

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Adira Medical Resort		STREET ADDRESS, CITY, STATE, ZIP CODE 4405 Airline Drive Bossier City, LA 71111	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30669</p> <p>34708</p> <p>Based on interviews and record reviews, the facility failed to ensure an effective system was in place for advanced directives. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Resident's medical records accurately reflected the residents' wishes for emergency basic life support for 8 (#1, #15, #9, #76, #77, #126, #127, #175) residents; 2. Failed to document residents and/or resident's representative were given information on Advanced Directives on admission for 12 (#9, #76, #77, #126, #127, #175, #4, #11, #12, #20, #75, #125) residents, of 19 (#9, #77, #11, #75, #12, #76, #125, #126, #1, #127, #4, #20, #15, #175, #2, #8, #22, #24, and #18) residents reviewed for Advanced Directives. Total facility census was 23. <p>Findings:</p> <p>Review of the Facility's Advance Directive Policy dated ,d+[DATE] revealed in part:</p> <p>It is the policy of the Facility to respect the resident's right of self-directed care including the right to issue Advance Directives on health care, to refuse or accept treatment, to make informed decisions, and/or appoint a health care agent to make decision on behalf of the resident when the resident lacks the capacity to do so.</p> <p>2. Upon admission the Facility will provide each resident medically deemed competent or resident's representative, who does not have an existing Advanced Directive, with written information and instruction regarding the right to make Advance Directives prior to the initiation of care or at any requested time.</p> <p>c. The resident's instructions, the resident's receipt of written information, and the existence or non-existence of the resident's Advance Directive must be documented in the resident's record.</p> <p>Review of the Facility's Do Not Resuscitate (DNR) Policy dated ,d+[DATE] revealed in part:</p> <p>It is the policy of the Facility to respect the resident's right of self-directed care . This also includes the ability to initiate a DNR directive.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Responsibility: All Facility Employees, Monitored by Social Services Director and Executive Director</p> <p>-DNR Orders:</p> <p>1. Residents with Capacity: To enter a DNR order for an adult resident who has decision-making capacity:</p> <p>a. Discuss the order with resident and inform resident about his/her condition, risks and benefits or CPR (Cardiopulmonary Resuscitation), and consequences of DNR order.</p> <p>b. Seek the resident's oral or written consent:</p> <p>-Oral consent must be witnessed by two (2) adults, one of whom is a physician affiliated with the Facility.</p> <p>-Written consent must be signed by two (2) adult witnesses.</p> <p>c. Record decision in electronic medical record</p> <p>d. Enter DNR order in medical record</p> <p>2. Residents Who Lack Capacity: To enter a DNR order for an adult resident without capacity who has appointed a health care agent by written Power of Attorney for Health care:</p> <p>b. Seek health care agent's oral or written consent:</p> <p>-Oral consent must be witnessed by two (2) adults, one of whom is a physician affiliated with the Facility.</p> <p>-Written consent must be signed by two (2) adult witnesses.</p> <p>c. Record decision in medical record.</p> <p>4. Residents Who Lack Capacity (Surrogate Decision) To enter a DNR order for an adult who lacks capacity and has not appointed a health care agent:</p> <p>d. Inform surrogate about resident's condition, risks, and benefits of CPR and consequences of DNR order.</p> <p>e. Seek surrogate decision maker's oral or written consent:</p> <p>-Oral consent must be witnessed by two (2) adults, one of whom is a physician affiliated with the Facility.</p> <p>-Written consent must be signed by the surrogate before one (1) adult witness.</p> <p>f. Inform resident, if resident is capable of understanding information</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>g. Enter DNR order in medical record.</p> <p>During an interview on [DATE] at 3:00 p.m., S9 Admissions and S8 Admissions reported the Admissions staff complete the admissions packet. S9 Admissions and S8 Admissions reported the completed admission packet should be given to the floor nurses. If a resident chooses DNR status, the order form should be taken out of the admission packet and placed at the nurses' station to be signed by the physician. After the DNR order is signed then the order should then go to medical record to be scanned in the residents' EHR (Electronic Health Record).</p> <p>1.</p> <p>Resident #1</p> <p>Review of Resident #1's medical record revealed Resident #1 was admitted [DATE] with diagnoses which included osteomyelitis unspecified, disorders of plasma-protein metabolism, and paraplegia.</p> <p>Review of Resident #1's [DATE] physician orders failed to reveal an order for code status.</p> <p>Review of Resident #1 care plan revealed a focus dated [DATE] and revised on [DATE] with a code status of full code. Further review revealed Resident #1's care plan interventions included: resident will have advanced directive followed, discuss directives with resident and/or resident RP (responsible party), and initiate CPR (cardiopulmonary resuscitation) if needed.</p> <p>During an interview on [DATE] at 3:30 p.m., S4 DOCO (Director of Clinical Operations) reviewed Resident #1's record and acknowledged there was not an order for Resident #1's code status.</p> <p>Resident #15</p> <p>Review of Resident #15 medical record revealed Resident #15 was admitted on [DATE] with diagnoses which included non-rheumatic aortic (valve) stenosis, unspecified systolic (congestive) heart, acute on chronic diastolic (congestive) heart failure, acute respiratory failure with hypoxia, chronic obstructive respiratory failure.</p> <p>Review of Resident # 15's [DATE] physician orders dated [DATE] revealed code status: Full code.</p> <p>Review of Resident #15's baseline care plan dated [DATE] revealed code status: Full code.</p> <p>Review of Resident #15's DNR Order form was signed by Resident #15's responsible party on [DATE] and attending physician on [DATE].</p> <p>During an interview on [DATE] at 3:30 p.m., S4 DOCO reviewed Resident #15's medical record and acknowledged Resident # 15's code status did not match throughout Resident #15's medical record. S4 DOCO reported Resident #15's physician orders should have been changed to a DNR after the DNR order was signed by the physician.</p> <p>1. and 2.</p> <p>Resident #9</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident #9's medical record revealed Resident #9 was admitted on [DATE] with a re-admitted [DATE]. Resident #9's diagnoses included Parkinson's disease without dyskinesia, congestive heart failure, chronic kidney disease, and unspecified atrial fibrillation.</p> <p>Review of Resident #9's [DATE] physician orders revealed, in part, an order dated [DATE] for Do Not Resuscitate that was not signed by a physician.</p> <p>Review of Resident #9's care plan revealed a focus initiated [DATE] and revised [DATE] with a code status of DNR. Further review revealed Resident #9's care plan interventions included: resident will have advanced directive followed; discuss advance directives with resident and/or resident's Responsible Party (RP) on admit, quarterly or as needed; DNR status posted in medical record; and physician order for DNR.</p> <p>Further review of Resident #9's admission packet information failed to reveal Resident #9 and/or the resident representative received written information regarding advance directives.</p> <p>During an interview on [DATE] at 3:30 p.m., S4 DOCO reviewed Resident #9's record and acknowledged Resident #9 had a care plan for DNR and an unsigned physician's DNR order. S4 DOCO further reviewed Resident #9 record and acknowledged there was no documentation Resident #9 and/or the resident representative received written information regarding advance directives.</p> <p>Resident #76</p> <p>Review of Resident #76's medical record revealed Resident #76 was admitted on [DATE] with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, chronic atrial fibrillation unspecified, essential (primary) hypertension, heart failure unspecified, chronic kidney disease unspecified, prediabetes, chronic pain and insomnia.</p> <p>Review of Resident #76's [DATE] physician orders failed to reveal a code status.</p> <p>Review of Resident #76's current care plan revealed he was a full code.</p> <p>Review of Resident #76's advance directive acknowledgement form failed to reveal documentation Resident #76 and/or the resident representative received written information regarding advance directives from the facility.</p> <p>During an interview on [DATE] at 3:30 p.m., S4 DOCO reviewed Resident #76's record and acknowledged the physician orders did not reveal a code status and there was no documentation Resident #76 and/or the resident representative received written information regarding advance directives.</p> <p>Resident #77</p> <p>Review of Resident #77's medical record revealed Resident #77 was admitted on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.</p> <p>Review of Resident #77's [DATE] physician orders revealed an order dated [DATE] for a Full Code.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 3:30 p.m., S4 DOCO reviewed Resident #127's record and acknowledged there was not an order for Resident #127's code status and there was no documentation Resident #127 and/or the resident representative received written information regarding advanced directives.</p> <p>Resident #175</p> <p>Review of Resident #175's medical record revealed Resident #175 initial admitted was [DATE] and a re-entry admit on [DATE] with diagnoses which included orthostatic hypotension and chronic atrial fibrillation.</p> <p>Review of Resident #175's [DATE] physician orders failed to reveal a code status.</p> <p>Review of Resident # 175's medical record failed to reveal advance directive acknowledgment form.</p> <p>During an interview on [DATE] at 3:30 p.m., S4 DOCO reviewed Resident #175's medical record and acknowledged Resident #175 did not have physician order for a code status and there was no documentation Resident #175 and/or the resident representative received written information regarding advanced directives.</p> <p>2.</p> <p>Resident #4</p> <p>Review of Resident #4's medical record revealed Resident #4 was admitted on [DATE] with diagnoses which included unspecified systolic (congestive) heart failure, chronic kidney disease, stage 3, acute respiratory failure with hypoxia, and acute respiratory failure with hypercapnia.</p> <p>Review of Resident #4's advance directive acknowledgement form failed to reveal documentation Resident #4 and/or the resident representative received written information regarding advance directives from the facility.</p> <p>During an interview on [DATE] at 3:30 p.m., S4 DOCO reviewed Resident #4's record and acknowledged there was no documentation Resident #4 and/or the resident representative received written information regarding advance directives.</p> <p>Resident #11</p> <p>Review of Resident #11's medical records revealed Resident #11 was admitted on [DATE] with diagnoses that include cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery, polyneuropathy, muscle weakness, acute kidney failure and cognitive communication deficit.</p> <p>Review of Resident #11's advance directive acknowledgement form failed to reveal documentation Resident #11 and/or the resident representative received written information regarding advance directives from the facility.</p> <p>During an interview on [DATE] at 3:30 p.m., S4 DOCO reviewed Resident # 11's record and acknowledged there was no documentation Resident #11 and/or the resident representative received written information regarding advance directives.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident #125's medical record revealed Resident #125 was admitted on [DATE] with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.</p> <p>Review of Resident #125's advance directive acknowledgement form failed to reveal documentation Resident #125 and/or the resident representative received written information regarding advance directives.</p> <p>During an interview on [DATE] at 3:30 p.m., S4 DOCO reviewed Resident #125's record and acknowledged there was no documentation Resident #125 and/or the resident representative received written information regarding advance directives.</p> <p>During an interview on [DATE] at 4:38 p.m., S7 LPN (Licensed practical Nurse) reported all residents were a full code until the doctor signed the DNR. S7 LPN reported the DNR order and advance directives should be scanned into EHR. S7 LPN reported she would look in the resident's orders and under miscellaneous tab for the advance directives.</p> <p>During an interview on [DATE] at 4:43 p.m., S6 LPN reported the resident's code status is located on the dashboard information in the resident's EHR. S6 LPN reported if it was not on the dashboard the other places to locate code status would be in the orders and in the admission information. S6 LPN reported the information should be easily accessible because in an emergency there would not be time to do a search for status.</p> <p>During an interview on [DATE] 8:05 a.m., S7 LPN and S6 LPN reported the advance directive form that should be on admission should be kept in the resident chart and in the electronic chart. S7 LPN reported residents are a full code until the DNR order is signed by the physician. After the DNR order is signed by the physician; the floor nurse or the admission coordinator inputs the DNR order in the computer and places the form on the paper chart or scan the DNR order in the electronic health record under the miscellaneous tab.</p> <p>During a telephone interview on [DATE] at 11:37 a.m., S11 Medical Director reported he signed DNR orders when he made weekly onsite visits. S11 Medical Director reported the nurse practitioner will notify him when a DNR order needs to be signed during his weekly visits. S11 Medical Director reported during his weekly onsite visits the floor nurse just hands him the DNR orders that need to be signed. S11 Medical Director reported the facility also has the option to fax over DNR orders that need to be signed. S11 Medical Director reported he recently checked the residents' EHR and found there were discrepancies with code status. S11 Medical Director then confirmed residents' code status should match what the family wants.</p> <p>During an interview on [DATE] at 10:20 a.m., S16 NP (Nurse Practitioner) reported she did not sign DNR orders only S11 Medical Director signed them. S16 NP reported she has a binder that she checks when she comes into the facility that the DNR orders that need to be signed would be placed in. S16 NP reported she comes to the facility 3 to 4 times a week and S11 Medical Director comes every Thursday. S16 NP reported she would notify S11 Medical Director if there was a DNR order in the binder that required a signature. When asked if there had been any DNR orders for signature in her binder in the last couple weeks S16 NP reported there were 2 that she could recall. S16 NP reported she had not had any in September that she could recall.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30669</p> <p>Based on record reviews and interviews the facility failed to ensure a baseline care plan was completed within 48 hours of admission for 2 (#75, #76) of 20 sampled residents.</p> <p>Findings:</p> <p>#75</p> <p>Review of Resident #75's medical records revealed an admitted [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, diabetes mellitus due to underlying condition with diabetic polyneuropathy, and hyperlipidemia.</p> <p>Review of Resident #75's Admission MDS (Minimum Data Set) with an assessment reference date 10/09/2024 in progress (not completed).</p> <p>Review of resident #75's medical record failed to reveal a Baseline Care Plan was completed.</p> <p>During an interview on 10/17/2024 at 1:50 p.m. S4 DOCO (Director of Clinical Operations) reported it is the nurse's responsibility to complete the Baseline Care Plan for the resident on admit. S4 DOCO reported if the Baseline Care Plan is not in the paper chart, it has not been completed and it should have been.</p> <p>#76</p> <p>Review of Resident #76's medical record revealed Resident #76 was admitted to the facility on [DATE] with diagnoses that included, in part, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, chronic atrial fibrillation unspecified, essential (primary) hypertension, heart failure unspecified, chronic kidney disease unspecified, prediabetes, chronic pain and insomnia.</p> <p>Review of Resident #76's Admission, 5-day MDS with assessment reference date of 10/09/2024 revealed Resident #76 had a BIMS (Brief Interview for Mental Status) score of 15, which indicated cognitively intact.</p> <p>Review of Resident #76's medical record failed to reveal a Baseline Care Plan had been completed.</p> <p>During an interview on 10/17/2024 at 12:00 p.m. S4 DOCO reviewed #76's medical record and reported a baseline care plan had not been conducted for Resident #76 and it was the nurse's responsibility to complete the baseline care plan.</p> <p>40015</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30669</p> <p>36921</p> <p>Based on record review, observations and interviews the facility failed to ensure oxygen therapy was provided according to the facility's Policy and Procedure for Oxygen therapy for 3 (#12, #15, and #175) of 3 residents reviewed for respiratory care. The facility failed to ensure:</p> <p>Resident #12 had a physician order for oxygen therapy when Resident #12 had been receiving oxygen for several days.</p> <p>Resident #15's CPAP (continuous positive airway pressure) mask and tubing was stored properly when not in use.</p> <p>Resident #175 had a physician order for CPAP and was care planned for the use of CPAP.</p> <p>Resident #175's CPAP mask and tubing was stored properly when not in use.</p> <p>Findings:</p> <p>Review of the facility's Oxygen Therapy Policy and Procedure presented by S4 Director of Clinical Operation (DOCO) (07/2024) revealed, in part:</p> <p>Subject: Oxygen Therapy</p> <p>Policy: Oxygen (O2) is administered to promote adequate oxygenation and provide relief of symptoms of respiratory distress.</p> <p>Responsibility: All licensed Nursing Personnel/Respiratory Therapist</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Oxygen therapy is to be provide under the direction of a written physician's order. A Physician's Order for O2 therapy is to contain liter flow per minute via mask or cannula/timeframe. On an emergency basis, O2 may be used at 2 Liters/minute until the physician is notified. 4. Adjust delivery rate as ordered. 8. Change tubing weekly. 9. Date tube when changed (weekly). <p>Reference: [NAME]'s Nursing Procedures. 5th ed. Philadelphia. Wolters Kluwer/[NAME] & [NAME], 2009, 569-74. Print.</p> <p>Resident #12</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>Review of resident #12's medical records revealed admitted [DATE] with medical diagnoses that include but not limited to chronic obstructive pulmonary disease with acute exacerbation, acute respiratory failure with hypoxia, generalized anxiety disorder, type 2 diabetes mellitus without complication, difficulty walking and muscle weakness.</p> <p>Review of resident #12's October 2024 physician orders failed to reveal an order to provide oxygen therapy including liter flow per minute.</p> <p>Review of resident #12's Admission MDS (minimum data sets) with ARD (assessment reference date) 09/04/2024. Section I - Active Diagnoses of debility, cardiorespiratory conditions, COPD (chronic obstructive pulmonary disease) with acute exacerbation. Section O - Special Treatments, Procedures, and Programs, oxygen therapy.</p> <p>Review of resident #12's care plan revealed admitted with diagnosis of COPD. Some of the interventions are inhalers, nebulizer treatment as ordered; document minutes used, check lung sounds pre and post treatment, monitor pulse and respirations pre and post treatment, observe for sputum. Head of bed elevated to at least 30 degrees.</p> <p>Observation on 10/15/2024 at 4:15 p.m. revealed resident #12 was sitting in a wheel chair at the bedside. Resident #12 had oxygen in progress at 2 liters by a nasal cannula.</p> <p>Observation on 10/16/2024 at 4:50 p.m. with S2 DON (Director of Nursing) confirmed resident #12's oxygen in progress. S2 DON reported they did not know how many liters of oxygen resident #12 should be receiving because she could not find a physician order for the oxygen.</p> <p>Resident #15</p> <p>Review of resident #15's medical record revealed an admitted [DATE] with medical diagnoses that include but not limited to non-rheumatic aortic (valve) stenosis, unspecified systolic (congestive) heart, acute on chronic diastolic (congestive) heart failure, acute respiratory failure with hypoxia, and chronic obstructive respiratory failure.</p> <p>Review of resident #15's October 2024 Physician Orders revealed:</p> <p>09/27/2024: Device and settings: IPAP (inspiratory positive airway pressure) 10/ EPAP (expiratory positive airway pressure) 5/ FiO2% (fraction of inhaled oxygen) 30</p> <p>09/27/2024: Fill water chamber with distilled water every at bedtime</p> <p>09/27/2024: Clean tubing weekly; every night shift every 7 days</p> <p>Review of resident #15's Admission MDS with an ARD 9/27/2024 revealed a BIMS (Brief Interview of Mental Status) score of 15 out of 15 indicating cognitively intact.</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>Review of resident #15's care plan revealed resident had altered respiratory status related to diagnoses of chronic obstructive pulmonary disease, heart failure, respiratory failure, obstructive sleep apnea with interventions to administer medication, inhalers, and nebulizer treatments as ordered. Monitor for effectiveness and side effects. CPAP at bedtime using prescribed settings with full face mask.</p> <p>Observation on 10/14/2024 at 12:04 p.m. revealed resident #15's CPAP (continuous positive airway pressure) was not in use. Further observation revealed resident #15's CPAP tubing was hanging over the head of the bed and mask was not stored in a plastic bag.</p> <p>Observation on 10/15/2024 at 4:30 p.m. with S6 LPN (Licensed Practical Nurse) revealed resident #15's CPAP mask and tubing was on top of CPAP machine on bedside table and not stored in a plastic bag.</p> <p>During an interview on 10/15/2024 at 4:30 p.m. S6 LPN reported when CPAP mask is not in use the mask should be stored in a plastic bag. S6 LPN confirmed resident #15's CPAP mask and tubing was stored on top of CPAP machine and resident #15's CPAP mask should be stored in a plastic bag when not in use.</p> <p>Resident #175</p> <p>Review of resident #175's medical record revealed an admitted [DATE] with medical diagnoses that include but not limited to orthostatic hypotension and chronic atrial fibrillation.</p> <p>Review of resident # 175's October 2024 physician orders failed to reveal any order for CPAP.</p> <p>Review of resident #175's Admission MDS with an ARD 10/01/2024 revealed resident #175's speech was clear, hearing and vision was adequate. Resident #175 had the ability to understand others and make self understood.</p> <p>Review of resident #175's care plan failed to reveal focus or interventions related to use of CPAP machine.</p> <p>Observation on 10/14/2024 at 1:09 p.m. revealed resident # 175's CPAP mask and tubing was on the floor.</p> <p>During an interview on 10/15/2024 at 4:30 p.m. S6 LPN reported when CPAP was not in use the mask should be stored in a plastic bag. S6 LPN confirmed resident #175's CPAP mask and tubing was on the floor and not stored properly in a plastic bag when not in use.</p> <p>During an interview on 10/16/2024 at 10:35 a.m. resident #175 reported he used the CPAP machine at night.</p> <p>During an interview on 10/16/2024 at 2:20 p.m. S4 DOCO reported the facility did not have a policy for storing of CPAP mask and tubing when not in use. S4 DOCO reported CPAP mask and tubing should be stored in a plastic bag when not in use.</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>During an interview on 10/17/2024 at 8:40 a.m. S4 DOCO confirmed resident #175 did not have a physician order or care plan for use of CPAP.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36921</p> <p>Based on record reviews and an interview, the facility failed to ensure that a resident who required dialysis received services consistent with professional standards of practice for 1 (#18) of 1 resident reviewed for dialysis by failing to obtain weekly weights according to the plan of care and communicate and collaborate with the dialysis facility by completing the hemodialysis communication record form.</p> <p>Findings:</p> <p>Review of Dialysis Communication Record (dated 07/2024) policy revealed, in part:</p> <p>Policy: A Dialysis Communication Record Form is completed each time a resident receives outpatient dialysis. This ensures communication between the two facilities.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. The top section of the Dialysis Communication Record Form is completed by the nurse responsible for sending the resident to the dialysis unit/facility. 2. The middle section of the form is completed by personnel responsible for the resident at the dialysis facility and returned to the nursing home with the resident. 3. The bottom of the form is completed by personnel responsible for the resident upon return to the facility. 4. Once the form is completed in its entirety, the form should be filed under the miscellaneous section of the electronic medical record. <p>Review of Resident # 18's face sheet revealed an admitted [DATE].</p> <p>Review of Resident # 18's Medical Diagnoses revealed the following diagnoses but not limited to hyperkalemia, hypocalcemia, anemia in chronic kidney disease hypomagnesemia, and chronic kidney disease, stage 5.</p> <p>Review of Resident #18's October 2024 Physician Orders revealed:</p> <p>09/20/2024: Hemodialysis: Tuesday, Thursday, and Saturday at 11:30 am</p> <p>09/20/2024: Hemodialysis- Assess site right chest wall port for bruising/bleeding/symptoms of infection</p> <p>09/20/2024: Renal diet: Regular texture, Regular/Thin Liquids consistency</p> <p>Review of Resident #18's 5 day Medicare MDS (Minimum Data Sets) dated 10/08/2024 revealed a BIMS (Brief Interview of Mental Status) of 15 out of 15 indicating cognitively intact.</p> <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>Review of Resident #18's Care Plan revealed:</p> <p>The resident has potential nutritional deficits and is receiving a renal diet with interventions to weigh weekly for 4 weeks, then monthly and/or as needed.</p> <p>Date Initiated: 09/27/2024</p> <p>The resident needs hemodialysis; has diagnoses of ESRD (end stage renal disease) with interventions to check dressing at left chest wall access site every shift; change only per dialysis and physician orders. Resident receives dialysis on Tuesday, Thursday, and Saturday with intervention for vital signs per facility protocol/dialysis orders.</p> <p>Review of Resident # 18's Hemodialysis Communication Record form with S2 DON (Director of Nursing) revealed dialysis communication forms were not completed in its entirety:</p> <p>09/21/2024: form not completed by facility upon return from dialysis</p> <p>10/05/2024: dialysis center failed to complete portion of hemodialysis communication record form</p> <p>10/10/2024: dialysis center failed to complete portion of hemodialysis communication record form and facility failed to perform assessments and complete vital signs when resident returned to the facility.</p> <p>10/12/2024: dialysis center failed to complete portion of hemodialysis communication record form and facility failed to perform assessments and complete vital signs when resident returned to the facility.</p> <p>10/15/2024: dialysis center failed to complete portion of hemodialysis communication record form</p> <p>Further review of Resident #18's Hemodialysis Communication Record form failed to reveal hemodialysis communication record form for 10/01/2024 and 10/08/2024.</p> <p>During an interview on 10/16/2024 at 3:30 p.m. S2 DON reviewed Resident #18's paper record and EHR (Electronic Health Record) and confirmed Resident #18's weights were not obtain according to the plan of care. S2 DON confirmed Resident #18's dialysis communication record forms was not completed in its entirety on 09/21/2024, 10/05/2024, 10/10/2024, 10/12/2024, and 10/15/2024, and there was no hemodialysis communication record forms for 10/01/2024 and 10/08/2024.</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30669</p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure residents were assessed for the risk of entrapment from bed rails and received a written order from the physician for bed rails prior to installation for 7 (#4, #20, #125, #22, #75, #9, #126) of 7 (#4, #20, #125, #22, #75, #9, #126) residents reviewed for accident hazards.</p> <p>Findings:</p> <p>Review of the Facility's Restraint Evaluation & Restraint Reduction Policy dated 07/2024 revealed in part:</p> <p>-Definition: Physical Restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.</p> <p>-Responsibility: All members of the interdisciplinary team (as appropriate to individual resident needs) and monitored by the Director of Nursing.</p> <p>-Procedure:</p> <p>1. The following devices are considered physical restraints and require evaluation (Category I is considered most restrictive with Category IV being the least restrictive):</p> <p>-Category I: wrist, Pelvic, Full Body</p> <p>-Category II: Chest/vest, Waist, Poncho, Hand Mitt, Roll Belt</p> <p>-Category III: Seat belts, Wheelchair lab [NAME], Geri-chair with or without tray, Wheelchair with lap tray, Roll bar, Lap buddy</p> <p>-Category IV: Wedge Cushion, Recliner/Beanbag</p> <p>--side rails that restrict freedom of movement and cannot be easily removed are considered a restraint.</p> <p>2. All residents using a restraint are to be evaluated utilizing the Physical Restraint Evaluation assessment and/or the Side Rail Evaluation assessment for side rails. Restraint use is to be re-evaluated approximately every quarter. The evaluation is to be conducted by a licensed nurse and reviewed by a physical therapist and or occupational therapist and/or physician and/or rehab certified RN (Registered Nurse), as appropriate.</p> <p>4. A specific physician's order is to be entered in the resident's Medical Record which details the medical reason, type of restraint and when to be used.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. Care Plan updates are to occur approximately every quarter and/or as a goal or approach direction changes.</p> <p>Findings:</p> <p>Resident #4</p> <p>Review of Resident #4's medical record revealed Resident #4 was admitted on [DATE] with diagnoses which included lymphedema, generalized muscle weakness, and difficulty in walking.</p> <p>Review of Resident #4's most recent MDS (Minimum Data Set) assessment dated 10/08/2024 revealed Resident #4 had a BIMS (Brief Interview for Mental Status) of 11 indicating moderately impaired cognition. Further review of Resident #4's most recent MDS revealed Resident #4 was dependent on staff for activities of daily living.</p> <p>During the survey dates of 10/14/2024 - 10/17/2024 observations of Resident #4 revealed Resident #4 was in bed with quarter side rails in use.</p> <p>Review of Resident #4's current Physician Orders failed to reveal documentation of an order for use of bed rails.</p> <p>Review of Resident #4's care plan revealed Resident #4 had an ADL (Activity of daily living) self-care deficit.</p> <p>Review of Resident #4's medical record failed to reveal documentation Resident #4 was assessed for the risk of entrapment from bed rails prior to instillation and use of bed rails.</p> <p>Resident #20</p> <p>Review of Resident #20's medical record revealed Resident #20 was admitted on [DATE] with diagnoses which included cellulitis of right lower limb, congestive heart failure, cardiomyopathy, hypertension, and difficulty in walking.</p> <p>Review of Resident #20's most recent MDS dated [DATE] revealed Resident #20 had a BIMS of 9 indicating moderately impaired cognition. Further review of Resident #20's most recent MDS revealed Resident #20 was dependent on staff for activities of daily living.</p> <p>During the survey dates of 10/14/2024 - 10/17/2024 observations of Resident #20 revealed Resident #20 was in bed with quarter side rails in use.</p> <p>During an interview on 10/14/2024 at 9:00 a.m. Resident #20's son reported the quarter side rails were used to assist Resident #20 with positioning.</p> <p>Review of Resident #20's current Physician Orders failed to reveal documentation of an order for use of bed rails.</p> <p>Review of Resident #20's medical record failed to reveal documentation Resident #20 was assessed for the risk of entrapment from bed rails prior to instillation and use of bed rails.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #125</p> <p>Review of Resident #125's medical record revealed Resident #125 was admitted on [DATE] with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, bilateral primary osteoarthritis of knee, lack of coordination, difficulty in walking, and generalized muscle weakness.</p> <p>Review of Resident #125's most recent MDS assessment dated [DATE] revealed Resident #125 had a BIMS of 4 indicating severely impaired cognition. Further review of Resident #125's most recent MDS assessment revealed Resident #125 was dependent on staff for activities of daily living.</p> <p>During the survey dates of 10/14/2024 - 10/17/2024 observations of Resident #125 revealed Resident #125 was in bed with quarter side rails to the head of the bed bilaterally.</p> <p>Review of Resident #125's current Physician Orders failed to reveal documentation of an order for use of bed rails.</p> <p>Review of Resident #125's care plan revealed Resident #125 had an ADL self-care performance deficit.</p> <p>Review of Resident #125's medical record failed to reveal documentation Resident #125 was assessed for the risk of entrapment from bed rails prior to instillation and use of bed rails.</p> <p>Resident #22</p> <p>Review of Resident #22's medical record revealed Resident #22 was admitted on [DATE] with diagnoses which included encounter for surgical aftercare following surgery on the digestive system, scoliosis, low back pain, restless leg syndrome, generalized muscle weakness, difficulty in walking, and lack of coordination.</p> <p>During the survey dates of 10/14/2024 - 10/17/2024 observations of Resident #22 revealed Resident #20 was in bed with quarter side rails in use.</p> <p>Review of Resident #22's current Physician Orders failed to reveal documentation of an order for use of bed rails.</p> <p>Review of Resident #22's medical record failed to reveal documentation Resident #22 was assessed for the risk of entrapment from bed rails prior to instillation and use of bed rails.</p> <p>Resident #75</p> <p>Review of Resident #75's medical record revealed Resident #75 was admitted on [DATE] with diagnoses including the following, but not limited to hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, diabetes, hypertension, difficulty walking and heart failure.</p> <p>Review of Resident #75's admission MDS assessment dated [DATE] revealed in progress (not completed).</p> <p>(continued on next page)</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 10/14/2024 at 08:30 a.m. revealed Resident #75's bed was observed to have bilateral assistive devices (bed rails) attached to the bed.</p> <p>During an interview on 10/16/2024 at 11:30 a.m. Resident #75 reported the bed rails help her turn and position while in bed.</p> <p>Review of resident #75's current Physician Orders fail to reveal documentation of an order for the use of side rails.</p> <p>Review of resident #75's medical record failed to reveal documentation Resident #75 was assessed for the risk of entrapment from bed rails prior to instillation and use of bed rails.</p> <p>Resident #9</p> <p>Review of Resident #9's medical record revealed Resident #9 was admitted on [DATE] with a re-admitted [DATE]. Resident #9's diagnoses included Parkinson's disease without dyskinesia, congestive heart failure, chronic kidney disease, unspecified atrial fibrillation, lack of coordination, generalized muscle weakness, and difficulty walking.</p> <p>Review of Resident #9's most recent MDS assessment dated [DATE] revealed Resident #9 had a BIMS score of 15 indicating intact cognition. Further review of Resident #9's most recent MDS revealed Resident #9 was dependent on staff for activities of daily living.</p> <p>During the survey dates of 10/14/2024 - 10/17/2024 observations of Resident #9 revealed Resident #9 was in bed with grab bars to the head of the bed bilaterally.</p> <p>Review of Resident #9's current Physician Orders failed to reveal documentation of an order for use of bed rails.</p> <p>Review of Resident #9's care plan revealed Resident #9 had an ADL self-care performance deficit.</p> <p>Review of Resident #9's medical record failed to reveal documentation Resident #9 was assessed for the risk of entrapment from bed rails prior to instillation and use of bed rails.</p> <p>Resident #126</p> <p>Review of Resident #126's medical record revealed Resident #126 was admitted on [DATE] with diagnoses which included in part metabolic encephalopathy and type 2 diabetes mellitus with diabetic amyotrophy and diabetic neuropathy, generalized muscle weakness, lack of coordination, and difficulty walking.</p> <p>Review of Resident #126's most recent MDS assessment dated [DATE] revealed assessment in progress.</p> <p>Further review of Resident #126's record revealed Resident #126's admission functional abilities and goals assessment indicated Resident #126 had independent cognition and was dependent on staff for activities of daily living.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the survey dates of 10/14/2024 - 10/17/2024 observations of Resident #126 revealed Resident #126 was in bed with quarter rails to the head of the bed bilaterally.</p> <p>Review of Resident #126's current Physician Orders failed to reveal documentation of an order for use of bed rails.</p> <p>Review of Resident #126's medical record failed to reveal documentation Resident #126 was assessed for the risk of entrapment from bed rails prior to instillation and use of bed rails.</p> <p>During an interview on 10/17/2024 at 10:09 a.m. S2 DON (Director of Nursing) reviewed Resident #4, #20, #125, #22, #75, #9, #126's records and confirmed there was no documentation of an order for use of bed rails. S2 DON further confirmed there was no documentation of an assessment for risk of entrapment from bed rails for #4, #20, #125, #22, #75, #9, and #126 prior to instillation and use of bed rails.</p> <p>34708</p> <p>36921</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>34708</p> <p>Based on record reviews and interview, the facility failed to ensure the use of services of a registered nurse (RN) for at least 8 consecutive hours a day, 7 days a week during FY (Fiscal Year) Quarter 3 2024 (April 1- June 30).</p> <p>Findings:</p> <p>Review of the PBJ (Payroll Based Journal) Staffing Report for FY Quarter 3 2024 (April 1- June 30) revealed the facility triggered for: Failed to have Licensed Nursing Coverage 24 Hours/Day on 05/04/24, 05/05/2024, 05/18/2024, 05/26/2024, 06/02/2024, 06/16/2024, 06/22/2024, 06/23/2024, 06/29/2024, and 06/30/2024.</p> <p>During review of the Facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Form dated 10/17/2024 provided for the triggered dates on the PBJ Staffing Report FY Quarter 3 2024 (April 1- June 30) failed to reveal RN services were used on 05/05/2024 and 05/18/2024.</p> <p>During an interview on 10/17/2024 at 2:00 p.m. S1 Administrator reviewed the Facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Form dated 10/17/2024 for the triggered dates on the FY Quarter 3 2024 (April 1- June 30) PBJ Staffing Report and acknowledged RN services were not used on 05/05/2024 and 05/18/2024.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>34708</p> <p>Based on record reviews and interview the facility failed to ensure annual performance evaluations were conducted on 2 CNAs [Certified Nursing Assistants (S13 CNA, S14 CNA)] out of 5 CNA personnel records reviewed.</p> <p>Findings:</p> <p>Review of S13 CNA's personnel record revealed S13 CNA was hired on 01/05/2018. Further review of S13 CNA's personnel record failed to reveal documentation of an annual performance evaluation since 01/12/2023.</p> <p>Review of S14 CNA's personnel record revealed S14 CNA was hired on 07/23/2023. Further review of S14 CNA's personnel record failed to reveal documentation of an annual performance evaluation since hire.</p> <p>During an interview on 10/17/2024 at 12:36 p.m. S15 Human Resources reviewed S13 CNA and S14 CNA's records and confirmed there was no documentation of annual performance evaluations.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30669</p> <p>Based on record reviews and interviews, the facility failed to ensure each resident's drug regimen was free of unnecessary medications for 4 (#9, #11, #76, #175) of 5 (#9, #11, #76, #127 and #175) residents reviewed for unnecessary medications. The facility failed to ensure adequate monitoring of:</p> <p>Resident #9 for edema related to the use of diuretic Bumex.</p> <p>Resident #11 for edema related to the use of the diuretic Furosemide (Lasix).</p> <p>Resident #11 for bleeding related to the use of an anticoagulant Apixaban (Eliquis).</p> <p>Resident #76 for edema related to the use of the diuretic Furosemide.</p> <p>Resident #175 for bleeding related to the use of the anticoagulant Dabigatran Eteixillate Mesylate.</p> <p>Findings:</p> <p>#9</p> <p>Review of Resident #9's medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses that included, in part, Parkinson's disease, systolic (congestive) heart failure, essential (primary) hypertension, and chronic kidney disease.</p> <p>Review of Resident #9's 5-day MDS (minimum data set) with ARD (assessment reference date) of 10/08/2024 revealed Resident #9 had a BIMS (Brief Interview Mental Status) score of 15, which indicated Resident #9 was cognitively intact.</p> <p>Review of Resident #9's physician orders revealed the following orders:</p> <p>10/09/2024 Bumex Oral Tablet 2 mg (milligram) - give 1 tablet by mouth two times a day for edema.</p> <p>10/02/2024 (discontinued on 10/11/2024) Bumex Oral Tablet 1 mg - Give 1 tablet by mouth two times a day for edema.</p> <p>09/19/2024 (discontinued on 10/02/2024) Bumex oral tablet 2 mg - give 1 tablet by mouth two times a day for CHF (congestive heart failure).</p> <p>Review of Resident #9's October 2024 MAR (medication administration record) failed to reveal monitoring for edema had been conducted for Resident #9 who was receiving Bumex.</p> <p>Review of Resident #9's Care Plan revealed Resident #9 was on diuretic therapy (Bumex) with interventions that included, in part, administer Bumex as ordered by physician; monitor for side effects and effectiveness every shift; monitor edema 0, +1, +2, +3, +4; notify MD (medical doctor) if +3 or greater X 3 consecutive days; and monitor/document/report PRN (as needed) adverse reactions to diuretic therapy.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/16/2024 at 1:40 p.m. S7 LPN (Licensed Practical Nurse) reviewed Resident #9's MAR and reported monitoring for edema had not been conducted for Resident #9.</p> <p>#11</p> <p>Review of Resident #11's medical records revealed an admitted [DATE] with diagnoses that included, in part, cerebral infarction dues to unspecified occlusion or stenosis of left middle cerebral artery, generalized muscle weakness, dysphagia, difficulty walking, and cognitive communication deficit.</p> <p>Review of Resident #11's October 2024 Physician orders revealed the following orders:</p> <p>09/30/2024 Apixaban (Eliquis) oral tablet 5 mg. Give one by mouth one time a day for blood thinner.</p> <p>09/30/2024 Furosemide (Lasix) oral tablet 20 mg. Give 1 tablet by mouth one time a day for edema.</p> <p>Review of Resident #11 - 5 Day MDS with ARD 10/07/2024 revealed section N, high-risk drug classes anticoagulant and diuretic.</p> <p>Review of Resident #11's Care Plan revealed the following problems with some of the interventions:</p> <ol style="list-style-type: none"> 1. The resident is on anticoagulant therapy Apixaban (Eliquis) status post CVA (cerebral vascular accident). Some of the interventions are to administer anticoagulant Apixaban (Eliquis) as ordered by physician. Monitor for side effects and effectiveness every shift. Observe, document and report any adverse reactions of anticoagulant therapy. 2. The resident is on diuretic therapy Furosemide (Lasix). Some interventions are administer diuretic medications as ordered by physician. Monitor for side effects (edema, light-headiness, ringing in the ears, and increase thirst and effectiveness every shift. Observe, document, and report any adverse reactions to diuretic therapy. <p>During an interview on 10/16/2024 at 1:00 p.m. S5 LPN reviewed Resident #11's medical records including the October 2024 Physician orders and MAR and reported there was no monitoring being done for bleeding related to the use of anticoagulant Apixaban (Eliquis) and no monitoring for edema related to the use of Furosemide (Lasix).</p> <p>#76</p> <p>Review of Resident #76's medical record revealed Resident #76 was admitted to the facility on [DATE] with diagnoses that included, in part, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, essential (primary) hypertension, heart failure unspecified, and chronic kidney disease.</p> <p>Review of Resident #76's 10/09/2024 Admission 5-day MDS revealed Resident #76 had a BIMS score of 15, which indicated Resident #76 was cognitively intact.</p> <p>Review of Resident #76's physician orders revealed a 10/02/2024 order for Furosemide tablet 20mg - give 20mg by mouth one time a day for edema.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #76's October 2024 MAR failed to reveal monitoring for edema had been conducted for Resident #76 who was receiving Furosemide.</p> <p>During an interview on 10/16/2024 at 1:25 p.m. S6 LPN reviewed Resident #76's MAR and reported monitoring for edema had not been conducted for Resident #76.</p> <p>#175</p> <p>Review of Resident #175's medical record revealed Resident #175 was admitted to the facility on [DATE] with diagnoses that included, in part, type 2 diabetes mellitus, chronic atrial fibrillation, and essential hypertension.</p> <p>Review of Resident #175's medical record revealed Resident #175 had a BIMS score of 14, which indicated Resident #175 was cognitively intact.</p> <p>Review of Resident #175's physician orders revealed the following orders:</p> <p>10/10/2024 Dabigatran Eteixillate Mesylate Oral Capsule 150mg - Give 1 capsule by mouth two times a day for blood thinner.</p> <p>09/27/2024 (discontinued on 10/02/2024) Dabigatran Eteixillate Mesylate Oral Capsule 150mg - Give 1 capsule by mouth two times a day for atrial fibrillation.</p> <p>Review of Resident #175's October 2024 MAR failed to reveal monitoring for bleeding had been conducted for Resident #175 who was receiving Dabigatran Eteixillate Mesylate.</p> <p>Review of Resident #175's Care Plan revealed Resident #175 was care planned for anticoagulant therapy with interventions that included, in part, administer anticoagulant medications as order by physician , monitor for side effects and effectiveness every shift, and observe/document/report any adverse reactions of anticoagulant therapy.</p> <p>During an interview on 10/16/2024 at 1:35 p.m. S5 LPN reviewed Resident #175's MAR and reported monitoring for bleeding had not been conducted for Resident #175.</p> <p>40015</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40015</p> <p>Based on record reviews and interviews, the facility failed to ensure each resident's drug regimen was free of unnecessary medications for 2 (#9, #175) out of 5 (#9, #11, #76, #127, #175) residents reviewed for unnecessary medications. The facility failed to ensure monitoring of side effects and behaviors had been conducted for Resident #9 and Resident #175 who were each receiving a psychotropic.</p> <p>Findings:</p> <p>#9</p> <p>Review of Resident #9's medical record revealed Resident #9 was admitted to the facility on [DATE] and had diagnoses that included, in part, Parkinson's disease, systolic (congestive) heart failure, essential (primary) hypertension, chronic kidney disease, and generalized anxiety disorder.</p> <p>Review of Resident #9's 5-day MDS (minimum data set) with ARD (assessment reference date) of 10/08/2024 revealed Resident #9 had a BIMS (Brief Interview for Mental Status) score of 15, which indicated Resident #9 was cognitively intact.</p> <p>Review of Resident #9's physician orders revealed the following orders:</p> <p>10/04/2024 Buspirone HCl (hydrochloride) oral tablet 7.5mg (milligram) - Give 1 tablet by mouth two times a day for anxiety.</p> <p>Review of Resident #9's October 2024 MAR (medication administration record) failed to reveal monitoring for side effects and behaviors had been conducted for Resident #9 who was receiving Buspirone.</p> <p>Review of Resident #9's care plan revealed the following care plan, in part:</p> <p>Resident uses anti-anxiety medications with interventions that included, in part, administer anti-anxiety medications as ordered by physician; monitor for side effects and effectiveness every shift; and observe, document, and report any adverse reactions to anti-anxiety therapy.</p> <p>During an interview on 10/16/2024 at 1:40 p.m. S7 LPN (Licensed Practical Nurse) reviewed Resident #9's MAR and reported monitoring for side effects and behaviors had not been conducted for Resident #9 who was receiving Buspirone.</p> <p>#175</p> <p>Review of Resident #175's medical record revealed Resident #175 was admitted to the facility on [DATE] with diagnoses that included, in part, bipolar II disorder, major depressive disorder recurrent unspecified, type 2 diabetes mellitus, chronic atrial fibrillation, and essential hypertension.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #175's medical record revealed Resident #175 had a BIMS score of 14, which indicated Resident #175 was cognitively intact.</p> <p>Review of Resident #175's physician orders revealed a 10/10/2024 order for Cymbalta Oral Capsule Delayed Release Particles 30mg (Duloxetine HCl) - Give 1 capsule by mouth two times a day for depression.</p> <p>Review of Resident #175's October 2024 MAR failed to reveal monitoring for side effects and behaviors had been conducted for Resident #175 who was receiving Cymbalta.</p> <p>Review of Resident #175's care plan revealed:</p> <p>Resident uses antidepressant medication with interventions that included, in part, administer antidepressant medications as ordered by physician and monitor, document, and report any adverse reactions to antidepressant therapy.</p> <p>During an interview on 10/16/2024 at 1:35 p.m. S5 LPN reviewed Resident #175's MAR and reported monitoring for side effects and behaviors had not been conducted for Resident #175 who was receiving Cymbalta.</p>

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>34708</p> <p>Based on record reviews and interviews the facility failed to comply with Federal, State, and Local Laws, and Professional Standards by:</p> <ol style="list-style-type: none"> 1. Failing to ensure CNA (Certified Nursing Assistant) staff had undergone and passed criminal background checks prior to working in the facility for 2 CNAs (S12, S14) of 5 CNA personnel records reviewed. 2. Failing to ensure the nurse aide registry/adverse action list was searched monthly for 3 CNAs (S12, S13, S14) of 5 CNA personnel records reviewed. <p>Findings:</p> <p>Review of S12 CNA's personnel record revealed S12 CNA was hired on 05/17/2024 with a criminal background check performed on 09/06/2024. Further review of S12 CNA's personnel record failed to reveal monthly nurse aid registry/adverse action list searches.</p> <p>Review of S13 CNA's personnel record revealed S13 CNA was hired on 01/05/2018. Further review of S13 CNA's personnel record failed to reveal monthly nurse aid registry/adverse action list searches.</p> <p>Review of S14 CNA's personnel record revealed S14 CNA was hired on 07/23/2023 with a criminal background check performed on 09/06/2024. Further review of S14 CNA's personnel record failed to reveal monthly nurse aid registry/adverse action list searches.</p> <p>During an interview on 10/17/2024 at 12:36 p.m. S15 Human Resources reviewed S12 CNA, S13 CNA, and S14 CNA's records and confirmed there was no documentation of criminal background checks prior to hire for S12 CNA and S14 CNA. S15 Human Resources further confirmed there was no documentation of monthly nurse aid registry/adverse action list searches for S12 CNA, S13 CNA, and S14 CNA.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>34708</p> <p>Based on record review and interviews the facility failed to accurately submit mandatory direct care staffing information to Centers for Medicare & Medicaid Services (CMS) for Fiscal Year (FY) Quarter 3 2024 (April 1- June 30).</p> <p>Findings:</p> <p>Review of the PBJ (Payroll Based Journal) Staffing Report for FY Quarter 3 2024 (April 1- June30) revealed the facility triggered for Failed to have Licensed Nursing Coverage 24 Hours/Day on 05/04/24, 05/05/2024, 05/18/2024, 05/26/2024, 06/02/2024, 06/16/2024, 06/22/2024, 06/23/2024, 06/29/2024, and 06/30/2024.</p> <p>Review of the Facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Form dated 10/17/2024 for the triggered dates on the FY Quarter 3 2024 (April 1- June 30) PBJ Staffing Report revealed licensed nursing coverage.</p> <p>During an interview on 10/17/2024 at 2:00 p.m. S1 Administrator reported the facility's corporate office submits the PBJ to CMS from the facility's time clock management system. S1 Administrator indicated agency staffing hours were likely left off of the submission to CMS.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>36921</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on record review and interview, the facility failed to conduct Quality Assessment and Assurance (QAA) meeting at least quarterly with required staff present since last annual survey dated 10/04/2023.</p> <p>Findings:</p> <p>Review of QAA binder with S1 Administrator failed to reveal a QAA meeting for the 1st quarter and the Director of Nursing (DON) was not present for the QAA meeting in the 2nd quarter.</p> <p>During an interview on 10/17/2024 at 4:45 p.m. S1 Administrator confirmed the facility did not meet during the 1st quarter and confirmed the DON was not present for the 2nd quarter meeting.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>30669</p> <p>Based on record reviews and interviews the facility failed to ensure immunizations were administered to residents who consented to receive the influenza, pneumococcal and/or COVID-19 immunizations during the admission process for 2 (#11, #77) of 2 (#11, #77) residents reviewed for immunizations.</p> <p>Findings:</p> <p>Review of the facility's Influenza, Pneumococcal and COVID-19 Vaccination policy dated 07/2024 revealed in part, the following:</p> <p>Responsibility: The Director of Nursing in conjunction with the Infection Preventionist or RN (Registered Nurse) designee.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. On admission, residents will be offered the influenza, pneumococcal, and COVID-19 vaccines. 3. For those residents accepting, record all influenza, pneumococcal, and COVID-19 vaccines administered on the resident immunization record. 5. Obtain a physician's order for all residents to receive the Influenza, Pneumococcal, and COVID-19 vaccines. <p>Review of Resident #11's Immunization Informed Consent signed on admission on 08/21/2024 revealed Resident #11 consented to receive pneumonia vaccine and COVID-19 vaccine.</p> <p>Review of resident #11's October 2024 Physician Orders failed to reveal any previous or current orders for the pneumonia vaccine or the COVID-19 vaccine to be administered to resident #11.</p> <p>Review of resident #11's medical records failed to reveal any documentations the pneumonia vaccine or the COVID-19 vaccine were ever administered.</p> <p>Review of Resident #77's Immunization Informed Consent signed on admission on 10/04/2024 revealed Resident #77 consented to receive the pneumonia vaccine.</p> <p>Review of resident #77 October 2024 Physician Orders failed to reveal an order to administer the pneumonia vaccine.</p> <p>Review of resident #77's medical records failed to reveal any documentations the pneumonia vaccine was ever administered.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/15/2024 at 11:30 a.m. S3 Infection Preventionist reported during the admissions process all residents are offered the Influenza Vaccine, Pneumonia Vaccine, COVID-19 Vaccine by the admission team and the consents are signed at that time. S3 Infection Preventionist reported the admission team are to scan the admission packet. S3 Infection Preventionist reported the admission packet was not scanned and she never received the consents for the vaccines.</p> <p>During an interview on 10/16/2024 at 1:00 p.m. S4 Director of Clinical Operation reported the residents did not get the immunizations due to the admission packet not being scanned and given to S3 Infection Preventionist nurse. S4 Director of Clinical Operation reported the Immunization Informed Consent forms should have been given to S3 Infection Preventionist nurse to administer the vaccines and they were never scanned or given to her.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Adira Medical Resort		STREET ADDRESS, CITY, STATE, ZIP CODE 4405 Airline Drive Bossier City, LA 71111	

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 - Few</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>34708</p> <p>Based on record reviews and interview the facility failed to ensure CNAs (Certified Nursing Assistants) received the required training for 1 CNA (S12) out of 5 CNA personnel records reviewed.</p> <p>Findings:</p> <p>Review of S12 CNA's personnel record revealed S12 CNA was hired on 05/17/2024. Further review of S12 CNA's personnel record failed to reveal S12 received required dementia training.</p> <p>During an interview on 10/17/2024 at 12:36 p.m. S15 Human Resources reviewed S12 CNA's personnel record and confirmed there was no documentation of dementia training.</p>