

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Warsaw Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E Prairie St Warsaw, IN 46580	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38845</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive person-centered plan of care was created for residents with delusions (Residents 36 & E) a resident with hallucinations (Resident 55), and for a resident receiving hospice care (Resident 16) for 4 of 21 residents reviewed for comprehensive care plans.</p> <p>Findings include:</p> <p>1. The record for Resident 36 was reviewed on 8/9/2024 at 1:00 P.M. Diagnoses included, but were not limited to: psychotic disorder with delusions, depression, dementia with agitation, and anxiety.</p> <p>A Significant Change Minimum Data Set assessment (MDS), dated [DATE], indicated the resident had received antipsychotic and antidepressant medications.</p> <p>Resident 36's medications included, but were not limited to: Paliperidone ER (an antipsychotic) Extended Release 24 Hour 3 mg (milligram) give 1 tablet by mouth one time a day for delusions related to psychotic disorder with delusions.</p> <p>The clinical record lacked a person centered care plan for delusions.</p> <p>During an interview, on 8/13/2024 at 9:42 A.M., the Director of Nursing indicated there should have been a person centered care plan for delusions.</p> <p>2. The record for Resident E was completed on 8/8/2024 at 2:13 P.M. Diagnoses included, but were not limited to: dementia, depression and psychotic disorder.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 7/22/2024, indicated the resident had delusions.</p> <p>Resident 61'2 medications included but were not limited to: Depakote Delayed Release 250 MG (anticonvulsant) give 1 tablet by mouth one time a day for delusions.-</p> <p>The clinical record lacked a person centered care plan for delusions.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 8/13/2024 at 9:24 A.M.,the Director of Nursing indicated there should have been a care plan for delusions.</p> <p>3. A record review for Resident 55 was completed on 8/09/2024 at 9:17 A.M. Diagnoses included, but were not limited to malnutrition, bipolar, visual hallucinations and depression.</p> <p>A Quarterly Minimum Data Set assessment (MDS), dated [DATE], indicated the resident had visual hallucinations and received antipsychotic medication.</p> <p>Resident 55's medications, included but were not limited to Aripiprazole (an antipsychotic) 10 mg give 1 tablet by mouth one time a day related to alcohol abuse with intoxication and visual hallucinations.</p> <p>The clinical record lacked a person centered care plan for hallucinations.</p> <p>During an interview, on 8/13/202 at 9:27 A.M., the Director of Nursing indicated there should have been a care plan for hallucinations and the care plan should have been person centered.</p> <p>During an interview, on 8/13/2024 at 9:24 A.M.,the Director of Nursing indicated there should have been a care plan for the delusions.</p> <p>On 8/13/2024 at 10:37 A.M., the Director of Nursing provided the policy titled, Care Plans, Comprehensive Person-Centered, dated 9/2022, and indicated the policy was the one currently use by the facility. The policy indicated .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The service provided or arranged by the facility, as per the comprehensive care plan, must be culturally-competent and trauma-informed 1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment . The comprehensive, person-centered care plan will .d. Incorporate interventions to address cultural needs, psychosocial needs, mitigate/reduce risk for trauma related triggers .h. Incorporate identified problem areas .10. Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process</p> <p>49229</p> <p>4. The record for Resident 16 was reviewed on 8/8/2024 at 3:37 P.M. Diagnoses included, but were not limited to, alcohol dependence with dementia, vascular dementia, delusional disorders, anxiety, pain, and hypertension.</p> <p>A Quarterly Minimum Data Set (MDS), dated [DATE], indicated the resident was rarely/never understood and received hospice care.</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>Current physician orders for Resident 16 included, but were not limited to, Hydrocodone-Acetaminophen 5-325 mg (milligram) one tablet by mouth four times a day for pain related to other chronic pain, Ativan 1 mg (milligram) one tablet by mouth one time a day for anxiety and admit resident to Transitions Hospice for end stage/terminal diagnosis of cerebral atherosclerosis effective 9/15/2023.</p> <p>A current Care Plan, initiated on 5/28/2024, for Resident 16 included, but was not limited to, administration of comfort medications as ordered, allow resident to verbalize fears and concerns about the dying process, hospice aide to meet with resident per schedule, hospice chaplain to meet with resident per schedule, hospice nurse to meet with resident per schedule, hospice social worker to meet with resident per schedule, notify hospice of any change in condition and offer private room if available.</p> <p>On 8/9/2024, at 2:58 P.M., during an interview, the DON indicated the hospice care plan was not person-centered.</p> <p>On 8/13/2024 at 10:37 A.M., the Director of Nursing provided the policy titled, Care Plans, Comprehensive Person-Centered, dated 9/2022, and indicated the policy was the one currently used by the facility. The policy indicated .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The service provided or arranged by the facility, as per the comprehensive care plan, must be culturally-competent and trauma-informed 1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment . The comprehensive, person-centered care plan will .d. Incorporate interventions to address cultural needs, psychosocial needs, mitigate/reduce risk for trauma related triggers .h. Incorporate identified problem areas .10. Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process</p> <p>3.1-35(a)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45120</p> <p>Based on interview and record review, the facility failed to provide a baseline care plan meeting and routine care plan meeting for 1 of 3 residents reviewed for care planning. (Resident 53)</p> <p>Finding includes:</p> <p>During an interview, on 8/7/2024 at 10:08 A.M., Resident 53 indicated the facility would not let him access his test results until he was discharged .</p> <p>On 8/7/2024 at 11:26 A.M., Resident 53 indicated that he had not had a baseline care plan meeting, nor any care plan meeting since admission.</p> <p>A record review for Resident 53 was completed on 8/9/2024 at 9:24 A.M. Diagnoses included, but were not limited to: alcohol abuse, diabetes mellitus type 2, idiopathic acute pancreatitis, cannabis use, iron deficiency anemia, and chronic kidney disease. Resident 52 was admitted to the facility on [DATE].</p> <p>During a review of the Electronic Medical Record (EMR) from admission to the current date of 8/7/2024 for Resident 53, no documentation could be located regarding a baseline care plan meeting, nor a routine care plan meeting.</p> <p>During an interview, on 8/12/2024 at 2:19 P.M., the Social Service Director (SSD) indicated most likely Resident 53 had not had a baseline care plan meeting, and had not had a meeting set up since his admission. She indicated Resident 53 was in her office daily, but the communication had not been documented.</p> <p>A policy was provided by the Director of Nursing, on 8/13/2024 at 10:27 A.M. The policy titled, Care Plans, Comprehensive Person-Centered, indicated, .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The services provided or arranged by the facility, as per the comprehensive care plan, must be culturally-competent and trauma-informed .1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident .4. Each resident's comprehensive person-centered care plan will be consistent with the resident's rights to participate in the development and implementation of his or her care plan, including the right to: a. Participate in the planning process</p> <p>3.1-35(d) (2)(B)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45120</p> <p>Based on observation, record review and interview, the facility failed to provide activities of daily living (ADLs) regarding shower/bathing opportunities (Resident 53 and 9) and nail, hair and shaving assistance (Resident 1) for 3 of 3 residents reviewed for ADL care.</p> <p>Findings include:</p> <p>1. During an interview, on 8/7/2024 at 11:22 A.M., Resident 53 indicated he had only received 2 showers in the last month and a half. He indicated the certified nursing assistants (CNAs) would offer to provide showers between 11 P.M. and 3 A.M. He indicated his preference was to clean up himself as he did not like being woken up at midnight to take a shower.</p> <p>A record review for Resident 53 was completed, on 8/9/2024 at 9:24 A.M., Diagnoses included, but were not limited to: alcohol abuse, diabetes mellitus type 2, cannabis use, chronic kidney disease, and iron deficiency anemia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated, 8/9/2024, indicated Resident 53 was cognitively intact.</p> <p>An MDS assessment, dated 5/17/2024, indicated it was very important for him to choose between a tub bath, shower, bed bath, or sponge bath. He required partial/moderate assistance with bathing.</p> <p>A current Care Plan for Resident 53, dated 5/10/2024, indicated he had an activities of daily living (ADL) self-performance deficiency related to decreased mobility, mild intellectual deficiency, confusion related to alcohol abuse and withdraw, and incontinence. Interventions included, but were not limited to: Resident 63 required assistance as needed with bathing and showering.</p> <p>The Documentation Survey Report, from 5/1/2024-8/11/2024 indicated the following showers had occurred:</p> <p>-5/16/2024</p> <p>-5/20/2024</p> <p>-5/22/2024</p> <p>-5/27/2024</p> <p>-6/7/2024</p> <p>-6/14/2024</p> <p>-6/26/2024</p> <p>-6/27/2024</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 - Few</p>	<p>-7/7/2024</p> <p>-7/8/2024</p> <p>-7/19/2024</p> <p>-7/31/2024</p> <p>-8/2/2024</p> <p>-8/4/2024</p> <p>-8/9/2024</p> <p>A review of the ADL charting from 7/12/2024-8/9/2024 indicated, Resident 53 had refused showers on:</p> <p>-7/12/2024</p> <p>-7/19/2024</p> <p>-8/9/2024</p> <p>Refusal shower sheet form, kept by the facility, indicated Resident 53 had documented refusals of showers on 6/27/2024 and 8/1/2024.</p> <p>During an interview, on 8/12/2024 at 1:20 P.M., the Director of Nursing (DON) indicated upon admission the resident was to be interviewed for their preference for shower times. This included asking for day/evening shift preference (before or after lunch) and evening/night preference (before supper or after supper). She indicated there was no documentation of Resident 53's preferences from the interview available. The DON indicated she was not aware of Resident 53 had an issue with his shower being offered on third shift. She indicated the staff would ask up to 3 times for refusals, and then the refusal would be documented on a shower sheet, and the nurse tried to make a progress note. She indicated shower sheets were not kept for accepted showers.</p> <p>2. During an interview, on 8/7/2024 at 1:54 P.M., Resident 9 indicated she had not received her showers on Saturdays or Tuesdays.</p> <p>A record review for Resident 9 was completed on 8/9/2024 at 11:19 A.M. Diagnoses included, but were not limited to: vascular dementia, cutaneous abscess of the abdominal wall, schizophrenia, and anxiety disorder.</p> <p>A Quarterly Minimum Data Set (MDs) assessment, dated 6/21/2024, indicated Resident 9 was cognitively intact and had surgical wounds.</p> <p>A Discharge with Return Anticipated assessment, dated 6/17/2024, indicated Resident 9 needed bathing supervision or touch assistance.</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 - Few</p>	<p>A current Care Plan, dated 8/2/2017, and revised on 3/6/2020, indicated Resident 6 required assistance with activities of daily living (ADLs) due to dementia, bipolar, schizophrenia, cervical stenosis, neuropathy, fibromyalgia, cancer with chemotherapy, knee replacement, seizures and traumatic brain injury. An intervention, dated 2/28/2018, and revised on 6/9/2024, indicated Resident 6 preferred to complete bathing with assistance as needed.</p> <p>The Documentation Survey Report, dated 7/1/2024-8/12/2024 indicated the following showers occurred:</p> <p>-7/2/2024</p> <p>-7/17/2024</p> <p>-7/20/2024</p> <p>-7/26/2024</p> <p>Refusal shower sheets, kept by the facility, indicated Resident 9 had documented refusals per the shower sheets for:</p> <p>-7/12/2024</p> <p>-7/16/2024</p> <p>-7/17/2024</p> <p>-7/19/2024</p> <p>-7/23/2024</p> <p>-8/2/2024</p> <p>During an interview, on 8/12/2024 at 1:23 P.M., the Director of Nursing (DON) indicated Resident 9 was prone to refusing showers. She indicated the staff asked up to 3 times for refusals, and then the refusal would be documented on a shower sheet, and the nurse tried to make a progress note. Shower sheets were not kept for accepted showers. The DON indicated Resident 6 had not been care planned for refusals of showers.</p> <p>38121</p> <p>3. During an observation, on 8/7/2024 at 10:13 A.M., Resident 1 was observed with long fingernails with a black substance underneath them, long, dirty facial hair noted thanging over his top lip and greasy hair.</p> <p>During an observation, on 8/8/2024 at 10:52 A.M., Resident 1 was observed with long fingernails with a black substance underneath them, long, dirty facial hair noted hanging over his top lip and greasy hair.</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 - Few</p>	<p>A record review for Resident 1 was completed on 8/8/2024 at 1:40 P.M. Diagnoses included, but were not limited to: cerebral palsy, epilepsy, gastrostomy status, intellectual disabilities, diabetes mellitus type 2, protein calorie malnutrition, hyperlipidemia and restlessness.</p> <p>An Nursing Admission assessment, dated 6/4/2024, indicated Resident 1 was a total assist for activities of daily living, including personal hygiene, mobility, toilet use, transfers and bathing.</p> <p>A Quarterly Minimum Data Set (MDS) assessment was completed on 6/11/2024 and indicated Resident 1 had severely impaired cognition and was dependent on staff for all (ADL) activities of daily living, personal hygiene, mobility, toilet use, transfers and bathing.</p> <p>A current Care Plan, dated 6/4/2024, indicated Resident 1 had a self-care deficit and was dependent on staff for all personal hygiene needs.</p> <p>During an interview, on 8/8/2024 at 2:01 P.M., RN 14 indicated Resident 1 needed his nails trimmed and cleaned, his hair needed washed and indicated Resident 1 required total staff assistance for care needs. RN 14 indicated she was unsure of his shower days and did not know when he received his last shower.</p> <p>During an interview, on 8/13/2024 at 1:34 P.M., the Director of Nursing indicated Resident 1 should have scheduled showers completed and staff should be trimming his nails and facial hair.</p> <p>On 8/13/2024 at 10:27 A.M., the Director of Nursing provided the policy titled, Activities of Daily Living, dated 2018, and indicated the policy was the one currently used by the facility. The policy indicated .Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADL's) Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene</p> <p>3.1-38(a)(3)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>38121</p> <p>Based on observation, record review and interview the facility failed to implement an individualized activities program for 1 of 3 Residents reviewed for activities. (Resident 1)</p> <p>Finding includes:</p> <p>During an observation, on 8/7/2024 at 10:08 A.M., Resident 1 was observed in his bed, awake. The television was not on and no music was playing.</p> <p>During an observation, on 8/7/2024 at 1:41 P.M., Resident 1 was observed in bed sleeping. The television was not on and no music was playing.</p> <p>During an observation, on 8/8/2024 at 10:30 A.M., Resident 1 was observed in his room, in a chair, awake. The television was not turned on and no music was playing.</p> <p>During an observation, on 8/9/2024 at 9:27 A.M., Resident 1 was observed in his bed, awake. The television was not on and no music was playing.</p> <p>During an observation, on 8/9/2024 at 11:04 A.M., the Director of Nursing entered Resident 1's room and told staff his television should be on.</p> <p>A record review for Resident 1 was completed on 8/9/2024 at 1:40 P.M., Diagnoses included, but were not limited to: cerebral palsy, epilepsy, gastrostomy status, intellectual disabilities, diabetes mellitus type 2, protein calorie malnutrition, hyperlipidemia and restlessness.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 6/8/2024, indicated it was very important for Resident 1 to watch his favorite shows, The Price is Right or Wheel of Fortune and listen to music.</p> <p>A current Care Plan, dated 6/4/2024 indicated the following: ACTIVITIES: The Resident may need modifications or adaptations to promote activity participation of suitable challenge and stimulation. Resident should engage in activity programs of interest without signs of frustration or overstimulation three times a week by reevaluation date. it is very important for the Resident to have books, newspapers, music and his favorite activities and provide sensory stimulating activities such as: gentle massage with scented lotions.</p> <p>During an interview, on 8/09/2024 at 1:52 P.M., the Activity Director indicated the facility could not keep anything in his room or he might tear it up. She indicated his television should be on so he was able to watch his favorite shows and the staff should be observing him if it causesto determine if too much stimulation for him.</p> <p>During an interview, on 8/13/2024 at 11:14 AM the Director of Nursing indicated he should have received the activities he enjoyed.</p> <p>(continued on next page)</p>		

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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>49229</p> <p>Based on observation, record review and interview, the facility failed to ensure a residents' urostomy drainage bag was covered for 1 of 1 resident reviewed for urostomies. (Resident 264)</p> <p>Finding includes:</p> <p>During an observation, on 8/7/2024 at 3:10 P.M., Resident 264's urostomy drainage bag was on the floor with no dignity bag covering it. T.</p> <p>During an observation, on 8/8/2024 at 10:47 A.M., the resident's urostomy drainage bag had no dignity bag covering it.</p> <p>The record for Resident 264 was completed on 8/9/2024 at 9:00 A.M. Diagnoses included, but were not limited to, spina bifida, depression, paraplegia, morbid obesity, obstructive sleep apnea, stoma of urinary tract, and colostomy status.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 8/9/2024, was only partially completed by the date of the record review.</p> <p>Resident 264's baseline care plan, dated 8/3/2024, included, but was not limited to, check tubing for kinks each shift/per policy, monitor and document intake and output as per facility policy, and observe for and document pain/discomfort due to catheter.</p> <p>During an observation, on 8/12/2024 at 2:46 P.M., Resident 264 urostomy drainage bag was not covered with a dignity bag.</p> <p>During an observation, on 8/13/2024, at 9:40 A.M., the resident's urostomy draining bag was not covered with a dignity bag.</p> <p>During an interview, on 8/13/2024 at 10:27 A.M., QMA 15 indicated the urostomy bag should have been covered by a dignity bag.</p> <p>During an interview, on 8/13/2024, at 11:27 A.M., the ADON indicated the urine drainage bag should have been covered by a dignity bag.</p> <p>On 8/13/2024 at 1:47 P.M., the DON provided a policy titled, Indwelling urinary catheter (Foley) care and management, dated 11/15/2019, and indicated the policy was the one currently used by the facility. The policy indicated .drainage tubing free from kinks and avoid dependent loops to allow free flow of urine .keep drainage bag below level of patient's bladder to prevent backflow of urine into bladder .because .bag is hidden under clothing; it might also help the patient feel more comfortable .</p> <p>3.1-47(a)(3)</p>		

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NAME OF PROVIDER OR SUPPLIER Warsaw Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E Prairie St Warsaw, IN 46580	
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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>49229</p> <p>Based on observation, interview and record review, the facility failed to ensure proper labeling and storage of respiratory equipment and provide necessary respiratory services according to physician orders for 3 of 5 residents reviewed for respiratory care (Resident 30, 46, and 215).</p> <p>Findings include:</p> <p>1. During an observation on 8/7/2024, at 2:28 P.M., Resident 30 was being administered 4 liters (L) of oxygen via a nasal cannula (NC). The oxygen tubing was un-dated and without humidification.</p> <p>On 8/8/2024, at 10:51 A.M., Resident 30's oxygen tubing was not dated and without humidification.</p> <p>During an interview, on 8/8/2024, at 2:10 P.M. QMA 10 indicated the oxygen tubing should have a written date taped to the tubing indicating when the tubing had last been changed that the tubing QMA 10 indicated the resident refused humidification as the humidity bothered the resident.</p> <p>On 8/9/2024, at 2:45 P.M., during an interview, the DON indicated the oxygen tubing should have been dated.</p> <p>A record review for Resident 30 was completed on 8/9/2024 at 9:00 A.M. Diagnoses included but were not limited to chronic obstructive pulmonary disease, Type 2 diabetes mellitus, morbid obesity, heart failure, chronic respiratory failure, hypertension, history of pulmonary embolism, and depression.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 7/26/2024, indicated the resident was cognitively intact and utilized continuous oxygen via a nasal cannula.</p> <p>The current physician orders for Resident 30 included, but were not limited to: change oxygen tubing and humidification bottle, clean oxygen filter, inspect easy foam wraps and replace if soiled or missing at bedtime every Sunday and as needed, and oxygen at 4 L (liters)/minutes per nasal cannula (NC) every shift for shortness of breath and check oxygen saturation every shift to keep saturation above 90 percent.</p> <p>A current Care Plan, initiated 3/15/2024, indicated the resident had oxygen therapy related to shortness of breath due to chronic obstructive pulmonary disease (COPD) and respiratory failure. The Care Plan indicated to change the oxygen tubing as ordered.</p> <p>45120</p> <p>2. During an observation, on 8/7/2024 at 10:34 A.M., Resident 215's handheld aerosol nebulizer was observed lying in the top drawer of the bedside table, and her portable oxygen nasal cannula was draped over her wheelchair, and was not dated.</p> <p>On 8/8/2024 at 10:05 A.M., Resident 215's handheld aerosol nebulizer was lying on top of the bedside table.</p> <p>(continued on next page)</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>A record review for Resident 215 was completed, on 8/12/2024 at 10:17 A.M. Diagnoses included, but were not limited to: systemic lupus, chronic respiratory failure, chronic obstructive pulmonary diseases (COPD), and heart failure.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 8/1/2024, indicated Resident 215 received oxygen therapy, and had shortness of breath or trouble breathing while lying flat.</p> <p>A Physician's Order, dated 7/26/2024, indicated to give one vial of ipratropium-albuterol 0.5-2.5 milligrams three times daily via the nebulizer.</p> <p>A Physician's Order, dated 8/3/2024, indicated the resident was to receive oxygen at 4 liters per minute via nasal cannula continuously.</p> <p>A current Care Plan, dated 7/29/2024, indicated Resident 215 had oxygen therapy related to respiratory failure and COPD. Interventions included oxygen per nasal cannula at 4 liters continuously.</p> <p>During an observation, on 8/12/2024 at 10:36 A.M., the handheld aerosol nebulizer was lying in the top drawer of the bedside table, and the portable oxygen nasal cannula was draped over the wheelchair and not dated.</p> <p>During an interview, on 8/12/2024 at 1:18 P.M., the Director of Nursing (DON) indicated respiratory equipment, including nebulizer equipment, should be stored in respiratory bags and were to be dated.</p> <p>3. During an observation, on 8/7/2024 at 10:49 A.M., Resident 46's portable oxygen nasal cannula was draped over the wheelchair.</p> <p>On 8/9/2024 at 10:51 A.M., the portable oxygen nasal cannula was not dated.</p> <p>A record review for Resident 46 was completed on 8/9/2024 at 10:21 A.M. Diagnoses included, but were not limited to: emphysema, COPD, and dyspnea.</p> <p>A Physician's Order, dated 7/16/2024, indicated oxygen at 2 liters per minute per nasal cannula as needed for shortness of breath.</p> <p>A current Care Plan, dated 5/17/2024, indicated Resident 46 had emphysema and COPD. An intervention, dated 7/17/2024, indicated oxygen at 2 liters via nasal cannula as needed was to be provided.</p> <p>On 8/12/2024 at 11:40 A.M., the portable oxygen nasal cannula was not dated.</p> <p>During an interview, on 8/12/2024 at 1:18 P.M., the Director of Nursing indicated respiratory equipment should be stored in respiratory bags and should be dated.</p> <p>(continued on next page)</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>A policy was provided by the Director of Nursing, on 8/13/2024 at 10:27 A.M. The policy titled, Departmental [Respiratory Therapy]-Prevention in Infection, indicated, .The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff .Infection Control Considerations Related to Medication Nebulizers/Continuous Aerosol . 7. Store the circuit in plastic bag, marked with the fate and resident's name, between uses .Infection Control Considerations Related to Oxygen administration .7. Change the oxygen cannulae and tubing every seven [7] days, or as needed .8. Keep the oxygen cannulae and tubing used PRN [as needed] in a plastic bag when not in use</p> <p>3.1-47(6)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>38845</p> <p>Based on observation, record review and interview, the facility failed to ensure narcotics were counted and documented every shift for 1 of 4 narcotic count log books reviewed. (Freedom cart 1)</p> <p>Finding includes:</p> <p>A Medication Storage observation of the Freedom hall medication cart was completed, on 8/9/2024 at 10:40 A.M., with QMA 2. The narcotic log book lacked signatures on 8/3/2024 to show a narcotic count was completed.</p> <p>During an interview, on 8/9/2024 at 10:46 A.M., QMA 2 indicated the narcotic log sheets should have been signed every shift.</p> <p>On 8/13/2024 at 10:39 A.M., the Director of Nursing provided the policy titled, Controlled Substance, undated, and indicated the policy was the one currently used by the facility. The policy indicated .9. Nursing staff must count controlled medications at the end of each shift. The nurse coming on duty and thru nurse going off duty must make the count together</p> <p>3.1-25(e)(2)</p> <p>3.1-25(e)(3)</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** 38845</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were stored appropriately, had resident labels, and medication carts were free of loose pills for 2 of 2 medication carts observed.(Freedom medication carts 1 and 2)</p> <p>Findings include:</p> <p>1. During a medication storage observation, on 8/9/2024 at 9:22 A.M., with QMA 2 on Freedom hall med cart 1, the following was observed:</p> <ul style="list-style-type: none"> - 1 box of Xalanta eye drops was stored with injectable medications. - A bottle of Colace (stool softener) pills had no resident identifier/label. - An opened bottle of Antacid tablets had no resident identifier/label. <p>During an interview, on 8/9/2024 at 10:46 A.M., QMA 2 indicated the medications should have been labeled, and the eye drops should have been separated from the injectable medications.</p> <p>2. During a medication storage observation, on 8/9/2024 at 10:50 A.M., with LPN 3 on Freedom hall medication cart 2, the following was observed:</p> <ul style="list-style-type: none"> -3 loose pills in 2 drawers. - A bottle of Derma Klenze (wound cleanser) stored with liquid medications. - Two (2) opened and undated bottles of [NAME] lax granules (laxative). - An opened package of Ipratropium Bromide ampules (aerosol medication) had no resident identifiers. <p>During an interview, on 8/9/2024 at 11:06 A.M., LPN 3 indicated there should be no loose pills in the medication cart, the medications should have been labeled and the wound cleanser should not be stored with medications.</p> <p>On 8/13/2024 at 10:39 P.M., the Director of Nursing provided the policy titled, Storage of Medications and Biological's, dated 5/20/2020, and indicated the policy was the one currently used by the facility. The policy indicated .8. Potential harmful substances are clearly identified and stored in a locked area separately from the medication(s).a. Potential harmful substances may include, but are not limited to, urine test, reagent tablets, household poisons, cleaning supplies, and disinfectants</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 - Few</p>	<p>On 8/13/2024 at 10:39 A.M., the Director of Nursing provided the policy titled Medication Labels, dated 5/20/2020, and indicated the policy was the one currently use by the facility. The policy indicated .5. Nonprescription medications not labeled by the pharmacy are kept in the manufacture's original container and identified with the resident's name . 10 .The manufacturer or pharmacy label should include the following: a. Medication Name. b. Medication strength. c. Quantity. d. Accessory instructions. e. Lot number. f. Expiration date</p> <p>3.1-25(j)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49229</p> <p>Based on observation, record review, and interview, the facility failed to store food under sanitary conditions related to undated and unlabeled foods and drinks in 1 of 1 kitchens (Main kitchen). This issue had the potential to affect 69 of 69 residents who resided in the facility and received food from the kitchen.</p> <p>Findings include:</p> <p>On 8/7/2024, at 9:41 A.M., during an initial tour of the kitchen with the Dietary Manager, the following items were observed:</p> <ul style="list-style-type: none"> - in the double-door freezer there were 2 opened bags of frozen meat patties unlabeled and undated - in the double-door cooler there was a tray of beverages already poured, unlabeled and only one cup bearing the date of 8/8/2024 - the dry pantry contained multiple bread products without labels or dates that included the following: 5 hot dog bun bags, 3 hamburger bag buns and 5 English muffin bags - in the walk-in fridge there were two pitchers of juice without dates or labels. <p>During an interview, on 8/7/2024 at 9:41 A.M., the Dietary Manager indicated all food and beverages should have labels with the name of the item and dates.</p> <p>On 8/13/2024, at 9:53 A.M., the Executive Director provided the policy titled, Food Storage, dated 3/26/2020, and indicated the policy was the one currently used by the facility. The policy indicated . All food will be dated at time of receipt and be inventoried using the first in first out method .Un-served leftovers shall be labeled, dated and stored for a period not to exceed three (3) days.</p> <p>3.1-21(i)(3)</p>		