

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/13/2024
NAME OF PROVIDER OR SUPPLIER  Kingsley Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  305 West Third Box 10 Kingsley, IA 51028	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</b></p> <p>Based on observation, resident interviews, and staff interviews the facility failed to respect each resident's dignity throughout all care and services provided (Resident #32). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #32 documented diagnosis of renal insufficiency, Diabetes Mellitus and peripheral vascular disease. The MDS showed a BIMs score of 15, indicating no cognitive impairment.</p> <p>The Care Plan for Resident #32 showed the presence of a urinary catheter. The interventions included changing the catheter as needed.</p> <p>In an interview on 9/10/24 at 9:58 AM, Resident #32 reported an incident that occurred in July that he reported a catheter leak to a nurse. The resident stated, the nurse was more worried about leaving in time for her shift to be over than taking care of my catheter. No one did anything. I sat the whole night with a leaking catheter. I was soaked and smelled of urine. I was upset and embarrassed. I filed a grievance over it.</p> <p>The Progress Note dated 7/25/24 at 11:30 AM recorded upon entry into the resident's room at approximately 8:00 AM this morning, the resident, his bed, and his dressings were very wet with urine. He stated his catheter had been leaking since around 9:30 PM. He stated the nurse on duty was aware and did not fix it. He stated he had been lying in urine since then.</p> <p>The Grievance Form dated 7/26/24 for Resident #32 identified on 7/24/24 at 9:50 PM the resident requested his catheter output to be checked for possible blood. The Action and Follow-up indicated the Director of Nursing followed up with staff and gave education.</p> <p>The Dignity policy dated February 2021 identified each resident shall be cared for in a manner that promotes and enhances his or their sense of well-being, level of satisfaction with life, and feelings of self-worth and self esteem. When assisting with cares, residents are supported in exercising their rights.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 9/13/24 at 3:23 PM, the Administrator reported she expected staff to respond to resident's requests and concerns at the time they are voiced by the resident. The Administrator reported that she expected the nurse to check the catheter and follow up as needed before leaving the shift.</p>

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on clinical record review, family interviews and facility policy review the facility failed to notify the resident's representative of hospitalization of 1 of 3 residents reviewed (Resident #7). The facility reported a census of 33.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #7 documented diagnoses of cancer, hypertension, anxiety and depression. The MDS showed the Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment.</p> <p>Review of Resident #7's Census tab revealed the following information:</p> <ul style="list-style-type: none"> <li>a. 8/29/24- hospital unpaid leave.</li> <li>b. 9/1/24- active.</li> </ul> <p>Review of bed hold dated 8/23/23 revealed son had been contacted for bed hold authorization.</p> <p>Review of Progress Notes lacked documentation son had been contacted and signed bed hold authorization.</p> <p>During interview on 9/11/24 at 10:11 a.m., Resident #7's son was asked to confirm confirmation of authorizing a bed hold for Resident #7's hospitalization . Resident #7's son revealed he had never been contacted from the facility regarding a bed hold or what a bed hold was. Resident #7's son revealed he is the power of attorney for healthcare and is very rarely contacted on what is going on with his mother. Resident #7's son revealed he is not sure his mother is competent enough anymore to be signing her own paperwork. Resident #7's son further explained he came to see his mother yesterday (9/10/24) at the facility and she wasn't there. The Director of Nursing explained to him Resident #7 was at the hospital getting blood and he was not aware this was occurring. Resident #7 revealed he understands he is gone for his job a lot but that is not an excuse not to notify him of what is going on with his mother.</p> <p>The facility did not provide a policy on family notification.</p> <p>Interview on 9/12/24 at 10:21 a.m., with Staff B revealed Resident #7 is her own person and tells the facility she does not want her family notified of changes. When asked if she able to adequately advocate for herself Staff B was unsure at this time but did verify the son was the Power of Attorney.</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on clinical record review, interviews, and facility policy, the facility failed to ensure bed hold notice was signed by residents and or the resident's responsible person when residents transferred out of the facility for 4 of 4 residents reviewed (Residents #7, #18, #32 and #36). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #7 documented diagnoses of cancer, hypertension, anxiety and depression. The MDS showed the Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment.</p> <p>Review of Resident #7's Census tab revealed the following information:</p> <ul style="list-style-type: none"> <li>a. 8/29/24- hospital unpaid leave</li> <li>b. 9/1/24- active</li> <li>c. 5/8/24- hospital unpaid leave</li> <li>d. 5/9/24- active</li> </ul> <p>Review of bed hold dated 8/23/23 revealed son had been contacted via phone for bed hold authorization but was not sent to representative for signature.</p> <p>Review of bed hold dated 5/9/24 revealed verbal confirmation but lacked a contact and lacked a resident or representative signature.</p> <p>2. The MDS dated [DATE] for Resident #18 documented diagnoses of cancer, diabetes mellitus and respiratory failure. The MDS showed the BIMS score of 5 indicating severe cognitive impairment.</p> <p>Review of Resident #18's Census tab revealed the following information:</p> <ul style="list-style-type: none"> <li>a. 6/25/24- hospital unpaid leave</li> <li>b. 7/5/24- active</li> <li>c. 8/1/24- hospital unpaid leave</li> <li>d. 8/2/24- stop billing</li> <li>e. 8/16/24- active</li> </ul> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the bed hold dated 6/25/24 revealed verbal confirmation but lacked a contact and lacked a resident or representative signature.</p> <p>Review of the bed hold dated 8/2/24 revealed verbal confirmation but lacked a contact and lacked a resident or representative signature.</p> <p>44420</p> <p>3. The MDS assessment dated [DATE] for Resident #32 documented diagnosis of renal insufficiency, Diabetes Mellitus and peripheral vascular disease. The MDS showed a BIMs score of 15, indicating no cognitive impairment.</p> <p>Review of Resident 32's Census tab revealed the following information:</p> <ul style="list-style-type: none"> <li>a. 7/30/24- Stop billing</li> <li>b. 8/20/24- Active</li> </ul> <p>Review of bed hold dated 7/30/24 revealed no date that indicated when Resident #32 signed the form.</p> <p>In an interview on 9/10/24 at 9:58 AM, Resident #32 reported he signed the bed hold form for 7/30/24 yesterday per staff request. When asked if the resident was 100% confident that he signed the bed hold yesterday, the resident replied, I'm broken down there (points to legs), but I'm not broken up here (pointed to his head).</p> <p>4. The MDS assessment dated [DATE] for Resident #36 documented diagnosis of heart failure, renal insufficiency and dementia. The MDS showed the BIMS score of 9, indicating moderate cognitive impairment.</p> <p>Review of Resident #7's Census tab revealed the following information:</p> <ul style="list-style-type: none"> <li>a. 5/20/24- Active</li> <li>b. 6/2/24- Hospital</li> <li>c. 6/12/24- Stop billing</li> <li>d. 6/18/24 Hospital</li> </ul> <p>Review of bed hold dated 6/6/24 revealed son had been contacted via phone for bed hold authorization but was not sent to representative for signature.</p> <p>Review of bed hold dated 6/21/24 revealed son had been contacted via phone for bed hold authorization but was not sent to representative for signature.</p> <p>In an interview on 9/10/24 at 11:47 AM, Staff C, Registered Nurse (RN) reported she added the hand written information and signed the bed holds because the floor nurses always contacted the representatives about bed holds.</p> <p>(continued on next page)</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Bed-Holds and Returns policy revised March 2017 identified prior to a transfer, written information will be given to the resident and the resident representatives that explain in detail:</p> <ul style="list-style-type: none"> <li>a. The rights and limitations of the resident regarding bet holds.</li> <li>b. The reserve bed payment policy as indicated by the state plan.</li> <li>c. The facility per diem rate required to hold a bed, or to hold a bed beyond the state bed hold period; and</li> <li>d. The details of the transfer.</li> </ul> <p>In an interview on 9/13/24 at 3:23 PM, the Administrator reported bed hold forms should be addressed prior to the resident transferring out of the building. The Administrator reported it was not acceptable that Staff C signed the bed holds requested for the survey or obtained Resident #32's signature for a past bed hold form.</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** 44474</b></p> <p>Based on clinical record review and staff interview the facility failed to develop care plans to address usage of high risk medications and side effects to watch for 2 out of 5 sampled residents reviewed for comprehensive care plans (Resident #4 and #35). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #4 documented diagnoses of hypertension, depression, bipolar disorder and diabetes mellitus. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>Review of Resident #4's September Medication Administration Record (MAR) revealed current orders for the following medications:</p> <p>a. Latuda tablet daily (antipsychotic medication) with a start date of 8/21/23.</p> <p>b. Nucynta Tablet four times daily (opioid medication) with a start date of 9/13/23.</p> <p>Review of Resident #4's current medication orders revealed orders for the following medications:</p> <p>a. Latuda daily with a start date of 8/21/23.</p> <p>b. Nucynta tablet four times a day with a start date of 9/13/23.</p> <p>Review of document titled Informed Consent for Psychotropic Medication signed and dated 7/10/24 revealed medication of Latuda 40 mg for bipolar disorder.</p> <p>Review of Physician Order form signed and dated 3/19/24 revealed continue Nucynta 50 mg 1 tablet by mouth every 6 hours.</p> <p>Review of Resident #4's Care Plan lacked usage and side effects to watch for with the usage of antipsychotic medication and opioid medication.</p> <p>44420</p> <p>2. The MDS dated [DATE] for Resident #33 documented diagnoses of renal insufficiency, dementia and history of a hip fracture. The MDS showed a Brief Interview for Mental Status (BIMS) score of 11 indicating moderate cognitive impairment.</p> <p>Review of Resident #33's current Medication Orders revealed orders for the following medications:</p> <p>Morphine Sulfate 20 mg per milliliter with a start date of 6/5/24.</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>Hydrocodone-Acetaminophen 5-325 mg with a start date of 8/27/24.</p> <p>Review of Resident #4's Care Plan lacked the usage of Hydrocodone-Acetaminophen and side effects to monitor for with the usage of Hydrocodone-Acetaminophen and Morphine Sulfate.</p> <p>The Care Plan Process Policy dated January 2015 failed to include instructions for care plan expectations related to medications usage and side effects.</p> <p>In an interview on 9/10/24 at 11:47 AM, Staff C, Registered Nurse (RN) reported the care plan should include the usage of pain medication, antipsychotic medication and the side effects to monitor the resident for each medication.</p> <p>In an interview on 9/13/24 at 3:23 PM, the Administrator reported she expected staff to list the high risk resident specific medications and side effects on each resident's care plan.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</b></p> <p>Based on record review and staff interviews the facility failed to provide professional standards of care by not initiating physical therapy as ordered for 1 of 12 residents reviewed (Resident #9). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #9 documented diagnoses of cancer, renal insufficiency, and Parkinson's Disease. The MDS showed the Brief Interview for Mental Status (BIMS) score of 14, indicating no cognitive impairment.</p> <p>In an interview on 9/9/24 at 11:59 AM, Resident #9 reported the physician ordered physical therapy for shoulder pain, but therapy wasn't initiated.</p> <p>Review of the electronic Physician Orders showed the facility lacked an order for physical therapy.</p> <p>Review of the written Physician Orders showed physical therapy ordered on 7/18/24 related to shoulder pain.</p> <p>Review of Resident #9's chart on 9/10/24 at 8:46 AM revealed no further documentation found relating to physical therapy.</p> <p>In an interview on 9/10/24 at 4:06 PM, the Nurse Consultant reported physical therapy didn't pick Resident #9 up on the case load.</p> <p>In an interview on 9/13/24 at 3:23 PM, the Administrator reported she expected orders to be entered into the electronic chart and initiated. The facility failed to submit a policy regarding physician orders.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on clinical record review, resident interview, staff interview and facility policy review the facility failed to provide bathing assistance twice weekly for 3 of 3 residents reviewed for bathing (Resident #4, #23 and #35). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #4 documented diagnoses of hypertension, depression, bipolar disorder and diabetes mellitus. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>Interview on 9/9/24 at 2:05 p.m., with Resident #4 revealed showers are kind of sporadic here. Sometimes we get them when we are supposed to and other times we do not as they tell us they are short staffed. We are not getting them like we are supposed to.</p> <p>Review of Resident #4's Task List revealed bathing as needed and scheduled for Monday and Thursdays.</p> <p>Review of Resident #4's Care Plan lacked frequency of bathing.</p> <p>Review of facility provided documentation titled Follow up Question Report dated 7/10/24-9/10/24 revealed the following information:</p> <p>a. August 12- bathing was documented as not applicable. Resident received a bath on August 8 and again on August 13. Resident went 5 days without a bath.</p> <p>b. September 5- bathing was documented as resident not available. Resident received a bath on September 2 and again on September 10. Resident went 8 days without a bath.</p> <p>2. The MDS dated [DATE] for Resident #35 documented diagnosis of cancer, non-Alzheimer's dementia and heart failure. The MDS showed a BIMS score of 6 indicating severe cognitive impairment.</p> <p>Observation on 9/9/24 at 2:15 p.m., of Resident #35 sitting in his room after a Certified Nursing Assistant (CNA) had assisted him to his wheelchair. Resident #35 was sitting with his back to the door and noted Resident #35's hair was uncombed and appeared to be oily.</p> <p>Review of Resident #35's Task List revealed bathing as needed and scheduled for Tuesday and Fridays.</p> <p>Review of Resident #35's Care Plan lacked frequency of bathing.</p> <p>Review of facility provided documentation titled Follow up Question Report dated 7/10/24-9/10/24 revealed the following information:</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. July 16- bathing was documented as resident not available. Resident received a bath on July 12 and again on July 26. Resident went 14 days without a bath.</p> <p>b. July 30 and August 2- bathing was documented as not applicable. Resident received a bath on July 26 and again on August 6. Resident went 11 days without a bath.</p> <p>c. August 9- bathing was documented as not applicable. Resident received a bath on August 6 and again on August 13. Resident went 7 days without a bath.</p> <p>d. August 20- bathing was documented as not applicable. Resident received a bath on August 16 and again on August 23. Resident went 7 days without a bath.</p> <p>e. September 3- bathing was documented as not applicable. Resident received a bath on August 30 and again on September 7. Resident went 8 days without a bath.</p> <p>44420</p> <p>3. The MDS assessment dated [DATE] for Resident #23 documented diagnoses of heart failure, spinal stenosis and renal insufficiency. The MDS showed a BIMS score of 15, indicating no cognitive impairment.</p> <p>In an interview on 9/9/24 at 1:20 PM, Resident #23 stated, There are times I get a bath, and sometimes I don't.</p> <p>Review of Resident #23's Care Plan lacked frequency of bathing. The Care Plan showed the resident required partial assistance of one person for bathing.</p> <p>Review of the Documentation Survey Report dated August 2024 showed Resident #23 scheduled to receive a bath on Tuesdays and Fridays.</p> <p>Review of the Documentation Survey Report dated August 2024 revealed the facility failed to bathe Resident #23 on the following dates:</p> <p>a. 8/24/24</p> <p>b. 8/25/24</p> <p>c. 8/26/24</p> <p>d. 8/27/24</p> <p>e. 8/28/24</p> <p>f. 8/29/24</p> <p>g. 8/30/24</p> <p>h. 8/31/24</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Documentation Survey Report dated September 2024 revealed the facility failed to bathe Resident #23 on the following dates:</p> <p>a. 9/1/24</p> <p>b. 9/2/24</p> <p>In an interview on 9/11/24 at 9:43 AM, Resident #23 confirmed no bath offered from 8/24/23 through 9/2/24.</p> <p>The Bath, Shower/Tub policy revised February 2018 documented the purpose of this procedure is to promote cleanliness, provide comfort to the resident, and to observe the condition of the resident's skin. Documentation:</p> <ol style="list-style-type: none"> <li>1. The date and time the shower or bath was performed.</li> <li>2. The name and title of the individual who assisted the resident with the shower or bath.</li> <li>3. All assessment data obtained during the shower or bath.</li> <li>4. How the resident tolerated the shower or bath.</li> <li>5. If the resident refused the shower or bath, the reason why and the interventions taken.</li> <li>6. The signature and title of the person recording the data</li> </ol> <p>In an interview on 9/13/24 at 3:23 PM, the Administrator reported she expected staff to bathe residents on the scheduled days at least twice a week unless otherwise requested by the resident.</p>

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NAME OF PROVIDER OR SUPPLIER  Kingsley Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  305 West Third Box 10 Kingsley, IA 51028	

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</b></p> <p>Based on clinical record review, staff interviews, and policy the facility failed to complete assessment and interventions for the necessary care and services. Clinical record review revealed the nursing staff failed to complete all required skilled assessments for 1 out of 12 residents reviewed (Resident #37). The facility reported a census of 33 residents.</p> <p>Findings included:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #37 documented diagnosis of renal insufficiency, Diabetes Mellitus (DM) and coronary artery disease. The MDS showed a BIMs score of 14, indicating no cognitive impairment.</p> <p>The Progress Note with the effective date of 8/1/24 showed Resident #37's primary care provider documented the resident returned from the hospital on skilled level of care after a prolonged hospital stay for sepsis, hypoxia, rhabdomyolysis, DM, Chronic obstructive pulmonary disease (COPD) and myocardial infarction.</p> <p>The Skilled Evaluations for Resident #37 showed the facility failed to complete skilled assessments on:</p> <ul style="list-style-type: none"> <li>a. 8/3/24</li> <li>b. 8/4/24</li> <li>c. 8/11/24</li> <li>d. 8/31/24</li> <li>e. 9/1/24</li> <li>f. 9/4/24</li> <li>g. 9/6/24</li> </ul> <p>The undated Delete, Close &amp; Strikeout Options for an Evaluation policy instructed staff to complete skilled assessments once a day.</p> <p>In an interview on 9/13/24 at 3:23 PM, the Administrator reported she expected nurses to perform and document skilled assessments daily.</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** 44474</b></p> <p>Based on interviews and record review, the facility failed to provide a restorative program to a resident with mobility concerns for 1 of 1 resident reviewed (Resident #4). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #4 documented diagnoses of hypertension, depression, bipolar disorder and diabetes mellitus. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>Interview on 9/9/24 at 2:06 p.m., with Resident #4 revealed she was not receiving restorative therapy anymore. Resident #4 explained there is not a staff member to do it anymore. Resident #4 further revealed that was the only exercise my legs got. She explained that since the facility has stopped doing restorative therapy she feels like there is a difference in her legs.</p> <p>Review of Physical Therapy Discharge Summary dated and signed 9/1/23 revealed discharge recommendations included:</p> <ul style="list-style-type: none"> <li>a. Restorative range of motion program.</li> <li>a. Lower Extremities omnicycle.</li> </ul> <p>Review of Resident #4's Care Plan lacked a restorative therapy program.</p> <p>Interview on 9/10/24 at 1:11 p.m., with Staff C, Registered Nurse (RN), MDS Coordinator revealed Resident #4 had been refusing restorative services and so it was decided at her care conference awhile ago restorative services would be discontinued. Staff C was requested to provided the documentation of the refusals as well as the discontinuation of restorative services documentation.</p> <p>Interview on 9/10/24 at 1:48 p.m., with Staff C revealed the facility was unable to find any documentation Resident #4 every received restorative therapy since the order date.</p> <p>Review of facility provided policy titled Restorative Nursing Services with a revised date of July 2017 revealed residents will receive restorative nursing care as needed to help promote optimal safety and independence.</p> <p>Interview on 9/10/24 at 1:52 p.m., with the Director of Nursing revealed the order should have been completed with Resident #4.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</b></p> <p>Based on clinical record review, staff interviews, and policy the facility failed to complete assessment and interventions for the necessary care and services related to dialysis. Clinical record review revealed the nursing staff failed to complete all required dialysis evaluations for 1 out 2 residents reviewed (Resident #37). The facility reported a census of 33 residents.</p> <p>Findings included:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #37 documented diagnosis of renal insufficiency, Diabetes Mellitus (DM) and coronary artery disease. The MDS showed a BIMs score of 14, indicating no cognitive impairment.</p> <p>The Physician Order dated 8/14/24 instructed staff to complete dialysis evaluations prior to dialysis and post dialysis on Monday, Wednesday and Friday. One dialysis evaluation on Tuesday, Thursday, Saturday and Sunday.</p> <p>The Dialysis Evaluations for Resident #37 showed the facility failed to complete evaluations on:</p> <ul style="list-style-type: none"> <li>a. 8/2/24</li> <li>b. 8/4/24</li> <li>c. 8/5/24</li> <li>d. 8/16/24</li> <li>e. 8/23/24</li> <li>f. 8/27/24</li> <li>g. 8/28/24</li> <li>h. 8/31/24</li> <li>i. 9/1/24</li> <li>j. 9/6/24 x2 pre and post evaluations</li> <li>k. 9/7/24</li> <li>l. 9/8/24</li> <li>m. 9/9/24</li> <li>n. 9/11/24</li> </ul> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The End-Stage Renal Disease, Care of a Resident with revised September 2010 instructed education and training of staff includes, specifically: The type of assessment data that is to be gathered about the resident's condition on a daily or per shift basis.</p> <p>In an interview on 9/13/24 at 3:23 PM, the Administrator reported she expected nurses complete dialysis assessments as ordered.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on observations, staff interviews, and facility policy reviews the facility failed to ensure food was stored and prepared under sanitary conditions. The facility identified a census of residents.</p> <p>Findings include:</p> <p>An initial kitchen tour conducted on [DATE] at 10:17 a.m., revealed the following observations:</p> <p>The dry storage area revealed the following items ready for service:</p> <ul style="list-style-type: none"> <li>a. A bottle of kiwi-lime sauce with an expiration date of [DATE].</li> <li>b. A bottle of mango sauce with an expiration date of [DATE].</li> <li>c. Two packages of tortilla shells with an expiration date of [DATE].</li> <li>d. Twenty one packages of tortilla shells with an expiration date of [DATE].</li> </ul> <p>The kitchen fridge revealed the following items ready for service:</p> <ul style="list-style-type: none"> <li>a. Two gallons of white milk open with no open date.</li> <li>b. One gallon of chocolate milk open with no open date.</li> <li>c. Thickened water, open, with no open date.</li> <li>d. Thickened apple juice, open, with no open date.</li> <li>e. A gallon of orange juice unlabeled, with no open date.</li> </ul> <p>A container of food thickener open with no open date and scoop inside of the container with lid on.</p> <p>Review of facility provided policy titled Food Receiving and Storage with a revised date of [DATE] revealed the following information:</p> <ul style="list-style-type: none"> <li>a. Food shall be received and stored in a manner that complies with safe food handling practices.</li> <li>b. All foods stored in the refrigerator or freezer will be covered, labeled and dated.</li> <li>c. Beverages must be dated when opened and discarded after twenty-four hours.</li> </ul> <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 - Some</p>	<p>Interview on [DATE] at 11:01 a.m., with the Dietary Manager revealed the kitchen should not have expired food stored and all items should be labeled with an open date.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>44420</p> <p>Based on the Center for Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report from Fiscal Quarter 3, 2024 (April 1- June 30) review, facility staffing review, and staff interviews, the facility failed to meet staffing requirements in three metrics. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>The PBJ Staffing Data Report with a run date of 9/4/24 triggered no data submitted for the quarter, excessively low weekend staffing, and failed to have licensed nursing coverage 24 hours a day for four or more days within the quarter and less than 24 hours per day licensed nursing coverage.</p> <p>Review of staffing for nurses and Certified Nursing Assistants (CNAs) scheduled similarly for weekdays and weekends.</p> <p>The Reporting Direct-Care Staffing Information (Payroll-Based Journal) policy directed staff to electronically report staff and census information to CMS in compliance with 6106 of the Affordable Care Act.</p> <p>In an interview on 9/13/24 at 3:23 PM, the Administrator reported knowledge of the requirement of submitting staffing data to CMS. The Administrator reported staffing information would be reported sufficiently in the future.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44474</p> <p>Based on observation, infection control policy and staff interview, the facility failed to initiate a legionella water program for the facility. The facility reported a total census of 33 residents.</p> <p>Findings include:</p> <p>1. Interview on 9/12/24 at 10:24 a.m., with Staff A, Maintenance Director revealed Staff B, Administrator was in charge of the Legionella water program. He did not do any testing or monitoring of the program.</p> <p>Interview on 9/12/24 at 10:26 a.m., with Staff C, Registered Nurse, Infection Preventionist revealed she did not know who was in charge of the Legionella water program for the facility.</p> <p>Interview on 9/12/24 at 10:38 a.m., with Staff B, Administrator revealed Staff B and Staff A were in charge of the Legionella water program for the facility. Staff B could not give specifics on when the testing was done but the facility planned to educate the facility staff on the program this month. Staff B revealed the facility had a 20 page plan and would have to review the plan in order to be able to explain the plan. Staff B was unable to explain what the facility was currently doing to prevent legionella growth in the facility.</p> <p>Interview on 9/12/24 at 12:23 p.m., with Staff B revealed after she had reviewed the facility plan to prevent legionella growth in the facility. Staff B explained the facility did not currently have any empty rooms at this time but if they did the facility would then be flushing the lines. Staff B explained that prior to all the rooms being full the facility was flushing the lines but did not have any documentation of this being completed. When Staff B was asked if with one hundred percent certainty she could say the facility was flushing the lines since she became the Administrator she replied yes. Surveyor explained to Staff B prior to previous conversation Staff A and Staff C had been interviewed. Staff A revealed Staff B was in charge of the water program and he did not do any testing and Staff C revealed she did not know who was in charge of the program. Staff B was again asked if for one hundred percent certainty could she say the facility was flushing the lines and had implemented the legionella program. Staff B replied no. Staff B further revealed there had been a meeting in August where this policy was discussed and she was unable to attend and she was to review the policy and educate her staff which she had not completed prior to the surveyors entering the building and did not have a program implemented to prevent the growth of legionella in the facility.</p> <p>Review of facility provided policy titled Legionella Water Management Program with a revision date of July 2017 revealed the facility is committed to the prevention, detection and control of water-borne contaminants, including legionella. The water management team will consist of at least the following personnel: the Infection Preventionist, the Administrator, the Medical Director, The Director of Maintenance and the Director of Environmental Services.</p> <p>During an ongoing interview on Interview on 9/12/24 at 12:23 p.m., with the Administrator revealed she should have had a legionella program implemented in the facility.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>44474</p> <p>Based on observations, staff interviews and facility policy review the facility failed to maintain a clean, orderly and homelike environment for the residents and public by having boxes stacked around the nurses station and having 2 wheelchairs parked in the hallway blocking an emergency door. The facility identified a census of 33.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Observation on 9/9/24 at 11:40 a.m., of 16 boxes stacked along the wall by the nurses station.</li> <li>2. Observation on 9/9/24 at 11:50 a.m., of two wheelchairs sitting at the end of the 300 hallway next to each other blocking the exit door.</li> <li>3. Observation on 9/9/24 at 12:13 p.m., of 16 boxes still stacked along the wall by the nurses station.</li> <li>4. Observation on 9/9/24 at 1:57 p.m., of 14 boxes still stacked along the wall around nurses station and 2 wheel chairs sitting at the end of the 300 hallway next to each other blocking the exit door.</li> <li>5. Observation on 9/12/24 at 12:16 p.m., of 26 boxes stacked along the wall sitting around the nurses station and 4 boxes stacked next to the nurses station.</li> </ol> <p>Review of facility provided policy titled Homelike Environment with a revised date of February 2021 revealed residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized homelike setting. These characteristics include a clean, sanitary and orderly environment.</p> <p>Interview on 9/12/24 at 12:56 p.m., with Staff C, Registered Nurse, revealed there is no one in the facility assigned to put the freight away and it ends up stacked around the nurses station. Staff C further revealed the facility tries to get the boxes put away the day they come but they usually do not get it done so Staff C ends up putting it away. Staff C revealed it should not be sitting around the nurses station.</p>