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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235641 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/21/2024 |
| NAME OF PROVIDER OR SUPPLIER Chesaning Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 S Front St Chesaning, MI 48616 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22927</p> <p>Based on observation, interview and record review, the facility failed to ensure that accurate resident information was completed on the Resident Roster Matrix (802) for five residents (Resident #1, Resident #14, Resident #16, Resident #26, Resident #140) of 12 sampled residents, resulting in COVID-positive residents and the likelihood of unmet care needs.</p> <p>Findings include:</p> <p>Record review of the facility 'MDS/CRC Coordinator' job description copyright 2024 The Compliance Store, LLC. position purpose was to conduct and coordinate the completion of the required Resident Assessment Instrument (RAI) and be responsible for the implementation and ongoing evaluation of each resident's comprehensive plan of care and auditing of medical records for the presence of supporting documentation for all items coded on the MDS.</p> <p>Upon entrance to the facility on [DATE] at 08:30 AM, the surveyors were notified by facility's Social Worker that the facility was having a COVID-positive outbreak and to wear a facial mask.</p> <p>Observations on 10/14/2024, during the entrance tour of the survey, noted isolation signs to stop and check with nursing staff before entering a particular room. The sign read that Strict Isolation Precautions are in place (the type of Isolation was not identified, contact, airborne etc .) on room [ROOM NUMBER], where Resident #26 resided and on room [ROOM NUMBER], where Resident #14 and Resident #140 resided and room [ROOM NUMBER] where Resident #16 resided and all were located within the small rehab back unit of the facility. Observations of the facility during the entrance tour revealed that all the residents' room doors were open, and residents were moving about and eating breakfast in the main dining room.</p> <p>Record review of the facility-provided CMS-802 form, dated 10/14/2024, revealed assessment heading of Infections: (M, WI, P, TB, VH, C, UTI, SEP, SCA, GI, COVID, O). There were no identified COVID infections noted on the form.</p> <p>In an interview on 10/16/24 at 09:02 AM, Licensed Practical Nurse (LPN) T, who is the Minimum Data Set/Infection Control Preventionist T stated that she did give the state surveyors the CMS-802 Form-Resident Matrix. LPN T did acknowledge that she was the MDS assessment nurse and generated the Minimum Data Set (MDS) and CMS-802 forms. LPN T stated that she should have identified COVID residents on the CMS-802 since the Covid outbreak began on Thursday, 10/10/2024.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 22927</p> <p>Based on observation, interview and record review, the facility failed to ensure that care plans were updated and revised appropriately with new interventions for four residents (Residents #7, Resident #8, Resident #17, Resident #27) of 12 sampled residents, resulting in revision and interventions necessary for care and services not being care planned with the likelihood for unmet care needs.</p> <p>Findings include:</p> <p>Record review of the facility 'Comprehensive Care Plans' policy, dated 8/2024, revealed it is the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. (5.) The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment.</p> <p>Resident #7:</p> <p>In observations and an interview on 10/14/24 at 11:26 AM, Resident #7 revealed that she was on an antibiotic a week ago or so because her stomach hurt. Her stomach still hurt, and she did not feel well. Resident #7 was observed to be laying across her bed with her hand over her abdomen. Resident #7 stated that the nurses know about her stomach.</p> <p>Record review of Resident #7's quarterly Minimum Data Set (MDS), dated [DATE], noted urinary incontinence and frequent bowel incontinence.</p> <p>Record review of Resident #7's urine culture dated 9/25/2024 revealed organism of Escherichia coli and Proteus Mirabilis. Rocephin 9/28-10/3 was written on the bottom of the form.</p> <p>Record review of Resident #7's progress notes, dated 9/27/2024 at 12:45 PM, noted Resident #7 to have dysuria, bed wetting and being tired. Urine analysis was collected, and results were positive for a urinary tract infection (UTI). Doctor ordered lab work and Rocephin 1 gram intramuscularly for 5 days.</p> <p>Record review of Resident #7's September 2024 Medication Administration Record (MAR) revealed ceftriaxone (Rocephin) antibiotic 1 gram intramuscularly one time a day for UTI (Urinary Tract Infection) for 5 days. It was started on 9/28/2024 through 10/2/2024. Antibiotic therapy was completed for the facility-acquired urinary tract infection.</p> <p>Record review of Resident #7's progress note, dated 10/15/2024 at 9:50 PM, revealed that the resident was sent to the hospital at 9:00 PM. While doing rounds a nurse went into the resident's room and she was lying in bed unable to speak, not making eye contact and unable to respond to any questions or even her name.</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 - Some</p> | <p>Record review of Resident #7's progress note, dated 10/15/2024 at 1:29 PM, revealed that the resident was reviewed by the Nurse Practitioner (NP) during the day. Later in the evening, the Nurse Practitioner received a call from nursing stating that the patient was very lethargic and staring off into space. Resident #7 was sent to the hospital.</p> <p>Record review of Resident #7's progress note, dated 10/17/2024 at 9:51 AM, revealed that the resident tested positive at the hospital for Covid and had a urinary tract infection.</p> <p>Record review of Resident #7's hospital record Active Problems list, dated 10/16/2024, noted acute metabolic encephalopathy secondary to multiple infections including a urinary tract infection, and Covid.</p> <p>Record review of Resident #7's care plans, pages 1-10, revealed there was no urinary tract infection care plan found and no interventions for the monitoring of sign/symptoms of infection or antibiotic treatment adverse reactions.</p> <p>Resident #8:</p> <p>Record review of Resident #8's Minimum Data Set (MDS), dated [DATE], revealed an elderly female with Brief Interview of Mental Status (BIMS) score of 3 out of 15 indicating severe cognitive impairment. Section G: functional abilities noted staff assist with toileting. Section H: Bladder & Bowel noted frequent incontinence.</p> <p>In an observation on 10/14/24 at 01:14 PM, Resident #8 was noted to be seated in a wheelchair in her room. The Surveyor was able to pick up a Styrofoam cup and noted an empty water glass.</p> <p>Record review on 10/15/24 at 12:53 PM of Resident #8's electronic medical record revealed a urine analysis, dated 8/22/2024, which revealed Protus Maribilis less than 100,000.</p> <p>Record review of Resident #8's August 2024 Medication Administration Record (MAR) revealed that Antibiotic Macrobid 100 mg two times a day for 7 days for urinary tract infection was administered from 8/21/24 (prior to culture) through 8/27/2024 for facility-acquired urinary tract infection.</p> <p>Record review of Resident #8's Care plans, pages 1-30, revealed there was no urinary tract infection care plan found and no interventions for monitoring of sign/symptoms of infection or antibiotic treatment adverse reactions.</p> <p>Resident #17:</p> <p>Observations and an interview on 10/14/24 at 12:12 PM of Resident #17 revealed a thin-appearing male with a urinary catheter seated at the edge of his bed. Resident #17 revealed that the meals are just OK, and that he had lost some weight.</p> <p>Record review on 10/15/24 at 01:50 PM of Resident #17's weight log revealed various inconsistent weights: 7/1/2024 weight 149.4 pounds, (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 - Some</p> | <p>7/12/2024 weight 142.2 pounds, that was a 7.2-pound loss in 11 days.</p> <p>Three days later 7/15/2024 weight 147.2 pounds that was a 5-pound gain.</p> <p>On 7/29/2024 weight 140.0, that was a 7.2-pound loss.</p> <p>Record review of Resident #17's progress notes for the month of July 2024 revealed that a physician's progress note, dated 7/12/2024, made no mention of a 7.2-pound loss. A physician's progress note, dated 7/19/2024, made no mention of a 5-pound gain noted on 7/15/2024. A physician's progress note, dated 7/23/2024, made no mention of the weight fluctuation noted. A physician's progress note, dated 7/26/2024, mentioned that the resident's weight was stable. A physician's progress note, dated 7/30/2024, noted weight on 7/29/2024 of 140 pounds (weight on 7/15/2024 147 pounds) noted patient with recent 7-pound weight loss.</p> <p>Record review of Resident #17's care plans, pages 1-22, revealed a care plan for potential nutritional problems related to diabetes Type II, dysphasia, oropharyngeal phase, Alzheimer's and chronic kidney disease Stage 4. Review of interventions showed that they were last updated on 7/19/2024, prior to the 7/29/2024 7-pound weight loss.</p> <p>Resident #27:</p> <p>Observation on 10/15/24 at 08:29 AM with Licensed Practical Nurse (LPN) M during Resident #27's morning medication pass revealed a thin male with no shirt on and oxygen dependence. Resident #27 was seated up at the edge of his bed with his breakfast meal tray on the bedside table and few bites taken.</p> <p>Record review of Resident #27's weight log revealed various inconsistent weights:</p> <p>8/26/2024 weight 143 pounds standing.</p> <p>8/30/2024 weight 137.2 pounds chair, that's a 5.8-pound loss triggered a 3% change from last weight comparison -4.1%, -5.8 Lbs.</p> <p>9/8/2024 137.2 pounds chair.</p> <p>10/3/2024 148.4 pounds chair, that's a 11.2-pound gain. There was no triggered change in weight generated from the electronic medical record.</p> <p>Record review of Resident #27's care plans, pages 1-8, revealed a care plan for potential nutritional problem related to diabetes Type II, chronic obstructive pulmonary disease, anxiety and depression initiated on 8/29/2024. Review of interventions were last updated on 9/2/2024, prior to the 10/3/2024 weight loss of 11 pounds.</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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** 22347</p> <p>Based on observation, interview and record review, the facility failed to meet professional standards of care regarding implementation of COVID preventive measures in a timely manner during a COVID outbreak emergency, resulting in 11 residents (Resident's #6, #7, #14, #16, #23, #24, #25, #28, #35, #90) and 10 staff members (Nursing Assistant/CNA O, CNA P, CNA Q, CNA R, CNA S, Nurse, LPN G, Social Worker E, Dietary Aide N, Nurse, CNA H, and Dietary Manger A) testing positive for COVID, resulting in one resident's (Resident #7) hospitalization, resulting in rapid spread of COVID throughout the facility and staff members with the likelihood for the continued spread of COVID, resident and staff illness and the hospitalization of (Resident #7).</p> <p>Findings Include:</p> <p>Review of the facility Pandemic COVID-19, Infection Control New Admission's policy dated 2020 (from the facility Emergency Preparedness program-the only COVID policy in the Emergency book found), stated Early prevention of COVID-19 outbreak consists of the following measures: Training clinical staff in the modes of transmission of the COVID-19 virus, training residents, families and non-clinical staff on the symptoms, early detection of COVID-19 cases in the facility, isolation of infected residents in private rooms or cohort units. The following triggers shall prompt an investigation as to whether an outbreak exists: A sudden cluster of infections on a unit or during a short period of time (i.e. three or more cases), a single case of a rare or serious infection (this included Coronavirus, an outbreak will be reported to the local and/or state health department.</p> <p>Review of the facility Infection Control Prevention and Control Program dated Oct. 2022, revealed isolation protocol were to be as recommended by current CDC guidelines and on page 5 of 5, the facility will conduct an annual review of the infection prevention and control program, including associated programs and policies and procedures based upon facility assessment which includes any facility and community risk, following review, the infection and prevention control program will be updated as necessary.</p> <p>Review of the facility Infection Control Droplet Precautions policy dated 2022, stated A private room is preferential, but if not available, the resident can be cohorted with a resident with the same infectious agent. If unable to follow CDC (Center for Disease Control) guidance as to cohorting, private room accommodation and/or assigned units and staff will wear a fit-tested N95 or higher-level respirator and other appropriate PPE (personal protective equipment) while delivering care to the resident.</p> <p>During an interview done on [DATE] at 11:25 a.m., Infection Control Nurse T revealed the facility did not fit-test any staff members with N95 masks. The facility had no fit-testing equipment to fit-test anyone.</p> <p>Review of the facility Infection Control Transmission-Based (Isolation) Precautions policy dated 2022, stated Visitors coming to visit a resident who is on transmission-based precautions or quarantine, will be informed by the facility of the potential risk of visiting and precautions necessary when visiting the resident. Education is provided to residents and their representatives or visitors on the use of transmission-based precautions.</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 - Many</p> | <p>During an interview done on [DATE] at 11:25 a.m., Infection Control Nurse T said she had no documentation of visitor education being done (as of [DATE]).</p> <p>Observations, Interviews and Record Review done on day [DATE]:</p> <p>Review of the facility line listing of COVID positive resident's given to this surveyor on [DATE], consisted of a total of x 5 resident's (resident's #1, #14, #16, #26, and #91 (#1 and #91 was a false positive due to double expired test equipment used by facility).</p> <p>During an interview done on [DATE] at 9:20 a.m., Infection Control Nurse/IC Nurse, LPN stated We have 3 empty rooms. The facility did not put any COVID positive residents in the empty rooms because per IC Nurse T, I didn't think about the rooms being empty. IC Nurse T said 4 of the COVID positive residents were on the Rehab Hall and 1 COVID positive resident was on the Long-Term Hall.</p> <p>-At 7:30 a.m., resident #91 (who was on this date a positive COVID) was observed wheeling in his wheelchair in the hallway with his surgical mask over his mouth on his nose area only, and he was coughing. This resident was going outside to smoke at the time. The facility transferred this resident to the hospital due to medical concerns on [DATE].</p> <p>-At 7:40 a.m., CNA L was observed giving care in Resident #16's room with a surgical mask on; no N95 mask.</p> <p>-At 7:45 a.m., during an interview done on [DATE], CNA L stated I was told we didn't have to wear a N95.</p> <p>-At 10:16 a.m., Resident #16's (+ COVID) room door was fully open, and the resident was in the room. Another resident was in the hallway and several staff member was also in the hallway.</p> <p>-At 10:17 a.m., Resident #14's (+ COVID) room door was fully open, and the resident was in the room. Another resident was in the hallway and several staff member was also in the hallway.</p> <p>-At 10:20 a.m., during an interview done on [DATE], IC Nurse T stated they can be open (the doors or residents who are COVID positive).</p> <p>-At 10:28 a.m., during an interview done on [DATE], Nurse, LPN G stated I would think you should close the doors.</p> <p>-At 10:28 a.m., on the Rehab Hall, was observed a small black plastic fan running that was sitting on top of the medication cart as medications were being passed. Doors of COVID positive residents were fully open on this hallway at the time.</p> <p>-At 10:29 a.m., during an interview done on [DATE], Nurse RN L stated It sounds reasonable to close the doors.</p> <p>-At 10:30 a.m., during an interview done on [DATE], the IC Nurse, LPN T stated I don't think you have to close the doors.</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 - Many</p> | <p>-At 10:35 a.m., during a second interview done with the IC Nurse T, she stated Yes, the doors have to be closed.</p> <p>-At 11:00 a.m., during an interview done on [DATE], Nurse, LPN L stated I was not told I had to wear one (a N95 mask), we had no education.</p> <p>-At 11:03 a.m., during an interview done of [DATE], CNA H stated No COVID education was done.</p> <p>-At 11:04 a.m., Nurse, LPN V stated I did not get any education on COVID.</p> <p>-At 11:43 a.m., when asked if any education or handouts on COVID had been done or given to staff from [DATE] through [DATE], Activity Director K stated We did not sign anything or get handouts, it was all word of mouth.</p> <p>-At 9:30 a.m., 10:50 a.m., 12:00 p.m., and at 4:00 p.m., observations were made of the facility front door entrance. No signs/symptoms sheet, no thermometer was available for visitors, vendors or staff.</p> <p>Review of the COVID Plan dated by the Director of Nursing/DON [DATE], had documented the facility did not close resident's doors, educated staff for airborne precautions and PPE (personal protective equipment), inform the local Health Department of COVID at the facility, instruct staff to wear N95's in COVID positive resident rooms, discontinue communal dining and group activities, put visitor, vendor and staff COVID screening assessment sheet at entrance door, and remove running fans on the Rehab Hall from resident's rooms and the top of the medication cart.</p> <p>Observations, Interviews and Record Review done on [DATE]:</p> <p>-At approximately 8:00 a.m., during an interview, the IC Nurse T stated On ,d+[DATE], there were 2 residents positive for COVID, on [DATE], there were 4 residents positive, the hospital called and said (Resident #91) was not positive for COVID, it was a false positive. So, we retested all the residents. We used the test kits at first that were expired (the tests were expired with the second date of expiration). When we re-tested , (Resident #26) was negative for COVID.</p> <p>-At 8:38 a.m., during an interview done on [DATE] with the Administrator, Director of Maintenance W, and Infection Control Nurse T revealed the facility was using expired (month first expired on 15-Dec-23 with a secondary expired date of 15-Jul-24) COVID tests for all residents from [DATE] through [DATE] at 8:38 a.m.</p> <p>Review done on [DATE], of the facility line listing revealed, a total of 4 (Resident's #14, #16, #25, and #34) positive COVID residents (from [DATE] to [DATE]).</p> <p>-Observations made throughout the day on the Rehab Hall, revealed non-COVID resident's doors wide open randomly throughout the day.</p> <p>-Observations made throughout the day revealed staff were in all hallways walking around with surgical masks on.</p> <p>Observations, Interviews and Record Review done on [DATE]:</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 - Many</p> | <p>During an interview done on [DATE] at approximately 10:20 a.m., with Infection Control Nurse T it was revealed by the Infection Control Nurse T, that Resident's #35 and #90 were added to the resident COVID positive count, which totaled 7 (included Resident #7 who tested COVID + in the hospital).</p> <p>-At 10:15 a.m. on [DATE] per interview with HR B and per review of the facility COVID Employee Log dated , d+[DATE], revealed Staff Member S had reported being COVID positive, which brought the total to 5 staff members COVID positive.</p> <p>-At 10:00 a.m. on [DATE], Infection Control Nurse T stated I educated staff on [DATE]; I have not educated today or yesterday (on [DATE] or [DATE]).</p> <p>Review of staff education list (dated [DATE]) done by IC Nurse T and this surveyor revealed a total of 19 of 53 staff members had been educated on COVID preventive measures on [DATE].</p> <p>-At 9:35 a.m. on [DATE], an observation was made of 2 CNA's talking next to a clean linen cart in the Rehab hallway. One of the CNA's had her surgical mask down under her chin as she was talking. This was right across from a COVID positive room and 2 doors down from another COVID + room.</p> <p>-At 12:48 p.m., on [DATE] an interview was done with Infection Control Nurse T. IC Nurse T stated that as of [DATE], all doors of resident's with COVID are shut 100%.</p> <p>-At 1:15 p.m., Nurse, LPN G informed this surveyor that Resident #7 who was transferred to the hospital on [DATE], had tested positive in the emergency room for COVID.</p> <p>Review of the Face Sheet, Diagnosis Sheet dated [DATE], revealed Resident #7 was [AGE] years-old, admitted to the facility on [DATE], and required staff assistance for all activities of daily living. The residents diagnosis included, Diabetes, anemia, multiple myeloma not in remission, cancer of rectum urinary tract infection history and low food and fluid intake.</p> <p>Review of Resident #7's Hospital Records dated [DATE], stated Patient presenting with acute alteration of mental status and UA (urinary tract infection lab) is consistent with urinary tract infection. COVID-19 status: Active, toxic metabolic encephalopathy, acute on chronic anemia (and) hyponatremia (low sodium). Pulmonary interstitial edema noted.</p> <p>Observations, Interviews and Record Review done on [DATE]:</p> <p>During an interview done on [DATE] at 8:40 a.m., this surveyor requested a total number of residents at the facility who had tested positive for COVID. The Infection Control line list was the same as the one on [DATE], still a total of 6. When this surveyor informed IC Nurse of Resident had tested COVID + at theER on [DATE], she said she was not aware of that information. IC Nurse T stated, I will add them on when they are back to the facility.</p> <p>-During an interview done at 10:16 a.m. on [DATE], Admission Staff Member X stated Yesterday ([DATE]) afternoon, I called (the hospital) and they said she (Resident #7) was admitted to the floor with altered mental status, UTI (urinary tract infection) and COVID.</p> <p>-During an interview done at 12:00 p.m., on [DATE], the Administrator stated, We are now (as of [DATE]) using N95 masks for all staff all the time, everybody is getting in-serviced today ([DATE]).</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 - Many</p> | <p>-During an interview done at 1:10 p.m. on [DATE], IC T stated I don't have documentation of current COVID staff immunizations, I have to get them from pharmacy. No documentation at all was available upon request of staff COVID immunization status as of [DATE].</p> <p>Observations, Interviews and Record Review done on [DATE]:</p> <p>-At 7:25 a.m. on [DATE], during an interview the DON stated, We have a total of 11 resident's with COVID now.</p> <p>-At 7:37 a.m. on [DATE], during an interview the IC Nurse T revealed the facility had a total of 11 resident's COVID positive and 10 staff members COVID positive.</p> <p>-At 7:38 a.m., HR B said the facility had a total of 10 staff members who were positive for COVID as of [DATE].</p> <p>Interviews and Record Review done on [DATE]:</p> <p>-During an interview done on [DATE] at 7:25 a.m., the DON and IC Nurse T revealed during the weekend a total of 4 resident's (Resident's #6, #23, #24, and #28) were tested to be positive for COVID; bring the total of facility resident's to 11 positive for COVID. Also, the facility had an increase of positive staff, bring the total staff members to 10 Staff members, (Nursing Assistant/CNA O, CNA P, CNA Q, CNA R, CNA S, Nurse, LPN G, Social Worker E, Dietary Aide N, Nurse, CNA H, and Dietary Manger A) testing positive for COVID). As of [DATE], 11 residents and 10 staff members had tested positive for COVID.</p> <p>On [DATE] at 9:00 a.m., during an interview, the DON stated I think they were not following the precautions the way they should have. We now got refocused on what needed to be doing.</p> <p>On [DATE] at 9:05 a.m., the Administrator stated We talked about the positive residents and what we needed to do and how we needed to do it, including the Health Department. I don't think it was done to the extent it needed to be done.</p> <p>Review of the facility Infection Preventionist job description dated 2023, stated that the duties and responsibilities of the IC Preventionist included, Establishes facility-wide systems for the prevention, identification, reporting, investigation, and control of infections and communicable diseases of residents, staff, and visitors. Provides education related to infection prevention and control principles, policies and procedures to staff, residents, and families; ensures public health is notified of reportable diseases.</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** 22927</p> <p>Based on observation interview and record review, the facility failed to ensure assessment, monitoring and timely provision of care, per professional standards of practice for one resident (Resident #7), resulting in a lack of documentation and glucose monitoring with a change of condition with the likelihood for a lack of change of condition and delay in the treatment of low blood glucose level.</p> <p>Findings include:</p> <p>Record review of the facility 'Promoting/Maintaining Resident Dignity' policy dated 8/2024 revealed 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 .</p> <p>S 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Resident #7:</p> <p>Record review of Resident #7's Minimum Data Set (MDS) dated [DATE] revealed an elderly female resident with Brief Interview of Mental status (BIMS) score of 14 out of 15, cognitively intact. Medical diagnosis included diabetes.</p> <p>Observation and interview on 10/14/24 at 11:26 AM with Resident #7 revealed that she was on an antibiotic a week ago or so because her stomach hurt. But that her stomach still hurt, and she did not feel well. Observed Resident #7 to be laying across her bed with her hand over abdomen. Resident #7 stated that the nurses know about her stomach.</p> <p>Record review of Resident #7's urine culture dated 9/25/2024 revealed organism of Escherichia coli and Proteus Mirabilis. Rocephin 9/28-10/3 was written on the bottom of the form.</p> <p>Record review of Resident #7's progress notes dated 9/27/2024 at 12:45 PM noted Resident #7 to have dysuria, bedwetting and has been tired. Urine analysis was collected, and results were positive for urinary tract infection. Doctor order lab work and Rocephin 1 gram intramuscularly for 5 days.</p> <p>Record review of Resident #7's September 2024 Medication Administration Record (MAR) revealed ceftriaxone (Rocephin) antibiotic 1 gram intramuscularly one time a day for UTI (Urinary Tract Infection) for 5 days started on 9/28/2024 through 10/2/2024 antibiotic therapy was completed for facility acquired urinary tract infection.</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>Record review of Resident #7's progress note dated 10/15/2024 at 9:50 PM revealed that the resident was sent to the hospital at 9:00 PM. While doing rounds nurse went into residents' room and she was lying in bed unable to speak, not making eye contact and unable to respond to any questions or even her name.</p> <p>Record review of Resident #7's progress note dated 10/15/2024 at 1:29 PM revealed that the resident was reviewed by the nurse practitioner during the day. later in the evening, the nurse practitioner received a call from nursing stating that the patient was very lethargic and staring off into space, she was sent to the hospital.</p> <p>Record review of Resident #7's progress note dated 10/17/2024 at 9:51 AM revealed that the resident tested positive at the hospital for COVID and had a urinary tract infection.</p> <p>Record review of Resident #7's hospital record active problems list dated 10/16/2024 noted that the resident had a sudden onset change in mental status and alteration of speech . DPOA at bedside and reported that patient will frequently get confused with UTI (Urinary Tract Infection), but current mental status is significantly worse. Hospital chemistry revealed low sodium be low 128 and critically low glucose of 46. Active Problems list: Acute metabolic encephalopathy secondary to multiple infections including acute urinary tract infection, and COVID.</p> <p>Record review of Resident #7's electronic medical record revealed there was no glucose level monitored or checked at the time of Resident #7's acute change of condition documented and treatment initiated.</p> |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22927</p> <p>Based on observation, interview and record review, the facility failed to prevent facility-acquired urinary tract infections and follow up on contaminated urine samples for four residents (#7, #8, #9, #31), resulting in the likelihood for urinary tract infections and/or organisms to be unidentified and untreated, bladder injury, pain and decline in overall health status.</p> <p>Findings include:</p> <p>Record review of facility 'Perineal Care' policy copyright 2023, revealed that it is the practice of this facility to provide perineal care to all incontinent residents during routine bath and as needed in order to promote cleanliness and comfort, prevent infection to the extent possible, and to prevent and assess for skin breakdown.</p> <p>Record review of the facility 'Minimum Criteria for Initiation of Antibiotics' policy dated 2017 revealed: Suspected Urinary Tract Infection . Note: Foul smelling or cloudy urine is not a valid indication for initiating antibiotics. Asymptomatic bacteriuria should not be treated with antibiotics.</p> <p>Resident #7:</p> <p>Observation and interview on 10/14/24 at 11:26 AM with Resident #7 revealed that she was on an antibiotic a week ago or so because her stomach hurt. But that her stomach still hurt, and she did not feel well. Observed Resident #7 to be laying across her bed with her hand over abdomen. Resident #7 stated that the nurses know about her stomach.</p> <p>Record review of Resident #7's Minimum Data Set (MDS) quarterly dated 9/28/2024 noted urinary incontinent and frequent bowel incontinence.</p> <p>Record review of Resident #7's urine culture dated 9/25/2024 revealed organism of Escherichia coli and Proteus Mirabilis. Rocephin 9/28-10/3 was written on the bottom of the form.</p> <p>Record review of Resident #7's progress notes dated 9/27/2024 at 12:45 PM noted Resident #7 to have dysuria, bedwetting and has been tired. Urine analysis was collected, and results were positive for urinary tract infection. Doctor order lab work and Rocephin 1 gram intramuscularly for 5 days.</p> <p>Record review of Resident #7's September 2024 Medication Administration Record (MAR) revealed ceftriaxone (Rocephin) antibiotic 1 gram intramuscularly one time a day for UTI (Urinary Tract Infection) for 5 days started on 9/28/2024 through 10/2/2024 antibiotic therapy was completed for facility acquired urinary tract infection.</p> <p>Record review of Resident #7's progress note dated 10/15/2024 at 9:50 PM revealed that the resident was sent to the hospital at 9:00 PM. While doing rounds nurse went into residents' room and she was lying in bed unable to speak, not making eye contact and unable to respond to any questions or even her name.</p> <p>(continued on next page)</p> | | |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of Resident #7's progress note dated 10/15/2024 at 1:29 PM revealed that the resident was reviewed by the nurse practitioner during the day. later in the evening, the nurse practitioner received a call from nursing stating that the patient was very lethargic and staring off into space, she was sent to the hospital.</p> <p>Record review of Resident #7's progress note dated 10/17/2024 at 9:51 AM revealed that the resident tested positive at the hospital for COVID and had a urinary tract infection.</p> <p>Record review of Resident #7's hospital record active problems list dated 10/16/2024 noted acute metabolic encephalopathy secondary to multiple infection including urinary tract infection, and COVID.</p> <p>Resident #8:</p> <p>Record review of Resident #8's Minimum Data Set (MDS) dated [DATE] revealed an elderly female with Brief Interview of Mental status (BIMS) score of 3 out of 15, severe cognitive impairment. Section G: functional abilities noted staff assist with toileting. Section H: Bladder & Bowel noted frequent incontinents.</p> <p>Observation on 10/14/24 at 01:14 PM of Resident #8 was noted to be seated in a wheelchair within her room. Observation on the bedside table while in the room the surveyor was able to pick up a styrofoam cup and noted an empty water glass.</p> <p>Record review on 10/15/24 at 12:53 PM of Resident #8's electronic medical record revealed urine analysis dated 8/22/2024 revealed Protus Maribilis less than 100,000.</p> <p>Record review of Resident #8's August 2024 Medication Administration Record (MAR) revealed Antibiotic Macrobid 100 mg two times a day for 7 days for urinary tract infection was administered from 8/21/24 (prior to culture) through 8/27/2024 for facility acquired urinary tract infection.</p> <p>Record review of the Infection Control McGeers criteria for infection surveillance check list undated revealed that Resident #8 did not meet the criteria of McGeers.</p> <p>Resident #9:</p> <p>Record review on 10/16/24 at 10:26 AM of Resident #9's electronic clinical record, revealed that in the Month of May 2024 the resident #9 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Keflex 500 mg capsule twice daily for prophylaxis Foley catheter removal from 4/30/2024 through 5/9/2024.</p> <p>Ceftin 500 mg tablets twice daily for 7 days for urinary tract infection started on 5/4/2024. Resident #9 received 4 days of treatment. Record review of the Infection Control McGeers criteria for infection surveillance check list undated revealed that Resident #9 did not meet the criteria of McGeers.</p> <p>(continued on next page)</p> | | |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Nitrofurantoin Microcrystal 100 mg capsule twice daily for 5 days due to urinary tract infection from 5/25/2024 through 5/29/2024. Record review of the Infection Control McGeers criteria for infection surveillance check list undated revealed that Resident #9 did not meet the criteria of McGeers.</p> <p>Diflucan (antifungal) 150 mg for fungal infection/Urinary Tract Infection, no organism identified on 5/11/24.</p> <p>Record review on 10/16/24 at 10:26 AM of Resident #9's electronic clinical record, revealed that in the Month of June 2024 the resident #9 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Amoxicillin 500/125 mg tablet twice daily for facility acquired urinary tract infection started on 6/9/2024 through 6/16/2024. there was culture or organism identified in the medical record.</p> <p>Record review on 10/16/24 at 10:26 AM of Resident #9's electronic clinical record, revealed that in the Month of August 2024 the resident #9 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Bactrim DS 800/160 mg tablet twice daily for 7 days for facility acquired urinary tract infection</p> <p>Resident #31:</p> <p>in an interview on 10/14/24 at 11:29 AM with Resident #31 revealed that she did not know if she was currently receiving antibiotic medications, but that she couldn't pee and then felt sick a few days ago.</p> <p>Record review on of Resident #31's electronic clinical record, revealed that in the Month of May 2024 the resident #31 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Macrobid 100mg capsule twice daily for facility acquired urinary tract infection started on 5/16/2024 through 5/22/2024. Review of Resident #31's 5/15/2024 urine culture results noted mixed skin/genital flora, no organism identified.</p> <p>Record review on of Resident #31's electronic clinical record, revealed that in the Month of June 2024 the resident #31 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Macrobid 100mg capsule twice daily for facility acquired urinary tract infection started on 6/6/2024 through 6/10/2024. Review of Resident #31's 6/5/2024 urine culture results noted mixed skin/genital flora, no organism identified.</p> <p>Record review on of Resident #31's electronic clinical record, revealed that in the Month of August 2024 the resident #31 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Cipro 250mg tablet twice daily for 7 days for facility acquired urinary tract infection stated on 8/21/2024 through 8/28/2024.</p> <p>(continued on next page)</p> | | |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The facility Director of Nursing and the Infection Preventionist were asked when the facility had provided peri care/catheter care/toileting as staff education to address the ongoing urinary tract infection high rate of incidents. The Infection Preventionist was able to provide a 'Perineal care and Catheter care' staff education dated 3/13/2024, prior to the hot weather of the summer months.</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>22927</p> <p>Based on interview and record review, the facility failed to ensure weight monitoring timely for two residents (Resident #17, Resident #27) of 4 residents reviewed, resulting in a lack of weight monitoring/follow-up of abnormal weights, and the likelihood for unidentified nutritional deficiencies and decline in overall health.</p> <p>Findings include:</p> <p>Record review of facility 'Weight Monitoring' policy dated 8/2024 revealed based on the resident's comprehensive assessment, the facility will ensure that all resident's maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise. (5.) A weight monitoring schedule will be developed upon admission for all residents: (a.) Weights should be recorded at the time obtained . (b.) Residents with weight loss- monitor as directed by Dietitian/designee. (c.) If clinically indicated- monitor weight daily. (d.) All others- monitor weight monthly. (6.) Weight Analysis: The newly recorded resident weight should be compared to the previous recorded weight. A significant change in weight is defined as: (a.) 5% change in weight in 1 month (30 days); (b.) 7.5% change in weight in 3 months (90 days); (c.) 10% change in weight in 6 months (180 days).</p> <p>Record review of the facility 'Nutritional Management' policy dated 11/2017, revealed the facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status in the context of his or her overall condition. Acceptable parameters of nutritional status refer to factors that reflect that an individual's nutritional status is adequate, relative to his/her overall condition and prognosis, such as weight, food/fluid intake .</p> <p>Resident #17:</p> <p>Observation and interview on 10/14/24 at 12:12 PM of Resident #17 revealed a thin appearing male with a urinary catheter seated at the edge of his bed. Resident #17 revealed that the meals are just OK, and that he had lost some weight.</p> <p>Record review on 10/15/24 at 01:50 PM of resident #17's weight log revealed various inconsistent weights:</p> <p>7/1/2024 weight 149.4 pounds,</p> <p>7/12/2024 weight 142.2 pounds, that was a 7.2-pound loss in 11 days.</p> <p>Three days later 7/15/2024 weight 147.2 pounds that was a 5-pound gain.</p> <p>On 7/29/2024 weight 140.0, that was a 7.2-pound loss.</p> <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of Resident #17's progress notes for the month of July 2024 revealed physician progress note dated 7/12/2024 made no mention of a 7.2-pound loss. Physician progress note dated 7/19/2024 made no mention of a 5-pound gain noted on 7/15/2024. Physician progress note dated 7/23/2024 made no mention of the weight fluctuation noted. Physician progress note dated 7/26/2024 mentioned weight is stable. Physician progress note dated 7/30/2024 noted weight on 7/29/2024 140 pounds (weight on 7/15/2024 147 pounds) noted patient with recent 7-pound weight loss.</p> <p>Record review of Resident #17's care plans pages 1-22 revealed care plan for potential nutritional problem related to diabetes type II, dysphasia, oropharyngeal phase, Alzheimer's and chronic kidney disease stage 4. Review of interventions were last updated on 7/19/2024, prior to the 7/29/2024 7 pound weight loss.</p> <p>Record review of Resident #17's dietary assessment forms listing revealed that last dietary profile was completed as a quarterly on 5/14/2024 by Registered Dietitian Y.</p> <p>Resident #27:</p> <p>Observation on 10/15/24 at 08:29 AM with Licensed Practical Nurse (LPN) M during Resident #27's morning medication pass revealed a thin male with no shirt on and oxygen dependence. Resident #27 was seated up at the edge of his bed with breakfast meal tray on bedside table and few bites taken.</p> <p>Record review of Resident #27's weight log revealed various inconsistent weights:</p> <p>8/26/2024 weight 143 pounds standing.</p> <p>8/30/2024 weight 137.2 pounds chair, that's a 5.8-pound loss triggered a 3% change from last weight comparison -4.1%, -5.8 Lbs.</p> <p>9/8/2024 137.2 pounds chair.</p> <p>10/3/2024 148.4 pounds chair, that's a 11.2-pound gain. There was no triggered change in weight generated from the electronic medical record.</p> <p>Record review of Resident #27's care plans pages 1-8 revealed care plan for potential nutritional problem related to diabetes type II, chronic obstructive pulmonary disease, anxiety and depression initiated on 8/29/2024. Review of interventions were last updated on 9/2/2024, prior to the 10/3/2024 weight loss of 11 pounds.</p> <p>In an interview and record review on 10/21/24 at 08:19 AM with Registered Dietitian (RD) Y revealed that a Re-weight policy is a nursing policy. As the RD Y stated she would expect a 5% change in decrease or increase in weight. With a 3-to-5-pound weight loss would be re-weight within 24 hours. We do weights monthly from the 1st through the 5th, we had a person who was consistent with the weights, same method, standing or chair or Hoyer. Now Nursing is doing the weights, and they are inconsistent in method and not being re-weighted within 24 hours. With a month apart it would not be triggered by PCC. The RD Y stated she would have to manually trigger weights loss/gain by staff. The PCC only does 5% in 30 days and 10% in 180 days. I only see residents quarterly with MDS assessments unless triggered by PCC.</p> <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview and records review on 10/21/24 at 08:25 AM with Registered Dietitian (RD) Y regarding Resident #27's weights log revealed a weight on 8/26/2024 of 143.0 pounds standing and a re-weight on 8/30/2024 of 137.2 chair that triggered a 3% weight loss of 5.8 pounds, loss of 4.1%. and then re-weight on 9/8/2024 of 137.2 chair with no dietary assessment or note.</p> <p>In an interview on 10/21/24 at 08:42 AM with staff Z revealed that she did not do weights anymore, the weights are done by the Certified Nurse Assistance or nurses.</p> <p>Both residents #17 & #27 were noted to have more than a 5-pound change in weight with no re-weights within 24 hours noted.</p> | | |

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| <p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347</p> <p>Based on interview and record review, the facility failed to ensure that one resident's (Resident #22) behavior's were documented and monitored, resulting in the likelihood for increased resident behaviors with no documentation of interventions done or effectiveness, lack of follow-up regarding care plan's, and medication reviews not being accurate.</p> <p>Findings Include:</p> <p>Resident #22:</p> <p>Review of the Face Sheet, care plans and nursing notes dated 10/11/24 though 10/14/24, revealed Resident #22 was [AGE] years-old, not able to make his own healthcare decisions, and required staff assistance with Activities of Daily Living/ADL. Review of the residents diagnosis included, epilepsy, intellectual disabilities, schizophrenia, adjustment disorder, major depression, Dementia, and delusional disorders.</p> <p>Review of the residents Behavioral care plan (un-dated), stated (Resident #22) has a behavior problem (repeatedly) yelling out, being sexually inappropriate to staff and purposely throwing myself out of bed for attention. He has attention seeking behaviors and often impulsive. Monitor behavior episodes and attempt to determine underlying cause. Consider location, time, time of day, persons involved, and situations. Document behavior and potential causes. Document behaviors, interventions, and whether or not it was successful.</p> <p>Review of the Facility assessment dated 2024, had handwritten under Mental Health 18 Anti (antipsyitics), 10 Anti Anxiety, 32 Anti Depr. (depression). Identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or developmental disabilities. The facility was aware of the number of resident's with mental health diagnosis at the time the Facility Assessment was done.</p> <p>Review done by this surveyor and Social Worker E on 10/16/24, of the residents electronic record revealed no documentation at all of monitoring any behaviors.</p> <p>During an interview done on 10/15/24 at 2:00 p.m., Social Worker E said she reviewed progress notes for documentation of resident behaviors, however often they were not in the notes, and stated I talk with the CNA's and Nurses. It's not documented, his (Resident #22) behaviors or interventions. I looked thorough everything, I could not find a policy on a behavioral program.</p> <p>During a phone interview done on 10/17/24 at 11:30 a.m., Social Worker E stated They (staff) are supposed to put behaviors in the progress notes. I read the notes; there is none in there for him. We don't have a behavioral program implemented at the moment. I haven't seen a policy that say's to monitor. We do have a way to monitor under the tasks, go under restorative and ADL's.</p> <p>(continued on next page)</p> | | |

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| <p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the facility Use of Psychotropic Medication policy dated 8/24, stated Assessing the resident's underlying condition, current signs, symptoms, expressions, and preferences and goals for treatment. Identification of underlying causes.</p> <p>On 10/18/24, the facility Administrator emailed this surveyor a behavioral policy. During an interview done on 10/21/24 at 9:05 a.m., the Administrator stated The policy came out of her (Social Worker E) book. She is a new social worker I don't think anyone has been trained on it (staff trained on the facility behavioral program).</p> <p>22927</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>22927</p> <p>Based on observation, interview and record review, the facility failed to obtain consents for antipsychotic medication usage for one resident (Resident #8), resulting in Resident #8 being administered antipsychotic medications without appropriate consent and risk-versus-benefit analysis or medications explained to the resident/responsible party and the increased likelihood for serious side effects and adverse reactions.</p> <p>Findings include:</p> <p>Record review of the facility 'Use of Psychotropic Medication' policy dated 8/2024 revealed residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. (1.) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include but are not limited to the following categories: antipsychotic's, antidepressants, anti-anxiety, and hypnotics. (5.) Residents and/or representatives shall be educated on the risk and benefits of psychotropic drug use, as well as alternative treatments/non-pharmacological interventions</p> <p>Resident #8:</p> <p>Record review on 10/15/24 at 12:39 PM of Resident #8's electronic medical record revealed Physician orders for medications of Abilify (antipsychotic) 10mg oral started on 8/7/2024, Trazadone (antidepressant) 150mg oral started on 7/5/2024, Ativan (anti-anxiety) 0.5mg oral started on 7/22/2023. Record review of Resident #8's profile page revealed that a family member was the guardian/responsible party. Record review of the miscellaneous tab in the electronic medical record revealed that there were no medication consents or risk-versus-benefits statements found.</p> <p>Record review of Resident #8's behavioral services consultation form dated 8/30/2022 noted diagnosis of dementia, depression, agitation and sundowning.</p> <p>Request for Resident #8 medication consent forms from social worker (SW) E revealed that there were presented with no responsible party signatures. Record review of consent forms for Abilify (antipsychotic), Trazadone (antidepressant), Ativan (anti-anxiety) were noted to be unsigned and undated.</p> <p>(continued on next page)</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview 10/15/24 02:17 PM with social worker (SW) E reviewed Resident #8's medication orders of: Ativan 0.5mg oral taken 3 times a day is used for ongoing behaviors. In April she had more psychosis behaviors, restless exit seeking, she had Ativan PRN and then we got away from the PRN. Diagnosis for Ativan is for disruptive mood dysregulation disorder. Ativan was increased to 1mg at bedtime oral with 0.5mg oral x 2 during the day. The Abilify antipsychotic consent was emailed to guardian twice. Resident #8's guardian is aware. Resident #8 was previously on Risperdal and changed it to Abilify, no consent obtained prior to administration of the medication, the Risperdal was discontinued, and the resident remains on Abilify. The Trazadone is an antidepressant. SW E stated that she is waiting for the consent to be return, she emailed them to the responsible party on 9/25/2024 the other 2 emails sent on August 28th, but she had the wrong email.</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** 22347</p> <p>Based on observation, interview and record review, the facility failed to ensure 2 of 2 medication carts (Rehab Hall and Long-Term Hall medication carts) were clean and sanitized, free of crushed pills, pieces of loose papers and dust in the drawers, and proper medication storage, resulting in the likelihood of cross contamination, low medications count with increased cost and missed resident medications.</p> <p>Findings Include:</p> <p>Observation of facility medication carts done on 10/14/24 at 10:30 a.m., revealed the following:</p> <p>Medication Cart on the Rehab Hall was found to have the second, and third drawers dirty with crushed meds, dust, and papers on the bottom of the carts.</p> <p>During an interview done on 10/14/24 at 10:30 a.m., Nurse, LPN V stated I don't know who is supposed to clean it, maybe third shift.</p> <p>Observation of facility medication carts done on 10/15/24 at 11:39 a.m., revealed the following:</p> <p>Second and third drawers had crushed pills and dirt/dust and pieces of paper on the bottom.</p> <p>In the narcotics drawer, sticky medication on the bottom of the drawer in front and the second drawer had crushed meds, dust, and papers on the bottom.</p> <p>During an interview done on 10/15/24 at 11:39 a.m., Nurse, RN L stated I don't know who cleans them, I think it's us.</p> <p>During an interview done on 10/15/24 at 12:10 p.m., the Director of Nursing/DON stated, The nurses clean them (medication carts).</p> <p>Review of the facility Medication Storage policy dated 6/26/24, stated It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.</p> <p>22927</p> <p>Record review of the facility 'Medication Storage' policy dated 6/26/2024 revealed it is the policy of the facility to ensure all medications housed on the premises will be stored in the pharmacy and/or medication rooms according to the manufacture's recommendations and sufficient to ensure proper sanitation, etc</p> <p>(continued on next page)</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>Record review of the facility 'Medication Administration' policy dated 8/2/2024 revealed medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.</p> <p>Record review of the facility provided pharmacy 'Beyond Use Dating: Medications dated 8/2024 revealed: Medication Dating- (2.) Opened or Reconstituted Medications: Date medications when opened or reconstituted. All medications dispensed in the original manufacturer container are good until the manufacturer expiration date, prior to opening. Once opened, medications are assigned a beyond use date.</p> <p>Treatment Cart Observation:</p> <p>Observation on 10/14/24 at 08:28 AM revealed the rehab hall treatment cart was found unlocked in hallway with certified nurse assistant (CNA) I shower aide in hallway. Review of the opened treatment cart revealed:</p> <p>Resident #5-Nystatin 100,000units/gm powder apply to affected area, opened and not dated. and Nystop antifungal two bottles, opened and not dated.</p> <p>Resident #32- Nystatin 100,000units/gm powder, opened and not dated.</p> <p>Resident #6- Eucerican cream, opened and not dated.</p> <p>Resident #21- Iodosorb gel 40g/1.4oz opened and used with no date of opening.</p> <p>Resident #9- Hydrogel gel- 4oz.,</p> <p>A tube of triamcinolone acetonide cream 0.5% opened and partially used that was undated with no resident name on the tube.</p> <p>Observation on 10/14/24 at 08:35 AM with Registered Nurse (RN) J on the rehab unit side revealed the facility had a wound care nurse Licensed Practical Nurse (LPN) G that uses the treatment carts. Resident #140 came out from isolation room [ROOM NUMBER], with facial mask only over his nose and wanted to go out to smoke, RN J stated Resident #140 was COVID positive, ambulating with 4 prong cane out in hallway demanding to go out to smoke, RN J went to catch him and redirect back into the Room. RN J stated that Resident #140 was to be going out to the hospital, but he was refusing to go. Resident #140 noted with a cough and Resident #24 in room [ROOM NUMBER] requested to have his door closed because he can hear the COVID positive resident coughing from room [ROOM NUMBER] and 11 across the hall.</p> <p>Observation on 10/14/24 at 08:39 AM of Licensed Practical Nurse (LPN) G walked by the surveyor to lock the treatment cart and out the door the back door.</p> <p>In an interview on 10/14/24 at 10:37 AM with Licensed Practical Nurse (LPN) G was asked why he locked the treatment cart on the rehab unit? LPN G revealed that he walked by and noticed it was not locked so he locked it. LPN G stated he was off on vacation, and this was his first day back. Licensed Practical Nurse (LPN) G didn't know why it was unlocked.</p> <p>(continued on next page)</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>Observation and interview on 10/14/24 at 10:15 AM with Registered Nurse (RN) J of the Rehab medication cart:</p> <p>Resident #32- Lantus insulin opened and no open date on the bottle or box.</p> <p>Resident #90- Lantus insulin opened and no open date on box or bottle. RN J stated that the resident only gets it a night.</p> <p>Resident #9- Lantus insulin no open date on box or bottle.</p> <p>Resident #26- Novolog insulin no open date on bottle or box.</p> <p>Resident #16- Lantus insulin opened with no date on the bottle and an Ozempic pen used with no date when started. Albuterol sulfate inhaler 90mcg/per puff opened not dated. Fluticasone 50mcg/act nasal spray opened and not dated.</p> <p>Resident #5- large bottle Enulose 10g/15ml less than half full with no open date. Lactulose 10gm/15ml opened with no open date. Albuterol sulfate neb 0.083% foil packet opened and note dated, Nasal spray Fluticasone 50mcg/act, opened and used with no open date on bottle or box.</p> <p>Resident #27- Symbicort AER 80-4.5 inhaler not dated on box or inhaler. multi-pack iprat/albuterol 0.5mg/3 ml foil packet opened and not dated, Azelastine spray 0.1% opened and not dated, Ventolin HFA inhaler 90mcg no date on inhaler or box dated, Trelegy Ellipta 100 mcg/62.5 mcg/25 mcg powder inhaler opened and not dated.</p> <p>Resident #10 discharged resident- Ventolin HFA inhaler 90mcg not dated on box or inhaler,</p> <p>Resident #25- multi-pack iprat/albuterol 0.5mg/3 ml foil packet opened and not dated</p> <p>Resident #30 - Ventolin HFA inhaler 90mcg not dated on box.</p> <p>Record review of the pharmacy 'Medication Dating and Storage Guide' undated, revealed Injectables: Insulin products- Discard 28 days from open date. Nasal Products: Fluticasone/Flonase- Discard 6 weeks from open date. Inhalation Products: Symbicort- Discard 3 months from foil open date.</p> <p>Observation on 10/15/24 at 8:20 AM with Licensed Practical nurse M revealed that Resident #24 had medications in a clear medication plastic cup noted with 3 medications were located in the top drawer of the medication cart. The plastic med cup not identified who's resident the meds belonged to. Licensed Practical nurse M stated that she went to give the medications, but the Resident #24 was asleep, so she put the medications into the top drawer in the medication cart.</p> <p>Observation on 10/15/24 at 08:29 AM During medication pass with Licensed Practical nurse M of Resident #27's medication pass revealed a medication tablet fell out of the package and landed on the medication cart top. LPN M picked up the pill by scooped up with pill crushed envelope and placed into the medication cup. The Medication administered to Resident #27. Resident #27 declined the Azelastine HCl 137mcg/spray, nasal spray bilateral nostrils. LPN M had already checked off the medication as given, will check the documentation.</p> <p>(continued on next page)</p> | | |

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| F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | Record review on 10/16/24 at 12:45 PM Record review of Resident #27 October 2024 Medication Administration Record (MAR) revealed that the medication Azelastine HCl 137mcg/spray, nasal spray bilateral nostrils were still marked as administered to the resident although declined by resident. | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>22347</p> <p>Based on observation, interview and record review, the facility 1) Failed to maintain food preparation and kitchen equipment in a sanitary and good working condition, and 2) Failed to ensure that partially opened food items had a open and use-by date on them, resulting in an increased likelihood for food borne illness with hospitalization , and cross contamination affecting 35 residents who consumed oral nutrition from the facility kitchen and ice machine of a total census of 35 residents.</p> <p>Findings Include:</p> <p>Review of the Public Health Service 2009 Food Code, adopted by the Michigan Food Law, effective October 1, 2012, Chapter 4-501.14 directs that equipment cleaning frequency is to be throughout the day at frequency necessary to prevent recontamination of equipment and utensils.</p> <p>Review of the facility Date Marking for Food Safety policy (un-dated), stated The facility adheres to a date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food. The marking system shall consist of, the day/date of opening, and the day/date the item must be consumed or discarded.</p> <p>On 10/15/24 at 9:30 a.m., a kitchen walkthrough was done accompanied by CDM/Dietary Manger A.</p> <p>The following concerns were identified during the walkthrough:</p> <ul style="list-style-type: none"> -At 8:45 a.m., a heavy smell coming from the hand washing sink. The hand washing sink was not draining properly, had approximately 4 inches of water in the bottom when turned off. <p>During an interview done on 10/14/24 at 9:46 a.m., Dietary Manager A stated It's probably the drain.</p> <ul style="list-style-type: none"> -The kitchen floor by the dining room door was dirty with dirt, papers and dust under the silver table by the juice machine. -The cupboard mixer that was covered and ready for use was found to have dried on food particles directly above the bowel on the attachment area. -The toaster was full of an excessive amount of crumbs; Dietary Manager A turned it upside down and a pile of crumbs fell out. -The kitchen microwave was found excessively dirty with dried on food on the inside top, sides and bottom. -The thickener was partly used and no use-by dates on it. -An open and partly used hotdog buns had no use-by date. <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-20 individual containers of lettuce, cheese, berry desert and sour cream were found in the vegetable refrigerator with no dates at all.</p> <p>-A container of partly used chicken base was found with no use-by date.</p> <p>-In the dairy refrigerator was found 2 eggs sitting with no container, and no dates at all.</p> <p>During an interview done on 10/14/24 at 9:00 a.m., [NAME] N stated I didn't double check the foods.</p> <p>During an interview done on 10/14/24 at 9:10 a.m., Dietary Manager A stated I have been gone (on vacation).</p> <p>Observation done on 10/14/24 at 11:00 a.m., of the resident snack refrigerator in the conference room revealed, a piece of cake and a peanut butter and jelly sandwich with no use-by dates.</p> <p>During an interview done on 10/21/24 at 7:53 a.m., Dietitian Y stated I do walk thoughts; the last couple of months it's not been good. I found food items un-dated and some cleanliness concerns. There needs to be an open date and a discard date on food items.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>22347</p> <p>Based on observation, interview, and record review the facility failed to 1) Ensure resident monthly infection data was analyzed for 7/24 and 8/24 for a census of 35 residents, and 2) Ensure enhanced barrier precautions were used during wound care, resulting in the likelihood for cross contamination, resident, and staff illness, antibiotic usage with possible hospitalization .</p> <p>Findings Include:</p> <p>Infection Control Data Analyzing:</p> <p>Review was done of 7/24 and 8/24 facility monthly data reports. Both reports had documentation of infection rates, and the total numbers of each infections. No documentation of any analysis done regarding the infection rates, employee call-ins, antibiotic usage or immunizations was found.</p> <p>During an interview done on 10/15/24 at 10:20 a.m., the Infection Control Nurse/IC, LPN T and Director of Nursing/DON both confirmed there was no analyzing that had been done from the monthly data collected in the Infection Control program. The IC Nurse T stated, I just do what I am told, no one asked me anything (regarding monthly infection rates and residents or staff) in QA.</p> <p>Review of the facility Infection Prevention and Control Program dated August/22/20, stated A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards.</p> <p>Review of the facility Infection Preventionist job description (un-dated), revealed the Infection Control Nurse was responsible for the facility's infection control program including surveillance, data collection and analysis of the data to determine corrective measures (staff education).</p> <p>Review of the Michigan Society for Infection Control Guidelines (dated 2002) and Michigan Society for Infection Controls Elements of an Infection Control Program: Long Term Care (dated 1999), revealed long term care facilities infection control programs included the analyzing of collected resident and staff infection data to assist in the prevention of resident infections, resident and staff outbreaks and aid in the education of staff.</p> <p>22927</p> <p>Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multi-drug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. (2.) Initiation of Enhanced Barrier Precautions: (b.) An order for enhanced barrier precautions will be obtained for residents with any of the following: (i.) Wounds (e.g., chronic wounds such as pressure ulcers . implementation of EBP: (a.) Make gowns and gloves available immediately near or outside of the resident's room.</p> <p>(continued on next page)</p> | | |

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| NAME OF PROVIDER OR SUPPLIER Chesaning Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 S Front St Chesaning, MI 48616 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>In an interview on 10/14/24 at 09:06 AM with Resident #15 revealed that she did have a wound on her bottom for a long time. They don't get me out of bed.</p> <p>Observation and interview on 10/15/24 at 09:14 AM with Wound care nurse/Licensed Practical Nurse G revealed that he was going to perform a dressing observation on Resident #15. Observation of LPN G was in the hallway at the treatment cart and gathered his supplies and entered Resident #15's room. Observation in Resident #15's room revealed that Certified Nurse Assistant (CNA) H was at bedside with wash cloth a towel giving bed bath. CNA H had clear vinyl gloves on and had Resident #15's brief pulled down to show wound area to the sacrum. Neither LPN G or CNA H had on enhanced barrier gowns on. observation of Resident #15's buttocks area, scar tissue to left below the sacrum wound. The sacrum wound dressing dated 15/15/2024, blood noted from tear at top of buttocks crease. CNA H stated that it was there when she was washing the resident, new slit on butt crack top. LPN G attempted to take photo; photo did not take. Camo cream applied. Upon exiting Resident #15's room the state survey pointed out the 'Enhanced Barrier Precautions' signage posted at the doorway.</p> | | |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22927</p> <p>Based on observation, interview and record review, the facility failed to monitor and justify the administration of antibiotic medications for four residents (#7, #8, #9, #31), resulting in Resident #7 and Resident #31 to have recurrent urinary tract infections, Resident #8 and Resident #9 to be receive antibiotic without clinical rational and the likelihood of antibiotic resistance due to an inappropriate usage, resistance or the development of opportunistic organisms, and hospitalization s.</p> <p>Findings include:</p> <p>Record review of the facility Infection Prevention and Control Program' policy 10/2022 revealed the facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. (6.) Antibiotic Stewardship: (a.) An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program. (b.) Antibiotic use protocols and system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program. (c.) The Infection Preventionist, with oversight from the Director of Nursing, serves as the leader of antibiotic stewardship program. (d.) The Medical Director, consultant pharmacist, and laboratory manager will serve as resources for the antibiotic stewardship program.</p> <p>Record review of the Center for Disease Control and Prevention (CDC) 'The Core Elements of Antibiotic Stewardship for Nursing Homes' Appendix B: Measures of Antibiotic Prescribing, Use and Outcomes, undated revealed incomplete assessment and documentation of a resident's clinical status, physical exam or laboratory findings at the time a resident is evaluated for infection can lead to uncertainty about the rationale and/or appropriateness of an antibiotic</p> <p>Record review of the facility 'Antibiotic Prescribing Practices' policy dated 8/2023 revealed prescribing practices are implemented as part of the facility's antibiotic stewardship program for the purpose of optimizing the treatment of infections and reducing adverse events associated with antibiotic use. Antibiotic prescribing practices refers to the decision-making process for initiating antibiotic therapy and the written prescription for antibiotic therapy. (5.) (b.) Drug: The prescribed medication will be appropriate for the treatment site and identified organism. Narrow-spectrum antibiotics will be prescribed whenever possible.</p> <p>Resident #7:</p> <p>Record review on 10/16/24 at 10:26 AM of Resident #7's electronic clinical record, revealed that in the Month of September 2024 the resident #7 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Rocephin 1 gram intramuscularly one time a day for 5 days for facility acquired urinary tract infection started on 9/28/2024 through 10/3/2024 for Protus Mirabilis and.</p> <p>(continued on next page)</p> | | |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review on 10/16/24 at 10:26 AM of Resident #7's electronic clinical record, revealed that in the Month of October 2024 the resident #7 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Ampicillin 500mg capsule three times daily for 5 days for facility acquired urinary tract infection started on 10/18/2024. There was no organism identified in the medical record.</p> <p>Resident #8:</p> <p>Record review of Resident #8's Minimum Data Set (MDS) dated [DATE] revealed an elderly female with Brief Interview of Mental status (BIMS) score of 3 out of 15, severe cognitive impairment. Section G: functional abilities noted staff assist with toileting. Section H: Bladder & Bowel noted frequent incontinents.</p> <p>Observation on 10/14/24 at 01:14 PM of Resident #8 was noted to be seated in a wheelchair within her room. Observation on the bedside table while in the room the surveyor was able to pick up a Styrofoam cup and noted an empty water glass.</p> <p>Record review on 10/15/24 at 12:53 PM of Resident #8's electronic medical record revealed urine analysis dated 8/22/2024 revealed Protus Maribilis less than 100,000.</p> <p>Record review of Resident #8's August 2024 Medication Administration Record (MAR) revealed Antibiotic Macrobid 100 mg two times a day for 7 days for urinary tract infection was administered from 8/21/24 (prior to culture) through 8/27/2024 for facility acquired urinary tract infection.</p> <p>Record review of the Infection Control McGeers criteria for infection surveillance check list undated revealed that Resident #8 did not meet the criteria of McGeers.</p> <p>Resident #9:</p> <p>Record review on 10/16/24 at 10:26 AM of Resident #9's electronic clinical record, revealed that in the Month of May 2024 the resident #9 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Keflex 500mg capsule twice daily for prophylaxis Foley catheter removal from 4/30/2024 through 5/9/2024.</p> <p>Ceftin 500 mg tablets twice daily for 7 days for urinary tract infection started on 5/4/2024. Resident #9 received 4 days of treatment. Record review of the Infection Control McGeers criteria for infection surveillance check list undated revealed that Resident #9 did not meet the criteria of McGeers.</p> <p>Nitrofurantoin Microcrystal 100 mg capsule twice daily for 5 days due to urinary tract infection from 5/25/2024 through 5/29/2024. Record review of the Infection Control McGeers criteria for infection surveillance check list undated revealed that Resident #9 did not meet the criteria of McGeers.</p> <p>Diflucan (antifungal) 150mg for fungal infection/Urinary Tract Infection, no organism identified on 5/11/24.</p> <p>(continued on next page)</p> | | |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review on 10/16/24 at 10:26 AM of Resident #9's electronic clinical record, revealed that in the Month of June 2024 the resident #9 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Amoxicillin 500/125 mg tablet twice daily for facility acquired urinary tract infection started on 6/9/2024 through 6/16/2024. there was culture or organism identified in the medical record.</p> <p>Record review on 10/16/24 at 10:26 AM of Resident #9's electronic clinical record, revealed that in the Month of August 2024 the resident #9 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Bactrim DS 800/160 mg tablet twice daily for 7 days for facility acquired urinary tract infection</p> <p>Resident #31:</p> <p>in an interview on 10/14/24 at 11:29 AM with Resident #31 revealed that she did not know if she was currently receiving antibiotic medications, but that she couldn't pee and then felt sick a few days ago.</p> <p>Record review on of Resident #31's electronic clinical record, revealed that in the Month of May 2024 the resident #31 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Macrobid 100mg capsule twice daily for facility acquired urinary tract infection started on 5/16/2024 through 5/22/2024. Review of Resident #31's 5/15/2024 urine culture results noted mixed skin/genital flora, no organism identified.</p> <p>Record review on of Resident #31's electronic clinical record, revealed that in the Month of June 2024 the resident #31 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Macrobid 100mg capsule twice daily for facility acquired urinary tract infection started on 6/6/2024 through 6/10/2024. Review of Resident #31's 6/5/2024 urine culture results noted mixed skin/genital flora, no organism identified.</p> <p>Record review on of Resident #31's electronic clinical record, revealed that in the Month of August 2024 the resident #31 received the following antibiotics for facility acquired urinary tract infection:</p> <p>Cipro 250mg tablet twice daily for 7 days for facility acquired urinary tract infection stated on 8/21/2024 through 8/28/2024.</p> <p>The facility Director of Nursing and the Infection Preventionist were asked when the facility had provided peri care/catheter care/toileting as staff education to address the ongoing urinary tract infection high rate of incidents. The Infection Preventionist was able to provide a 'Perineal care and Catheter care' staff education dated 3/13/2024, prior to the hot weather of the summer months.</p> <p>(continued on next page)</p> |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>In an interview on 10/16/24 at 09:05 AM with the Infection Preventionist Licensed Practical Nurse T reviewed the antibiotic line listing for facility acquired urinary tract infections noted:</p> <p>Resident #7: IC/LPN T stated the resident did have a Urinary Tract Infection (UTI) in September 2024 and received antibiotic treatment, and again in October 2024 and was sent out to the hospital with acute UTI and COVID infections.</p> <p>Resident #8: The IC/LPN T stated that the resident #8's Urinary Tract Infection (UTI) did not meet the McGeers criteria, and the doctor treated with Macrobid antibiotic any ways.</p> <p>Resident #9: [NAME] Brothers has a catheter Foley with urinary retention- May 2024 she had 3 HAI of UTI- On 5/4/2024 went hospital for periods of non-responsiveness, came back with UTI that did not meet criteria and was treated with antibiotic. On 5/26/2024 she Diflucan for UTI did not meet criteria. On 5/26/2024 went to the hospital for stroke came back with UTI with antibiotic did not meet criteria.</p> <p>Resident #31: The IC/LPN T stated when reviewing the line listings that on 5/16/2024 was facility acquired Urinary Tract Infection (UTI) and that the antibiotic Macrobid was the treatment. Review of the urine culture noted a mixed flora from skin/genital flora, no organism. IC/LPN T stated that the sample was no good and the Resident #31 should have been retested with a new urine sample. The urine analysis results did not meet the McGeers criteria, and the doctor treated with Macrobid antibiotic anyways. Resident #31: On June 6, 2024, Macrobid antibiotic line listing results- noted Urinary Tract Infection (UTI)- started on 6/6/2024 and the urine sample was obtained. there was no urine analysis, or no culture noted in the medical record. Resident #31: August antibiotic line listing- noted on 8/28/2024 Urinary Tract Infection (UTI) there was no organism located in the binder, resident #31 was started on Cipro antibiotic before the culture came back. Infection Preventionist Licensed Practical Nurse T stated that she has talked with the physician during QAPI about antibiotic prescribing prior to culture and meeting the McGeers criteria for infections.</p> <p>in an interview on 10/16/24 at 11:57 AM with Infection Preventionist Licensed Practical Nurse T stated that she did catheter care, urostomy care and Perineal care in March 2024. but thing after that date.</p> <p>In an interview on 10/16/24 at 02:06 PM with the Infection Preventionist Licensed Practical Nurse (IP/LPN) T and Director of Nursing (DON) in the front office were asked for the urine dip policy and surveyor was told there is no urine dip policy. The surveyor asked why the urine dip results are being used for a diagnosis and IP/LPN T respond with that is just what they use.</p> | | |