

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Anew Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 412 E Walnut St Nortonville, KS 66060	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26768</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on interviews and record review, the facility failed to notify Resident (R) 6's guardian of the discharge and transfer of R6 to another facility until after his discharge from the facility. This placed the resident at risk for further decline and impaired health and well-being.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R6's Electronic Medical Record documented diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), history of traumatic brain injury, aphagia (loss of the ability to swallow), dysphagia (swallowing difficulty), and convulsions (involuntary series of contractions of a group of muscles). <p>R6's Quarterly Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of nine, indicating moderately impaired cognition. The MDS documented R6 required supervision for eating and was dependent on staff for all other activities of daily living.</p> <p>The 11/19/24 court filing for guardianship of R6 documented a guardianship valid until 11/30/25.</p> <p>R6's Progress Note, dated 02/06/25 at 12:03 PM, documented R6 continued to receive therapy services through his Veterans Affairs (VA) benefits, and Occupational Therapy (OT) discussed ordering a new wheelchair with R6's guardian. The note stated there was no anticipated discharge date for R6 at this time.</p> <p>R6's Progress Note, dated 03/05/25 at 01:56 PM, documented the facility received permission from R6's guardian to send out referrals to other facilities that are VA Contract, since this facility's VA contract would be canceled in September 2025.</p> <p>R6's Progress Note, dated 03/19/25 at 11:32 AM, documented referrals were sent to facilities due to the facility's VA contract would be canceled on September 1, 2025.</p> <p>R6's Progress Note, dated 03/19/25 at 02:04 PM, documented a referral was sent to a facility and R6 was denied transfer due to his brain injury.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R6's Progress Note, dated 03/27/25 at 11:16 AM, documented the interdisciplinary team (IDT) met to discuss R6's status. The guardian was to purchase a tilt-back wheelchair and the facility's business office manager (BOM) was to follow up with R6's guardian regarding status. R6 was currently seeking alternative placement due to the VA contract expiring. R6 continued to receive therapy services via private pay and therapy reported his guardian would be ordering wheelchair equipment. The guardian and his physician were aware and agreeable to continuing the current plan of care.</p> <p>R6's Progress Note, dated 03/27/25 at 03:37 PM, documented staff spoke with R6 and his guardian regarding a room move to the west hallway and reported no concerns with that move. The note stated the staff also sent the new wheelchair measurements to R6's guardian.</p> <p>R6's Progress Note, dated 04/7/25 at 04:28 PM, documented the VA requested the facility to resend an application back to the facility which had previously denied R6 for possible admission.</p> <p>R6's Progress Note, dated 04/14/25 at 11:20 PM, documented R6 was discharged to another facility with belongings, medications, and pertinent chart forms. R6 was transported by the new facility.</p> <p>On 04/15/25 at 01:40 PM, Social Services Staff X stated she contacted R6's guardian via phone, not email, so she could not provide documentation. She stated R6's guardian said she would prefer the resident go to a facility in the Kansas City area, but the guardian thought it would be impossible since that was out of the current VA territory. Social Services Staff X stated she sent an application to a facility for that reason. She stated a closer facility accepted the resident on 04/10/25, but she did not notify the guardian until 04/14/25.</p> <p>On 04/16/25 at 01:55 PM, Administrative Staff A verified staff were to notify a resident's representative or guardian prior to transfers or discharges.</p> <p>The facility's Discharge Planning Process policy, dated 07/08/2021, stated the facility would document any referrals to local contact agencies or other appropriate entities. The facility would assist residents and their representatives in choosing an appropriate care provider that would meet the resident's needs and goals. The Social Services Director or designee would compile available data on other care options and present provider information to the resident and their representative in an accessible and understandable format.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37450</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to identify and implement interventions to prevent falls for Resident (R) 5. This placed the resident at risk for ongoing falls and injuries.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R5's Electronic Medical Record (EMR) documented diagnoses of major depressive disorder (major mood disorder that causes persistent feelings of sadness), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder, pain in the knee, diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), muscle spasms, repeated falls, and intervertebral disc degeneration (the breakdown of bones in the back-spine). <p>The Quarterly Minimum Data Set (MDS), dated [DATE], documented R5 had moderately impaired cognition, and required supervision or touch assistance with activities of daily living, transfers, and walking. R5 was frequently incontinent of urine, received a scheduled pain medication regimen, and had occasional pain that interfered with sleep and day-to-day activities. R5 took an antianxiety (a class of medications that calm and relax people), an antidepressant (a class of medications used to treat mood disorders), a diuretic (medication to promote the formation and excretion of urine), and an opioid (a class of controlled drugs used to treat pain).</p> <p>R5's Care Plan dated 02/25/25, documented R5 was at risk for falls with a history of falls related to impaired mobility, and medications. The Care Plan directed staff to remind R5 to notify staff when not feeling well, have non-skid strips applied at the bedside, answer the call light promptly, and R5 was to wear nonskid socks and footwear when transferring and walking.</p> <p>The Progress Note dated 02/28/25 at 11:54 PM documented R5 sitting on the floor with her back close to her bed. R5 stated she was reaching for the television remote and slid off the bed. R5 had a skin tear on the left forearm, and five steri-strips (adhesive wound closures) were applied.</p> <p>R5's EMR and Care Plan lacked updated interventions to prevent further falls.</p> <p>The Progress Note dated 04/06/25 at 12:42 AM documented R5 sitting on the floor of her bathroom, in front of the toilet. R5 had Crocs (a type of shoe made of plastic) on her feet and reported she slid down. R5 denied injuries. The note had an intervention of new shoes due to slipping on Crocs with no tread.</p> <p>R5's Care Plan lacked updated interventions described in the progress note.</p> <p>On 04/15/25 at 03:33 PM, R5 was in bed watching television and reported she was doing well for her age. Further observation revealed there were no none skid strips on the floor enxt to R5's bed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/16/25 at 09:49 AM, Certified Nurse Aide (CNA) SS reported to prevent R5 from falling staff, were to keep the call light where R5 could find it, keep the walker or wheelchair within reach, check frequently as R5 did not want to bother anyone, kept her television remote in a baggy so if she dropped it R5 could retrieve it with her reacher.</p> <p>On 04/16/25 at 11:00 AM, Licensed Nurse (LN) H reported that after a resident fell , the nurse on duty would assess the resident for injuries, gather witness statements, and implement new interventions as needed. LN H could not find an updated intervention for R5 in the care plan.</p> <p>On 04/16/25 at 4:00 PM, Administrative Nurse D reported the intervention following R5's fall on 04/06/25 was to place nonskid strips in front of R5's toilet. Administrative Nurse D stated the intervention was added to the care plan once she updated the date as of 04/16/25.</p> <p>Upon request, the facility failed to provide a fall management program policy.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>37450</p> <p>The facility had a census of 30 residents. Based on observation, record review, and interview, the facility failed to provide Registered Nurse coverage for eight consecutive hours a day, seven days a week, placing all residents at risk of a lack of assessment and inappropriate care.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - A review of June 2024 and March 2025 nursing schedules revealed that no registered nurse was on duty on 06/08/24, 06/09/24, and 03/15/25. <p>On 04/14/25 at 03:00 PM, Consulting Staff GG reported she was able to verify Registered Nurse coverage due to the staffing program, which had changed to a different company.</p> <p>Upon request, the facility failed to provide a Registered Nurse Coverage policy.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>37450</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on record review and interviews, the facility failed to ensure the required annual performance reviews were completed for five of the five staff members reviewed. This deficient practice placed the residents at risk of receiving impaired care.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - A review of the facility nurse and nurse aide performance evaluations revealed Licensed Nurse (LN) H, Certified Medication Aide (CMA) RR, Certified Nurse Aide (CNA) N, CNA O, and CNA P, randomly selected employees, who had been employed for over a year, lacked an annual review. <p>On 04/16/25 at 04:40 PM, Administrative Nurse D reported she could not locate or verify that the previously listed employees had not had an annual performance review.</p> <p>Upon request, the facility failed to provide an Employee Annual Performance Review policy.</p>

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37450</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to provide Resident (R) 10, who had a diagnosis of dementia (a progressive mental disorder characterized by failing memory, and confusion) and aggressive behavior toward others, with supervision, treatment, and services to attain or maintain highest practicable physical, mental, and psychosocial well-being. This placed R10 at risk for unmet behavioral and psychosocial well-being needs.</p> <p>Finding included:</p> <ul style="list-style-type: none"> - R10's Electronic Medical Record (EMR) documented diagnoses of dementia with anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) and major depressive disorder (major mood disorder that causes persistent feelings of sadness). <p>The Quarterly Minimum Data Set (MDS) dated [DATE] documented R10 had moderately impaired cognition, inattention, disorganized thinking, and an altered level of consciousness, which fluctuated and exhibited no behavioral symptoms. R10 utilized a wheelchair for mobility, was dependent for toileting hygiene, upper and lower body dressing, and personal hygiene, and substantial/maximal assistance with bed mobility and transfers. The MDS further documented that R10 was always incontinent of urine and bowel, and had frequent pain, which interfered with sleep. R10 received an antidepressant (a class of medications used to treat mood disorders), anticoagulant (a class of medications used to prevent the blood from clotting), diuretic (medication to promote the formation and excretion of urine), and an anticonvulsant (a class of medications to prevent convulsions -involuntary series of contractions of a group of muscles).</p> <p>The Behavioral Symptoms Care Area Assessment (CAA), dated [DATE], documented R10 had diagnoses of dementia, major depressive disorder, anxiety, and chronic pain. R10 had intact cognition, episodes of refusing care, and verbal outbursts. R10 called others' names or used rude/derogatory sayings/statements to others. R10 used antidepressants and was followed by a psychiatric provider and a primary care practitioner.</p> <p>R10's Care Plan dated [DATE], documented that R10 had potential for behaviors such as outbursts, yelling, spitting, and refusing care. The care plan directed staff to redirect R10 when she exhibited behaviors by offering food and/or fluids, changing location, providing activities that included music, and providing care in pairs for safety. The care plan also directed staff to encourage R10 to remove herself from situations when becoming irritated, consult a psychologist and practitioner for medication management, and talk to the resident about behaviors and explain they were unacceptable.</p> <p>The Progress Note dated [DATE] at 01:54 PM documented that R10 demanded an unidentified resident to throw away her trash in the dining room. Staff told R10 she should not tell other people what to do. R10 then told another unidentified resident to throw away her trash, and when approached by staff again, R10 used profanity towards staff.</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Progress Note dated [DATE] at 06:34 AM documented that three staff members assisted R10 out of bed when R10 cursed and threatened physical harm to staff. Staff assisted R10 into her wheelchair. R10 then took her radio and threw it at the cement wall, breaking it into several pieces.</p> <p>The Progress Note dated [DATE] at 04:00 PM, documented R10 sitting near the fish tank, when another resident stated, My parents died . R10 scrunched her face and in a deep, lowered voice stated, I bet you killed them, you killed them, didn't you?! The nurse educated R10 to speak kindly to others.</p> <p>The Progress Note, dated [DATE] at 11:40 AM, documented R10 kissing R6 (who had moderately impaired cognition), with whom she had a relationship with, in the dining room. Staff informed the residents to stop, and the behavior was not appropriate in the dining room. R10 refused to stop and pulled the other resident closer. Again, the staff explained that it was not appropriate for the dining room to have other residents present. Staff moved the resident to another table in the dining room.</p> <p>On [DATE] at 03:40 PM, R10 was seated in a wheelchair in the dining room watching television.</p> <p>On [DATE] at 10:29 AM, Certified Medication Aide (CMA) T reported that R10 had aggressive behaviors toward staff and other residents. R10 was not easily redirected and had a relationship with another resident, from which the staff had to separate them, related to R10's behaviors.</p> <p>On [DATE] at 02:17 PM, Licensed Nurse (LN) H reported R10 had verbal aggression toward staff when wanting care immediately. R10 would yell and curse at staff, not easily redirected, and staff had to work in pairs, related to accusatory statements about staff. LN H also stated that R10 received consulting mental health services.</p> <p>On [DATE] at 09:00 AM, Administrative Nurse D reported R10 had an ongoing relationship with another resident, and both residents had been care planned for this. Administrative Nurse D stated that at times R10 had to be separated due to behaviors.</p> <p>Upon request, the facility failed to provide a dementia behavior management policy.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>26768</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on observation, interview, and record review the facility failed to have a system to account for controlled medications' receipt and disposition in sufficient detail to enable an accurate reconciliation and conduct a periodic reconciliation to account for controlled medications in order to prevent loss or diversion.</p> <p>Findings included:</p> <p>- On 04/14/25 at 03:25 PM, the door to Administrative Nurse D's office, which had a keypad lock, opened easily without entering a code. No staff were present in the office at the time.</p> <p>On 04/15/25 at 02:55 PM, the door to Administrative Nurse D's office opened easily and no staff were present in the office. The charge nurse was in another office and contacted Administrative Nurse D who came in from outside the building.</p> <p>On 04/15/25 at 03:01 PM, Administrative Nurse D verified the emergency kit for narcotic medications was kept in her office. She stated when the emergency kit was received at the facility one of the three drawers was not closed and therefore unlocked. Observation revealed the unlocked drawer held fentanyl patches (Schedule 2 controlled substance: opioid medication used to treat moderate to severe pain), morphine (Schedule 2 controlled substance used to relieve severe pain), tramadol (considered a narcotic and a controlled substance by the U.S.federal government: used to treat moderate to moderately severe chronic pain in adults) (considered a narcotic and a controlled substance by the U.S.federal government: used to treat moderate to moderately severe chronic pain in adults), and other narcotics. Administrative Nurse D stated they had contacted the Pharmacy Services and informed them of the problem at least twice, but the pharmacy had not come to the facility and corrected the problem. Administrative Nurse D stated she felt the accessible narcotics would be safer in her office with less access by staff. She stated the emergency kit did not have a list of the number of narcotic medications included and the facility was unable to access the other two drawers.</p> <p>On 04/16/25 at 09:35 AM, Administrative Nurse D stated the pharmacy brought a new emergency kit to the facility last evening, but it lacked an inventory or contact information for unlocking it. The facility refused to accept the new emergency kit and sent the damaged emergency kit back to the pharmacy.</p> <p>On 04/16/25 at 11:13 AM, Consultant Pharmacist GG stated the pharmacy still owned the emergency kit until a drug was removed. He stated the contact information for unlocking the box should have been attached to the zip key outside the box. When staff pulled any drug out the pharmacy then replaced the whole emergency kit. Consultant Pharmacist GG stated the facility did not require a receipt when delivered. Consultant Pharmacist GG stated if the emergency kit was damaged or not locked when sent to the facility, the facility should not have accepted it. Consultant Pharmacist GG provided the dates that emergency kit boxes were sent to the facility:</p> <p>01/03/2025 9021</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37450</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to provide the services of a Consultant Pharmacist to review and identify irregularities in the 30 residents' drug regimen during December 2024. This deficient practice placed the 30 residents at risk for adverse consequences related to medication therapy to the extent possible, from a lack of oversight by a licensed pharmacist, and further placed R5 at risk for adverse consequences from medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R5's Electronic Medical Record (EMR) documented diagnoses of major depressive disorder (major mood disorder that causes persistent feelings of sadness), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder, pain in the knee, diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), muscle spasms, repeated falls, and intervertebral disc degeneration (the breakdown of bones in the back-spine). <p>The Quarterly Minimum Data Set (MDS), dated [DATE], documented R5 had moderately impaired cognition, and required supervision or touch assistance with activities of daily living, transfers, and walking. R5 was frequently incontinent of urine, received a scheduled pain medication regimen, and had occasional pain that interfered with sleep and day-to-day activities. R5 took an antianxiety (a class of medications that calm and relax people), an antidepressant (a class of medications used to treat mood disorders), a diuretic (medication to promote the formation and excretion of urine), and an opioid (a class of controlled drugs used to treat pain).</p> <p>R5's Care Plan dated 02/15/25, documented R5 was at risk for adverse side effects to medications with black box warnings (BBW - highest safety-related warning that medications can have assigned by the Food and Drug Administration). The care plan directed nursing staff to monitor for adverse side effects to medication with a Black Box Warning, notify the physician of concerns, and the pharmacy would review medications regularly and make recommendations as needed.</p> <p>In review of the Consultant Pharmacy Review Progress Note documented:</p> <p>On 08/21/24 documented Medication Record Review (MRR) was completed, and to see the report.</p> <p>On 09/24/24, documented MRR completed, and to see the report.</p> <p>On 10/17/24, documented MRR completed, and to see the report.</p> <p>On 11/23/24, documented MRR completed, and to see the report.</p> <p>The EMR lacked a 12/2024 MRR.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Upon request, the facility failed to provide the Consultant Pharmacist report for August, September, October, November, and December 2024.</p> <p>On 04/16/25 at 12:12 PM, Administrative Nurse D reported the facility had changed pharmacy providers in November 2024, and she was unable to locate the pharmacist's recommendations. Administrative Nurse D stated that the previous dates were before she was employed at the facility.</p> <p>The facility's undated Medication Monitoring policy stated clinical staff would collaborate with the consulting pharmacist to identify any irregularities regarding the indication for use, dose, duration, and the potential for adverse consequences or other irregularities, and all identified irregularities would be reported to the physician. The consultant Pharmacist would review each elder's medication regimen at least monthly.</p> <p>The Unnecessary Medications policy, dated 10/01/2022, stated the pharmacist would review the residents drug regimen monthly to identify any unnecessary drugs.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26768</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to ensure Resident (R) 8 remained free from a significant medication error when staff failed to administer R8 seven physician-ordered medications for three days in a row. This deficient practice placed R1 at risk for unalleviated pain, decreased ability to participate in rehabilitation, inability to sleep, and psychosocial impairment.</p> <p>Findings included:</p> <p>- R8's Electronic Medical Record (EMR) documented diagnoses of cellulitis (skin infection caused by bacteria) of left lower leg, anemia (inadequate number of healthy red blood cells to carry adequate oxygen to body tissues), bipolar disorder (major mental illness that caused people to have episodes of severe high and low moods), hypertension (HTN - elevated blood pressure), acute embolism (an obstruction in a blood vessel due to a blood clot or other foreign matter that gets stuck while traveling through the bloodstream), thrombosis (clot that developed within a blood vessel) of deep veins of the lower extremity, left ankle and foot acute osteomyelitis (local or generalized infection of the bone and bone marrow), and a left foot open wound.</p> <p>The Admission 5-day Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. The MDS documented R8 used a walker and was independent with activities of daily living. The MDS documented R8 received antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality), anticoagulant (a class of medications used to prevent the blood from clotting), antibiotic, an anticonvulsant, diuretic (increased formation and secretion of urine), and hypoglycemic (less than normal amount of sugar in the blood) drugs.</p> <p>R8's Care Plan, dated 03/27/25, directed the nurse to interview the resident about how he was feeling, how his day was going, and any perceived challenges when performing assessments.</p> <p>The Hospital Discharge Orders, dated 03/27/25 included:</p> <p>Xarelto (anticoagulant), 15 milligrams (mg) by mouth daily.</p> <p>Levofloxacin (antibiotic), 750 mg by mouth daily for three days until 03/31/25.</p> <p>Allopurinol (for inflammation of the joints), 300 mg by mouth daily.</p> <p>Divalproex (anticonvulsant), 500 mg by mouth at bedtime.</p> <p>Hydrochlorothiazide (HCTZ - diuretic), 25 mg by mouth daily.</p> <p>Seroquel (antipsychotic), 100 mg by mouth at bedtime.</p> <p>Cyanocobalamin (vitamin to treat anemia), 50 micrograms (mcg) by mouth daily.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further orders directed staff to maintain the dressing and follow up with the podiatrist (foot doctor) in one to two days.</p> <p>R8's March 2025 Medication Administration Record (MAR) documented the resident did not receive the physician-ordered medications on 03/28/25, 03/29/25, or 03/30/25.</p> <p>On 04/14/25 at 10:50 AM, observation revealed R8 ambulated in the halls with a walker. R8 stated the facility had not administered five of his medications for a few days when he was first admitted . R8 stated some of the medications were psychoactive (alters mood or thought) and should not be stopped abruptly.</p> <p>On 04/16/25 at 04:30 PM, Licensed nurse (LN) H verified that staff had not administered some of R8's physician-ordered medications on 03/28/25, 03/29/25, and 03/30/25.</p> <p>The facility's Medication Administration policy, dated 10/02/2023, stated that medications would be administered by licensed nurses or other staff who are legally authorized to do so in this state, as ordered by the physician, and in accordance with professional standards of practice.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>26768</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to remove expired medications from potential use. This deficient practice placed residents at risk of receiving expired or ineffective medication.</p> <p>Findings included:</p> <p>- On 04/14/25 at 03:25 PM, observation in the facility's medication room revealed the following expired stock medications:</p> <p>Three bottles of multivitamins with iron with a manufacturer's expiration date of 02/2025.</p> <p>One bottle of zinc tablets with a manufacturer's expiration date of 11/2024, and five bottles of zinc with a manufacturer's expiration date of 03/2025.</p> <p>Three bottles of Milk of Magnesia, 16 ounces, with a manufacturer's expiration date of 04/2024.</p> <p>A box of 14-milligram nicotine patches with a manufacturer's expiration date of 02/2025.</p> <p>On 04/14/25 at 03:25 PM, Licensed Nurse (LN) G verified the above medications were expired and should have been removed from possible use.</p> <p>Upon request, the facility failed to provide a policy for medication storage or expired medications.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>37450</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to employ a full-time Certified Dietary Manager for the 30 residents who reside in the facility and receive their meals from the kitchen. This placed the residents at risk of not receiving adequate nutrition.</p> <p>Findings included:</p> <p>On 04/14/25 at 08:09 AM, observation revealed the kitchen staff finishing up the morning meal and preparing for the midday meal. Dietary Staff BB stated she was the manager and was not a Certified Dietary Manager. Dietary Staff BB stated she had not enrolled in a certification course at this time. Dietary Staff BB reported that the Registered Dietitian came monthly and was available by phone for consultation.</p> <p>Upon request, the facility failed to provide a Certified Dietary Manager Policy.</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>37450</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to store, prepare, and serve food in a sanitary condition for 30 residents who reside in the facility and received meals from the facility's kitchen, placing them at risk for foodborne illness.</p> <p>Findings included:</p> <p>- On 04/15/25 at 11:30 AM, during the tour of the kitchen, observation revealed:</p> <p>Dietary Staff (DS) CC preparing for the midday meal service. DS CC reported that he cooked eggs at the request of the residents. He stated the residents would request over-easy, sunny-side-up, and scrambled eggs. DS CC stated the facility used pasteurized eggs but was not able to verify that the eggs in the refrigerator were pasteurized.</p> <p>The back door entrance to the kitchen's bottom seal did not reach the ground completely, and outside light was visible.</p> <p>The window above the microwave, where bags of bread were stored, had a layer of brown dust on the window seal.</p> <p>The handwashing sink with an eyewash station bottle had dirt throughout the handles, sink edges, and on the eyewash bottle.</p> <p>The black shelved, wheeled carts (two) had dirty, linty, greasy material on all the wheels, and the lowest shelves had dust and debris on them.</p> <p>The ceiling tiles had brown staining in different places throughout the kitchen.</p> <p>The front of the oven, oven handles, and stainless-steel refrigerator door had food debris present.</p> <p>The stove/grill drip pans had large amounts of dried food remnants.</p> <p>The second from the bottom shelf of the metal shelving, which stored cutting boards, had grey lint material.</p> <p>The fluorescent light above the steam table and the food prep table had dead insects.</p> <p>The small white three-drawer container, which held thermometers, alcohol pads, and chemical testing strips sat on the food prep table and had brown dust on the top.</p> <p>The chemical testing strips had an expiration date of 10/15/24.</p> <p>The ice machine floor drain lacked a two-inch air gap.</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 baseboards throughout the kitchen were missing or coming unattached from the walls.</p> <p>On 04/15/25 at 01:30 PM, Dietary Staff BB verified areas needed cleaning or repair, and undercooked eggs needed to be pasteurized.</p> <p>The facility's Nutritional Service policy, dated 01/22/19, documents that the facility will follow the cleaning and sanitizing requirements of the current Federal and State Food Codes for cleaning equipment in place to ensure that all equipment is thoroughly cleaned and sanitized to minimize the risks of food hazards.</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>26768</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on observation, interview, and record review the facility failed to prioritize improvement, develop and implement action plans, conduct at least one Performance Improvement Project (PIP) annually, and regularly review, analyze, and act on data collected. This deficient practice placed the 30 residents of the facility at risk for a lack of quality improvement activities in their facility.</p> <p>Findings included:</p> <p>- Upon request, the facility did not provide documentation of any PIPs done in 2024 and 2025.</p> <p>On 04/16/25 at 05:20 PM, Administrative Staff A verified the facility had not started any Performance Improvement Project (PIP) this year and had no documentation of PIPS in the previous year. She stated the facility had seven administrators in the past two years.</p> <p>The facility's Quality Assurance and Performance Improvement (QAPI) policy, dated 06/24/2022, stated the facility would develop, implement, and maintain an effective, comprehensive, data-driven QAPI program. The QAPI program would include documentation of systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events. The QAPI committee would be composed of, at a minimum: The Director of Nursing (DON), the Medical Director, the facility administrator, the board member or another individual in a leadership role, or the owner, and the Infection Preventionist. The infection preventionist must be a member of the committee and report to the committee on the program and incidents on a regular basis. Additional staff from other departments may be asked to participate in QAPI meetings. The committee would meet at least quarterly and as needed, identify, and respond to quality deficiencies, develop, and implement a corrective plan of action.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>26768</p> <p>The facility had a census of 30 residents. The sample included 12 residents. Based on interviews and record review, the facility failed to have a Quality Assessment and Assurance (QAA) committee of the required membership which met at least quarterly and received reports from the Infection Control Preventionist (ICP). This deficient practice placed the 30 residents of the facility at risk for impaired care and services that met accepted standards of quality, identification of problems, and opportunities for improvement.</p> <p>Findings included:</p> <p>- The facility had QAA committee sign-in sheets for March 13, 2025, and April 10, 2025, but no others. The sign-in sheets lacked attendance for the medical director or their representative, the administrator (or governance leadership), or the consultant pharmacist.</p> <p>On 04/16/25 at 05:20 PM, Administrative Staff A verified the facility lacked documentation of the QAA committee meeting for 2024. She stated she had just texted a former employee to find out where the 2024 QAA committee sign-in sheets were. She stated she could not find any in the facility.</p> <p>On 04/16/25 at 05:20 PM, Administrative Staff A verified the facility had not started any Performance Improvement Project (PIP) this year and had no documentation of PIPS in the previous year. She stated the facility had seven administrators in the past two years.</p> <p>The facility's Quality Assurance and Performance Improvement (QAPI) policy, dated 06/24/2022, stated the facility would develop, implement, and maintain an effective, comprehensive, data-driven QAPI program. The QAPI program would include documentation of systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events. The QAPI committee would be composed of, at a minimum: The Director of Nursing (DON), the Medical Director, the facility administrator, the board member or other individual in a leadership role, or the owner, and the Infection Preventionist. The infection preventionist must be a member of the committee and report to the committee on the program and incidents on a regular basis. Additional staff from other departments may be asked to participate in QAPI meetings. The committee would meet at least quarterly and as needed, identify, and respond to quality deficiencies, develop, and implement corrective plans of action.</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>26768</p> <p>The facility had a census of 30 residents. Based on record review and interview the facility failed to implement a water management program for the Legionella disease (Legionella is a bacterium spread through mist, such as from air-conditioning units for large buildings. Adults over the age of 50 and people with weak immune systems, chronic lung disease, or heavy tobacco use are most at risk of developing pneumonia caused by legionella). This placed the residents in the facility at risk for infectious disease.</p> <p>Findings included:</p> <p>- On 04/15/25 at 11:30 AM, Maintenance Staff U stated he attended training a couple of months ago to learn about Legionella prevention but had not developed a surveillance system yet.</p> <p>On 04/16/25 at 05:35 PM, Administrative Staff A verified the facility lacked a surveillance system for Legionella prevention.</p> <p>The facility's Legionella Surveillance policy, dated 06/26/24, stated potable (drinkable) water systems shall be routinely cleaned and disinfected.</p>

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>26768</p> <p>The facility had a census of 30 residents. Based on record review and interview, the facility failed to ensure the staff member designated as the Infection Preventionist (IP), who was responsible for the facility's Infection Prevention and Control Program, completed the specialized training in infection prevention and control. This deficient practice placed the residents at risk for lack of identification and treatment of infections.</p> <p>Findings included:</p> <p>- Upon request, the facility did not provide documentation of a current certified Infection Preventionist employed in the facility.</p> <p>On 04/14/25 at 01:30 PM, Administrative Nurse D verified the facility had no current certified IP. She stated she had only been employed here for four weeks and was unsure if the facility had an infection tracking system prior to that.</p> <p>The facility's Infection Prevention and Control Program policy, dated 10/01/2022, stated the infection Preventionist was responsible for oversight of the infection prevention and control program. The infection Preventionist would serve as the leader in surveillance activities, maintaining documentation of incidents, and reporting surveillance findings to the facility's Quality Assessment and Assurance committee.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>26768</p> <p>The facility had a census of 30 residents. The sample included 12 residents, with five reviewed for immunizations, including pneumococcal (a disease that refers to a range of illnesses that affect various parts of the body and are caused by infection) vaccinations. Based on record review and interview, the facility failed to assess Resident (R) 4 and R14 for eligibility to receive further pneumococcal vaccination. The facility failed to offer, or obtain an informed declination or a physician-documented contraindication for the pneumococcal PCV20 vaccination per the latest guidance from the Centers for Disease Control and Prevention (CDC). This placed the residents at risk for pneumococcal infection and related complications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of R4 and R14 clinical medical records lacked evidence the facility, resident, or the resident's representative received or signed a consent to receive or informed declinations for the pneumococcal vaccine PCV20. The immunizations noted no pneumococcal vaccination was given historically, had been offered, or declined. <p>On 04/15/25 at 11:40 AM, Administrative Nurse D provided a vaccination check for R4, which indicated R4 was eligible to receive PCV20, but stated R14 was not eligible. Administrative Nurse D verified the facility did not have a system in place currently to check residents' eligibility status for the pneumococcal vaccines.</p> <p>The facility's Pneumococcal Immunization policy, dated 05/31/2022, stated pneumococcal vaccinations would be offered to all residents per CDC guidelines. At the time of admission, the resident, their representative, or their physician would be contacted to obtain a history of previous pneumococcal vaccination.</p>

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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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>37450</p> <p>The facility had a census of 30 residents. Based on observation, record review, and interview, the facility failed to maintain an in-service training program for nurse aides that was appropriate and effective, as determined by nurse aide performance reviews and facility assessment, as specific to the needs of the resident population. This deficient practice placed the residents at risk of inappropriate care and services.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Upon review of the facility's Certified Nurse Aide (CNA) who had been employed for more than a year, random selection revealed CNA O, CNA P, and CNA N, lacked the required 12-hour in-service training. <p>On 04/16/25 at 04:40 PM, Administrative Nurse D reported she was not able to verify the CNA 12-hour in-service required for CNAs.</p> <p>Upon request, the facility failed to provide a CNA-required 12-hour in-service.</p>