stated the facility is ensuring appropriate symptoms for antibiotic usage and antibiotics aren't ordered until cultures are obtained as part of antibiotic stewardship. V8 stated the facility is only using McGreer Criteria (infection assessment tool) for UTIs and the AIM (Assess Intervene Monitor for wellness) communication forms document symptoms for other infections. V8 confirmed the infection logs do not document UTI cultures and resulting organisms after May 2024 and confirmed this is part of surveillance monitoring for infection control/antibiotic stewardship. On 9/24/24 at 12:18 PM V8 stated R34 kept having urinary symptoms despite a urinalysis that was negative for infection, and R34 has since been referred to a urologist. V8 reviewed the facility's Antibiotic Stewardship Program and confirmed it is not comprehensive to include who is responsible for oversight and implementation, what information is reviewed and the frequency, the use of cultures, and the use of any infection assessment tools. At 1:46 PM V8 stated V8 was unable to provide documentation that McGreer's Criteria or similar infection assessment tool was completed for R34, R3, and R190.</p> <p>On 9/25/24 at 10:03 AM V1 stated organisms should have been tracked on the infection control logs, and the Director of Nursing was responsible for doing that.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid dated 9/22/24 documents 39 residents reside in the facility.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40385</p> <p>Based on interview and record review the facility to maintain documentation of influenza and pneumonia vaccination history and offer influenza and pneumonia vaccinations for two (R30, R35) of five residents reviewed for vaccinations in the sample list of 34.</p> <p>Findings include:</p> <p>The facility's Immunization of Residents policy dated 5/19/23 documents the facility will offer vaccinations to aid in the prevention of infectious diseases unless contraindicated by the physician or medically. This policy documents to obtain vaccination consents and obtain proof of vaccinations, and document vaccinations on the resident's Immunization Record. This policy documents to offer the pneumonia vaccine within 30 days of admission and offer the PCV13, PCV15, PCV20, or pneumococcal polysaccharide vaccine (PPSV23) according to the Pneumonia Vaccination Timing Guidelines. This policy documents to offer the influenza vaccine annually between September 1st and March 31st, and assess the resident's current influenza season immunization status upon admission.</p> <p>The Centers for Disease Control and Prevention Pneumococcal Vaccine Timing for Adults dated 3/15/23 documents for adults age 65 and older who have only received PCV13 should have PCV20 or PPSV23 a year or more later to be considered up to date. These guidelines document to administer PCV20, or PCV15 followed by PPSV23 a year or more later, for adults age 65 and older.</p> <p>1.) R30's Minimum Data Set (MDS) dated [DATE] documents R30 is not up to date on pneumonia vaccinations and one has not been offered.</p> <p>R30's Resident Pneumonia Vaccine Consent dated 8/15/22 documents R30 received Pneumococcal Conjugate Vaccine 13 on 8/18/22 and documents consent to receive the Pneumonia Vaccine. There is no documentation that R30 was offered any additional pneumonia vaccines after 8/18/22.</p> <p>2.) R35's Face Sheet dated 8/26/24 documents R35 admitted to the facility on [DATE], R35 is [AGE] years old, and R35's diagnoses include obstructive sleep apnea and hypertension. R35's 8/6/24 MDS documents R35 is not up to date on pneumonia vaccinations and one has not been offered.</p> <p>R35's medical record did not contain documentation of influenza or pneumonia vaccination history. There is no documentation that the facility offered R35 the influenza or pneumonia vaccinations after admission.</p> <p>The Illinois Comprehensive Automated Immunization Registry Exchange dated 9/24/24 documents R35 received the influenza annually between 2020 and 2022, with the last one given on 10/4/22; and R35 was due for the pneumonia vaccine as of 11/17/23.</p> <p>On 9/22/24 at 1:12 PM R30's and R35's vaccine information including consents and declinations were requested from V1 Administrator.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/23/24 at 12:16 PM V1 stated V1 is the facility's Infection Preventionist and assists in overseeing resident vaccinations. V1 stated R35 transferred from a group home and no information regarding R35's vaccination history was provided and R35 has no family to ask about vaccinations. V1 stated the facility was unable to obtain any vaccination history for R35, a guardian was recently appointed for R35, R35 wants the influenza and pneumonia vaccinations, and V1 is waiting for the consent forms to be returned. V1 stated V1 was uncertain what to do in the situation where vaccination history is unknown since this had not happened before.</p> <p>On 9/24/24 at 10:20 AM V1 stated residents are offered pneumonia vaccination as part of their admission packet and the Director of Nursing (DON) is responsible for overseeing this. V8 Regional Clinical Director stated the facility has had a turnover in DONs. On 9/24/24 at 3:11 PM V1 stated V1 is still trying to locate R30's and R35's vaccine information. On 9/25/24 at 9:20 AM V1 stated V1 has provided all of the immunization information including consents/declinations for R30 and R35. On 9/25/24 at 10:03 AM V1 stated V1 was unable to find any additional vaccine information for R30. V1 confirmed PCV13 is the only documented pneumonia vaccine for R30.</p>		

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>41970</p> <p>Based on observation, interview, and record review, the facility failed to provide at least 80 square feet of floor space for each resident in resident bedrooms. This failure affects all 39 residents residing in the facility.</p> <p>Findings include:</p> <p>Historical room size documentation and actual measurements demonstrate the double occupancy resident bedrooms do not meet the minimum required square footage of 80 square feet per resident (160 total square feet) including Rooms 3-13, 14 (current Nursing Director Office), 16 (current therapy room), 17- 28 and 30.</p> <p>The Medicare/Medicaid Certification and Transmittal effective 8/22/23, from the most recent prior survey, documents all 58 resident beds are certified for Title 19 (Medicaid).</p> <p>The facility's Resident Census and Conditions of Residents form dated 9/22/24 documents 39 residents reside in the facility, all of whom reside in one of the double occupancy rooms.</p> <p>On 9/25/24 at 8:50 AM R12 was laying in her bed. R12 had a bed, dresser, walker, wheelchair and bedside table on her side of her room. R12 had multiple personal items on the dresser and on the floor.</p> <p>On 9/25/24 at 8:30 AM V5 Maintenance Director measured the square footage of rooms 11, 17 and 19 which all measured at 69.19 square foot total space for each resident, dual occupancy rooms.</p> <p>On 9/25/24 at 8:51 AM R12 stated This room is too small. We (R12 and roommate) both have a lot of things that we need to use every day. I have to move my wheelchair every time my roommate wants to use the bathroom because I don't have anywhere else to store my wheelchair when I am not using it. It is too cramped.</p> <p>On 9/25/24 at 8:25 AM V5 Maintenance Director stated None of the rooms in this facility meet the regulations. They are all too small. Some of the residents complain about it but there is not much we can do.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>50430</p> <p>Based on observation, interview, and record review the facility failed to provide an accessible working call light for one (R25) of twelve residents reviewed for call lights out of a sample list of 34.</p> <p>Findings include:</p> <p>The facilities undated Maintenance and Preventative Service Policy documents to ensure all nurse call light systems are working properly.</p> <p>R25's care plan last revised 5/20/24 documents R25 needs supervision with Activities of daily Living (ADL's). The same care plan documents a revision on 8/9/24, the Interdisciplinary team documents a referral for Physical Therapy and Occupational therapy for an ADL decline and increased fall risk.</p> <p>On 09/23/24 at 1:38PM, R25 stated R25 does not have his own call light in his room. R25 stated at night if R25 needs help he must wake up R90 (roommate) to push the call light for him. R25 stated he made V5 (Maintenance Director) aware that he had no call light a month ago, but nobody has replaced it.</p> <p>On 9/23/24 at 1:45 PM, R25 did not have his call light within reach. There was one working call light plugged into the wall and that call light was attached to R90's bed. There was no other call light in room.</p> <p>On 09/23/24 at 2:23 PM, V1 (Administrator) stated R25 and R90 should never share the same call light in a room.</p> <p>On 09/23/24 at 02:05 PM, V5 stated residents should never have a missing call light.</p>