

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/16/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2575 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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36921 39897</p> <p>Based on record reviews, observations, and interviews the facility failed to accommodate the needs of 5 (#23, #29, #31, #50, &amp; #54) of 29 sampled residents. The facility failed to ensure:</p> <p>(1) Two (#31, #50) residents call lights were in reach.</p> <p>(2) One (#54) resident call light was functioning.</p> <p>(3) Incontinence briefs were readily available for 2 (#23, #29) residents</p> <p>Findings:</p> <p>(1)</p> <p>Resident #31</p> <p>Review of Resident #31's medical record revealed Resident #31 was admitted to the facility on [DATE].</p> <p>Review of Resident #31's 05/15/2024 Quarterly MDS (Minimum Data Set) revealed Resident #31 had a BIMs (Brief Interview Mental Status) score of 06 which indicated severe cognitive impairment and did not have any functional impairment to upper or lower extremities.</p> <p>Observation on 07/14/2024 at 8:15 a.m. revealed Resident #31's call light was wedged between the foot of mattress and foot of bed.</p> <p>During an interview on 07/14/2024 at 8:15 a.m. Resident #31 reported he did not know where his call light was and confirmed it was out of reach.</p> <p>During an interview on 07/14/2024 at 9:26 a.m. S11 CNA (Certified Nursing Assistant) observed Resident #31's call light and confirmed it was out of Resident #31's reach.</p> <p>Resident #50</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #50's medical record revealed Resident #50 was admitted to the facility on [DATE].</p> <p>Review of Resident #50's 05/07/2024 Quarterly MDS revealed Resident #50 had a BIMs score of 08 which indicated moderate cognitive impairment and did not have any functional impairment to upper or lower extremities.</p> <p>Observation on 07/14/2024 at 8:55 a.m. revealed Resident #50's call light cord was dangling from bed rail and call button was touching the floor and not within reach.</p> <p>During an interview on 07/14/2024 at 9:21 a.m. S11 CNA observed Resident #50's call light and confirmed it was out of Resident #50's reach.</p> <p>(2)</p> <p>Resident #54</p> <p>Review of Resident #54's medical record revealed Resident #54 was admitted to the facility on [DATE].</p> <p>Review of Resident #54's 06/20/2024 Admission MDS revealed Resident #54 had a BIMs score of 15 which indicated Resident #54 was cognitively intact and had an impairment on one of his upper extremities.</p> <p>Observation on 07/14/2024 at 9:37 a.m. revealed Resident #54 was seated on side of bed and call light with cord was wrapped around call light box on wall.</p> <p>During an interview on 07/14/2024 at 9:38 a.m. Resident #54 reported he had informed staff that his call light was not working about 3 days ago and maintenance had been by to look at it and told him it did not work but nothing else had been done. Resident #54 further reported he had become aware the call light did not work when he was not feeling well one night and attempted to use the call light and no one responded.</p> <p>During an interview on 07/15/2024 at 8:08 a.m. S19 Maintenance reported he had looked at Resident #54's call light last Thursday or Friday and had to get a part to fix it.</p> <p>(3)</p> <p>Resident #23</p> <p>Review of Resident #23's medical record revealed an admitted [DATE] with diagnoses that include in part severe morbid obesity, acute kidney failure, Chronic kidney disease stage 3, anxiety disorder, edema, gout, and essential hypertension.</p> <p>Review of Resident #23's MDS dated [DATE] revealed Resident #23 was cognitively intact with a BIMS score of 15.</p> <p>(continued on next page)</p>

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>36921</p> <p>Based on record reviews and interviews the facility failed to act promptly to concerns presented in the resident council meetings. The deficient practice had the potential to affect the total census of 58 residents in the facility according to Long-Term Care Facility Application for Medicare and Medicaid dated 07/14/2024.</p> <p>Findings:</p> <p>Review of facility's Filing Grievances/Complaints policy (undated) revealed in part:</p> <p>Policy statement: Our facility will assist residents or his/her responsible party in filing grievances or complaints when such requests are made.</p> <p>Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> <li>1. Any resident, his or her responsible party may file a grievance or complaint concerning medical care, behavior of other residents, staff members, theft of property, etc. without the fear of threat of reprisal in any form.</li> <li>3. Grievances and/or complaints may be submitted orally or in writing. Written complaints or grievances must be signed by the resident or the person filing the grievance or complaint on behalf of the resident.</li> <li>5. Upon receipt of written grievance and/or complaint, the social services director will investigate the allegations and submit a written report of such findings to the administrator within 24 hours of receiving the grievance and/or complaint.</li> <li>6. The administrator will review the findings with the person investigating the complaint to determine what corrective actions, if any, needs to be taken.</li> <li>7. The resident, or person filing the grievance and/or complaint in behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems. Such report will be made orally by the administrator, or his or designee, within 3 working days of the filing of the grievance or complaint with the facility.</li> </ol> <p>During an interview on 07/14/2024 at 1:57 p.m. resident council members present reported staff do not take the time to listen to their issues or concerns and/or act promptly on issues brought to their attention in resident council meetings. Resident council members reported staff do not inform them why they are not acting or responding promptly to the resident issues/ concerns. Resident council members present reported the staff do not respond in a timely manner. Residents reported feeling like staff respond sometimes it may take a month or two to get an answer to issues/concerns.</p> <p>Review of facility's resident council minutes from the last 3 months May 2024 and July 2024 provided by S2 Activity Director revealed a repeated issue regarding medication pharmacy:</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>05/08/2024:</p> <p>Issue: resident concerned about medicine.</p> <p>Action taken: explained to resident about changes in new pharmacy</p> <p>07/11/2024:</p> <p>Issue: Resident complained about narcotic medicine</p> <p>Action taken: explained during meeting</p> <p>During an interview on 07/14/2024 at 3:02 p.m. S22 Activities Department reported there has been ongoing issues with pain medication.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39897</p> <p>Based on record reviews and interviews the facility failed to ensure residents were provided information regarding formulation of advance directive upon their admission for 4 (#8, #17, #23, #50) of 24 initial pool residents.</p> <p>Findings:</p> <p>Review of undated Advance Directives Policy revealed in part:</p> <p>Policy: 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 the 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 Advance 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>a. The resident may revise or revoke an Advance Directive at any 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>Responsibility:</p> <p>All Facility Employees, Monitored by Social Services Director and Executive Director.</p> <p>Procedure:</p> <p>1. The Facility/Staff who admits the resident to the Facility will provide the resident or personal representative with an information packet containing:</p> <p>a. Advance Directives Information Sheet.</p> <p>b. A copy of literature regarding planning in advance for your medical treatment and appointing a health care agent.</p> <p>c. Advanced Directive Health Care Forms.</p> <p>2. Each resident or personal representative, will be asked if the resident has any Advance Directives.</p> <p>a. Whether or not an Advance Directive exists shall be documented in the Resident's medical record.</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 - Some</p>	<p>b. If any Advance Directive exists, a copy will be requested and filed in the resident's record.</p> <p>c. If Advance Directives do not exist:</p> <p>The staff will refer the resident or personal representative to the information provide in the Advance Directives packet.</p> <p>If the resident or personal representative requests further instruction, he/she will be instructed by staff and referred to community resources such as an attorney, physician.</p> <p>Findings:</p> <p>Resident #8</p> <p>Review of Resident #8's medical record revealed an admitted [DATE].</p> <p>Review of Resident #8's medical record failed to reveal documentation that Resident #8 and/or Resident #8's representative's received information regarding advance directives.</p> <p>During an interview on 07/15/2024 at 9:30 a.m. S18 Medical Records reported the facility did not have documentation that advance directive information had been provided for Resident #8.</p> <p>Resident #17</p> <p>Review of Resident #17's medical record revealed an admitted [DATE].</p> <p>Review of Resident #17's medical record failed to reveal documentation that Resident #17 and/or Resident #17's representative's received information regarding advance directives.</p> <p>During an interview on 07/16/2024 at 3:00 p.m. S18 Medical Records reported they were unable to provide documentation that advance directive information had been provided to Resident #17.</p> <p>Resident #23</p> <p>Review of Resident #23's medical record revealed an admitted [DATE].</p> <p>Review of Resident #23's medical record failed to reveal documentation that Resident #23 and/or Resident #23's representative's received information regarding advance directives.</p> <p>During an interview on 07/14/2024 at 2:00 p.m. S18 Medical Records reported the facility was unable to provide documentation that the advance directive information had been provided to Resident #23.</p> <p>Resident #50</p> <p>Review of Resident #50's medical record revealed an admitted [DATE].</p> <p>Review of Resident #50's medical record failed to reveal documentation that Resident #50 and/or Resident #50's representative received 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 - Some</p>	<p>During an interview on 07/15/2024 at 9:30 a.m. S18 Medical Records reported the facility did not have documentation that advance directive information had been provided for Resident #50.</p> <p>40015</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>36921</p> <p>Based on record reviews and interviews the facility failed to thoroughly investigate, document findings, and follow up within 3 working days per facility grievance policy for 1 (#51) out of 1 (#51) resident reviewed for personal property.</p> <p>Findings:</p> <p>Review of facility's Filing Grievances/Complaints policy (undated) revealed in part:</p> <p>Policy statement: Our facility will assist residents or his/her responsible party in filing grievances or complaints when such requests are made.</p> <p>Policy Interpretation and Implementation:</p> <p>1. Any resident, his or her responsible party may file a grievance or complaint concerning medical care, behavior of other residents, staff members, theft of property, etc. without the fear of threat of reprisal in any form.</p> <p>3. Grievances and/or complaints may be submitted orally or in writing. Written complaints or grievances must be signed by the resident or the person filing the grievance or complaint on behalf of the resident.</p> <p>5. Upon receipt of written grievance and/or complaint, the social services director will investigate the allegations and submit a written report of such findings to the administrator within 24 hours of receiving the grievance and/or complaint.</p> <p>6. The administrator will review the findings with the person investigating the complaint to determine what corrective actions, if any, needs to be taken.</p> <p>7. The resident, or person filing the grievance and/or complaint in behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems. Such report will be made orally by the administrator, or his or designee, within 3 working days of the filing of the grievance or complaint with the facility.</p> <p>Review of grievance filed on 06/12/2024 revealed grievance was communicated verbally to the DON (Director of Nursing). Further review revealed grievance form was completed by S23 Social Services.</p> <p>Describe concern in detail: Resident # 51 states that when she left her room her things came up missing. drink flavored packs, chips, crackers, cheese. Resident #51 reported a week after being admitted to the facility she reported she had \$198.00 missing. Resident #51 reported pants and socks were also missing.</p> <p>Further review of grievance form revealed S23 Social Services was assigned responsibility for the investigation.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Findings of investigation: I spoke with Resident # 51's roommate to see if she heard or saw anything she stated she did not.</p> <p>Review of grievance filed on 06/14/2024 revealed grievance was communicated verbally to S23 Social Services.</p> <p>Further review revealed grievance form was completed by S23 Social Services.</p> <p>Describe concern in detail: Resident # 51 states someone took a pack of depends, a protein shake and a juice</p> <p>Further review of grievance form revealed S23 Social services was assigned responsibility for the investigation.</p> <p>Findings of investigation: Spoke with Resident # 51 roommate to see if she knew anything. She stated she did not see anything.</p> <p>During an interview on 07/14/2024 at 2:30 p.m. Resident # 51 reported several missing items that to a lady. Resident #51 was unable to recall the lady's name or department. Resident #51 reported missing items included: 2 rows of depends purchased by her family and brought to the facility, apple juice, grape juice, food items: chips, dip, tuna and a package of crackers. Resident #51 reported the lady wrote down the information to make a report and Resident #51 reported she has not received a follow up of the findings or what they were going to do about the missing items.</p> <p>During an interview on 07/15/2024 at 3:35 p.m Resident #51 described the missing items were a red shirt with cars on it, sweat pants, socks, and \$198.00 in cash she had in her pocket. Resident # 51 reported she can just say the money is missing, when she first came to the facility she was not thinking right and maybe did not put the money up right. Resident #51 reported when she woke up all the money in her pocket was gone.</p> <p>During an interview on 07/15/2024 at 3:50 p.m. S23 Social Services reported Resident #51's missing items were documented on a grievance form, then the grievance form was given to the Administrator and DON (Director of Nursing) informing them about Resident #51's missing items. S23 Social Services confirmed only documentation of the grievance investigation was asking Resident #51's roommate had she seen or heard anything. S23 Social Services confirmed no other investigation was documented. S23 Social Services reported she thought the Administrator and/or the DON would get back to the resident.</p> <p>During an interview on 07/16/2024 at 4:45 p.m. S1 Administrator reported a follow up was done with Resident #51 yesterday and a thorough investigation was not done.</p>

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>40015</p> <p>Based on record review and interview the facility failed to ensure a criminal background check and sex offender registry check had been conducted prior to hire for 1 (S14 CNA[Certified Nursing Assistant]) of 5 (S12 CNA, S13 CNA, S14 CNA, S15 CNA, and S16 CNA) CNA personnel records reviewed.</p> <p>Findings:</p> <p>Review of undated policy on Abuse Prevention revealed:</p> <p>Policy: The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual.</p> <p>Procedure:</p> <p>A. Steps to prevent, detect and report:</p> <p>Screening:</p> <p>1. The facility conducts employee background checks and will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals or misappropriation of property.</p> <p>3. The facility will pre-screen all potential new employees, volunteers, and residents for a history of abusive behavior.</p> <p>Review of S14 CNA's personnel record revealed a hire date of 06/25/2020. Further review of S14 CNA's personnel record failed to reveal a criminal background check and a sex offender registry check had been conducted prior to hire.</p> <p>During an interview on 07/16/2024 at 1:47 p.m. S17 HR (Human Resources) reported a criminal background and sex offender registry check prior to S14 CNA's hire date of 06/25/2020 was not found and there should be one.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39897</b></p> <p>Based on record review and interview the facility failed to ensure resident assessments accurately reflected the resident's status for 1 (#44) of 2 (#1, #44) residents reviewed for accidents. The facility failed to ensure the post-fall assessment was accurately completed for fall risk.</p> <p>Findings:</p> <p>Review of undated Risk Evaluations policy revealed in part:</p> <p>Policy: Residents will have Risk Evaluations performed upon admission/readmission, quarterly, annually and with significant change in status.</p> <p>-Risk evaluations for falls, evaluation of pressure ulcer risk, evaluation of elopement risk, evaluation of smoking risk, evaluation of dehydration risk:</p> <ol style="list-style-type: none"> <li>5. For residents who score at risk, develop a preventative care plan for that risk area.</li> <li>6. Physical Therapy/Occupational Therapy/Dietary/Nursing are to review the appropriate Risk Evaluations on admission/readmission with a significant change, quarterly and annually to identify high risk residents.</li> <li>7. The completed evaluation is to be stored in the Medical Record under assessments.</li> </ol> <p>Review of Resident #44's medical record revealed an admitted [DATE] with diagnoses that included in part peripheral vascular disease, psychoactive substance abuse, difficulty walking, unsteadiness on feet, lack of coordination, and low back pain.</p> <p>Review of Resident #44's comprehensive care plan revealed Resident #44 was at risk for falls with falls on 12/31/2023, 04/06/2024 and 07/09/2024.</p> <p>Review of Resident #44's post-fall risk assessment dated [DATE] revealed Resident #44 was low risk for falls.</p> <p>During an interview on 07/16/2024 at 9:20 a.m. S2 DON (Director of Nursing) reviewed resident #44's post-fall risk evaluation for 07/09/2024 and confirmed it was incorrect and fall precautions should have been implemented.</p>

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NAME OF PROVIDER OR SUPPLIER  Heritage Manor Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2575 Airline Drive Bossier City, LA 71111	

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39897</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a comprehensive, person-centered care plan had been developed and implemented for 4 (#6, #23, #30 and #54) of 29 sampled residents. The facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Resident #6 was monitored for anticoagulant use and AV (Arteriovenous) shunt was monitored.</li> <li>2. Resident #23 was care planned for oxygen</li> <li>3. Resident #30 was care planned for oxygen, nebulizer treatment minutes were documented and abdominal binder was in use</li> <li>4. Resident #54 was care planned for having a PICC (peripherally inserted central catheter) line.</li> </ol> <p>Findings:</p> <p>Resident #6</p> <p>Review of Resident #6's medical record revealed an admitted [DATE] with diagnoses which included in part, Chronic Kidney Disease, Stage 4 and Type 2 Diabetes.</p> <p>Review of Resident #6's medical record revealed the following physician's orders:</p> <p>06/17/2024 Check AV shunt each shift; assess for bruit and thrill.</p> <p>06/17/2024 Apixaban (anticoagulant) oral tablet 5 mg. (milligram); give 0.5 (half) tablet by mouth two times a day</p> <p>06/17/2024 Anticoagulants - Check for bleeding &amp; bruising every shift.</p> <p>Review of Resident #6's July 2024 TAR (Treatment Administration Record) failed to reveal monitoring for bleeding and bruising and monitoring of AV shunt for bruit and thrill had been completed on the following dates/shifts:</p> <p>07/01/2024 evening shift</p> <p>07/02/2024 evening shift</p> <p>07/03/2024 day shift and evening shift</p> <p>07/04/2024 day shift and evening shift</p> <p>07/05/2024 evening shift</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>07/08/2024 evening shift</p> <p>07/09/2024 day shift and evening shift</p> <p>07/10/2024 day shift</p> <p>07/11/2024 day shift and evening shift</p> <p>07/12/2024 evening shift</p> <p>07/15/2024 evening and night shift</p> <p>During an interview on 07/16/2024 at 10:30 a.m., S2 DON (Director of Nursing) reviewed Resident #6's July 2024 TAR and acknowledged monitoring for bleeding and bruising and monitoring of AV shunt had not been completed every shift as ordered and should have been.</p> <p>Resident #23</p> <p>Review of Resident #23's medical record revealed an admitted [DATE] with diagnoses which included in part, acute on chronic systolic congestive heart failure, atrial flutter, anxiety disorder, presence of cardiac pacemaker, essential hypertension, and seizures.</p> <p>Review of Resident #23's MDS (Minimum Data Set) dated 05/22/2024 revealed Resident #23 was cognitively intact with a BIMS (brief interview for mental status) score of 15.</p> <p>Observation on 07/14/2024 at 9:30 a.m. revealed an oxygen concentrator at foot of Resident #23's bed running with nasal cannula attached.</p> <p>During an interview on 07/14/2024 at 9:30 a.m. Resident #23 confirmed he used the oxygen daily for shortness of breath.</p> <p>Review of Resident #23's medical record failed to reveal an order for oxygen.</p> <p>Review of Resident #23's comprehensive care plan failed to reveal a care plan for oxygen with appropriate approaches.</p> <p>Review of Resident #23's interdisciplinary notes revealed Resident #23 arrived to the facility on [DATE] at 3:13 p.m.on 3 liters oxygen by nasal cannula.</p> <p>During an interview on 07/16/2024 at 6:00 p.m. S2 DON reported Resident #23 was using oxygen daily because he was short of breath and should have had an order for oxygen use and care/treatment of oxygen supplies and did not.</p> <p>Resident #30</p> <p>Review of Resident #30's medical record revealed an admitted [DATE], with diagnoses which included in part, acute and chronic respiratory failure, brain stem stroke syndrome, and chronic atrial fibrillation.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #30's medical record revealed the following physician's orders:</p> <p>12/07/2023 Abdominal binder. Patient to wear daily. Only remove for bath/soiling.</p> <p>06/20/2023 Oxygen 2L(liters)/nasal cannula continuously every shift related to acute and chronic respiratory failure.</p> <p>06/10/2024 Minutes of Nebulizer administration every 4 hours.</p> <p>Review of Resident #30's comprehensive care plan failed to reveal Resident #30 was care planned for oxygen with appropriate interventions.</p> <p>Review of Resident #30's medical record failed to reveal minutes of nebulizer treatments had been documented.</p> <p>During an interview on 07/16/2024 at 1:30 p.m. S10 MDS Coordinator reviewed Resident #30's comprehensive care plan and confirmed resident #30 was not care planned for the use and care of oxygen and should have been.</p> <p>Observation on 07/15/2024 at 4:00 p.m. with S7 LPN (Licensed Practical Nurse) failed to reveal Resident #30 had an abdominal binder in place.</p> <p>During an interview on 07/15/2024 at 4:00 p.m. S7 LPN verified Resident #30 was not wearing an abdominal binder and should have been.</p> <p>Resident #54</p> <p>Review of undated policy for PICC Line or Midline Catheter Dressing Change revealed:</p> <p>Policy: A dressing change will be done to prevent external infection of the peripheral or central venous catheter.</p> <p>Responsible party:</p> <p>Procedure:</p> <p>1. Identify the resident and assess the resident's chart for any signs, symptoms of complications related to his/her vascular access device.</p> <p>.</p> <p>11. Secure the lumens down with tape strip.</p> <p>12. Document dressing change per facility protocol with initial and date.</p> <p>13. Reposition the resident to a comfortable position.</p> <p>15. Document treatment per facility protocol.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>16. Assess the dressing change in the first 24 hours for accumulation of blood or moisture beneath the dressing. Change every 7 days and as needed if dressing loose, damp, or soiled.</p> <p>Review of Resident #54's medical revealed an admitted [DATE] with diagnoses that included in part, infection and inflammatory reaction due to other internal joint prosthesis and presence of right artificial shoulder joint.</p> <p>Review of Resident #54's medical record revealed the following physician orders:</p> <p>06/18/2024 IVs (intravenous): Evaluate site for leakage/bleeding/signs of infection every shift</p> <p>06/18/2024 IVs: Flush PICC or Mid Line with 10ml (milliliters) of normal saline before and after each infusion.</p> <p>07/13/2024 Change PICC Dressing q (every) Saturday</p> <p>07/14/2024 Vancomycin HCl (hydrochloride) Intravenous Solution - Use 1.5 gram intravenously every 24 hours for infection 5pm.</p> <p>Review of Resident #54's care plan failed to reveal Resident #54 was care planned for PICC line with interventions.</p> <p>Observation on 07/14/2024 at 10:40 a.m. revealed Resident #54 had a PICC line in place on left inner upper arm with undated clear dressing that was peeling off and black at the edges with a wide piece of clear tap over the end of the dressing and top of port ends.</p> <p>During an interview on 07/16/2024 at 4:55 p.m.S10 MDS Coordinator reviewed Resident #54's care plan and reported Resident #54 was not care planned for the use and care of a PICC line.</p> <p>40015</p> <p>44414</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>36921</p> <p>Based on record reviews, observations and interviews, the facility failed to ensure a resident who was unable to complete their ADLs (activities of daily living) received the necessary services to maintain proper grooming for 1 (#29) out of 1 (#29) residents reviewed for ADLs. The facility failed to ensure Resident #29 received nail care.</p> <p>Findings:</p> <p>Review of facility's Fingernails/Toenails Care (undated) revealed in part:</p> <p>Policy: The purpose of this procedure is to clean the nail bed, to keep nails trimmed, and to prevent infections.</p> <p>Responsibility: Nursing Assistant or Licensed Nurse</p> <p>Key Procedural Points:</p> <p>5. Stop and report to the charge nurse any evidence of ingrown nails, infections, pain, or if nails are too hard or too thick to cut with ease.</p> <p>Review of Resident #29's medical diagnoses revealed: morbid (severe) obesity (07/13/2023), lack of coordination (07/26/2023).</p> <p>Review of Resident #29's July 2024 physician orders revealed an order dated 06/13/2024: clean, cut, and trim fingernails and toenails every week document any refusal; every Thursday.</p> <p>Observation on 07/15/2024 at 8:28 a.m. revealed Resident #29's toenails on both feet were thick, dark, long and had grown over the nail bed.</p> <p>During an interview on 07/15/2024 at 8:28 a.m. Resident #29 reported her last podiatrist visit was about 8 months ago.</p> <p>Observation on 07/16/2024 at 10:00 a.m. with S2 DON (Director of Nursing) revealed Resident #29's toenails on both feet were thick, dark, long and had grown over the nail bed.</p> <p>During an interview on 07/16/2024 at 10:00 a.m. S2 DON confirmed Resident #29's toe nails needed to be trimmed.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>36921</p> <p>Based on record reviews and interviews the facility failed to ensure 1 (#53) of 2 (#6, #53) residents reviewed for nutrition received care as ordered by the physician and as stated in the facility policy. Resident #53 did not have weekly weights as ordered and the registered dietician's recommendations were not implemented.</p> <p>Findings:</p> <p>Review of facility's policy of weights (undated) revealed in part:</p> <p>Policy: All residents are weighed upon admission, readmission, and monthly thereafter to establish weight pattern and monitor for changes.</p> <p>Responsibility:</p> <p>Nursing assistants monitored by the licensed nurse.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. Each resident will be weighed by the 10th of the month.</li> <li>2. Those residents with significant weight changes will be re-weighed by the 15th of the month.</li> <li>3. The Dietician and/ or charge nurse or designee will determine which residents are to be weighed more frequently than monthly</li> <li>4. Weights will be entered electronically.</li> <li>5. When all the resident's weights on the unit have been obtained, the Charge Nurse is to review the weights for accuracy.</li> <li>6. Upon completion of inputting the weights, the licensed nurse and/ or dietician will review the weight change history to ensure that the information is accurate by comparing the weight list to the weight change history.</li> <li>7. Weight loss or gain of 5% in one month and/ or 10% in 6 months must be reported to the Dietician and Physician.</li> </ol> <p>Review of Resident # 53's medical diagnoses revealed unspecified severe protein calorie malnutrition (07/01/2024).</p> <p>Review of Resident # 53's July 2024 Physician Orders revealed:</p> <p>05/12/2024: Weigh weekly</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>05/09/2024: 2 gram Sodium diet, regular texture, regular/thin Liquids consistency; 1000 milliliter fluid restriction</p> <p>05/12/2024: MedPass (house supplement) three times a day for severe protein calorie malnutrition; Give 60 ml (milliliters) by mouth three times a day.</p> <p>Review of Resident # 53's Admission MDS (Minimum Data Sets) dated 05/16/2024 revealed a BIMS (Brief Interview of Mental Status) 00 indicating severe cognitive impairment. Further review of Admission MDS revealed Resident #53 height was 68 inches and weight of 174 pounds.</p> <p>Review of Resident # 53's Care Plan revealed the potential for impaired nutritional status related to disease process and medication side effects with a diagnosis of malnutrition with approaches to explain and reinforce the importance of maintaining the diet ordered and encourage the resident to comply. Registered Dietician to evaluate and make diet change recommendations.</p> <p>Review of Resident # 53's Nutrition Evaluation Initial Annual and Significant Change dated 07/03/2024 revealed recommendations to increase house supplement (Medpass) to 120 ml three times a day.</p> <p>Review of #53's weights documented in Electronic Health Record revealed:</p> <p>05/13/2024: 174 pounds</p> <p>05/27/2024: 164 pounds</p> <p>06/7/2024: 164 pounds</p> <p>Review of facility's weight loss binder with S4 Corporate Nurse revealed a weight of 141 pounds on July 2024 indicating a 14.02 % weight loss.</p> <p>During an interview on 07/16/2024 at 12:40 p.m. S4 Corporate Nurse confirmed weekly weights were not obtained as ordered by physician and entered electrically.</p> <p>During an interview on 07/16/2024 at 12:40 p.m S2 DON reviewed Resident #53's July physician orders and confirmed Resident #53 physician order for house supplement was not increased to 120 ml as recommended by registered dietician.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39897</p> <p>Based on record reviews, observations, and interviews the facility failed to provide appropriate treatment and services for 2 (Resident #30 and #257) of 3 (#24, #30 and #257) residents reviewed for tube feeding. The facility failed to ensure the tube feeding bottles were labeled properly.</p> <p>Findings:</p> <p>Review of facility's undated Tube Feeding policy revealed in part:</p> <p>Definition: A Nasogastric, Gastrostomy or Jejunostomy tube provides a method of administering nutrients directly into the stomach/GI (Gastrointestinal) tract and is indicated for those residents who cannot consume adequate nutrients safely via the oral cavity</p> <p>Procedure:</p> <p>7. Label the feeding bag with the resident's name, formula ordered and date.</p> <p>Resident #30</p> <p>Review of Resident #30's medical record revealed an admitted [DATE]. Diagnoses included in part, Gastrostomy, Dysphagia and Brainstem Stroke Syndrome.</p> <p>Review of Resident #30's medical record revealed a Physician's order dated 07/04/2024, which read, Glucerna 1.5 at 60 ml (milliliters)/hr. (hour) x (times) 22 hours.</p> <p>Observation on 07/14/2024 at 9:40 a.m. revealed Resident #30 with a tube feeding in progress. Review of Resident #30's feeding bottle label failed to reveal Resident #30's name, the time the feeding was started and the rate of infusion.</p> <p>During an interview on 07/14/2024 at 9:50 a.m. S8 LPN (Licensed Practical Nurse) reported the feeding tube label should contain the resident's name, the date and time started, the rate and who started the feeding. S8 LPN confirmed Resident #30's feeding bottle was not labeled properly.</p> <p>Resident #257</p> <p>Review of Resident #257's medical record revealed an admitted [DATE] with diagnoses, which included in part, Cerebral Edema, Major Depressive Disorder, Type 2 Diabetes and Gastrostomy Status.</p> <p>Review of Resident #257's medical record revealed a Physician's order dated 07/14/2024, which read in part, Glucerna 1.5 cal. (calorie) at 55ml/hr. every shift.</p> <p>Observation on 07/14/2024 at 8:00 a.m. revealed a Glucerna 1.5 feeding bottle hanging at Resident #257's bedside. Further observation failed to reveal the feeding bottle had been labeled with Resident #257's name, the date and time feeding was initiated, or the nurse's initials.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/14/2024 at 9:30 a.m. S8 LPN acknowledged Glucerna 1.5 feeding container had not been labeled with Resident #257's name, date and time the feeding was initiated, or the nurse's initials and should have been.</p> <p>44414</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36921</p> <p>Based on observations, interviews and record reviews the facility failed to ensure residents who need respiratory care were provided care consistent with professional standards of practice for 3 (#23, #30, #46) of 3 (#23, #30, #46) residents with an order for oxygen and/or respiratory treatments. The facility failed to ensure:</p> <p>(1) Oxygen tubing and humidification bottle were changed weekly for Resident #23 and Resident #30 and the oxygen tubing was stored properly for Resident #23.</p> <p>(2) Nebulizer mask was stored properly for Resident #46.</p> <p>Findings:</p> <p>(1)</p> <p>Review of the facility's undated Oxygen Therapy policy revealed in part:</p> <p>Equipment:</p> <ol style="list-style-type: none"> <li>1. Source of oxygen delivery system (oxygen concentrator)</li> <li>2. Humidifier, if needed</li> <li>3. Oxygen connecting tube</li> <li>4. Deliver service (cannula, mask,)</li> </ol> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. Oxygen therapy is to be provided under the direction of a written physicians order.</li> <li>8. Change tubing weekly.</li> <li>9. Date tube when changed (weekly).</li> </ol> <p>Resident #23</p> <p>Review of Resident #23's medical record revealed an admitted [DATE] with diagnoses that include in part, severe morbid obesity, congestive heart failure, atrial flutter, cardiac pacemaker and seizures.</p> <p>Review of Resident #23's MDS (Minimum Data Set) dated 05/22/2024 revealed Resident #23 was cognitively intact with a BIMS (brief interview for mental status) score of 15.</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 - Some</p>	<p>Observation on 07/14/2024 at 9:00 a.m. revealed Resident #23's oxygen concentrator was on at 2.5 l/m (liters/minute) with the nasal cannula wrapped around the concentrator handle, un-bagged, undated and the humidification bottle was undated.</p> <p>During an interview on 07/14/2024 at 9:00 a.m. Resident #23 confirmed he used the oxygen daily and Resident #23 reported the tubing was not changed routinely.</p> <p>During an interview on 07/14/2024 at 9:50 a.m. S8 LPN (Licensed Practical Nurse) confirmed Resident #23's oxygen tubing was un-bagged and not dated and the humidification bottle was not dated and both should have been changed weekly.</p> <p>Resident #30:</p> <p>Review of resident #30's medical record revealed an admitted [DATE] with diagnoses that include in part, chronic respiratory failure, brain stem stroke syndrome, and chronic atrial fibrillation.</p> <p>Review of Resident #30's July 2024 physician orders revealed:</p> <p>06/30/2024 Change O2 (oxygen) tubing, mask and/or nasal cannula weekly. May change sooner as needed, one time a day every Sunday.</p> <p>10/15/2023 Change tubing, mask weekly may change sooner as needed.</p> <p>06/20/2023 Oxygen 2L (liter) /NC (nasal cannula) continuously every shift related to acute and chronic respiratory failure.</p> <p>Observation on 07/14/2024 at 9:40 a.m. revealed Resident #30's oxygen in use via concentrator at 2.5 l/m per nasal cannula. Further observation revealed the nasal cannula tubing was not dated and humidifier bottle was dated 06/09/2024.</p> <p>During an interview on 07/14/2024 at 9:50 a.m. S8 LPN confirmed resident #30's oxygen tubing was not dated and should have been and the humidification bottle was out of date and should have been changed weekly.</p> <p>Observation on 07/15/2024 at 11:30 a.m. revealed oxygen in use via concentrator at 2.5 l/m per nasal cannula. Further observation failed to reveal a date on the nasal cannula tubing and humidifier bottle dated 06/09/2024.</p> <p>During an interview on 07/15/2024 at 11:40 a.m. S9 LPN confirmed Resident #30's oxygen tubing was not dated and should have been and the humidification bottle should have been changed weekly and was not.</p> <p>(2)</p> <p>Review of the facility's undated Small Volume Nebulizer Therapy Policy revealed in part:</p> <p>Policy: Nebulizer therapy will be utilized to administer medication per physician's order.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Heritage Manor Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2575 Airline Drive Bossier City, LA 71111	

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Responsibility: All licensed nursing personnel/respiratory therapist</p> <p>Equipment:</p> <ol style="list-style-type: none"> <li>1. small volume nebulizer (tubing and T-piece mouthpiece and/or mask) labeled with resident's name.</li> <li>5. plastic bag</li> </ol> <p>Procedure:</p> <ol style="list-style-type: none"> <li>14. replace small volume nebulizer approximately weekly or when visibly soiled. Change set-up weekly.</li> <li>15. Store in a labeled plastic bag.</li> </ol> <p>Review of Resident #46's medical record revealed diagnoses that included myocardial infarction, dyspnea, and fatigue.</p> <p>Review of Resident #46's July 2024 physician orders revealed the following related to Nebulizer treatment:</p> <p>05/31/2024: Budesonide Suspension 0.5 MG (milligram)/ 2 ML (milliliter); 1 application inhale orally every 12 hours for SOB (shortness of breath).</p> <p>06/30/2024: Change nebulizer tubing and mask weekly. May change sooner as needed, every day shift every Sunday.</p> <p>Observation on 07/14/2024 at 8:40 a.m. revealed Resident # 46's nebulizer was on the overbed table with the nebulizer mask not labeled and tubing stored on top of the nebulizer.</p> <p>During an interview on 07/14/2024 at 9:45 a.m. S21 RN (Registered Nurse) confirmed Resident #46's nebulizer mask and tubing should have been labeled and stored in a plastic bag when not in use.</p> <p>Surveyor: [NAME], [NAME]</p> <p>39897</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40015</p> <p>Based on record review and interview the facility failed to ensure nursing and related services were provided to assure resident safety and maintenance of highest practicable physical, mental, and psychosocial well-being for 1 (#54) of 29 sampled residents. The facility failed to ensure Resident #54's PICC (peripherally inserted central catheter) line dressing changes had been conducted weekly.</p> <p>Findings:</p> <p>Review of policy for PICC Line or Midline Catheter Dressing Change revealed:</p> <p>Policy: A dressing change will be done to prevent external infection of the peripheral or central venous catheter.</p> <p>Responsible party:</p> <p>.</p> <p>Procedure:</p> <p>1. Identify the resident and assess the resident's chart for any signs, symptoms of complications related to his/her vascular access device.</p> <p>12. Document dressing change per facility protocol with initial and date.</p> <p>15. Document treatment per facility protocol.</p> <p>16. Assess the dressing change in the first 24 hours for accumulation of blood or moisture beneath the dressing. Change every 7 days and as needed if dressing loose, damp, or soiled.</p> <p>Review of Resident #54's medical record revealed Resident #54 was admitted to the facility on [DATE] and had diagnoses that included, in part, infection and inflammatory reaction due to other internal joint prosthesis, muscle wasting and atrophy, right shoulder, and presence of right artificial shoulder joint.</p> <p>Review of 06/20/2024 Admission MDS (Minimum Data Set) revealed Resident #54 had a BIMs (Brief Interview Mental Status) score of 15 which indicated Resident #54 was cognitively intact.</p> <p>Review of Resident #54's physician orders revealed:</p> <p>07/13/2024 Change PICC Dressing every Saturday</p> <p>07/14/2024 Vancomycin HCl (hydrochloride) Intravenous Solution - Use 1.5 gram intravenously every 24 hours for infection 5 pm</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of 06/18/2024 S20 NP (Nurse Practitioner) progress note revealed, in part, S/P (status post) right shoulder arthroplasty revision. History of post-op site infection. Currently being empirically managed with IV (intravenous) antibiotics X 6 weeks.</p> <p>Observation on 07/14/2024 at 10:40 a.m. revealed Resident #54 had a PICC line in place on left inner upper arm with an undated clear dressing that was peeling off and black around all edges with a wide piece of clear tape over the end of the dressing and top of port ends.</p> <p>During an interview on 07/14/2024 at 10:40 a.m. Resident #54 reported he had been on IV (intravenous) Vancomycin antibiotics. Resident #54 further reported the dressing on the IV line had been there since he was in the hospital and had never been changed since he was admitted to the facility.</p> <p>Review of Resident #54's June 2024 and July 2024 MAR (medication administration record) failed to reveal Resident #54's PICC line dressing change had been conducted.</p> <p>Review of Resident #54's Progress Notes also failed to reveal Resident #54's PICC line dressing change had been conducted.</p> <p>During an interview on 07/14/2024 at 10:50 a.m. S21 RN (Registered Nurse) confirmed Resident #54's PICC line dressing was dirty and needed to be changed.</p> <p>During an interview on 07/16/2024 at 4:31 p.m. S2 DON (Director of Nursing) reviewed Resident #54's medical record and reported there was no evidence that Resident #54's PICC line dressing had been changed since he was admitted to the facility. S2 DON further reported Resident #54's PICC line dressing should be changed at least weekly.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36921</p> <p>Based on record reviews and interview the facility failed to ensure a licensed pharmacist had conducted a review of residents' drug regimen at least once a month for 5 (#1, #5, #17, #30 and #42) of 5 (#1, #5, #17, #30 and #42) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of undated policy for Consultant Pharmacist Services revealed in part:</p> <p>Policy: Consultant Pharmacist services are provided to residents, as required by federal guidelines.</p> <p>Responsibility:</p> <p>Executive Director, Consultant Pharmacist</p> <p>Procedure: .</p> <p>The pharmacy agrees to provide consultant pharmacist services in accordance with local, state, and federal laws, regulations, and guidelines. They will also abide by facility policies and procedures, and professional standards of practice.</p> <p>The facility will retain Medication Regimen Review reports and documentation of actions taken according to facility policy and/or state and federal guidelines.</p> <p>The consultant pharmacist will ensure that the following services are performed:</p> <p>1. Medication regimen review will be conducted monthly, utilizing state/federal guidelines, as well as professional standards of care. The consultant pharmacist generates a report for each resident's medical record. In addition, a summary report indicating that all residents' medication regimen reviews have been conducted, with their findings is to be provided to the Director of Nursing, Executive Director and Medical Director. The report is to contain the resident's name, relevant drug and any irregularities.</p> <p>Review of Resident #1's medical record revealed Resident #1 was admitted to the facility on [DATE] and was receiving medication therapy.</p> <p>Review of Resident #5's medical record revealed Resident #5 was admitted to the facility on [DATE] and was receiving medication therapy.</p> <p>Review of Resident #17's medical record revealed Resident #17 was admitted to the facility on [DATE] and was receiving medication therapy.</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 - Some</p>	<p>Review of Resident #30's medical record revealed Resident #30 was admitted to the facility on [DATE] and was receiving medication therapy.</p> <p>Review of Resident #42's medical record revealed Resident #42 was admitted to the facility on [DATE] and was receiving medication therapy.</p> <p>Review of Pharmacy Binder failed to reveal a monthly medication review had been conducted for March, April, and May 2024.</p> <p>During an interview on 07/15/2024 at 2:20 p.m., S3 ADON (Assistant Director of Nursing) reported a pharmacy change had occurred on 03/01/2024 and that pharmacy had not done monthly medication reviews for March, April, or May 2024.</p> <p>39897</p> <p>40015</p> <p>44414</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39897</p> <p>Based on observation and interview, the facility failed to ensure dietary services were provided in a sanitary environment for the 56 residents receiving a meal tray from the kitchen as reported by S5 Dietary Manager. The facility failed to ensure opened food items were labeled and dated; failed to ensure the sugar scoop was not stored in the sugar bin; failed to ensure a soda bottle was not stored in the ice machine; and failed to ensure the refrigerator and freezer were monitored at the proper temperature to prevent potential food borne illness.</p> <p>Findings:</p> <p>Observation on 07/14/2024 at 8:00 a.m. revealed 5 undated opened spice bottles, a scoop stored in the sugar container, and a staff member's soda bottle was stored inside the ice machine. Temperature monitoring for the walk-in refrigerator and freezer had not been completed since 07/11/2024. Monitoring for the three-compartment sink had not been completed since 07/11/2024. Temperature checks for food served had not been completed since breakfast on 07/12/2024.</p> <p>During an interview on 07/14/2024 at 8:30 a.m. S5 Dietary Manager confirmed the temperature monitoring for the refrigerator, freezer, three-compartment sink and food had not been completed and should have been. S5 Dietary Manager acknowledged improper labeling of the spices, scoop storage in the sugar container and the employee's soda bottle in the ice machine were unacceptable.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>36921</p> <p>Based on record review and interview, the facility failed to conduct (QAA) Quality Assessment and Assurance meeting was held at least quarterly.</p> <p>Findings:</p> <p>Review of facility's QAA binder with S1 Administrator failed to reveal any documentation of QAA meetings since last annual survey on 08/23/2023.</p> <p>During an interview on 07/16/2024 at 9:19 a.m S1 Administrator confirmed the facility's QAA binder did not contain any documentation of quarterly meetings since the last annual survey on 08/23/2023.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39897</p> <p>Based on record reviews, observations, and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure Enhanced Barrier Precautions (EBP) were in place for 4 (#6, #17, #24, and #30) of 29 sampled residents.</p> <p>Findings:</p> <p>Review of the facility's Enhanced Barrier Precautions undated policy revealed in part:</p> <p>Definition: Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of (Multidrug Resistant Organisms) MDROs in Nursing Homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g. (for example) resident with wounds or indwelling medical devices).</p> <p>2. EBP only require use of gown/gloves when performing high contact resident activities:</p> <ul style="list-style-type: none"> <li>a. dressing</li> <li>b. bathing/showering</li> <li>c. transfer (in room, shower/tub rooms, and therapy gyms)</li> <li>d. AM (morning)/PM (evening) care</li> <li>e. changing linens</li> <li>f. changing briefs or assisting with toileting</li> <li>g. Device care or use: central, urinary catheter, feeding tube, tracheostomy, or ventilator</li> <li>h. Wound care: any skin opening requiring a dressing</li> </ul> <p>Equipment:</p> <ul style="list-style-type: none"> <li>1. Door sign that read Enhanced Barrier Precautions or Visitors Must See Nurse Before Entering.</li> <li>2. Supply of gowns, gloves and plastic bags.</li> </ul> <p>Resident #6</p> <p>Review of Resident #6's medical record revealed and admitted [DATE] with diagnoses, which included in part, Chronic Kidney Disease, Stage 4, and Type 2 Diabetes.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #6's medical record revealed a Physician's order dated 06/17/2024 which read in part, Hemodialysis- assess site for bruising, bleeding, symptoms of infection; Check AV (Arteriovenous) shunt each shift.</p> <p>Observation on 07/14/24 at 4:30 p.m. failed to reveal signage of EBP on the door of Resident #6's room or a PPE (Personal Protective Equipment) cart available with supplies.</p> <p>During an interview on 07/14/2024 at 4:30 p.m., S3 ADON (Assistant Director of Nursing) acknowledged Resident #6 should have been placed on EBPs. S3 ADON acknowledged EBP signage was not in place and PPE equipment was not available for staff and should be.</p> <p>Resident 17</p> <p>Review of Resident #17's medical record revealed and admitted [DATE] with diagnoses, which included in part, Multiple Sclerosis, Acute Kidney Failure, and Major Depressive Disorder.</p> <p>Review of Resident #17's medical record revealed a Physician's order dated 06/29/2024, which read in part, Wound care to left lateral ankle: cleanse with wound cleanser.</p> <p>Observation on 07/14/2024 at 9:30 a.m. revealed a small (4x2 inch) EBP precautions information hanging under Resident #17's room number outside the room. No PPE's are noted outside the doorway for donning PPE's or contamination containers inside the room for doffing PPEs after care.</p> <p>During an interview on 07/14/2024 at 10:00 a.m. S24 Infection Control reported she understood that any resident with a catheter, IV(intravenous), wound, or feeding tube needed to be on the EBP's. S24 Infection Control confirmed the EBP PPE's were not located outside the resident's rooms for donning prior to providing care and red boxes in the resident's rooms for doffing used PPEs prior to exiting a resident's room and should be.</p> <p>Observation on 07/14/2024 at 10:45 a.m. revealed S25 CNA (Certified Nursing Assistant) shaving Resident #17's face during AM care. S25 CNA was wearing gloves but no other PPEs were in use.</p> <p>During an interview on 07/15/2024 at 11:00 a.m., S25 CNA reported she was in-serviced on enhanced barrier precautions and when to use them, and should use them during patient care. S25 CNA confirmed she was shaving Resident #17 the day before and was not wearing a gown while providing AM care.</p> <p>Resident 24</p> <p>Review of Resident #24's medical record revealed an admitted [DATE] and re-entry on 12/19/2022. Diagnoses included in part, Cerebral Palsy, Gastrostomy Status, and Anxiety Disorder.</p> <p>Review of Resident #24's medical record revealed a Physician's order dated 10/14/2022, which read, enteral feed every shift and tube feeding check for placement every shift.</p> <p>Observation on 07/14/2024 at 9:30 a.m. revealed enteral feeding in progress via pump with Jevity at 65 cc/hr (cubic centimeters/hour) to peg site. Further observation failed to reveal EBP were in place for resident #24.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/14/2024 at 10:00 a.m. S24 Infection Control reported she understood that any resident with a catheter, IV, wound, or feeding tube needed to be on the EBP's. S24 Infection Control confirmed the EBP PPE's were not located outside the resident's rooms for donning prior to providing care and red boxes in the resident's rooms for doffing used PPEs prior to exiting a resident's room and should have been.</p> <p>Resident 30</p> <p>Review of Resident #30's medical record revealed an admitted [DATE] and re-entry on 09/15/2023. Diagnoses included in part, Gastrostomy, Dysphagia and Brainstem Stroke Syndrome.</p> <p>Review of Resident #30's medical record revealed a Physician's order dated 06/05/2023, which read in part, Enteral Feed every 6 hours.</p> <p>Observation on 07/14/2024 at 9:45 a.m. failed to reveal EBP were in place for resident #30.</p> <p>During an interview on 07/14/2024 at 10:00 a.m., S24 Infection Control verified EBP precautions were not in place for resident #30 and should have been.</p> <p>44414</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>40015</p> <p>Based on personnel record reviews and interview, the facility failed to ensure provision of at least 12 hours of in-service training per year that included dementia management, resident abuse prevention, and care of the cognitively impaired for 5 (S12 CNA [Certified Nursing Assistant], S13 CNA, S14 CNA, S15 CNA, and S16 CNA) of 5 CNA personnel records reviewed.</p> <p>Findings:</p> <p>Review of S12 CNA's personnel record revealed a hire date of 05/08/2018. Further review of S12 CNA's personnel record failed to reveal evidence that S12 CNA had completed 12 hours of annual training.</p> <p>Review of S13 CNA's personnel record revealed a hire date of 09/21/2023. Further review of S13 CNA's personnel record failed to reveal evidence that S13 CNA had completed 12 hours of annual training.</p> <p>Review of S14 CNA's personnel record revealed a hire date of 06/25/2020. Further review of S14 CNA's personnel record failed to reveal evidence that S14 CNA had completed 12 hours of annual training.</p> <p>Review of S15 CNA's personnel record revealed a hire date of 06/25/2020. Further review of S15 CNA's personnel record failed to reveal evidence that S15 CNA had completed 12 hours of annual training.</p> <p>Review of S16 CNA's personnel record revealed a hire date of 11/01/2021. Further review of S16 CNA's personnel file failed to reveal evidence that S16 CNA had completed 12 hours of annual training.</p> <p>During an interview on 07/16/2024 at 2:29 p.m. S17 HR (Human Resources) reported she was unable to locate evidence that 12 hours of annual training had been completed for S12 CNA, S13 CNA, S14 CNA, S15 CNA, or S16 CNA.</p>