

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Warren		STREET ADDRESS, CITY, STATE, ZIP CODE 11525 E Ten Mile Rd Warren, MI 48089	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>Based on observation, interview and record review, the facility failed to maintain catheter bag privacy for one (R103) of six residents reviewed for privacy. Findings include:</p> <p>Review of the facility record for R103 revealed an admitted [DATE] with diagnoses that included Dementia, Pulmonary Edema/Hypertension, and Kidney Failure. The Minimum Data Set (MDS) assessment dated [DATE] included a Brief Interview for Mental Status (BIMS) score of 9/15 indicating moderate cognitive impairment.</p> <p>On 03/26/24 at 9:05 AM and 10:08 AM, R103's room door was open and their catheter bag was observed hanging on the side of the bed facing the doorway clearly visible from the hallway. The catheter bag was clear and was not in a privacy bag and staw colored urine was visible in the bag.</p> <p>On 03/26/24 at 10:39 AM, R103's catheter bag remained clearly visible from the hallway, uncovered and containing urine. An interview was attempted as R103 appeared alert and was making eye contact however they were unresponsive to verbal cues and therefore could not express their feelings concerning the exposure of the catheter bag.</p> <p>On 03/28/24 at 1:58 PM, Certified Nursing Assistant (CNA) D was interviewed regarding residents who require catheter privacy and reported that they are instructed to put a privacy cover on catheter bags if the bag is not the type that is made with privacy coloring and to put the bag on the side of the bed that is not facing the doorway in order to prevent visibility from the hallway.</p> <p>On 03/28/24 at 2:12 PM, the facility Director of Nursing (DON) reported the expectation is that a catheter bag should be covered by a privacy bag and should not be visible or exposed to the hallway or viewable by non-clinical individuals.</p> <p>Review of the facility policy Promoting/Maintaining Resident Dignity dated 12/20 revealed the Policy statement It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. The Compliance Guidelines portion of the policy included the entry 12. Maintain resident privacy.</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 - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>This citation pertains to Intake MI00143520.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the call light was within reach for one resident (R287) out of two reviewed for call lights. Findings Include:</p> <p>On 3/26/2024 at 9:29 AM, R287 was observed laying in their bed. R287 stated that they were doing okay. R287 call light was noted to be behind them on their nightstand. R287 was asked to try and reach their call light. R287 stated that they were unable to reach their call light. R287 was asked if this happens often and R287 stated that it does.</p> <p>On 3/26/2024 at 10:03 AM, 10:58 AM, and 1:58 AM, R287's call light was observed on the nightstand and still out of reach.</p> <p>On 3/27/2024 at 8:47 AM and 9:14 AM, R287's call light was observed on the nightstand and still out of reach.</p> <p>A review of the medical record revealed that R287 admitted into the facility on [DATE] with the following diagnoses, Metabolic Encephalopathy and Muscle Wasting and Atrophy. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R287 also required assistance with bed mobility and transfers.</p> <p>On 3/28/2024 at 12:17 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that their expectation is that the call light is always within reach.</p> <p>A review of a facility policy titled, Call Lights System noted the following, 1. Staff will have knowledge of the resident call system, including how the system works and ensuring resident access to call light.</p>		

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<p>F 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>38207</p> <p>This citation pertains to Intake MI00143093.</p> <p>Based on observation, interview, and record review the facility failed to ensure that towels and wash clothes were available for seven confidential group residents of seven residents reviewed for homelike environment, resulting in resident dissatisfaction. Findings include:</p> <p>On 3/27/24 at 10:00 AM, a confidential group meeting was held with seven confidential group residents and the group was asked about their overall level of satisfaction with the care and services at the facility. All seven group members expressed dissatisfaction with the amount of towels and wash clothes they were provided. The group indicated that the facility runs out of towels and wash clothes on the units approximately, Two times a week.</p> <p>On 3/28/24 at 1:28 PM, An observation of the 100 unit linen closet revealed no towels or wash clothes observed in the closet.</p> <p>On 3/28/24 at 1:30 PM, An observation of the 200 unit linen closet revealed no towels or wash clothes observed in the closet.</p> <p>On 3/28/24 at 1:32 PM, an interview was conducted with 200 unit Certified Nursing Assistant (CNA) A regarding the available of towels and wash clothes on the unit. CNA A stated, There are not enough.</p> <p>On 3/28/24 at 1:35 PM, An observation of the 300 unit linen closet revealed no towels or wash clothes observed in the closet.</p> <p>On 3/28/24 at 1:37 PM, an interview was conducted with 300 unit Licensed Practical Nurse (LPN) B regarding the available of towels and wash clothes on the unit. LPN B stated, Towels and wash clothes are thrown away by staff after use instead of being rinsed off and/or washed.</p> <p>On 3/28/24 at 1:40 PM, Environmental Services Director (ESD) C was interviewed regarding the lack of towels and wash clothes on the units. ESD C showed the surveyor the location of towels and wash clothes located in the main laundry room. ESD C stated, Staff are welcome to come to the laundry room and get towels and wash clothes as needed.</p> <p>On 3/28/24 at 2:00 PM, the Administrator (NHA) was interviewed regarding their expectations for towels and wash clothes being available for residents. The NHA stated, To have enough linen for each resident on each shift in a timely manner.</p> <p>On 3/28/24 at 2:30 PM, a facility policy titled, Handling Clean Linens Date Reviewed/Revised: 1/24 was reviewed and stated the following, Definitions: Linen includes .towels, washcloths .5a. Clean linen shall be delivered to resident care units .c. A separate room, closet, or other designated space will be used to store clean linen.</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>This citation pertains to Intakes MI00142583 and MI00142441.</p> <p>Based on interview and record review, the facility failed to protect resident funds for seven residents (R8, R15, R34, R75, R84, R92, and R108) of seven residents reviewed for misappropriation of funds. Findings include:</p> <p>In a complaint, as well as, a facility reported incident (FRI) reported to the State Agency indicated; An audit of the facility's trust fund accounts revealed missing funds.</p> <p>R84</p> <p>On 03/27/24 at 8:55 AM, R84 was interviewed in their room regarding the alleged misappropriation of funds that was noted in their complaint to the State agency. R84 stated Usually I get my social security check to sign around the second or third day of the month and when it got to be about the 10th of the month (January 2024) and I hadn't seen it. I asked the Business Office Manager (BOM) M (who was covering at the time for BOM N) about my check. (BOM M) came back to me and said they had called Social Security and they were waiting to hear back. I didn't hear anything so I called (former facility administrator) staff R and left them a message but I didn't hear back from them. I called Social Security. The Social Security office told me to call the fraud hotline so I did that. After that I called the State (State Agency) because staff R never came to speak to me so I did not know if they (the facility staff) had reported it to the State Agency. I thought they weren't doing anything.</p> <p>R84 reported that they did refuse to speak with (local law enforcement) stating I don't trust them. R84 reported that a day or two after speaking with BOM M, staff R came to their room and offered to reimburse them for the missing check with cash. R84 reported that they refused the cash as they had been told by Social Security staff and BOM M that a replacement check was being issued. R84 reported that staff R had stated to them that they could accept the cash and then if a replacement check arrived it could be returned, but indicated that they didn't trust that this was the proper process.</p> <p>Review of the facility record for R84 revealed an admitted [DATE] with diagnoses that included Atherosclerotic Heart Disease, Rheumatoid Arthritis and Chronic Obstructive Pulmonary Disease. The Brief Interview for Mental Status (BIMS) assessment dated [DATE] was scored 15/15 indicating intact cognition.</p> <p>Review of the facility investigation completed by Regional BOM (RBOM) O documented the following summary:</p> <ul style="list-style-type: none"> - Audits of all facility residents funds revealed missing funds from the 12/23/23 and 1/24/24 checks for one resident (R84) and from the 1/24/24 checks from six additional residents (R8, R15, R34, R75, R92, and R108). - Audit pertaining to R84's account indicated \$638.00 was missing while the combined amount confirmed missing amount of money for all seven residents was \$6,067.00. <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Former BOM N ultimately confessed to the misappropriation of the resident funds and, following an initial suspension, was terminated.</p> <p>On 03/27/24 at 4:37 PM, RBOM O was interviewed via phone call. RBOM O verified that former BOM N had been terminated after admitting that they had been misappropriating resident funds and the matter had been referred to the Attorney General's office.</p> <p>On 03/28/24 at 2:40 PM, former BOM N was interviewed via phone call and reported that the misappropriation of funds did take place by their own actions.</p> <p>On 03/28/24 at 4:27 PM, the Nursing Home Administrator (NHA) reported that the expectation regarding management of resident checks/funds is that they never be misappropriated away from the appropriate recipient or destination.</p> <p>38207</p> <p>R34</p> <p>On 3/26/24 at 9:45 AM, R34 was interviewed about any concerns/issues involving their money/funds at the facility. R34 was unable to respond to any questions.</p> <p>A review of R34's electronic medical record (EMR) revealed that R34 was originally admitted to the facility on [DATE] with diagnoses that included Schizoaffective disorder, Bipolar type and Type 2 diabetes. R34's most recent minimum data set assessment (MDS) dated [DATE] revealed that R34 had a severely impaired cognition.</p> <p>R75</p> <p>On 3/26/24 at 9:58 AM, R75 was interviewed about any concerns/issues involving their money/funds at the facility. R75 was unable to respond to any questions.</p> <p>A review of R75's electronic medical record (EMR) revealed that R75 was originally admitted to the facility on [DATE] with diagnoses that included Muscle weakness and Chronic obstructive pulmonary disease (COPD) (Lung disease). R75's most recent MDS dated [DATE] revealed that R75 had a severely impaired cognition.</p> <p>R92</p> <p>On 3/26/24 at 10:27 AM, R92 was interviewed about any concerns/issues involving their money/funds at the facility. R92 was unable to respond to any questions.</p> <p>A review of R92's electronic medical record (EMR) revealed that R92 was originally admitted to the facility on [DATE] with diagnoses that included Dementia and Psychotic disorder. R75's most recent MDS dated [DATE] revealed that R92 had a severely impaired cognition.</p> <p>R108</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/26/24 at 10:45 AM, R108 was interviewed about any concerns/issues involving their money/funds at the facility. R108 indicated that they had No concerns regarding their money.</p> <p>A review of R108's electronic medical record (EMR) revealed that R108 was originally admitted to the facility on [DATE] with diagnoses that included Cerebral Ischemia (Impaired blood flow to the brain) and Alcohol use, with intoxication. R75's most recent MDS dated [DATE] revealed that R108 had an Intact cognition.</p> <p>R15</p> <p>On 3/26/24 at 11:45 AM, R15 was interviewed about any concerns/issues involving their money/funds related to the facility. R15 was unable to answer any questions.</p> <p>A review of R15's EMR revealed that R15 was originally admitted to the facility on [DATE] with diagnoses that included Bipolar disorder and Adult failure to thrive. R15's most recent MDS dated [DATE] revealed that R15 had a Severely impaired cognition.</p> <p>R8</p> <p>On 3/26/24 at 1:08 PM, R8 was interviewed about any concerns/issues involving their money/funds related to the facility. R8 stated, I've never had any problems with my money.</p> <p>A review of R8's EMR revealed that R8 was originally admitted to the facility on [DATE] with diagnoses that included Multiple sclerosis (Autoimmune disease), Bipolar disorder, and Schizoaffective disorder. R8's most recent minimum data set assessment (MDS) dated [DATE] revealed that R8 had an intact cognition.</p> <p>Review of the facility policy Resident Trust Funds dated 1/21 revealed the Policy statement entry The facility will establish and maintain a system that assures a separate and complete accounting of resident's personal funds entrusted to the facility. The Policy Explanation and Guidelines portion includes the entry 2. A resident trust fund is a method of accounting for the resident's personal finances entrusted to the facility that meets State and Federal standards.</p> <p>Review of the facility policy Abuse, Neglect and Exploitation dated 6/23 revealed the Policy statement It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The Definitions portion of the policy includes the entry Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent, use of a resident's belongings or money without the resident's consent.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38207</p> <p>This citation pertains to Intake MI00143093.</p> <p>Based on interview and record, the facility failed to report an employee to resident incident of alleged abuse for one resident (R8) of seven residents reviewed for abuse. Findings include:</p> <p>On 3/26/24 at 1:08 PM, during an initial tour of the facility R8 was interviewed about their satisfaction with the care and services that they were receiving at the facility. R8 indicated that Licensed Practical Nurse (LPN) T had twisted her arm. R8 was asked when this had occurred and R8 stated, One or two months ago. R8 was asked if they reported it to anyone at the facility saying, Yes I reported it to (previous Nursing Home Administrator (NHA). R8 stated, Thank you for looking into this.</p> <p>R8's electronic medical record (EMR) was reviewed and revealed that R8 was originally admitted to the facility on [DATE] with diagnoses that included Multiple sclerosis (Autoimmune disease), Bipolar disorder, and Schizoaffective disorder. R8's most recent minimum data set assessment (MDS) dated [DATE] revealed that R8 had an intact cognition.</p> <p>An incident/accident (I/A) report dated 1/11/2024 18:58 (6:58 PM), involving R8 and LPN T revealed the following, Allegation from (R8) that a staff member noted that (R8) was in a peer's room and grabbed their arm .No injuries observed.</p> <p>On 3/27/24 at 12:45 PM, the Director of Nursing (DON) was interviewed regarding the incident involving R8 and LPN T on 1/11/24, and asked if the incident had been reported to the State Agency (SA). The DON indicated that they remembered completing an I/A related to the incident and nothing further than that.</p> <p>On 3/27/24 at 12:54 PM, the NHA was interviewed regarding the incident involving R8 and LPN T and asked if the incident had been reported to the SA. The NHA indicated that they had only been the NHA for the past two weeks and had no knowledge of the incident involving R8 and LPN T.</p> <p>A facility policy titled Abuse, Neglect, and Exploitation Date Reviewed/Revised: 6/23 was reviewed and stated the following: VII. Reporting and Response: 1. The facility will implement the following: 2. Reporting of all alleged violations to the .state agency .</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102</p> <p>Based on observation, interview and record review, the facility failed to ensure an update for a preadmission screening (PAS) and resident review (ARR) /Hospital Exempted Discharge for a Level II evaluation was completed for three residents (R12, R65 and R121) of four residents reviewed for PASARR, resulting in the potential for unmet mental health services. Findings include:</p> <p>R12</p> <p>On 3/26/24 at 9:50 AM, R12 was observed sitting in room watching television. R12 appeared very anxious about not going back home and staying at facility.</p> <p>On 3/27/24 at 1:00 PM, R12 was observed going to dining room and speaking with other residents.</p> <p>A review of R12's medical record revealed the last 3877 was completed on 12/20/22 and last level II 2/23/23.</p> <p>A review of the medical record revealed that R12 admitted into the facility on [DATE] with the following diagnoses of Major Depressive disorder, Psychosis, Schizophrenia and Adjustment Disorder. A review of the most recent Minimum Data Set assessment dated [DATE] was completed with a Brief Interview for Mental Status (BIMS) score of 12 indicating mildly impaired cognition.</p> <p>R65</p> <p>On 3/26/24 at 1:15 PM, R65 was observed walking to his room with assistance from staff. R65 is nonverbal and has a history of wandering.</p> <p>An observation made on 3/26/24 at 4:00 PM of R65 lying in bed asleep, television was playing loudly.</p> <p>On 3/27/24 at 9:00 AM R65 was observed being redirected to room after breakfast by staff.</p> <p>A review of R65's medical record revealed no current 3877 and 3878 from admission.</p> <p>A review of the medical record revealed that R65 admitted into the facility on [DATE] with the following diagnoses of Severe Dementia. A review of the most recent Minimum Data Set assessment dated [DATE] was completed with a Brief Interview for Mental Status (BIMS) score of 99 indicating severely impaired cognition.</p> <p>R121</p> <p>On 3/26/24 at 9:20 AM Resident 121 (R121) was observed sitting in room watching television. R121 was awaiting assistance to be changed.</p> <p>On 3/27/24 at 2:45 PM R121 was observed sitting in chair outside of room looking at staff and residents as they passed by. R121 would speak to familiar staff and residents.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the medical record revealed that R121 admitted into the facility on [DATE] with the following diagnoses of Dementia, Psychosis, and Major Depressive Disorder. A review of the most recent Minimum Data Set assessment dated [DATE] was completed with a Brief Interview for Mental Status (BIMS) score of 9 indicating an impaired cognition.</p> <p>A review of R121's medical record revealed that R121 did not have a proper 3878 completed.</p> <p>On 03/28/24 at 3:32 PM, an interview with the Social Worker (SW) occurred. The SW was asked about the missing 3877s and 3878s. After not being able to located them, she stated, I do not do the 3877's or 3878's due to licensure. However it is my expectation that the 3877s' and 78's are completed timely and accurately by the MDS nurse.</p> <p>A review of the facility policy Resident Assessment Coordination with PASARR Program revealed this facility coordiantes assessments with the preadmission screening and resident review (PASARR) program under medicaid to ensure that individuals with a mental disorder, intellectual disability , or a related condition recieves care and services in the mostintegrated stting appropriate to their needs.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>Based on observation, interview, and record review, the facility failed to develop a comprehensive care plan for one (R103) of four residents reviewed for care plans. Findings include:</p> <p>R103</p> <p>Review of the facility record for R103 revealed an admitted [DATE] with diagnoses that included Dementia, Pulmonary Edema/Hypertension, and Kidney Failure. The Minimum Data Set (MDS) assessment dated [DATE] included a Brief Interview for Mental Status (BIMS) score of 9/15 indicating moderate cognitive impairment.</p> <p>On 03/28/24 at 3:20 PM, during review of R103's facility record pertaining to their catheter care, it was noted that no care plan was identified that addressed R103's catheter as well as no physician order pertaining to the catheter or related care.</p> <p>On 03/28/24 at 3:41 PM, the facility Director of Nursing (DON) reviewed R103's electronic medical record and acknowledged that there was no care plan or physician order pertaining to R103's catheter. The DON reported the expectation is that any resident with a catheter should have a care plan addressing catheter care and that a physician order should have been entered by the admitting nurse when R103 most recently returned from the hospital with the catheter.</p> <p>Review of the facility policy Care Planning dated 6/23 revealed the Policy statement The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality care. The Policy Explanation and Compliance Guidelines portion includes the entries 1. The baseline care plan will: b. Include the minimum healthcare information necessary to properly care for a resident . and 2. The admitting nurse shall gather information from the admission physical assessment, hospital transfer information, physician orders, . Once gathered, initial goals shall be established . [care plan] Interventions shall be established that address the resident's current needs .</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>This citation pertains to Intake MI00143520.</p> <p>Based on observation, interview, and record review, the facility failed to update the fall care plan following a fall for one resident (R15) of two residents reviewed for care plans. Findings include:</p> <p>On 3/26/2024 at 9:29 AM, R287 was observed laying in bed. R287 stated that they had a fall not too long ago and had gone to the hospital. R287 stated that they did not remember how they fell , they just remember being dizzy.</p> <p>A review of the medical record revealed that R287 admitted into the facility on [DATE] with the following diagnoses, Metabolic Encephalopathy and Muscle Wasting and Atrophy. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R287 also required assistance with bed mobility and transfers.</p> <p>A review of the Incident and Accident (I/A) report dated for 3/16/2024 noted the following, Nursing Description: Pt. (Patient) found on floor beside bed. C/O (complained of) hitting head and notable bruise noted on right arm. Resident Description: I fell and hit my head and I'm dizzy.</p> <p>A review of the progress notes revealed the following, Date: 3/16/2024 at 20:15 (8:15 PM) .Resident was found laying on the floor beside her bed. Resident stated that [R287 hit their head and feels dizzy no c/o pain noted .bruise noted to right upper inner arm, no other injuries noted. Pt. alert with hallucinations noted. (Physician) and DON (Director of Nursing) notified. Order given to send pt. to hospital.</p> <p>A review of the care plan revealed that the last updated intervention was dated 11/29/2022.</p> <p>R15</p> <p>On 3/26/2024 at 9:27 AM, R15 was observed laying in bed. Their bed was not noted to be in the lowest position. R15 was in bed screaming that they were hungry.</p> <p>A review of the medical record revealed that R15 admitted into the facility on [DATE] with the following diagnoses, Senile degeneration of Brain and History of falling. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score 0, indicating an impaired cognition. R15 also required assistance with bed mobility and transfers.</p> <p>A review of an Incident and Accident (I/A) report dated 3/26/2024 noted the following, Nursing Description: Writer summoned to residents room via call for help, upon entering, writer observed resident on floor Resident Description: When asked what happened, resident stated I fell cause I was trying to get the covers off. Its too hot.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a progress note dated 3/26/2024 noted the following, [At] approx (Approximately) 1:40 AM, writer summoned to residents' room via call for help. Upon entering, writer observed resident on floor lying face upward between bed and bedside table. When asked what happened, resident stated, I fell because I was trying to get the covers off. It's too hot in here .</p> <p>A review of the care plan revealed that the last updated intervention was dated 2/26/2024.</p> <p>On 3/28/2024 at 12:20PM, an interview was conducted with the Director of Nursing (DON). The DON stated that there should be immediate interventions on the I/A and the care plan updated.</p> <p>No further information was provided prior to the end of survey.</p> <p>A review of a facility policy titled, Fall Reduction Policy noted the following, .f. Implement (or revise) new fall prevention intervention (s).</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>This citation pertains to Intake MI00143520.</p> <p>This citation has two deficient practice statements.</p> <p>Deficient Practice Statement #1.</p> <p>Based on interview and record review, the facility failed to implement pre-surgery orders for one resident (R287) out of one reviewed for care and services, resulting in the R287 missing their surgery. Findings include:</p> <p>A review of Intake Called inot the State Agency noted the following, .(R287) is scheduled to have surgery on Tuesday 3/26/2024 and the (surgery) facility has been trying to contact (nursing home) to provide instructions on when to stop medications and confirm transportation and has not been able to make contact.</p> <p>A review of the medical record revealed that R287 admitted into the facility on [DATE] with the following diagnoses, Metabolic Encephalopathy and Muscle Wasting and Atrophy. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R287 also required assistance with bed mobility and transfers.</p> <p>Further review of the medical records revealed a set of surgery instructions dated 3/21/2024 that stated R287 had to be NPO (nothing by mouth) after 10 PM on 3/25/2024.</p> <p>On 3/28/2024 at 8:49 AM, an interview was conducted with Unit Clerk (UC) L. UC L stated that R287 was supposed to be NPO, and they were not, so they had to cancel the surgery. UC L stated that it is not currently rescheduled, and they were waiting for the doctor's office to give a new date for R287's surgery.</p> <p>A request for a policy addressing outside surgeries was requested on 3/28/2024 at 9:26 AM and not received prior to the end of survey.</p> <p>49699</p> <p>Deficient Practice Statement #2.</p> <p>Based on interview and record review, the facility failed to complete blood sugar and blood pressure monitoring as well as, notify the physician of change in condition for one resident (R13) of two residents reviewed for care needs. Findings include:</p> <p>A review of R13's medical record revealed they were admitted into the facility on [DATE] with the following relevant diagnoses: Diabetes Mellitus, Atrial Fibrillation (rapid heart rate), Heart Failure, Hyperglycemia (high blood sugar). Further review of the medical record revealed that the resident had an intact cognition.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/2024 at 2:53 PM, an interview was conducted with R13 that indicated their blood sugar was taken, 3/25/2024. R13 revealed it was over 200 (The normal range for blood sugar is 60 to 100) and insulin was administered, another blood sugar was not taken following the administration of insulin. R13 further revealed that their blood sugar is not taken regularly. R13 expressed frustration and stated, The staff do not care.</p> <p>A review of the electronic medical record (EMR) revealed a single blood sugar reading on 3/25/2024 at 1:59 PM of 594 in the vitals section of the EMR. R13 was treated with Lantus (long-acting insulin) at 10:00 AM on 3/26/2024.</p> <p>A review of the EMR revealed that there were two orders for blood sugar testing. One order was written on 3/3/2024 stated, acc check BID (twice daily) and another on 3/25/2024 stated, acc check ac (before meals and hs-at bedtime).</p> <p>Further review of the EMR revealed physician progress notes for 8/21/23, 9/7/23, and 9/22/23 that indicated R13 has a history of hypoglycemia (low blood sugar) and to monitor accu checks (blood sugar testing). Further review of the physician progress notes dated 1/8/2024, 1/11/2024, indicated to continue accu checks. The EMR further revealed that an order for blood sugar testing was not written for any of those dates.</p> <p>On 3/27/2024 at 2:30 PM, Nurse E was interviewed and queried why the blood sugars were not completed for R13. Nurse E revealed that the blood sugar tab did not pop-up on her screen indicating that there was an order to be followed. Further review with Nurse E revealed that the two orders for blood sugar testing did not have a start date.</p> <p>On 3/28/2024 at 4:00 PM, an interview was conducted with the Director of Nursing (DON) regarding the expectation for monitoring a diabetic resident. The DON indicated that their expectation is that when a resident is diabetic, regular blood sugar monitoring should occur.</p> <p>Review of the EMR revealed that R13 had nine abnormal blood pressures between 2/23/2024 and 3/27/2024 with systolic (upper number) ranges from 162 to 182 and diastolic (lower number) from 79 to 111. A review of the medical record did not reveal any documentation of notification to the physician regarding the elevated blood pressures.</p> <p>On 2/27/2024 at 3:00 PM, Physician S approached writer and stated, The resident frequently refuses medication, blood pressure monitoring and blood sugar testing. Physician S indicated that the R13's most recent A1C (Hemoglobin A1C, blood sugar averages over a 3 month period), was 14.1 (normal range is under 6.0). There was no documentation to verify the 14.1 value in the EMR. The most recent A1C in the EMR was dated August, 2023.</p> <p>A review of the EMR failed to reveal refusal of blood pressure monitoring prior to medication administration for January 2024, or February 2024, or March 2024. The EMR indicated blank spaces where the medication was not administered for the 10:00 PM dose on 3/12, 3/14, 3/19, and 3/27/24 without notation of refusals. There was no other documentation of medication refusal for January, February or March 2024.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/28/2024 at 4:00 PM, an interview was conducted with the Director of Nursing (DON). When queried regarding their expectation regarding contacting the physician about reporting of abnormal blood pressures, the DON indicated that abnormal blood pressures should be reported to the physician and documented at the time of the occurrence.</p> <p>The blood sugar policy was requested on 3/27/2024 at 2:25 PM. The policy was not received by survey exit.</p> <p>A review of the Change in Condition policy stated, A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications.) .B. The facility will inform the resident, consult with the resident's provider, and notify consistent with his or her authority, the resident representative(s) when there is .</p>

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<p>F 0727</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>49699</p> <p>Based on interview and record review, the facility failed to ensure that a Registered Nurse (RN) was on duty for eight consecutive hours a day, seven days a week affecting all 137 residents in the facility. Findings include:</p> <p>On 3/28/24 at 10:21 AM, a request for daily nursing staff postings for the past 6 months were requested from the facility in an effort to verify RN coverage however, they were not provided by survey exit.</p> <p>The Director of Nursing (DON) was interviewed regarding the lack of postings, and stated, I have had four schedulers in six months, I cannot find them.</p>

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>49699</p> <p>Based on interview and record review, the facility failed to document Nurse Aide Registry Verification for three Certified Nursing Assistants (CNA's J, I, F) of three CNAs reviewed for verification of ability to provide resident assistance. Findings include:</p> <p>On 3/28/2024 at 1:40 PM, the survey team was provided with the personnel files of three certified nursing assistants CNAs J, I, and F. Review of the files failed to reveal Nurse Aide Registry Verifications for all three CNAs.</p> <p>On 3/28/2024 at 5:00 PM, an interview with the Director of Nursing (DON) revealed that no other records were available at the time of the interview. When queried regarding the expectation for file documentation, the DON indicated that the file should be complete including the Nurse Aide Registry Verification. No further records were provided by the facility at the time of exit.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49699</p> <p>Based on observation and interview, the facility failed to label and date when opened eye medication for two residents (R71 and R98) in two of four medication carts. Findings include:</p> <p>On 3/27/2024 at 1:30 PM, the medication cart located on the 200 Hall revealed two eye medications that were opened and not dated for R98. Two additional eye medications were opened and not labeled for another unknown resident.</p> <p>On 3/27/2024 at 1:40 PM, the second medication cart, located on the 200 Hall revealed two eye medications for R71 without an open date and three eye medications that expired on the following dates, 1/4/2024, 1/25/2024, and 2/4/2024.</p> <p>On 3/28/24 at 2:00 PM an interview with the Director of Nursing (DON) revealed that expired medications should not be in the medication cart and that all medications for multi-use should have an open date and labeled with resident identification.</p> <p>On 3/27/24 at 10:40 AM, the facility policy for the labeling and storage of medication was requested from the facility however, it was not received by the end of survey.</p>

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>44750</p> <p>Based on observation, interview, and record review, the facility failed to pass and date water for five residents (R7, R11, R16, R84, and R287) of five residents reviewed for hydration. Findings Include:</p> <p>R7</p> <p>On 3/26/2024 at 2:09 PM, R7 was observed in bed. No water was observed at the bedside.</p> <p>R11</p> <p>On 3/26/2024 at 11:40 AM, R11 was observed sitting in their room. R11 had no ice or ice water. R11 stated that they never get ice for their pop they have in the room. R11 stated that there is only one ice machine for the whole building and its runs out of ice often. R11 stated that this has been going on for about six months.</p> <p>R16</p> <p>On 3/26/2024 at 2:02 PM, R16 was observed in the bed. R16 stated that they wanted some ice water. R16 activated their light and told their certified nursing assistant (CNA) that they wanted some water. CNA Q stated that they were waiting for a meeting to conclude in the dining room where the ice machine was and then they could get them some ice water. CNA Q stated that there was only one working ice machine and that it often runs out of ice.</p> <p>R287</p> <p>On 3/26/2024 at 1:59 PM, R287 was observed laying in bed. R287 stated that the water that they had was not new and they could not remember when they had it. R287 was observed with a water cup on their bedside table that was not dated.</p> <p>46956</p> <p>R84</p> <p>On 03/26/24 at 10:52 AM, R84's water was observed to be undated. When asked about the water R84 reported that it is often difficult to get ice water because there is only one functioning ice machine in the facility.</p> <p>On 03/27/24 at 9:14 AM, R84 reported that they didn't receive ice water for the previous afternoon until 1:00 AM and that no ice water had been provided since that time. The water cup that was observed on the bedside table was room temperature and undated.</p> <p>(continued on next page)</p>		

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/27/24 at 10:24 AM, Licensed Practical Nurse (LPN) X reported that the ice machine in the dining room was the only working ice machine. LPN X verified that the broken ice machine near the entrance to the 300 hallway is the only other ice machine in the building and that it has been broken for approximately six months. LPN X and LPN E reported that this situation resulted in situations when ice is not available and LPN E reported that ice machine takes about 15 minutes to refill once it is empty.</p> <p>On 03/27/24 at 10:38 AM, Certified Nurse Assistant (CNA) Y was observed attempting to fill multiple cups with ice/water at the dining room ice machine. CNA Y reported that the ice machine does run out and there are times when they are not able to get the ice they need to complete a thorough resident water pass.</p> <p>ON 03/27/24 at 10:46 AM, facility Dietary Manager Z (DM) reported that there is not an ice machine inside the kitchen and that there are times when the kitchen requires ice and they use the machine in the dining room that everyone else uses. DM Z reported that there are times that they cannot get enough ice and that the ice machine takes about 20-30 minutes to refill.</p> <p>On 03/27/24 at 11:00 AM, CNA A reported that the ice machine does run out and that the staff are often not able to complete a thorough water (with ice) pass and that they were not able to do so that morning.</p> <p>On 03/27/24 at 12:42 PM, the Environmental Services Director (ESD) C reported that the primary ice machine has been broken for approximately six months. ESD C reported that a quote was obtained to repair the machine and was submitted to corporate management and they had not received a response yet.</p> <p>On 03/28/24 at 11:01 AM, R89 reported there are consistently times when the staff tell them there is no ice especially during the day and afternoon shift when things are busier and they get room temperature water.</p> <p>On 03/28/24 at 11:05 AM, the facility Administrator (NHA) was interviewed regarding the report that a quote for a new ice machine had been submitted to the corporation. The NHA reported that the corporation and the facility have not yet been able to agree upon which ice machine to order due to cost concerns and therefore they continue to negotiate regarding the final choice of a model to order. The NHA was asked if there is a plan in place to temporarily improve the ice supply for the residents and they stated there was not. The NHA reported that the expectation is that ice/ice water should be available whenever residents need it.</p> <p>Review of the facility policy Hydration dated 01/21 revealed the Policy statement The facility offers each resident sufficient fluid, including water and other liquids, consistent with resident needs and preferences to maintain proper hydration and health.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>49699</p> <p>This citation pertains to Intake MI00142424.</p> <p>Based on interview and record review, the facility failed to maintain complete and accurate medical record for six residents (R237, R54, R90, R107, R108, and R37) of seven records reviewed for complete medical records. Findings include:</p> <p>R237</p> <p>Review of the March 2024 Medication Administrated Record (MAR) revealed, Nurse H on December 23, 2023, day shift, documented giving R237, 13 medications while the resident was on a Leave of Absence (LOA) from the facility. Review of the medical record progress notes for R237 dated 12/23/2023 at 2:36 AM revealed, Resident on LOA with daughter until 12/24/2023. A subsequent note dated 12/24/2023 at 8:07 PM revealed Received resident back into facility.</p> <p>On 3/26/2024 at 11:00 AM and again at 3:00 PM it was noted that the shower room was filled with equipment near front and door to the room. Upon reviewing the medical record, showers were not documented for seven (R237, R54, R90, R107, R108, R69, and R37) of seven residents for at least 14 days.</p> <p>On 3/28/2024 at 12:00 AM, the shower sheets were requested. Seven paper shower sheets dated 3/27/2024 documented showers were given to R54 and R90 that morning. A review of the facility record no shower documentation from 3/12/2024 to 3/26/2024.</p> <p>R54</p> <p>On 3/28/2024 at 12:45 PM an interview was attempted with R54, they were out of their room on several attempts.</p> <p>Review of the record for R54 revealed, that the MDS (Minimum Data Set) assessment by Social Work determined the resident had a BIMS (Brief Interview for Mental Status) of 13 (moderately impaired cognition).</p> <p>R108</p> <p>Review of the record for R108 revealed no shower documentation from 3/12/2024 to 3/26/2024.</p> <p>On 3/28/2024 at 1:34 PM an interview with R108 revealed that they had received a shower on 3/26/2024. Review of the facility record for R108 revealed, that the MDS assessment by Social Work determined the resident had a BIMS of 15 (intact cognition).</p> <p>R107</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/28/2024 at 1:38 PM, the shower sheet for R107 revealed that resident receives a shower QD (daily). In an interview with R107 they said they do not get a bed bath or shower and that they are not asked. A review of the record for R107 revealed no shower documentation for 14 days. A review of the facility record for R107 revealed, that the MDS assessment by Social Work determined the resident had a BIMS of 14 (cognitively intact).</p> <p>R37</p> <p>On 3/28/2024 at 1:40 PM an interview with R37 revealed that they only receive bed bath and would prefer a shower. A review of the record for R37 revealed no shower documentation from 3/12/2024 to 3/26/2024. A review of the facility record for R37 revealed, that the MDS assessment by Social Work determined the resident had a BIMS of 14 (cognitively intact).</p> <p>On 3/28/2024 at 2:00 PM, an interview with the Director of Nursing (DON) was not aware that medication had been documented as given.</p> <p>When the DON was queried about shower documentation, she indicated that it was to be documented in the twice weekly Skin Sweep Assessment by the nurse who would be given the shower sheets by each Certified Nursing Assistant (CNA) after the task was completed.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>49102</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to ensure that the Quality Assurance and Performance Improvement (QAPI) committee met at least quarterly with the required committee members. This deficient practice resulted in the potential for ineffective coordination of facility issues and concerns affecting all 136 residents i the facility.</p> <p>On 3/28/24 at 12:07 PM a meeting was held with the Nursing Home Administrator. When asked about the the meeting minutes and sign in sheets for the QAPI meeting. The NHA stated,The last QAPI meeting was 9/25/23. I have not been able to find any sign sheets or minutes since then. When asked about the expectation for the QAPI committe, NHA stated, My expectation are that a full QAPI meeting should be held at least quarterly and monthly monitoring of care concerns and system deficiencies.</p> <p>Review of the policy titled QAPI Data Collection Systems with the revision date of 3/24 revealed: It is the policy of this facility to systematically collect data as part of the Quality Assurance Performance Improvement (QAPI) program to ensure the care and services it delivers meet acceptable standards of quality in accordance with recognized standards of practice.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>Based on interview and Record review, the facility failed to implement and operationalize an Antibiotic Stewardship Program and failed to ensure accurate monitoring and documentation of antibiotic use resulting in the potential for inappropriate antibiotic utilization and worsening or non-improving infections for all 134 facility residents. Findings Include:</p> <p>On 3/28/2024 at 12:00PM, the Infection Control task was completed with the Director of Nursing (DON). The DON stated that they were acting as the Infection Control (IC) nurse at the time. The DON was asked to provide the antibiotic monitoring and line listing starting from January, February and March 2024. The DON stated that they had not been monitoring antibiotic use for the [AGE] year. The DON was asked how the facility is ensuring that antibiotics are being prescribed correctly and there are no adverse effects. The DON stated that it is being managed by the physicians at this time, but the antibiotic stewardship program was not being utilized at the time.</p> <p>A review of a facility policy titled, Infection Prevention and Control Program noted the following, .b. Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program.</p>

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>44750</p> <p>Based on interview and record review, the facility failed to ensure the Infection Preventionist (IP-individual who is responsible for assessing, developing, implementing, monitoring, and managing the Infection Prevention and Control Program) completed specialized training in infection prevention and control. Findings Include:</p> <p>On 3/28/2024 at 12:00 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that they were also acting as the IP in the facility. The DON stated they had been in the role for a couple months due to some company changes. The DON stated they had started the Centers for Disease Control and Prevention (CDC) course for infection control, however had not completed it yet. The DON stated they did not have a corporate IP and they had no other training related to IP.</p> <p>A review of a facility policy titled, Infection Prevention and Control Program noted the following, .a. All staff shall receive training, relevant to their specific roles and responsibilities, regarding the facility's infection prevention and control program, including policies and procedures related to their job function.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>Based on interview and record review, the facility failed to document the education regarding benefits and offering of immunizations (influenza vaccine) for four residents (R287, R91, R84 and R5) of five sampled residents reviewed for immunizations. Findings Include:</p> <p>R287</p> <p>Review of the medical record revealed that R287 admitted into the facility on [DATE].</p> <p>During the Infection Control task, the consent or declination related to the influenza vaccine was requested.</p> <p>The facility staff provided a declination dated for 9/22/2022.</p> <p>No further information was provided related to the current influenza season.</p> <p>R91</p> <p>Review of the medical record revealed that 91 admitted into the facility on [DATE].</p> <p>During the Infection Control task, the consent or declination related to the influenza vaccine was requested.</p> <p>Provided was a consent dated 9/21/2022.</p> <p>No further information was provided related to the current influenza season.</p> <p>R84</p> <p>Review of the medical record revealed that R84 admitted into the facility on [DATE].</p> <p>During the Infection Control task, the consent or declination related to the influenza vaccine was requested.</p> <p>Provided was a declination dated for 9/22/2022.</p> <p>No further information was provided related to the current influenza season.</p> <p>R5</p> <p>Review of the medical record revealed that R5 admitted into the facility on [DATE].</p> <p>During the Infection Control task, the consent or declination related to the influenza vaccine was requested.</p> <p>(continued on next page)</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provided was a declination dated for 9/15/2022.</p> <p>No further information was provided related to the current influenza season.</p> <p>On 3/28/2024 at 3:58 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that they were looking for the book with the recent consents and declinations. The DON stated that they were only able to find the old ones at this point. The DON stated that the were continuing to look for them.</p> <p>No further information was provided by the end of survey.</p> <p>A review of a facility policy titled, Infection Prevention and Control Program noted the following, a. Residents will be offered the influenza vaccine each year between October 1 and March 31, unless contraindicated or received the vaccine elsewhere during that time .e. Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>Based on interview and record review, the facility failed to offer or document the COVID-19 vaccination to three residents (R287, R91, and R84) out of five reviewed for immunizations and one employee (Licensed Practical Nurse-LPN E) of five employees reviewed for COVID vaccines. Findings include:</p> <p>R287</p> <p>Review of the medical record revealed that R287 admitted into the facility on [DATE].</p> <p>During the Infection Control task, the consent or declination related to the COVID-19 vaccine was requested.</p> <p>Provided was a form with the following question, .3. Do you want to receive the COVID-19 Vaccine or Booster (Available per CDC (Center for Disease Control) Guidelines)? Yes or No The area was blank with no response recorded.</p> <p>No further information was provided related to the Covid-19 vaccine.</p> <p>R91</p> <p>Review of the medical record revealed that 91 admitted into the facility on [DATE].</p> <p>During the Infection Control task, the consent or declination related to the COVID-19 vaccine was requested.</p> <p>Provided was a form with the following question, .3. Do you want to receive the COVID-19 Vaccine or Booster (Available per CDC (Center for Disease Control) Guidelines)? Yes or No The area was blank with no response recorded.</p> <p>No further information was provided related to the Covid-19 vaccine.</p> <p>R84</p> <p>Review of the medical record revealed that R84 admitted into the facility on [DATE].</p> <p>During the Infection Control task, the consent or declination related to the COVID-19 vaccine was requested.</p> <p>Provided was a form with the following question, .3. Do you want to receive the COVID-19 Vaccine or Booster (Available per CDC (Center for Disease Control) Guidelines)? Yes or No The area was blank with no response recorded.</p> <p>No further information was provided related to the Covid-19 vaccine.</p> <p>(continued on next page)</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/28/2024, during the Infection Control Task, a request was made for LPN E Covid-19 vaccination card, consent, or declination.</p> <p>On 3/28/2024 at 3:58 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that they were looking for the book with the recent consents and declinations. The DON stated that they were only able to find the old ones at this point. The DON stated that the were continuing to look for them.</p> <p>No further information was provided related to the Covid-19 vaccination prior to the end of survey.</p> <p>A review of a facility policy titled, Infection Prevention and Control Program noted the following , Documentation will reflect that education was provided and details regarding whether or not the resident or staff received the vaccine.</p>		