

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Oakridge Manor Nursing & Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3161 Hilton Rd Ferndale, MI 48220	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39592</p> <p>Based on observation, interview, and record review, the facility failed to ensure dignity was maintained for three (R38, R43 and R6) of three residents reviewed for dignity. Findings include:</p> <p>R38</p> <p>On 4/22/23 at 9:37 AM, R38 was observed walking in the hallway on the 2nd floor wearing a very thin, stretchy light pink shirt and not wearing a brazier. R38 was observed to have large breasts, and her areola and nipples were visible through the shirt. Multiple times throughout the day R38 was observed walking in the hallway wearing the pink shirt and no brazier.</p> <p>Review of the clinical record revealed R38 was admitted into the facility on [DATE] with diagnoses that included: metabolic encephalopathy, Alzheimer's disease and restlessness and agitation. According to the Minimum Data Set (MDS) assessment dated [DATE], R38 had severely impaired cognition.</p> <p>Review of R38's ADL (activities of daily living) care plan initiated 3/29/23 had an intervention that read, DRESSING: 1 person assist.</p> <p>On 4/23/24 at 9:50 AM, R38 was observed in the walking in the 1st floor dining room wearing the same thin pink shirt and no brazier.</p> <p>On 4/23/24 at 10:45 AM, R38 was observed in her room. R38 was asked if she had any braziers. R38 explained she used to have some, but did not have them anymore, but she would feel better if she had some. R38 then asked if she looked bad.</p> <p>On 4/23/24 at 10:50 AM, Certified Nursing Assistant (CNA) D was interviewed and asked if R38 had any braziers at the facility. CNA D explained R38 did not have any braziers.</p> <p>On 4/23/24 at 1:25 PM, Social Worker (SW) C was interviewed and asked if R38's guardian had ever been asked to provide braziers for R38. SW C explained she would look into the matter.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/24 at 3:05 PM, the Director of Nursing (DON) was interviewed and asked about R38 obviously not wearing a brazier. The DON explained R38 did have braziers at the facility. When informed R38 and the CNA both said she did not, the DON agreed to go look for R38's braziers. The DON was observed to look in R38's closet and bedside cabinet. No braziers were found. The DON asked R38 where her braziers were. R38 explained she did not have any. The DON asked R38 to look through some bags and tubs on her bed. R38 was observed to unpack items that were on her bed, R38 pulled out several white braziers, with the tags still attached to them. The DON explained those were not the braziers she knew R38 had, and that were on her inventory list. The DON was asked to provide the inventory list.</p> <p>Review of R38's Inventory of personal Items dated 7/28/24 read in part, .Bras: 3 sports bras (white, blue, and gray) .</p> <p>R43</p> <p>On 4/24/24 at 11:12 AM, R43 was observed sitting in a geriatric chair being pulled backwards by a CNA from the 2nd floor dining room to their room.</p> <p>On 4/24/24 at 11:18 AM, Licensed Practical Nurse (LPN) K, who served as Nurse Supervisor, was informed R43 had been pulled backwards in a geriatric chair. LPN K explained that was not an acceptable way to transport residents and she would talk to the staff.</p> <p>Review of the clinical record revealed R43 was admitted into the facility on [DATE] with diagnoses that included: pulmonary disease, heart disease and dementia. According to the MDS assessment dated [DATE], R43 had severely impaired cognition.</p> <p>38271</p> <p>Resident #6</p> <p>On 04/22/24 at approximately 9:08 a.m. R6 was observed in their room, laying in their bed attempting to eat their breakfast meal. R6 was observed to have food debris covering their gown. No clothing protector was observed to be provided to R6. R6's meal ticket was reviewed and it stated that R6 had to have a divided plate for assistance with eating. No divided plate was observed to be provided to R6's breakfast meal to help them eat.</p> <p>On 4/23/24 at approximately 8:26 a.m., R6 was observed in the main dining room drinking a red juice as part of their breakfast meal. R6 was observed to have their juice pouring out of their mouth and running down their shirt. At that time, no clothing protector was observed applied to protect R6's clothing.</p> <p>On 4/23/24 at approximately 11:23 a.m., R6 was still observed in the first floor dining room, sitting in their wheelchair. R6 still had the large red juice stain from their breakfast and dried food debris covering their shirt.</p> <p>On 4/23/24 at approximately 1:14 p.m., R6 was still observed in the main dining with the red juice stain observed down their shirt from the breakfast meal and still had the same dried food spilled on their shirt.</p> <p>(continued on next page)</p>

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/22/24 the medical record for R6 was reviewed and revealed the following: R6 was initially admitted to the facility on [DATE] and had diagnoses including Dementia and Peripheral vascular disease. A review of R6's MDS (minimum data set) with an ARD (assessment reference date) of 1/23/24 revealed R6 needed substantial assistance from facility staff with upper body dressing and personal hygiene. R6's was documented as having short and long term memory deficits.</p> <p>On 4/23/24 at approximately 4:05 p.m., During a conversation with the Director of Nursing (DON), the DON was queried regarding the dried food debris and red juice stain on R6's shirt. The DON reported that one of the staff should have taken them back to their room after breakfast and completed a shirt change so R6 would not have to sit in their wet shirt with food debris.</p> <p>On 4/24/24 a facility provided document pertaining to maintaining resident dignity was reviewed and revealed the following: Policy: 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 .</p>

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>49083</p> <p>Based on interview and record review, the facility failed to evaluate, and clarify the residents advance directive code status for one resident (R4) of one resident reviewed for hospice services. Findings include:</p> <p>R4 was initially admitted to this facility on 2/16/22 with a medical history of chronic obstructive pulmonary disease (COPD), atrial fibrillation (abnormal heart rhythm) and coronary artery disease. On 2/7/24, R4 returned to the facility after a hospitalization , and was readmitted to hospice care. A Brief Interview for Mental Status (BIMS) was assessed on 2/13/24 and R4 scored an eight, indicating mildly impaired cognition.</p> <p>On 4/22/24, the Electronic Medical Record (EMR) and face sheet identified R4 as a hospice resident and designated code status was documented Do Not Resuscitate (DNR) (a legal document indicating in the event a person's heart or breathing stops, do not take measures to bring back to life). Further record review of the EMR identified an Advance Directive dated 9/9/2023, and revealed R4 elected for full resuscitation and life sustaining treatments.</p> <p>On 4/22/24 at 11:30 AM, The Director of Nursing (DON) was interviewed and inquired if there was documentation of advance directives confirming the resident elected to be a DNR. The DON verified while reviewing R4's EMR, the last advance directive dated 9/9/23, R4 was responsible for themselves and elected code status was a full code (full resuscitation). The DON acknowledged that the EMR identified R4 as a DNR.</p> <p>On 4/22/24, A hospice communication binder for R4 was discovered at the facilities second floor nursing station. Documentation included advanced directive paperwork dated 2/25/24 revealed elected code status for R4 as DNR. This document was signed by R4's Power of Attorney (POA), the facility's previous Limited Licensed Masters Social Worker (LLMSW) A and Physician B.</p> <p>On 4/23/24 at 2:47 PM, The facility Corporate Licensed Bachelors Social Worker (LBSW) C requested a conversation and disclosed R4 was not deemed incompetent, and never evaluated by two physicians for decision making competency. LBSW C acknowledged the DNR paperwork signed on 2/25/24 by the designated POA, the facility's previous LLMSW A, and the Facility Physician B was not a legal binding document. LBSW C confirmed the code status for R4 was changed from DNR to Full Code on 4/22/24.</p> <p>The facilities policy titled Residents' Rights Regarding Treatment and Advance Directives Implemented 3/13/24 states.The facility will identify, clarify, and review with the resident or legal representative whether they desire to make any changes related to any advance directives .</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>49083</p> <p>This Citation pertains to Intake MI00142276.</p> <p>Based on record review and interview, the facility failed to provide a notification for transfer to the hospital for one resident (R19) resulting in R19's responsible party was not informed for the reason of transfer and admission to the hospital. Findings include:</p> <p>On 4/22/23, A clinical record review revealed that R19 was initially admitted to this facility on 7/20/20 with a diagnosis of coronary artery disease, hypertension, diabetes, stroke, dementia, anxiety, and depression. Further observation revealed R19 is bedbound, nonverbal, contracted and receives nutrition via a Percutaneous Endoscopic Gastrostomy (PEG) Tube (a surgically inserted tube placed into the stomach to receive nutrition). A Brief Interview for Mental Status (BIMS) summary score totaled three indicating R19 is severely cognitively impaired.</p> <p>Further record review revealed on 3/12/24, staff discovered the PEG tube for R19 was dislodged which required a transfer to the hospital to have a surgical procedure to replace.</p> <p>On 4/23/24 at 9:49 AM, The Nursing Home Administrator (NHA) was informed the documentation of the Notice of Transfer to R19's responsible party was not identified in the medical record. The NHA acknowledged this document was not found and requested the Director of Nursing (DON) review R19's medical record to verify.</p> <p>On 4/23/24 at 9:59 AM, The DON confirmed no notice of transfer was provided and could not confirm if R19's responsible party was notified of the hospital transfer.</p> <p>Review of the facilities Transfer and Discharge Policy Implemented 11/1/2022 reads. Provide a notice of transfer and the facilities bed hold policy to the resident and representative .</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were administered and/or documented per professional standards of practice for three (R198, R196, R3 and R14) residents. Findings include:</p> <p>On 4/23/24 at 8:28 AM, A medication observation was conducted with Licensed Practical Nurse (LPN) H for R198. As R198 was taking medications, R198 requested more water from LPN H at which time, LPN H left remaining medications on the bedside table and exited the room. LPN H returned to R198 with another glass of water and commented that the remaining medications should have not been left unattended and further stated, You, (referring to this surveyor) were here, so it was alright.</p> <p>On 4/23/24 at 8:39 AM, A medication observation was conducted with LPN H for R 196. During administration, an Albuterol inhaler (medication inhaled to relax the airway) was observed inside a box of gauze sponges and a bottle of peroxide. When inquired if the inhaler was part of the medications ordered, R196 replied, That is from the hospital I was discharged from. R196 further stated he doesn't really use it because he gets breathing treatments at the facility. LPN H confirmed the Albuterol inhaler was from the hospital and does not have a current order from the facility, it should not be at the bedside. LPN H put the inhaler back into box and placed it back onto the bedside table and left the room.</p> <p>On 4/23/24 at 8:42 AM, A medication observation was conducted with LPN H for R3. Medication documented and observed being prepared was Aspirin 81 milligram (mg) delayed release one time daily. During the medication reconciliation, it was revealed the order from the facility was Aspirin 81 mg chewable one time daily.</p> <p>04/23/24 at 4:43 PM, The Director of Nursing (DON) was informed of the medication observations with LPN H and confirmed medications should have not been left unattended, medications are not to be left at bedside, and the order for aspirin was not followed per orders.</p> <p>Review of the facilities policy for Medication administration Implemented: 11/1/22 Revised: 3/27/24 . Medications are administered as ordered by the physician and is in accordance with professional standards of practice .Observe resident consumption of medication .Ensure that the right drug is administered .</p> <p>39592</p> <p>R14</p> <p>On 4/22/24 at 9:26 AM, R14 was observed lying in their bed. R14 was asked if they had any concerns about care at the facility. R14 explained at times they would get phantom pain (pain from a body part that has been amputated) and that Tylenol would really help, but it would take two or more hours to get the Tylenol after they asked the nurse for Tylenol.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the clinical record revealed R14 was admitted into the facility on [DATE] and readmitted [DATE] with diagnoses that included: amputation of left leg below knee, amputation of right leg above knee and depression. According to the Minimum Data Set (MDS) assessment dated [DATE], R14 was cognitively intact.</p> <p>Review of R14's pain care plan revealed interventions dated 9/13/23 that read in part, .Administer pain medication as ordered .</p> <p>Review of R14's April 2024 Medication Administration Record (MAR) revealed no physician order for Tylenol, or any other pain medication, scheduled, as needed or a one time order.</p> <p>Review of R14's September 2023, October 2023, November 2023, December 2023, January 2024, February 2024 and March 2024 MAR's revealed no orders for Tylenol or other pain medications.</p> <p>On 4/23/24 at 9:30 AM, Registered Nurse (RN) E was interviewed and asked about R14's pain. RN E explained R14 did not usually have any pain, occasionally R14 would say they were having phantom pain. RN E was asked if she had ever given R14 Tylenol. RN E explained she had, but not often. When told there was no physician order for Tylenol, RN E explained it must have been discontinued by the doctor, so she would have called and gotten a one time order to give it to them.</p> <p>On 4/23/24 at 11:20 AM, the DON was interviewed and asked if Tylenol could be given without a physician order. The DON explained any medication needed to have a physician order to be given. The DON was informed R14 said they were getting Tylenol and the nurse said she had given Tylenol before and there had not been a physician order for Tylenol. The DON explained if a nurse obtained a one time order, the order had to be entered and documented on the MAR.</p> <p>Review of facility job descriptions for RN's and LPN's, both dated 6/1/19 that read in part, .provided and coordinated quality nursing care for residents . Administer prescribed medications . and note times and amounts on patients' charts .</p>

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39592</p> <p>Based on observation, interview and record review, the facility failed to identify and implement interventions to address changes in range of motion (ROM) for one (R14) of two residents reviewed for limited ROM, resulting in R14 developing contractures in three fingers. Findings include:</p> <p>On 4/22/24 at 9:26 AM, R14 was observed lying in their bed. R14 was asked if they had any concerns about care at the facility. R14 explained when they were admitted, they could use their left hand, now it was useless and they had to keep a napkin in their palm to keep their fingernails from digging into their palm. Observation of R14's left hand revealed the middle, ring and little fingers bent down with the fingernail tips of the ring and little fingers making contact with R14's palm. When asked if they could straighten out their three fingers, R14 explained that was as far as they could straighten them. R14 was asked if staff could get their fingers straight. R14 explained they did not know, as no one ever tried to straighten them out.</p> <p>Review of the clinical record revealed R14 was admitted into the facility on [DATE] and readmitted [DATE] with diagnoses that included: atrial fibrillation, diabetes and depression. According to the Minimum Data Set (MDS) assessment dated [DATE], R14 was cognitively intact, was independent for eating and oral hygiene, and required the assistance of staff for all other activities of daily living (ADL's). The MDS assessment also indicated R14 had no impairment in ROM to the upper extremities (arms).</p> <p>Review of R14's comprehensive care plan revealed no ROM goals or interventions.</p> <p>On 4/23/24 at 9:15 AM, Occupational Therapist (OT) F was interviewed and asked when was R14's last OT evaluation. OT F explained it was on 11/28/23. OT F was asked if R14 had any limitations or contractures to their left hand. OT F explained there was no limitation or contractures at the evaluation or when the last screening was done in February 2024. OT F was informed R14 was unable to straighten out their fingers and kept a napkin in their hand to keep their nails from digging into their palm.</p> <p>On 4/23/24 at 9:25 AM, observation of OT F checking R14's left hand was completed. OT F attempted to straighten R14's middle, ring and little fingers, but was unable to straighten them. OT F explained she had generic palm splints, but would have an Orthotist (makes and fits braces and splints) come and make R14 a splint to protect the hand and try to prevent further contractures.</p> <p>Review of the OT evaluation dated 11/28/23 read in part, .LUE (left upper extremity) ROM = WFL (within functional limitation) . LUE Strength = WFL . Functional Limitations Present d/t (due to) Contracture = No .</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/24 at 11:25 AM, Certified Nursing Assistant (CNA) G, who provided restorative therapy at the facility, was interviewed and asked about R14. CNA G explained she and the Activity Supervisor did the ROM, therapy would give them the orders for what to do and how often to do the exercises. CNA G was asked if they had noticed any decrease in ROM in R14's left hand. CNA G explained she had noticed a decrease in ROM approximately 2-3 weeks ago. When asked who she had told about the limitation, CNA G explained she had told the nurse, but could not remember which nurse. CNA G was asked to provide restorative documentation.</p> <p>Review of restorative documentation for R14 revealed a Restorative Flow Sheet for January 2024 that read in part, .PRESCRIPTION: Pt to complete AROM (active range of motion) ex (exercises) all planes 20 reps (repetitions) 2 sets for BUE (bilateral upper extremities)/BLE (bilateral lower extremities) to maintain strength . FREQUENCY: 3x/wk (week) x 8 wks . No other flow sheets were provided however, a ONE TO ONE ACTIVITY PROGRAM PARTICIPATION AND RESPONSE sheet for R14 read in part, .3/14 (R14) participated upper body exercises. 10 mins; 3/18 (R14) refused . No other documentation was provided before the end of the survey.</p> <p>On 4/24/24 at approximately 9:00 AM, OT F was asked if she had done an evaluation on R14. OT F explained she had, and confirmed R14 had hand and finger contractions. OT F was asked if these contractures could have developed in 2-3 weeks. OT F explained contractures take 2-3 months to develop.</p> <p>Review of the OT evaluation dated 4/23/24 read in part, .LUE ROM = impaired . Hand = impaired; Middle Finger = impaired; Ring Finger = impaired; Little Finger = impaired . AROM - (L) Middle Finger: PIP (proximal interphalangeal joint - middle joint) Extension = -16* (degrees); DIP (distal interphalangeal joint - end joint) Extension -28* . AROM - (L) Ring Finger: PIP Extension = -44*; DIP Extension = -31* . AROM - (L) Little Finger: PIP Extension = -33*; DIP Extension = -39* . Functional Limitations Present d/t Contracture = Yes . Location of Contracture: left hand .</p> <p>Review of a facility policy titled, Prevention of Decline in Range of Motion dated 11/1/22 read in part, . Residents who enter the facility without limited range of motion will not experience a reduction in range of motion . Based on the comprehensive assessment, the facility will provide interventions, exercises and/or therapy to maintain or improve range of motion . Staff will be educated on basic, restorative nursing care that does not require the use of a qualified therapist or licensed nurse to oversight .</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>Based on observation, interview and record review, the facility failed to ensure an environment free from hazards. This deficient practice had the potential to affect multiple residents who reside on the first floor. Findings include:</p> <p>On 4/22/24 at approximately 10:02 a.m., a portable oxygen tank was observed in room [ROOM NUMBER] on the first floor propped up against the wall without being secured.</p> <p>On 4/22/24 at approximately 12:39 p.m., the portable oxygen tank was still observed in room [ROOM NUMBER] propped up against the wall without being secured.</p> <p>On 4/22/24 at approximately 2:38 p.m., a second oxygen tank that was free standing was observed behind the nursing station without any devices securing it such as a caddie or cradle</p> <p>On 4/23/24 at approximately 9:37 a.m., the oxygen tank in room [ROOM NUMBER] was still observed propped up against the wall without being secured.</p> <p>On 4/23/24 at approximately 9:40 a.m., Nurse Manager k was shown the oxygen tank in room [ROOM NUMBER] and they indicated that all portable oxygen tanks should be stored appropriately with a caddie and not leaning up against a wall or be free standing without anything supporting it.</p> <p>On 4/23/24 a facility document pertaining to oxygen safety was reviewed and revealed the following: Policy: It is the policy of this facility to provide a safe environment for residents, staff, and the public. This policy addresses the use and storage of oxygen and oxygen equipment. Policy Explanation and Compliance Guidelines: 1. Safety is the responsibility of all staff, residents, visitors, and the general public. 2. Hazards or other conditions that could develop into a hazard must be reported to a supervisor or Maintenance Director as soon as practical. Anyone may report a hazard, or potential hazard. 3. Staff, residents, and families will be educated on oxygen safety precautions in accordance with their roles and responsibilities related to the use and storage of oxygen .c. Cylinders will be properly chained or supported in racks or other fastenings (i.e. sturdy portable carts, approved stands) to secure all cylinders from falling, whether connected, unconnected, full, or empty.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>Based on record review and interview, the facility failed to document within the medical record for two residents (R19, R20) that an identified irregularity identified from the medication regimen review (MMR) was acknowledged by the Physician/Prescriber to prevent adverse consequences related to medication therapy. Findings include:</p> <p>Review of the facility policy Medication Regimen Review, dated 11/1/22 states. The Medication Regimen Review is a thorough evaluation of the medication regimen of a resident with the goal of promoting positive outcomes and adverse consequences. The MRR includes collaboration with other members of the interdisciplinary team. Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities.</p> <p>R19</p> <p>On 4/23/24, A clinical record review revealed R19 was admitted to the facility on [DATE] for stroke, dysphagia (difficulty swallowing food and liquid), dementia, anxiety, depression, and dependent on parental nutrition via a Percutaneous Endoscopic Gastronomy (PEG) Tube (nutrition provided by tube surgically placed into the stomach). The Brief Interview for Mental Status (BIMS) score totaled three, identifying R19 had severe impaired cognition.</p> <p>Review of the MMR for R19 dated 2/12/24 indicated. This resident has been taking Sertraline (an antidepressant) 50 milligram (mg) without a Gradual Dose Reduction (GDR). Could we attempt a dose reduction at this time to verify this resident is on the lowest dose? If not, please indicate response.</p> <p>The bottom of the document for the Physician/Prescriber response was not acknowledged.</p> <p>On 4/24/24 at 10:45 AM, Physician O was contacted regarding the 2/12/24 MMR recommendation and Physician O could not confirm if the MMR was acknowledged.</p> <p>R20</p> <p>On 4/23/24, A clinical record review revealed R20 was admitted to the facility on [DATE] with a diagnosis of depression, anxiety, hypertension, renal dysfunction, and arthritis. The Brief Interview for Mental Status (BIMS) score totaled three, identifying R20 had severe impaired cognition.</p> <p>Review of two MMR's dated 2/12/24 and 4/15/24 from pharmacy indicated. The resident has been taking Sertraline 50 mg and Alprazolam (medication for anxiety) 0.25mg without a GDR. Could we please attempt a dose reduction at this time to verify this resident is on the lowest dose? If not, please indicate response.</p> <p>The bottom of the document for the Physician/Prescriber response was not acknowledged.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/24 at 9:17AM, Physician B was contacted and unable to confirm if the MMR's dated 2/12/24 and 4/15/24 were acknowledged. Physician B revealed Nurse Practitioner N also acknowledges MMRs and suggested to contact them for further information.</p> <p>On 4/24/24 at 10:25 AM, an attempt to contact NP N was made and no response was received by the end of this survey.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>Based on observation and interview the facility failed to ensure expired medical supplies were removed, maintain daily log of refrigerator temperatures, and provide refrigerated medication at recommended temperature between ,d+[DATE]-degree Fahrenheit (F) resulting in the potential for the decreased efficacy of medical supplies and medications. Findings include:</p> <p>[DATE] at 8:21 AM, An observation was conducted of the facility second floor medication storage room with Licensed Practical Nurse (LPN) L. Initial entrance to the room revealed the refrigerator had no lock. The thermometer located inside on the top shelf noted temperature of 30-degree F. LPN L was unable to continue with the observation and was temporarily ceased.</p> <p>On [DATE] at 9:35 AM, a second attempt of the medication room observation was requested and conducted with the Director of Nursing (DON). The DON unlocked the medication storage room and identified the refrigerator was not locked. The pad lock was outside of the room next to the computer on the nurse's desk. The refrigerator thermometer located inside on the top shelf revealed a temperature of 28 degrees F. Review of the daily temperature log verified temperatures were not documented from [DATE] to [DATE] . The DON confirmed nursing on the midnight shift is responsible for documenting refrigerator temperatures and was informed prior by staff this was identified as incomplete when earlier surveyed.</p> <p>Random medical supplies were pulled from the shelves by the DON and revealed the following expired supplies: Urine Catheter, 20 French expired [DATE], Tuberculin needle 28 gauge expired [DATE], two Intravenous (IV) needles both 18 gauge expired [DATE] and [DATE], IV needle 20 gauge expired [DATE]. The DON acknowledged expired supplies should have been discarded and not stored past expiration.</p> <p>Request for the facility policy on medical supplies regarding expiration was not provided by the end of the survey.</p> <p>Review of the facilities Medication Storage Policy Implemented: [DATE] and Revised [DATE] states: .All drugs and biologicals will be stored in locked compartments (i.e., refrigerators) under proper temperature controls .Refrigerator temperatures are maintained within ,d+[DATE] degrees (F) .Temperature levels are recorded daily by the charge nurse or other designee .</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>Based on interview and record review, the facility failed to obtain a Physician ordered laboratory (lab) test for one resident (R27) of one resident reviewed for laboratory diagnostics, resulting in the potential for abnormal lab results to go unreported to the Physician. Findings include:</p> <p>On 4/22/24 at approximately 9:22 a.m., R27 was observed in their room, laying in their bed. R27 was queried if they had any concerns and they indicated they weren't feeling well.</p> <p>On 4/22/24 the medical record for R27 was reviewed and revealed the following: R27 was initially admitted to the facility on [DATE] and had diagnoses including Cerebral infarction, Paranoid schizophrenia and Neuromuscular dysfunction of bladder. A review of R27's MDS (Minimum data set) with an ARD (assessment reference date) of 3/6/24 revealed R27 needed assistance from facility staff with most of their activities of daily living.</p> <p>A Physicians's evaluation dated 4/11/24 revealed the following: .Following for complaint of dysuria. Patient has recently been treated for cystitis. He denies fever chills denies lethargy weakness reports occasional suprapubic tenderness and pain. States he has occasional dysuria, no hematuria. No change in mentation per staff ASSESSMENT/PLANS: #Chronic UTI (urinary tract infection). CBC (complete blood count), BMP (basic metabolic panel), UA (urine analysis) CS (culture and sensitivity), PSA (prostate specific antigen) level .</p> <p>A Nursing progress note dated 4/11/24 revealed the following: Resident was complaining of pain when urinating [Nurse Practitioner] came by and spoke with him urine was sent off. She also order blood work. The lab technicians [lab technician] was unable to get blood she mention she would have someone else to come back but she said for resident to increase fluids because she normally don't have issues with getting blood from him .</p> <p>Further review of the medical record did not reveal any results from the CBC, BMP and PSA laboratory diagnostics requested by the Physician on 4/11/24. A review of the UA collected on 4/11/24 revealed Blood, Protein and Leukocytes (+3) were abnormal and that the urine contained proteus mirabillis (bacterium-organism) in it.</p> <p>On 4/23/24 at approximately 11:57 a.m., the laboratory results from the labs ordered on 4/11/24 were requested from the Administrator.</p> <p>On 4/23/24 at approximately 1:26 p.m., the labs ordered on 4/11/24 were reviewed with Nurse Manager K (NM K). NM K was queried regarding the missing results and reported that they were unaware the labs had been needed to be drawn and indicated they were not done. NM K Stated that follow-up should have been done by the Nursing staff and the labs were ordered to be redrawn STAT (immediately). NM K was queried if the UA results had been reported to the Physician and they indicated that they did not know but there was no documentation present in the record that the Physician had been notified.</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/24 a facility document pertaining to laboratory services and reporting was reviewed and revealed the following: Policy: The facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law. Policy Explanation and Compliance Guidelines: 1. The facility must provide or obtain laboratory services to meet the needs of its residents. 2. The facility is responsible for the timeliness of the services.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39592</p> <p>Based on observation, interview and record review, the facility failed to ensure enhanced barrier precautions (EBP) were implemented and staff were educated on proper procedures for two (R15 and R27) residents. Findings include:</p> <p>R15</p> <p>On 4/22/24 at 9:47 AM, R15 was observed sitting in a wheelchair in their room. A urinary catheter bag was observed hanging from the wheelchair. No signs for EBP were observed on the door to the room, no personal protective equipment (PPE) was observed in or near R15's room. Throughout the day, no staff was observed to don PPE when providing care to R15.</p> <p>Review of the clinical record revealed R15 was admitted into the facility on [DATE] and readmitted [DATE] with diagnoses that included: heart disease, schizoaffective disorder and urinary retention. According to the Minimum Data Set (MDS) assessment dated [DATE], R15 had moderately impaired cognition, and had an indwelling urinary catheter.</p> <p>Review of R15's indwelling urinary catheter care plan initiated 3/19/24 revealed no mention of EBP precautions.</p> <p>On 4/23/24 at 8:15 AM, R15 was observed sitting in a wheelchair in the dining room. No EBP sign was posted on R15's room, no PPE was observed in or near R15's room.</p> <p>On 4/24/24 at 11:18 AM, Licensed Practical Nurse (LPN) K, who served as the Infection Preventionist, was interviewed and informed of observations of R15 having no signage for EBP or PPE in or near their room, and no staff observed wearing PPE while providing care. LPN K explained R15 should be on EBP due to their indwelling urinary catheter. LPN K was also informed of observations of other residents on EBP with signage and available PPE, but staff was not using PPE, or staff was using PPE for roommates of residents on EBP. LPN K explained she would have to provide more education for staff.</p> <p>38271</p> <p>On 4/22/24 at approximately 9:23 a.m., Certified Nursing Assistant M (CNA M) was observed in R27's room fixing their linens on their bed with R27 laying in it. CNA M was observed to be not utilizing any gloves or having a gown on. R27 was noted to be on enhanced barrier precautions due to cystitis and had a yellow apron with gloves and gowns noted on their door for usage. CNA M was queried if they should have used gloves and gown when handling dirty lines and they indicated that they should have.</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 4/24/24 a facility document pertaining to Enhanced Barrier Precautions was reviewed and revealed the following: Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities . an order for enhanced barrier precautions will be obtained for residents with any of the following: Wounds . and/or indwelling medical devices (e.g., .urinary catheters .) .</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>22960</p> <p>Based on observation and interview, the facility failed to provide 80 square feet per resident for 16 of 20 multiple resident rooms and failed to provide 100 square feet per resident for 4 of 4 single bed resident rooms, resulting in the potential for inadequate space and resident dissatisfaction with their living conditions. Findings Include:</p> <p>On 4/22/24 at 2:00 pm, the following Medicare/Medicaid resident rooms were observed:</p> <p>Room # Square Ft. Beds</p> <p>101 222 3</p> <p>102 227 3</p> <p>103 93 1</p> <p>104 230 3</p> <p>105 224 3</p> <p>107 222 3</p> <p>108 221 3</p> <p>109 222 3</p> <p>110 231 3</p> <p>111 83 1</p> <p>201 222 3</p> <p>202 227 3</p> <p>203 93 1</p> <p>204 230 3</p> <p>205 224 3</p> <p>207 225 3</p> <p>208 234 3</p> <p>(continued on next page)</p>

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	210 221 3 211 221 3 214 83 1 The health and safety of the residents were not affected by the room size. Interviews revealed residents had no problems with their rooms.