

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195505	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  Mid City Community Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4005 North Blvd Baton Rouge, LA 70806	

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)
F 0600  Level of Harm - Actual harm  Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590</b></p> <p>Based on observation, record review, and interviews the facility failed to protect the resident's right to be free from verbal and mental abuse by a staff member for 1 (#116) of 22 residents reviewed in the final sample.</p> <p>This deficient practice resulted in psychosocial harm on 04/18/2024 at 11:24 a.m. when surveyor observed S10CNA provide care to Resident #116, a [AGE] year old moderately cognitively impaired resident with a diagnosis of Guillain Barre Syndrome. Upon S10CNA entering the room, Resident #116 became visibly tense throughout her body, hands clenched into tight fist around the side rail, and her eyes filled with tears. S10CNA rushed through care then became argumentative with a rude, aggressive tone and tense body language after the resident requested to have her teeth brushed. This interaction left Resident #116 tearful and her body language tense. Resident #116 stated S10CNA made her feel worthless. Resident #116 reported S10CNA and other CNA staff spoke to her with harsh tones, exhibited negative attitudes and harsh body language towards her. As a result of the investigation, despite there not being a significant decline in mental or physical functioning for Resident #116, it could be determined a reasonable person would have experienced psychosocial harm as a result of the staff's behaviors, since a reasonable person would not expect to be treated in this manner in their own home or a health care facility.</p> <p>Findings:</p> <p>Resident #116</p> <p>Review of Resident #116's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses; which included, in part, Guillain Barre Syndrome, Muscle Wasting and Atrophy, Generalized Muscle Weakness, Lack of Coordination, Cognitive Communication Deficit, Abnormalities of Gait and Mobility, and Neuralgia.</p> <p>Review of Resident #116's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/28/2024, indicated the resident had a Brief Interview of Mental Status (BIMS) of 10, which indicated the resident was moderately cognitively impaired. Further review revealed the resident required two person physical assist plus hoyer lift for transfers; and one to two person assist for repositioning and activities of daily living (ADLs).</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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 04/18/2024 at 8:30 a.m. with Resident #116. She stated S10CNA was rough when assisting her with care. She said when she asked her not to be so rough, she would be rude to her. Resident #116 was observed to become tearful during the interview as she stated some of the staff, specifically S10CNA made her feel like less of a person because she needed assistance. She stated on days when she could not help staff with her ADL care due to her condition, she would have to ask for more help and S10CNA would frequently respond with a negative attitude and tell her you know you can do that. Resident #116 stated S10CNA made her feel judged when she provided assistance to her because S10CNA thought she shouldn't need so much help at her age. She stated S10CNA made her feel like she was bothering her when she called for assistance or needed to be changed. She explained it was not what S10CNA said but the tone and body language in which she said it. She stated S10CNA's facial expressions and body language made her feel like S10CNA did not want to provide the assistance requested. She stated S10CNA would rush her and the care she needed in order to get out of her room as fast as possible. She said S10CNA would not meet all of her needs and when she would try to stop her for more help, she was met with a negative attitude or ignored all together. She stated she had never spoken with anyone in an administrative role at the facility or her family about the issues because she was fearful things would get worse if she told anyone.</p> <p>An observation and interview was conducted on 04/18/2024 at 11:25 a.m. when Resident #116 was being transferred from the shower bed to her bed by S10CNA with the assistance of another staff member. When S10CNA entered the room, Resident #116 became visibly tense throughout her body, hands clenched into tight fist around the side rail, and her eyes filled with tears. Upon completion of the transfer and as S10CNA began walking out of the room, Resident #116 was observed asking S10CNA to assist her with brushing her teeth before she left. S10CNA stated in a very gruff, aggressive tone you already did that today and then quickly turned and began walking back towards the door to exit the room. Resident #116 stated No, they didn't get a chance to while I was in the shower so I still need to do it. S10CNA was observed arguing in a short, abrupt tone with Resident #116 about whether or not she needed to brush her teeth right now. S10CNA was observed turning to exit and looked at this surveyor standing in the corner then turned back to Resident #116, loudly exhaled and huffed then gruffly stated fine, let me go get what you need then quickly exited the room. S10CNA returned to the room visibly aggravated with a tense angry facial expression and tense body movements as she prepared to assist Resident #116 with brushing her teeth. S10CNA told the resident, with an aggressive tone of voice, go ahead and get this done real quick. After S10CNA exited the room, Resident #116 stated S10CNA made her feel worthless because of the way she spoke down to her and got an attitude when she asked for assistance. Resident #116 stated there were days when she was having a bad day and wasn't able to remember things so she would ask staff questions. She stated they would respond rudely and tell her she should know that information then refuse to tell her. She stated other times she couldn't move her legs or arms like usual and they would fuss at her telling her not to be lazy.</p> <p>An interview was conducted on 04/18/2024 at 8:30 a.m. with Resident #116's roommate. She stated she had overheard interactions between Resident #116 and S10CNA. She stated S10CNA would get rude with Resident #116 when she asked for assistance. She stated S10CNA talked to Resident #116 like a dog, and explained she meant the tone and manner in which she talked to her, not specifically what she said to her. She stated the way S10CNA spoke to Resident #116 made it very clear she did not want to be doing what Resident #116 was asking from her.</p> <p>Review of Resident #116's roommate's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/31/2024, indicated resident had a Brief Interview of Mental Status (BIMS) of 15, which indicated the resident was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 04/18/2024 at 2:30 p.m. with S2DON. She confirmed she would expect all members of staff to speak to and handle a resident with the utmost respect. She stated it was unacceptable for staff to verbally communicate with or demonstrate body language that made a resident tearful and feel bad about themselves. Upon being provided with the observation made on 04/18/2024 at 11:25 a.m., she agreed Resident #116 was not treated with respect and dignity, and cared for in a manner that promoted enhancement of his or her own quality of life.</p> <p>An interview was conducted on 04/18/2024 at 3:10 p.m. with S1ADM. She confirmed a resident should never be made to feel bad about themselves due to the way a staff member speaks to them or treats them during their interactions.</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** 48872</b></p> <p>Based on interviews and record review, the facility failed to ensure a resident's assessment accurately reflected the residents' status by failing to ensure a resident's Minimum Data Set was accurately coded for PASRR Level II (Pre-admission Screening and Resident Review) for 1 (#12) of 8 (#12, #24, #39, #50, #63, #71, #72, and #101) sampled residents reviewed for PASRR.</p> <p>Findings:</p> <p>Review of Resident #12's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Schizoaffective Disorder, Bipolar Type (05/06/2022).</p> <p>Review of Resident #12's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/2023 revealed the following in Section A1500 PASRR:</p> <p>Has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or mental retardation or a related condition with an entry of 0 (No).</p> <p>Section A1510A: Serious Mental Illness Level II PASRR conditions was blank.</p> <p>Review of Resident #12's OBH-PASRR Level II Summary and Determination Notice, dated 09/11/2023, revealed, in part, the following:</p> <p>Evaluation Placement Recommendations:</p> <p>The individual has a serious mental illness and is recommended nursing home admission.</p> <p>An interview was conducted on 04/18/2024 at 5:16 p.m. with S4MDSC. She verified Resident #12's OBH-PASRR Level II Summary and Determination Notice, dated 09/11/2023, revealed he was issued a Level II PASRR and has a serious mental illness. She reviewed Resident #12's Yearly MDS assessment dated [DATE] and confirmed Section A1500 should have been coded as 1-Yes, and was not.</p> <p>An interview was conducted with S2DON on 04/18/2024 at 5:33 p.m. She reviewed Resident #12's Yearly MDS assessment dated [DATE]. S2DON confirmed Resident #12 was evaluated by Level II PASRR and was determined to have a serious mental illness. S2DON confirmed Section A1500 should have been coded as 1-Yes, and was not.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44590</p> <p>48184</p> <p>Based on interview and record review, the facility failed to incorporate the recommendations from Preadmission Screening and Resident Review (PASRR) Level II Determinations and PASRR Evaluation Reports into resident's assessment, care planning and transitions of care for 3 (#12, #24 and #63) of 8 (#12, #24, #39, #50, #63, #71, #72, and #101 ) reviewed for PASRR.</p> <p>Findings:</p> <p>Resident #12</p> <p>Review of Resident #12's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included the following, in part: Schizoaffective Disorder and Bipolar Type (05/06/2022).</p> <p>Review of Resident #12's OBH-PASRR Level II Summary and Determination Notice, dated 09/11/2023, revealed, in part, the following:</p> <p>Recommended Lesser Services:</p> <p>Training in Activities of Daily Living;</p> <p>Training in Independent Living Skills; and</p> <p>Crisis Intervention Plan/Safety Plan.</p> <p>Recommended Specialized Services:</p> <p>Outpatient Therapy (Individual); and</p> <p>Outpatient Therapy (Group).</p> <p>Review of Resident #12's Clinical Record revealed no documented evidence the facility created or implemented any of the following: Training in Activities of or Outpatient Therapy (Individual), Outpatient Therapy (Group).</p> <p>Review of Resident #12's current Care Plan revealed no documented care plan for any of the following services: in Activities of Daily Living, Training in Independent Living Skills, Crisis Intervention Plan/Safety Plan, Outpatient Therapy (Individual), or Outpatient Therapy (Group).</p> <p>An interview was conducted on 04/18/2024 at 1:00 p.m. with S12LPN. He stated the only psychiatric services Resident #12 received is provided was a Psychology Nurse Practitioner visit once a month.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 04/18/2024 at 11:04 a.m., with S1ADM. She stated she did not have documentation of PASRR level II recommendations offered for Resident #12.</p> <p>An interview was conducted on 04/18/2024 at 11:07 a.m. with S2DON. She stated she did not have documentation of PASRR level II recommendations offered for Resident # 12. She stated Resident #12's BHSF Form 142 document could not be provided.</p> <p>An interview was conducted on 04/18/2024 at 11:08 a.m. with S5SSD. She stated she did not have documentation of PASRR level II recommendations offered for Resident #12.</p> <p>Resident #24</p> <p>Review of Resident #24's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included the following, in part: Schizoaffective Affective Disorder, Other Symptoms and Signs with Cognitive Functions and Awareness.</p> <p>Review of Resident #24's OBH-PASRR Level II Summary and Determination Notice, dated 09/07/2023, revealed, in part, the following:</p> <p>Recommended Lesser Services:</p> <p>Training in Independent Living Skills; and</p> <p>Crisis Intervention Plan/Safety Plan.</p> <p>Recommended Specialized Services:</p> <p>Outpatient Therapy (Individual).</p> <p>Review of Resident #24's Clinical Record revealed no documented evidence to indicate the facility created or implemented any of the following: Training in Independent Living Skills, Crisis Intervention Plan/Safety Plan, or Outpatient Therapy (Individual).</p> <p>Review of Resident #24's current Care Plan revealed no documented care plan present for any of the following services; Independent Living Skills, Crisis Intervention Plan/Safety Plan, or Outpatient Therapy (Individual).</p> <p>Resident #63</p> <p>Review of Resident #63's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included the following, in part: Major Depressive Disorder (11/07/2019), Major Depressive Disorder Severe with Psychotic Symptoms (11/15/2019), and Paranoid Schizophrenia (03/16/2022).</p> <p>Review of Resident #63's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/24/2024, indicated the resident had a Brief Interview of Mental Status (BIMS) of 15, which indicated resident was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #63's OBH-PASRR Level II Summary and Determination Notice, dated 11/29/2023, effective 12/08/2023 through 12/06/2024, revealed, in part, the following:</p> <p>Recommended Lesser Services:</p> <p>Training in Independent Living Skills; and</p> <p>Crisis Intervention Plan/Safety Plan.</p> <p>Recommended Specialized Services:</p> <p>Outpatient Therapy (Individual).</p> <p>Review of Resident #63's Clinical Record revealed no documented evidence to indicate the facility created or implemented any of the following: Training in Independent Living Skills, Crisis Intervention Plan/Safety Plan, or Outpatient Therapy (Individual).</p> <p>Review of Resident #63's current Care Plan revealed no documented care plan present any of the following services: Training in Independent Living Skills, Crisis Intervention Plan/Safety Plan, or Outpatient Therapy (Individual).</p> <p>An interview was conducted on 04/17/2024 at 9:45 a.m. with Resident #63. She stated she did not wish to stay at this facility and planned to go live in a group home or out in the community.</p> <p>An interview was conducted on 04/17/2024 at 10:40 a.m. with S6LPN. She confirmed she was Resident #63's nurse and was very familiar with the services and care she received. She confirmed she had multiple psychiatric diagnoses and desired to eventually go live somewhere outside of a nursing home. She confirmed the resident did not leave the facility to participate in any outpatient therapy services and had never done so since she was her patient. She confirmed she was not aware of and had not received resident specific training for a Crisis Intervention Plan or a Safety Plan for Resident #63. She confirmed she never witnessed or assisted with providing Resident #63 any training in independent living skills.</p> <p>An interview was conducted on 04/17/2024 at 1:30 p.m. with S1ADM. She confirmed the facility did not provide the services indicated in the individual PASRR Level II Determination Letters for Resident #12, #24 and #63 or any of the Level II residents currently in the facility; including a Crisis Intervention Plan/Safety Plan. She stated she thought the facility was only required to handle medication management and ensure the mental health specialist saw the Level II PASRR residents.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44590</p> <p>Based on observations, interviews, and record review, the facility failed to implement a comprehensive person-centered plan of care by failing to follow Physician's Orders for 1 (#45) of 4 (#4, #43, ##66, #114) residents reviewed for nutrition. The facility failed to ensure Resident #45 received a House Supplement with Meals three times daily.</p> <p>Findings:</p> <p>Review of Resident #45's medical records revealed he was admitted to the facility on [DATE].</p> <p>Review of the Quarterly MDS with an ARD of 10/27/2023 revealed Resident #45 had a BIMS of 15, which indicated he was cognitively intact.</p> <p>Review of Resident #45's current physician orders revealed:</p> <p>House Supplement with Meals; Three times daily.</p> <p>On 04/18/2024 at 09:29 a.m., an interview was conducted with Resident #45. He stated his physician ordered a house supplement to be given with meals, three times a day. He stated he was not receiving his house supplement.</p> <p>On 04/17/2024 at 12:36 p.m. an observation was made of Resident #45's lunch tray. His house supplement was not on his meal tray or his bedside.</p> <p>On 04/18/2024 at 09:29 a.m., an observation was made of Resident #45's breakfast tray. His house supplement was not on his meal tray or his beside.</p> <p>On 04/18/2024 09:43 a.m., an interview was conducted with S3DM. He stated he observed Resident #45's meal tray, and there was no house supplement on his tray or his bedside. He confirmed a house supplement was ordered and not provided to Resident #45.</p> <p>On 04/18/2024 at 4:45 p.m. and interview was conducted with S2DON. She confirmed Resident #45 should receive his house supplement three times a day with meals, as ordered and he was not.</p> <p>48184</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48184</b></p> <p>Based on interviews and record review, the facility failed to ensure that appealing options of similar nutritive value were offered to residents who choose not to eat food that is initially served or who request a different meal choice for 1 (#45) of 32 sampled residents reviewed in the initial pool.</p> <p>Findings:</p> <p>Review of the Clinical Record revealed Resident #45 was admitted to the facility on [DATE].</p> <p>Review of the Quarterly MDS with an ARD of 10/27/2023 revealed Resident #45 had a BIMS of 13, which indicated he was cognitively intact.</p> <p>Review of the current Care Plan revealed Resident # 45 was care planned for the following problems:</p> <p>Problems:</p> <p>My current diet is regular.</p> <p>Approaches:</p> <p>Offer food alternatives when appropriate</p> <p>On 04/17/2024 at 12:36 p.m., an interview was conducted with Resident #45. He stated his food was cold. He stated he asked kitchen staff for it to be heated or substituted. He stated the kitchen did not honor his request.</p> <p>On 04/18/2024 at 9:29 a.m., an interview was conducted with Resident #45. He stated his food was cold. He stated he asked kitchen staff for substitutes or to reheat his tray. The kitchen did not honor his request.</p> <p>On 04/18/2024 at 9:34 a.m., an interview was conducted with S8LPN. She stated she was aware of Resident #45 complaining about his food preferences and choices. She confirmed sometimes the food was cold and needing substitutes frequently. She stated sometimes Resident #45's request was missed by the kitchen staff.</p> <p>On 04/18/2024 at 4:45 p.m., an interview was conducted with S2DON. She confirmed Resident #45 should have received alternative options, and should have had his meals reheated when requested and did not.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - 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>44965</p> <p>Based on observations and interviews, the facility failed to store, prepare, and distribute foods under sanitary conditions by failing to maintain a clean kitchen environment. There were 109 facility residents residing in the facility who received food from the facility's kitchen.</p> <p>Findings:</p> <p>An initial tour was conducted of the facility's kitchen with S11KC on 04/16/2024 beginning at 8:56 a.m. There was a slug moving on the floor under the mixer on the electrical cord of the mixer. There were three slugs actively moving on the floor behind the plate warmer between the tile and the wall. There was food debris on the floor throughout the kitchen. There was accumulated food debris under the oven, stove, plate warmer, steam table, and dishwasher. There were four french fries on the floor between the steam table and plate warmer. An interview was conducted with S11KC during the observations. S11KC confirmed the observation of the slugs. S11KC stated the french fries were from supper the night before. She stated the kitchen floor should have been cleaned nightly.</p> <p>A tour was conducted of the facility's kitchen with S3DM on 04/16/2024 at 9:16 a.m. S3DM confirmed there was food debris on the floor throughout the kitchen and under the kitchen appliances. S3DM stated it was evident the floor had not been cleaned nightly, especially under the kitchen appliances. S3DM stated the kitchen floor should have been cleaned nightly.</p> <p>An interview was conducted with S1Adm on 04/17/2024 at 10:48 a.m. She stated the kitchen should have been maintained in a sanitary manner and the kitchen staff were responsible for cleaning the floor, which included under appliances.</p>

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NAME OF PROVIDER OR SUPPLIER  Mid City Community Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4005 North Blvd Baton Rouge, LA 70806	

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44590</p> <p>Based on interviews and record reviews, the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being for each resident residing in the facility. The facility failed to have an effective system in place to ensure:</p> <ol style="list-style-type: none"> <li>1. Recommendations from PASRR Level II Determinations and PASRR Evaluation Reports were incorporated into a resident's assessment, care plan and transitions of care for 3 (#12, #24, #63) of 8 (#12, #24, #39, #50, #63, #71, #72, #101) residents reviewed for PASRR; and</li> <li>2. The coding accuracy for Minimum Data Set assessments regarding PASRR Level II for 1 (#12) of 8 (#12, #24, #39, #50, #63, #71, #72, #101) residents reviewed for PASRR.</li> </ol> <p>The deficient practice had the potential to affect a census of 110 residents.</p> <p>Cross Reference F641.</p> <p>Cross Reference F644.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1.</li> </ol> <p>Resident #12</p> <p>Review of Resident #12's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included the following, in part: Schizoaffective Disorder and Bipolar Type (05/06/2022).</p> <p>Review of Resident #12's OBH-PASRR Level II Summary and Determination Notice, dated 09/11/2023, revealed, in part, the following:</p> <p>Recommended Lesser Services:</p> <p>Training in Activities of Daily Living;</p> <p>Training in Independent Living Skills; and</p> <p>Crisis Intervention Plan/Safety Plan.</p> <p>Recommended Specialized Services:</p> <p>Outpatient Therapy (Individual); and</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Outpatient Therapy (Group).</p> <p>Review of Resident #12's Clinical Record revealed no documented evidence the facility created or implemented any of the following: Training in Activities of or Outpatient Therapy (Individual), Outpatient Therapy (Group).</p> <p>Review of Resident #12's current Care Plan revealed no documented care plan for any of the following services: in Activities of Daily Living, Training in Independent Living Skills, Crisis Intervention Plan/Safety Plan, Outpatient Therapy (Individual), or Outpatient Therapy (Group).</p> <p>Resident #24</p> <p>Review of Resident #24's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included the following, in part: Schizoaffective Affective Disorder, Other Symptoms and Signs with Cognitive Functions and Awareness.</p> <p>Review of Resident #24's OBH-PASRR Level II Summary and Determination Notice, dated 09/07/2023, revealed, in part, the following:</p> <p>Recommended Lesser Services:</p> <p>Training in Independent Living Skills; and</p> <p>Crisis Intervention Plan/Safety Plan.</p> <p>Recommended Specialized Services:</p> <p>Outpatient Therapy (Individual).</p> <p>Review of Resident #24's Clinical Record revealed no documented evidence to indicate the facility created or implemented any of the following: Training in Independent Living Skills, Crisis Intervention Plan/Safety Plan, or Outpatient Therapy (Individual).</p> <p>Review of Resident #24's current Care Plan revealed no documented care plan present for any of the following services; Independent Living Skills, Crisis Intervention Plan/Safety Plan, or Outpatient Therapy (Individual).</p> <p>Resident #63</p> <p>Review of Resident #63's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included the following, in part: Major Depressive Disorder (11/07/2019), Major Depressive Disorder Severe with Psychotic Symptoms (11/15/2019), and Paranoid Schizophrenia (03/16/2022).</p> <p>Review of Resident #63's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/24/2024, indicated the resident had a Brief Interview of Mental Status (BIMS) of 15, which indicated resident was cognitively intact.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #63's OBH-PASRR Level II Summary and Determination Notice, dated 11/29/2023, effective 12/08/2023 through 12/06/2024, revealed, in part, the following:</p> <p>Recommended Lesser Services:</p> <p>Training in Independent Living Skills; and</p> <p>Crisis Intervention Plan/Safety Plan.</p> <p>Recommended Specialized Services:</p> <p>Outpatient Therapy (Individual).</p> <p>Review of Resident #63's Clinical Record revealed no documented evidence to indicate the facility created or implemented any of the following: Training in Independent Living Skills, Crisis Intervention Plan/Safety Plan, or Outpatient Therapy (Individual).</p> <p>Review of Resident #63's current Care Plan revealed no documented care plan present any of the following services: Training in Independent Living Skills, Crisis Intervention Plan/Safety Plan, or Outpatient Therapy (Individual).</p> <p>An interview was conducted on 04/17/2024 at 12:20 p.m. with S1ADM. She stated she was not in charge of handling resident PASRRs, her social workers were. She stated once a resident was granted Level II PASRR, the facility was only required to give them medications and have them seen by the Behavioral Health Specialist. She reviewed Resident #12, #24 and #63's PASRR II Determinations and stated she had no idea what the services indicated as necessary were, so there was no way the facility could have implemented them. She stated she would speak with her social workers and see if they knew what any of the OBH identified interventions meant but she did not think they would because the facility had never done anything like this with a Level II.</p> <p>An interview was conducted on 04/17/2024 at 9:50 a.m. with S5SSD. She stated the social workers were not responsible for handling and processing PASSR documents for the facility. She stated S1ADM handled everything to do with those. She stated she knew some PASRRs were kept in S1ADM's office, some were kept in the business office and some were located in some old binders she found in her office from the previous social worker. She stated the Form 142's were kept separate from the determinations and were located in S1ADM's office. She stated did not know which ones were kept where or why; she just knew they were in several locations throughout the facility. She stated she just located a more recent PASRR response with a level upgrade for one of the residents in the business office then found the same resident's Form 142 in S1ADM's office. She stated them being so difficult to locate was probably why the most up to date documents were not provided by S1ADM upon initial request. She confirmed S1ADM handled the PASSR documents and processed them once received, not the social workers.</p> <p>2.</p> <p>Resident #12</p> <p>Review of Resident #12's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Schizoaffective Disorder, Bipolar Type (05/06/2022).</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #12's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/2023 revealed the following in Section A1500 PASRR:</p> <p>Has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or mental retardation or a related condition with an entry of 0 (No).</p> <p>Section A1510A: Serious Mental Illness Level II PASRR conditions was blank.</p> <p>Review of Resident #12's OBH-PASRR Level II Summary and Determination Notice, dated 09/11/2023, revealed, in part, the following:</p> <p>Evaluation Placement Recommendations:</p> <p>The individual has a serious mental illness and is recommended nursing home admission.</p> <p>An interview was conducted on 04/18/2024 at 3:47 p.m. with S13MDSC. She confirmed she did not handle PASRRs and did not know who did. She stated she could not MDS code for a Level II PASRR if she was not provided with the documentation to know she should do so and confirmed she was not provided with the documentation for Resident #12, #24 and #63 or many other residents in the facility.</p> <p>An interview was conducted on 04/18/2024 at 4:20 p.m. with S2DON. She confirmed she did not handle PASRR and did not know who did. She confirmed she would expect a system to be in place to ensure all residents received services and were MDS coded correctly for their diagnoses and PASRR status.</p> <p>An interview was conducted on 04/18/2024 at 4:45 p.m. with S1ADM. She confirmed there could not be a system in place to ensure all residents received services and were MDS coded correctly for their diagnoses and PASRR status because she was not aware the facility was responsible for providing anything more than administering medications and having them seen by the Behavioral Health Specialist once a resident was granted a Level II PASRR.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47191</p> <p>Based on record review and interviews, the facility failed to ensure all medical records regarding the resident's code status consistently reflected the resident's wishes for 1 (#39) of 32 residents reviewed for advanced directives in the initial screening process.</p> <p>Findings:</p> <p>Review of Resident #39's Clinical Record revealed he was admitted to the facility on [DATE]. Further review of the quarterly MDS assessment with an ARD date of 01/31/2024 revealed he had a BIM's of 14, which indicated he was cognitively intact.</p> <p>Review of Resident #39's Electronic Health Record Physician's Orders revealed the following:</p> <p>Order date: 11/20/2020 - Code Status: Full Code</p> <p>Review of Resident #39's Hard Chart revealed an Advanced Directive Form with DNR checked and signed by Resident #39, which indicated he did not want to be resuscitated if found with no pulse or respirations. A signed physician order dated, 04/30/2021, for Resident #39 confirmed a DNR code status.</p> <p>On 04/16/2024 at 1:58 p.m., an interview was conducted with Resident #39. He stated in the event of an emergency he wished to remain a DNR code status.</p> <p>On 04/16/2024 at 2:00 p.m., an interview was conducted with S6LPN. She stated in the event of an emergency she would refer to the hard chart to determine a resident's code status. She confirmed Resident #39's hard chart revealed he had a DNR code status and would not be coded in the event of an emergency. She confirmed Resident #39's electronic health record physicians order reflected he was a full code status. She stated all residents' hard chart and electronic health record should match to accurately reflect the resident end of life wishes and did not.</p> <p>On 04/16/2024 at 2:05 p.m., an interview was conducted with S7LPN. She stated in the event of an emergency she would refer to the hard chart to determine a resident's code status. She stated all residents' hard chart and electronic health record should match to accurately reflect the resident end of life wishes.</p> <p>On 04/16/2024 at 2:12 p.m., an interview was conducted with S2DON. She stated in the event of an emergency she would expect her nursing staff to refer to the hard chart to determine a resident's code status. She confirmed Resident #39's hard chart indicated DNR code status and the electronic health record reflected he was a full code status. She confirmed all residents' hard chart and electronic health record should match to accurately reflect the resident's end of life wishes and did not.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872</b></p> <p>Based on observation, interviews and record review, 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 staff wore proper Personal Protective Equipment (PPE) while providing catheter care for 1 (#12) of 3 (#12, #52 and #102) sampled residents reviewed for catheter care.</p> <p>Findings:</p> <p>Review of the facility's policy revised 03/2024, titled, Enhanced Barrier Precautions revealed, in part:</p> <p>Policy:</p> <p>It is the policy of this facility to implement enhanced barrier precautions (EBPs) for the prevention of transmission of multidrug-resistant organism.</p> <p>Definitions:</p> <p>-EBPs refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves during high contact resident care activities.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>a. An order for enhanced barrier precautions will be obtained for residents with any of the following:</p> <p>ii. indwelling medical devices (e.g., .urinary catheters .) .</p> <p>3. Implementation of EBPs:</p> <p>b. PPE for EBPs is only necessary when performing high-contact care activities .</p> <p>-High-contact resident care activities include:</p> <p>-Device Care or use: ( .Urinary catheters .)</p> <p>Review of Resident #12's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Neuromuscular Dysfunction of Bladder and Paraplegia.</p> <p>Review of Resident #12's current Physician Orders revealed an order for Enhanced Barrier Precautions (EBPs) with a start date of 01/16/2023.</p> <p>On 04/17/2024 at 2:52 p.m., an observation was made of S9CNA providing catheter care for Resident #12. S9CNA was observed to clean Resident #12's catheter without wearing a gown.</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 - Few</p>	<p>On 04/17/2024 at 4:00 p.m., an interview was conducted with S9CNA. She stated Resident #12 was on EBPs. She confirmed she did not wear a gown during catheter care.</p> <p>On 04/18/2024 at 5:33 p.m., an interview was conducted with S2DON. She stated Resident #12 had a suprapubic catheter and was on EBPs for direct contact care of the resident. She stated nursing staff should wear gloves and a gown when providing catheter care for Resident #12.</p>		