

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER Golden Years Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Jefferson Parkway Harrisonville, MO 64701	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>19916</p> <p>Based on interview and record review, the facility failed to ensure residents who allowed the facility to manage their resident funds, received interest payments and failed to ensure signed authorization forms were present for three residents (Residents #11, #32 and #1) selected for the resident trust review. The facility census was 67 residents.</p> <p>1. Review of the reconciled bank statements, dated April 2023 through March 2024, showed the absence of any interest payments on the any of the bank statements.</p> <p>During an interview on 4/18/24 at 10:55 A.M. the Corporate Director of Fiscal Services said:</p> <p>-He/she did not see any interest on the bank statements.</p> <p>-He/she was not aware of any changes made to the account.</p> <p>2. Review of Resident #11's authorization records showed there was no authorization form to manage funds found for the resident.</p> <p>3. Review of Resident #32's authorization records showed there was no authorization form to manage funds found for the resident.</p> <p>4. Review of Resident #1's authorization records showed there was no authorization form to manage funds found for the resident.</p> <p>5. During an interview on 4/18/24 at 2:39 P.M., the Business Office Manager (BOM) said:</p> <p>-Residents #11, #32, and #1 were residents who had legal guardians (a person who has been appointed by a court or otherwise has the legal authority to make decisions relevant to the personal and property interests of another person who is deemed incompetent, called a ward).</p> <p>-Those residents were admitted to the facility before the start of his/her tenure, which started in 1/23.</p> <p>-Whenever he/she received an authorization form from a resident who allowed the facility to manage that resident's funds, he/she placed the authorizations in a file.</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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/she thought the authorizations were behind the guardianship paperwork in the folder with all the authorizations.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39469</p> <p>Based on interview, and record review, the facility failed to ensure one sampled resident's (Resident #61) code status was changed from a full code (if a person's heart stopped beating and or or they stopped breathing, all resuscitation procedures would be provided to keep them alive) to a Do Not Resuscitate (DNR - a legal document that means a person has decided not to have cardiopulmonary resuscitation attempted on them if their heart stops or they stop breathing) status, out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's policy, Advance Directives, dated December 2016 showed:</p> <ul style="list-style-type: none"> -Upon admission, the resident would have been provided with written information concerning the right to refuse or accept medical treatment and to formulate an advance directive if he or she choose to do so. -If a resident was incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may have been provided to the resident's legal representative. -Prior to or upon admission of a resident, the Social Services Director or designee would have inquired of the resident, his/her family member about the existence of any written advance directives. -Information about whether or not the resident had executed an advance directive should have been displayed prominently in the medical record. -The plan of care for each resident would have been consistent with his/her documented treatment preferences and or advance directive. -Changes or revocations of a directive must have been submitted in writing to the Administrator. -The Care Plan Team would have been informed of such changes or revocations so that appropriate changes could have been made in the resident assessment and care plan. -The Director of Nursing Services or designee would have notified the Attending Physician of advance directives to that appropriate orders could have been documented in the resident's medical record and plan of care. <p>1. Review of Resident #61's undated face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Respiratory failure (a condition in which your blood does not have enough oxygen). -Hemiplegia and Hemiparesis following a cerebral infarction (weakness on one side of the body resulting from damage to the brain from an interruption of its blood supply). <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Gastrostomy status (an opening into the stomach through the abdominal wall for the introduction of food).</p> <p>-Tracheostomy status (a surgical procedure to help air reach the lungs by creating an opening into the windpipe from the outside of the neck.</p> <p>-The resident was a full code.</p> <p>Review of the resident's Advance Directive dated 2/8/24 showed:</p> <p>-The resident had a DNR status.</p> <p>-The physician signed the DNR sheet on 2/8/24.</p> <p>Review of the resident's care plan dated 3/13/24 showed the resident did not have an Advance Directive.</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by the facility for care planning) dated 3/13/24 showed:</p> <p>-They were unable to obtain a Brief Interview for Mental Status (BIMS) score.</p> <p>-He/She had had a stroke.</p> <p>-He/She was Hemiplegic.</p> <p>-He/She had respiratory failure.</p> <p>Review of the resident's Physician's Order Sheet (POS) dated April 2024 showed the resident was a full code.</p> <p>During an interview on 4/19/24 at 9:00 A.M. Licensed Practical Nurse (LPN) A said:</p> <p>-The resident had a DNR status.</p> <p>-He/She had admitted the resident and knew he/she had an Advance Directive denoting the resident was DNR.</p> <p>-He/She verified the resident had an Advance Directive which showed he/she had a DNR status.</p> <p>-The Advance Directive sheet was dated 2/8/24.</p> <p>-He/She verified that the resident's face sheet and POS showed the resident was a full code.</p> <p>-That was not correct the resident should have had DNR status.</p> <p>-He/She changed the face sheet and POS to reflect the DNR status.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The nurse who admitted the resident was responsible to ensure the resident's wishes were reflected on the chart.</p> <p>-He/She did not know if the residents' charts were ever audited to ensure the most up to date code status was on the chart.</p> <p>During an interview on 4/22/24 at 9:15 A.M. LPN C said:</p> <p>-A resident's code status would have been found on the face sheet or POS.</p> <p>-The nurse who admitted the resident was responsible for ensuring they had a current code status and it was documented in the chart.</p> <p>-He/She did not know who was responsible to audit the residents code status.</p> <p>During an interview on 4/22/24 at 9:30 A.M. Certified Nursing Assistant (CNA) A said:</p> <p>-He/She did not know where a resident's code status would be found.</p> <p>-He/She would have to ask the nurse what a resident's code status was.</p> <p>During an interview on 4/22/24 at 12:40 P.M. the Assistant Director of Nursing (ADON) said:</p> <p>-The resident was a full code when he/she came into the facility.</p> <p>-They were not able to contact the residents family who was out of state for an advance directive.</p> <p>-When they finally got an advance directive from the family the resident's code status should have been changed to DNR and it was missed.</p> <p>-He/She was responsible for ensuring the residents' code status was current.</p> <p>During an interview on 4/22/24 at 1:15 P.M. the Director of Nursing said:</p> <p>-Residents should have a code status upon admission.</p> <p>-The Admitting Nurse was responsible for ensuring the resident had a code status.</p> <p>-A resident's code status should have been listed on the face sheet and POS.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19916</p> <p>Based on observation and interview, the facility failed to maintain the water at the handwashing faucet in resident rooms 517, 520 and 523 at a temperature at or above 105 F (degrees Fahrenheit); failed to maintain sprinkler heads over the the therapy area, the Main Dining Room (MDR) and the side Dining room without dust; and failed to maintain two stand up lifts without cracks in the base of those lifts. This practice potentially affected at least 30 residents who resided in those areas, used those area or required assistance of the stand-up lifts. The facility census was 67 residents.</p> <p>1. Observation on 4/16/24 with the Maintenance Director, showed:</p> <p>-At 9:06 A.M., the water temperature at the handwashing sink in resident room [ROOM NUMBER], was 97.2 F after the water was allowed to run for two minutes in that room.</p> <p>-At 9:23 A.M., the water temperature at the handwashing sink in resident room [ROOM NUMBER], was 88.8 F after the water was allowed to run for two minutes or more.</p> <p>-At 9:25 A.M., the water temperature at the handwashing sink in resident room [ROOM NUMBER], was 84.5 F after the water was allowed to run for two minutes or more.</p> <p>2. Observation on 4/18/24 showed:</p> <p>-At 11:39 A.M., the water temperature at the handwashing sink in resident room [ROOM NUMBER], was 92.3 F, after the water was allowed to run for two minutes in that room.</p> <p>-At 11:41 A.M., the water temperature at the handwashing sink in resident room [ROOM NUMBER], was 103.1 F after the water was allowed to run for two minutes in that room.</p> <p>During an interview on 4/17/24 at 2:18 P.M., about water temperatures the Maintenance Director said:</p> <p>-He/she was the one who did the temperature testing of the water.</p> <p>-He/she watched the thermometer until the temperature stopped rising on the thermometer.</p> <p>-He/she did not let the water run for at least two minutes.</p> <p>-The most recent temperatures that were obtained on 4/8/24 the water was not run for 2 minutes or more.</p> <p>3. Observation on 4/16/24 at 10:54 A.M., showed one stand-up lift in the 400 Hall with a crack in the base of that lift.</p> <p>During an interview on 4/16/24 at 10:55 A.M., Certified Nursing Assistant (CNA) C said he/she did not notice the crack in the base of the stand-up lift until the crack was pointed out to him/her.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/18/24 at 3:51 P.M., with CNA B showed:</p> <ul style="list-style-type: none"> -The stand up lift on the 400 Hall was cracked. -The base of the stand-up lift on the 200 Hall was also cracked. <p>During an interview on 4/18/24 at 3:55 P.M., CNA B said:</p> <ul style="list-style-type: none"> -He/she did not know how long the base has been cracked on those two lifts. -Facility staff still used the lifts because there were not replacements lift to be used at that time. -He/she would write a work order so that the lifts could be repaired. -He/she did not know who was in charge of ordering of parts for the lifts. <p>During an interview on 4/19/24 at 9:20 A.M. Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -He/she expected the employees to make sure all the parts worked. -He/she expected employees to check for cracks and other damages. -If they find any kind of damages, they should make a work order and notify the maintenance department. <p>During a phone interview on 4/22/24 at 12:18 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -Previously, before the cracked based of the stand-up lift was shown to him/her, he/she may not have expected facility staff to check the base of the lift, but he/she wanted them to check the operation of the stand-up lift. -If a lift that was damaged, belonged to the facility, he/she expected facility staff to fill out a wok order and let the Maintenance Director know about that. -If the lift was a rental, then they would let the company they rented hat lift from, know about any damage to the lift. <p>4. Observation on 4/16/24, with the Maintenance Director showed:</p> <ul style="list-style-type: none"> -At 1:34 P.M., the presence of dust on sprinkler heads in the main dining room. -At 1:36 P.M., the presence of dust on the sprinkler heads in the side dining room. -At 1:42 P.M., the presence of dust on the sprinkler heads at the nurse's station. <p>During an interview on 4/16/24 at 1:46 P.M., the Maintenance Director said he/she needed to do a better job of cleaning the sprinkler heads in those areas.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on interview and record review, the facility failed to notify the ombudsman (a resident advocate who provides support and assistance with problems and/or complaints regarding the facility) of the resident discharges/transfers for two sampled residents (Residents #48 and #23) and one supplemental resident (Resident #268) out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's undated policy titled Transfer and Discharge) showed the policy did not include notification of the ombudsman when residents were transferred or discharged .</p> <p>1. Review of Resident #48's health status note dated 3/16/24 at 6:56 A.M. showed the resident was sent to the hospital due to seizures.</p> <p>Review of the resident's admission summary showed the resident returned to the facility on [DATE].</p> <p>Review of an email dated 4/8/24 from the ombudsman showed the ombudsman reported not receiving transfer/discharge logs from the facility since September 2023.</p> <p>2. Review of Resident #23's discharge assessment dated [DATE] showed the resident was discharged to the hospital with his/her return anticipated.</p> <p>Review of the resident's entry tracking form dated 1/9/24 showed the resident returned to the facility.</p> <p>3. Review of Resident #268's discharge assessment dated [DATE] showed the resident was discharged to the hospital with his/her return anticipated.</p> <p>Review of the resident's entry tracking form dated 4/4/24 showed the resident returned to the facility.</p> <p>4. During an interview on 4/22/24 at 10:20 A.M., the Social Services Designee (SSD) said:</p> <p>-He/She was working as the SSD for about six months.</p> <p>-He/She emailed a list of resident discharges to the ombudsman the last week of the month.</p> <p>-He/She had been emailing them to a .com email address (when the email address was a .org email address).</p> <p>-The email was being sent to the local ombudsman.</p> <p>During an interview on 4/22/24 at 1:14 P.M., the outgoing Administrator said:</p> <p>-Social Services was responsible for sending the list of discharges/transfers to the ombudsman.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The SSD was sending the list to an incorrect email address.</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on interview and record review, the facility failed to provide the resident with a written summary of a baseline care plan that included instructions needed to provide the resident with care until the comprehensive care plan was developed for two sampled residents (Resident #41 and #60) out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's policy titled Care Plans - Baseline dated as revised December 2016 showed:</p> <ul style="list-style-type: none"> -A baseline care plan would be developed within the first 48 hours of the resident's admission. -The interdisciplinary team would implement a baseline care plan to meet the resident's immediate care needs. -The baseline care plan would be used until the staff could conduct the comprehensive assessment and develop an interdisciplinary person-centered care plan. -The resident and their representative will be provided a summary of the baseline care plan that includes but it not limited to: <ul style="list-style-type: none"> --The initial goals of the resident. --A summary of the resident's medications and dietary instructions. --Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. --Any updated information based on the details of the comprehensive plan, as necessary. <p>1. Review of Resident #41's tracking form dated 1/19/24 showed the resident was admitted to the facility on [DATE].</p> <p>Review of the resident's nursing admission screening/history (used as part of the baseline care plan) dated 1/19/24 and listed as in progress showed:</p> <ul style="list-style-type: none"> -The resident admitted to the facility for skilled therapy and nursing for wounds. -A nursing assessment was partially completed. -No medications were listed under the medication section. -There was no last page to show: <ul style="list-style-type: none"> --Who completed the screening. <p>(continued on next page)</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--If anyone else was involved in the screening.</p> <p>--Whether the form was reviewed with the resident or anyone else.</p> <p>During an interview on 4/16/24 at 10:35 A.M., the resident said he/she didn't know anything about a care plan.</p> <p>Review of the resident's interdisciplinary notes since 1/19/24 admission through 4/16/24 showed nothing was documented about a baseline care plan.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed for care planning) dated 3/12/24 showed the following staff assessment of the resident:</p> <ul style="list-style-type: none"> -Cognitively intact. -Had wounds. -Received multiple high-risk medications. -Used a wheelchair and a walker. -Had impaired range of motion on one side of his/her lower extremity. -Required assistance from staff for most personal cares. -Had a catheter (a tube passed through the urethra into the bladder to drain urine). -Was incontinent of bowel. <p>During an interview on 4/18/24 at 10:04 A.M., the Director of Nursing (DON) said it looked like the resident's baseline care plan was not done.</p> <p>2. Review of Resident #60's tracking form dated 3/21/24 showed the resident was admitted to the facility on [DATE].</p> <p>Review of the resident's baseline care plan dated 3/22/24 showed the form was completed but it did not have any names or signatures of anyone to show the baseline care plan meeting was held or that the resident was provided with a copy of the baseline care plan.</p> <p>Review of the resident's admission MDS date 4/1/24 showed the following staff assessment of the resident:</p> <ul style="list-style-type: none"> -Cognitively intact. -Had wounds -Received several high-risk medications. <p>(continued on next page)</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Used a wheelchair.</p> <p>-Had impaired range of motion on both sides of his/her upper and lower extremities.</p> <p>-Required assistance from staff for most personal cares.</p> <p>-Was frequently incontinent of bladder and was always incontinent of bowel.</p> <p>During an interview on 4/19/24 at 1:27 P.M., the resident said he/she did not know anything about a baseline care plan meeting and did not have a copy of a baseline care plan.</p> <p>3. During an interview on 4/18/24 at 10:04 A.M., the DON said the baseline care plan was usually done in the resident's room with the resident.</p> <p>During an interview on 4/19/24 at 3:05 P.M., Assistant DON (ADON)/Wound care nurse/Licensed Practical Nurse (LPN) said the nurses were responsible for completing the baseline (48-hour) care plans.</p> <p>During an interview on 4/22/24 at 8:41 A.M., the MDS nurse said the nurses were responsible for doing a 48-hour care plan when a resident was first admitted .</p> <p>During an interview on 4/22/24 at 1:14 P.M., the DON said:</p> <p>-The baseline care plans were in the computer.</p> <p>-The staff were not printing the baseline care plan out.</p> <p>-No one was signing the baseline care plan.</p> <p>-No one was printing out a summary of the baseline care plan for the resident or family.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER Golden Years Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Jefferson Parkway Harrisonville, MO 64701	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37576</p> <p>Based on interview and record review, the facility failed to ensure one sampled resident's (Resident #2) care plan (written out plan for the care of the resident) reflected the resident's need to receive Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST); out of 17 sampled residents. The facility census was 67 residents.</p> <p>Record review of the facility's Goals and Objectives, Care Plans policy dated April 2009 showed:</p> <ul style="list-style-type: none"> -Care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence. -Care plan goals and objectives are defined as the desired outcome for a specific resident problem. -When goals and objectives are not achieved, the resident's clinical record will be documented as to why the results were not achieved and what new goals and objectives have been established. Care plans will be modified accordingly. -Care plan goals and objectives are derived from information contained in the resident's comprehensive assessment and: <ul style="list-style-type: none"> --Are resident oriented. --Are behaviorally stated. --Are measurable. --Contain timetables to meet the resident's needs in accordance with the comprehensive assessment. <p>1. Review of Resident #2's Admission Record showed he/she admitted on [DATE] with a dignsos of Cerebral Palsy (condition marked by impaired muscle coordination and/or other disabilities, typically caused by damage to the brain before or at birth).</p> <p>Review of the Resident's Physicians Order Summary (POS) dated April 2024 showed PT, OT, and ST to evaluate and treat as indicated order dated 1/21/24.</p> <p>Review of the resident's Admission Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility staff for care planning) dated 1/31/24 showed:</p> <ul style="list-style-type: none"> -Occupational therapy started 1/18/24. -Physical Therapy started 1/18/24. -Speech therapy started 1/20/24. <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Care Plans dated 2/12/24 showed:</p> <ul style="list-style-type: none"> -At risk for falls related to Cerebral Palsy. -Requires max to total assist with his/her cares due to Cerebral Palsy. -No Care Plan for PT, OT, or ST. <p>During an interview on 4/19/24 at 2:20 P.M., MDS Coordinator said:</p> <ul style="list-style-type: none"> -He/She wrote all the care plans. -He/She talked to each resident before writing their care plan. -He/She or the Director of Nursing (DON) updated the care plans. <p>-Care plans should have been completed upon admission, and updated quarterly, with any significant change, and annually.</p> <p>-The facility had changed computer systems last year and some of the care plans were not done or up to date.</p> <p>During an interview on 4/22/24 at 1:13 P.M., the DON said:</p> <ul style="list-style-type: none"> -The MDS Coordinator is responsible for writing the care plans and updating them. -Any Department Head (i.e., Social Services, dietary, etc.) would update their portion of a resident's care plan. 		

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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** 42955</p> <p>Based on interview and record review, the facility failed to update residents' care plans with a change of condition and/or needs for five sampled residents (Residents #65, #41, #13, #19, and #52) and to invite a resident to his/her care plan meeting for one sample resident (Resident #37) out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's Goals and Objectives, Care Plans policy dated April 2009, showed:</p> <ul style="list-style-type: none"> -Care plans incorporated goals and objectives that led to the resident's highest obtainable level of independence. -Goals and objectives were entered on the resident's care plan so all disciplines had access to needed information and were able to report if the desired outcomes were being achieved. -Goals and objectives were reviewed and revised when: <ul style="list-style-type: none"> --The resident had a significant change. --When the outcome was not achieved. --At least quarterly. <p>1. Review of Resident #65's annual Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 5/10/23, showed:</p> <ul style="list-style-type: none"> -The resident scored an 11 out of 15 on the Brief Interview for Mental Status (BIMS). --This showed that the resident was moderately cognitively impaired. <p>Review of the resident's electronic physician orders showed the resident was admitted to Hospice (end of life care) on 3/26/24.</p> <p>Review of the resident's care plan, undated, showed:</p> <ul style="list-style-type: none"> -The resident's care plan was last updated on 5/24/23. -No new or revised goals and objectives following 5/24/23. -The resident's care plan did not show the resident was admitted to hospice and the coordination of care. <p>22727</p> <p>2. Review of Resident #41's care plan dated 2/8/24 showed the resident:</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>-Had a decline in the level of care he/she required and was on Intravenous (IV) antibiotics for wounds.</p> <p>-Had a decline in activities partially due to being on IV antibiotics.</p> <p>-Was at risk for nutritional problems and was on IV antibiotics.</p> <p>-Had a wound infection and he/she was on IV antibiotics for the wound infection.</p> <p>-Was at risk for dehydration due to his/her wound infection for which he/she was receiving IV antibiotics.</p> <p>Review of the resident's quarterly MDS dated [DATE] showed the following staff assessment of the resident:</p> <p>-Cognitively intact.</p> <p>-Had a wound infection and septicemia (clinical name for blood poisoning by bacteria).</p> <p>-Was receiving an antibiotic.</p> <p>Review of the resident's Medication Administration Record (MAR) dated April 2024 showed the resident did not receive any IV antibiotics 4/1/24 to 4/18/24.</p> <p>Observation on 4/15/24 at 9:50 A.M., 4/16/24 at 1:20 P.M., 4/17/24 at 10:23 A.M. and 4/18/24 at 6:27 A.M. showed the resident was not receiving IV antibiotics.</p> <p>39469</p> <p>3. Review of Resident #37's face sheet showed he/she had been admitted to the facility on [DATE].</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed his/her Brief Interview for Mental Status (BIMS) score was 15 out of 15 indicating he/she was cognitively intact.</p> <p>Review of the resident's most recent care plan was dated 1/8/24.</p> <p>-There was no updated care plan.</p> <p>-There was no documentation the resident or family had been invited to the care plan meeting.</p> <p>During an interview on 4/15/24 at 12:04 P.M. the resident said:</p> <p>-He/She has never been invited to a care plan meeting.</p> <p>-He/She would have went to the care plan meeting if he/she had been invited.</p> <p>During an interview on 4/19/24 at 2:20 P.M. the MDS Coordinator said:</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>-Care Plans should have been completed upon admission, quarterly, with any significant change, and annually.</p> <p>-The facility had changed computer systems last year and some of the care plans were not done or were not up to date.</p> <p>-The resident's care plan for this quarter was over due.</p> <p>-He/She was not able to find any documentation which showed the resident or family had been invited to any care plan meetings.</p> <p>37576</p> <p>4. Review of Resident #13's Admission Record showed he/she admitted [DATE] with the following diagnoses:</p> <p>-Unilateral (affecting one side of a joint) primary osteoarthritis (articular [a thin layer of specialized connective tissue] cartilage degeneration without any known reason) of the left knee.</p> <p>-Hypertension (HTN-abnormally high blood pressure that's not the result of a medical condition.</p> <p>-Long term use of Anticoagulants (medications that help prevent blood clots by thinning the blood.</p> <p>Review of the resident's Baseline Care plan was completed on 9/24/23.</p> <p>Review of the resident's Care Plans showed:</p> <p>-Was last updated on 11/3/23.</p> <p>-All Care Plan goals showed overdue.</p> <p>-Did not indicate if goals had been achieved or not.</p> <p>-Did not indicate any new goals or objectives had been established.</p> <p>5. Review of Resident #19's Admission Record showed he/she admitted [DATE] with the following diagnoses:</p> <p>-Dementia (a general term for a decline in mental ability resulting in memory loss, and other mental abilities severe enough to interfere with daily functioning) with psychotic disturbance (hallucinations [usually visual], delusions and delusional misidentifications).</p> <p>-Generalized anxiety disorder (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing difficulty not associated with an apparent stimulus).</p> <p>-Neuromuscular dysfunction of bladder (a disorder of urinary bladder control due to damage to the spinal cord or to the nerves supplying the bladder).</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>-Retention of urine.</p> <p>Review of the resident's Care Plans dated 8/15/23 showed:</p> <p>-Requires psychoactive medication (substances that, when taken affect mental processes) for diagnosis of:</p> <p>--Anxiety and a history of agitation and being combative, he/she also has a diagnosis of dementia.</p> <p>-Can easily become agitated and annoyed with staff, he/she also has periods of anxiety.</p> <p>-Has an indwelling (Foley) catheter (a tube with retaining balloon passed through the urethra into the bladder to drain urine) due to a neurogenic bladder.</p> <p>-All Care Plan goals showed overdue since 8/23/23.</p> <p>-Did not indicate if goals had been achieved or not.</p> <p>-Did not indicate any new goals or objectives had been established.</p> <p>6. Review of Resident #52's Admission Record showed he/she admitted [DATE] with the following diagnoses:</p> <p>-Chronic Obstructive Pulmonary Disease (COPD- a disease process that decreases the ability of the lungs to perform ventilation).</p> <p>-Tracheostomy (surgical opening into the wind pipe into which a tube is inserted to allow passage of air and removal of secretions) status.</p> <p>-Hypertension (HTN- high blood pressure).</p> <p>-Anxiety disorder.</p> <p>-Depression (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living).</p> <p>Review of the resident's Care Plans dated 7/18/23 showed:</p> <p>-Next review/update was due 10/16/23.</p> <p>-All Care Plan goals showed overdue.</p> <p>-Did not indicate if goals had been achieved or not.</p> <p>-Did not indicate any new goals or objectives had been established.</p> <p>7. During an interview on 4/19/24 at 2:20 P.M. the MDS Coordinator said:</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>-Care Plans should have been completed upon admission, quarterly, with any significant change, and annually.</p> <p>-The facility had changed computer systems last year and some of the care plans were not done or were not up to date.</p> <p>-The resident's care plan for this quarter was over due.</p> <p>-He/She was not able to find any documentation which showed the resident or family had been invited to any care plan meetings.</p> <p>During an interview on 4/22/24 at 8:41 A.M., the MDS Coordinator said he/she tried to update care plan as he/she saw things change.</p> <p>During an interview on 4/22/24 at 12:00 P.M., the MDS Coordinator said:</p> <p>-He/She or the DON updated care plans.</p> <p>-The nurses did not update the care plans.</p> <p>During an interview on 4/22/24 at 1:13 P.M., the DON said:</p> <p>-Resident's on hospice should have it on their care plan.</p> <p>-Care plans were updated quarterly by the MDS Coordinator.</p> <p>-The resident and or family should have been invited to the care plan meeting.</p> <p>-There should have been documentation the resident or family had been invited to the care plan meeting in the resident's chart.</p> <p>-Sometimes the baseline care plan had been missed.</p> <p>-He/She was not aware of any care plans that were over due.</p> <p>-When resident issues were brought up in meetings the MDS Coordinator was asked to take care of it.</p> <p>-Anyone on the Interdisciplinary Team (IDT) could update care plans.</p> <p>-The IDT team included the Social Services department and dietary.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 22727</p> <p>Based on observation, interview and record review, the facility failed to accurately document the administration of pain medication for one sampled resident (Resident #41) and failed to ensure one sampled resident (Resident #33) had taken his/her prescribed medications out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's policy titled Administering Pain Medication dated as revised October 2010 showed the policy did not address where to document the administration of opioids (pain medications used to treat severe pain).</p> <p>Review of the facility's policy, Administering Medications, dated December 2012 showed:</p> <ul style="list-style-type: none"> -The Director of Nursing Services would supervise and direct all nursing personnel who administer medication. -Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely. <p>Review of the facility's undated policy, Medication Administration, showed:</p> <ul style="list-style-type: none"> -(Staff) was to administer the medication and observe that the medications were swallowed. -Never leave any drug in the resident's room. <p>1. Review of Resident #41's care plan dated 2/8/24 showed the resident experienced pain in his/her lower back, foot and wounds and Oxycodone (an opioid pain medication) was one of his/her pain medications.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS a federally mandated assessment tool completed by facility staff for care planning) dated 3/12/24 showed the resident was cognitively intact and received opioid pain medications.</p> <p>Review of the resident's Medication Administration Record (MAR) dated April 2024 showed:</p> <ul style="list-style-type: none"> -A physician's order for Oxycodone 15 milligrams (mg), one tablet every four hours as needed. -On 4/9/24 and 4/16/24 the administration of Oxycodone had a 9 in the administration box. -When a medication was coded as a 9, it indicated the medication was not administered and it referred a progress note. -The resident received eight Oxycodone tablets for the month of April through 4/17/24 (not including 4/9/24 and 4/16/24 noted above). <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 - Few</p>	<p>Record review of the resident's nurses' notes dated 4/9/24 and 4/16/24 showed no documentation regarding why the Oxycodone was signed out but not administered.</p> <p>Review of the resident's Individual patient narcotic record dated 3/23/24 for Oxycodone 15 mg showed:</p> <p>-Oxycodone 15 mg was administered 36 times (26 more times than documented on the MAR) from 4/1/24-4/17/24.</p> <p>-Oxycodone 15 mg was documented as given on 4/9/24 and 4/16/24 when the MAR indicated it was not administered.</p> <p>During an interview on 4/19/24 at 2:38 P.M., Licensed Practical Nurse (LPN) B said they were supposed to fill out the narcotic count sheet and the MAR when administering the resident's Oxycodone.</p> <p>During an interview on 4/22/24 at 9:08 A.M., the resident said he/she asked for his/her Oxycodone about three times a day.</p> <p>During an interview on 4/22/24 at 1:14 P.M., the Director of Nursing (DON) said:</p> <p>-He/She would expect a nurses' note when a 9 was documented on the MAR.</p> <p>-The nurses should have documented the administration of the resident's Oxycodone on both the MAR and the narcotic count sheet.</p> <p>39469</p> <p>2. Review of Resident #33's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Hemiplegia and Hemiparesis (muscle weakness).</p> <p>-Major Depressive disorder (a common and serious medical illness that negatively affects how you feel, the way you think and how you act).</p> <p>-Cerebral Infarction (a stroke- a result of disrupted blood flow to the brain due to the problems with blood flow).</p> <p>Review of the resident's quarterly MDS dated [DATE] showed:</p> <p>-His/Her Brief Interview of Mental Status (BIMS) score was 15 out of 15 indicating he/she was cognitively intact.</p> <p>-He/She had had a stroke.</p> <p>-He/She had Hemiplegia.</p> <p>-He/She had Depression.</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 - Few</p>	<p>Review of the resident's care plan dated 2/7/24 showed:</p> <ul style="list-style-type: none"> -He/She had had periods of confusion and forgetfulness. -He/She had lost his/her train of thought and had difficulty paying attention. -Staff was to administer medication per order. <p>Observation on 4/15/24 at 10:00 A.M. showed there were two blue oblong pills and one white round pill sitting in a pill cup on the bedside table.</p> <p>During an interview on 4/15/24 at 10:00 A.M. the resident said:</p> <ul style="list-style-type: none"> -The nurse last night had left the pills. -He/She had forgotten to take them last night. -Sometimes the nurse would leave the pills so he/she could take them at a later time. <p>Review of the resident's Physician's Order Sheet (POS) dated April 2024 showed:</p> <ul style="list-style-type: none"> -Acetaminophen (pain medication) P.M. Extra Strength tablet 500-25 milligram (mg) for sleep, give two tablets by mouth at bedtime for insomnia. -Glycopyrrolate (medication used to decrease secretions) tablet 2 mg, give 2 mg by mouth three times a day for secretions. -The resident did not have an order to leave pills at bedside. <p>During an interview on 4/18/24 at 8:30 A.M. Certified Medication Technician (CMT) B said:</p> <ul style="list-style-type: none"> -The resident had pills in a cup at bedside in the morning. -The pills were his/her night medications in the cup. -The resident did not have a physician's order to leave medications at bedside. -Staff were supposed to watch the resident take the medications to ensure they did not choke. -The two blue pills were Tylenol PM. -The one white pill was Glycopyrrolate. -Staff was not supposed to leave medications at bedside. <p>During an interview on 4/19/24 at 1:20 P.M. LPN A said:</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 - Few</p>	<p>-Staff should never leave the resident's medication at bedside unless there was a physician's order.</p> <p>-Staff had education from the facility about leaving medications at bedside.</p> <p>-The DON was responsible for ensuring medications were not left at bedside.</p> <p>During an interview on 4/22/24 at 1:15 P.M. the DON said:</p> <p>-Pills should not have been left at the resident's bedside.</p> <p>-The nurse or CMT who administered the medication should have watched the resident take them.</p> <p>-The resident did not have a physician's order to leave medications at bedside.</p>

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NAME OF PROVIDER OR SUPPLIER Golden Years Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Jefferson Parkway Harrisonville, MO 64701	
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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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37576</p> <p>Based on observation, interview and record review, the facility failed to ensure bathing/showers were completed at least once weekly and at the resident's preference for two sampled residents (Resident #13, and #54) out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's shower policy dated October 2010 showed:</p> <ul style="list-style-type: none"> -No indication of how often a shower/bath should be offered or given. -The purposes of the procedure. -General guidelines. -Equipment and supplies. -Steps in the procedure. -Information recorded on the residents' Activity of Daily Living (ADL) record and/or the residents medical record as: <ul style="list-style-type: none"> --The date and time the shower was performed. --The name and title of individual who assisted the resident with the shower. --All assessment data pertaining to the resident's skin condition obtained during the shower. --The reason why and the intervention taken if the resident refused the shower. --The signature and title of the person recording the data. -Notify the supervisor if the resident refused the shower. -Notify the physician of any skin areas that may need to be treated. <p>1. Review of Resident 13's Admission Record showed he/she admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Colostomy status (an alternative exit from the colon created to divert waste through a hole in the colon and through the wall of the abdomen). -Essential (primary) hypertension (HTN-abnormally high blood pressure that's not the result of a medical condition). <p>Review of the resident's shower sheets dated 3/1/24 to 4/15/24 showed:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No shower sheets for the week of 3/3/24 to 3/9/24.</p> <p>-No shower sheets for the week of 3/17/24 to 3/23/24.</p> <p>-No shower sheets for the week of 3/31/24 to 4/6/24.</p> <p>-No shower sheets for the week of 4/7/24 to 4/13/24.</p> <p>During an interview on 4/15/24 at 11:44 A.M., the resident said he/she would like a shower once a week.</p> <p>During an interview on 4/22/24 at 11:11 A.M., Certified Nursing Assistant (CNA) F said:</p> <p>-The resident usually did not refuse his/her showers.</p> <p>-Every once in a while he/she would refuse depending on his/her pain.</p> <p>-When he/she refused then usually he/she got a shower at a different time.</p> <p>2. Review of Resident 54's Admission Record showed he/she admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Essential (primary) hypertension.</p> <p>-Age related physical debility (the quality or state of being weak, feeble, or infirm especially physical weakness).</p> <p>-Unspecified glaucoma (a build-up of fluid in the eye, which presses on the retina and the optic nerve).</p> <p>Review of the resident's shower sheets dated 3/1/24 to 4/15/24 showed:</p> <p>-No shower sheets for the week of 3/10/24 to 3/16/24.</p> <p>-No shower sheets for the week of 3/31/24 to 4/6/24.</p> <p>During an interview on 4/15/24 at 11:05 A.M., the resident said:</p> <p>-He/She liked showers at least once a week or more.</p> <p>-He/she didn't have a shower at any time between 3/30/24 and 4/12/24.</p> <p>-He/She kept track of everything that he/she or anyone else did in a notebook.</p> <p>During an interview on 4/22/24 at 11:11 A.M., CNA F said:</p> <p>-The resident very seldom refused a shower.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She liked his/her showers.</p> <p>3. During an interview on 4/22/24 at 11:11 A.M., CNA F said:</p> <p>-He/She worked on the Rehab unit.</p> <p>-Residents got showers two times a week.</p> <p>-There were two shower aides, one did weekdays the other did weekends.</p> <p>-He/She checked the shower book every day he/she worked to check if anyone had missed a shower.</p> <p>-If someone had missed a shower, he/she offered to give them one.</p> <p>During an interview on 4/22/24 at 11:37 A.M., CNA G said:</p> <p>-Residents got showers two times a week.</p> <p>-The facility had two shower aides.</p> <p>-Neither of the shower aides were working today.</p> <p>During an interview on 4/22/24 at 11:45 A.M., Licensed Practical Nurse (LPN) C said:</p> <p>-He/she worked weekends and Mondays.</p> <p>-Residents typically got showers twice a week.</p> <p>-The facility bath aide came to the Rehab unit to do the showers.</p> <p>-Not sure what days the aide came.</p> <p>-Hospice residents also got showers twice a week from the hospice aides.</p> <p>-He/she was not sure if Residents #13 and #54 refused showers or not.</p> <p>During an interview on 4/22/24 at 1:13 P.M., the Director of Nursing (DON) said:</p> <p>-Residents should be offered a shower at least weekly.</p> <p>-There was a schedule to follow by room number as to what day the residents received showers.</p> <p>-Shower sheets should be filled out for each resident when they received a shower.</p> <p>-If a resident refused a shower the shower sheet was still filled out and refused was written on it.</p> <p>-The shower sheets were in a binder at the nurse's station.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The Assistant DON (ADON) audited the shower sheets weekly to be sure residents were getting showers.</p> <p>-If a resident was refusing showers staff talked to the resident to encourage the shower.</p> <p>-Sometimes the resident's family was called to encourage the shower.</p> <p>-If a resident was on hospice the facility staff should still be offering and giving showers to the resident.</p>		

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on interview and record review, the facility failed to have an activity program directed by a qualified Activity Director. The facility census was 67 residents.</p> <p>Review of the facility's undated Activity Director job description showed the following requirements:</p> <ul style="list-style-type: none"> -High school diploma or General Educational Development (GED). -Two years experience in a social or recreational program within the last five years, one of which was full-time in a patient activities program in a health care setting; or a qualified occupational therapist or occupational therapy assistant; or must have completed a training course approved by the state. <p>1. During an interview on 4/22/24 8:59 A.M., Activity Director/Human Resources/Medical Records said:</p> <ul style="list-style-type: none"> -He/She was in school now, getting an associate degree in human resources. -He/She had not had any training in activities. -He/She had not taken the Activity Director class. <p>During an interview on 4/22/24 at 11:34 A.M., the Activity Director/Human Resources/Medical Records said:</p> <ul style="list-style-type: none"> -He/She had a high school diploma. -He/She was a Certified Nursing Assistant (CNA)and a Certified Medication Technician (CMT). -He/She had been doing medical records at the facility for about six years. -He/She had been doing human resources at the facility since August 2023. -He/She helped the previous Activity Director but not on a full-time basis. -He/She's been doing activities for about one year on a part-time basis. <p>-When he/she first started doing the activities at the facility, someone talked to him/her about taking an Activity Director class, but no one said anything about it since.</p> <p>During an interview on 4/22/24 at 1:14 P.M., the outgoing Administrator said:</p> <ul style="list-style-type: none"> -Some of the requirements for the Activity Director included: <p>(continued on next page)</p>		

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--The individual had to be [AGE] years old or more.</p> <p>--Had a high school diploma or a GED.</p> <p>-There was an Activities Director certificate that could be done.</p> <p>-He/She would have to pull the requirements to list them all.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 37576</p> <p>Based on observation, interview and record review, the facility failed to ensure Restorative Aide (RA-Assist residents with exercises designed by rehabilitation staff to help improve the use of limbs and body functions) services were provided as ordered to prevent further decline of Range of Motion (ROM - the range on which a joint can move) in accordance with therapy recommendations to for three sampled residents (Resident #2, #61, and #37) out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's policy, Restorative Nursing Services, dated July 2017 showed:</p> <ul style="list-style-type: none"> -Residents would have received restorative nursing care as needed to help promote optimal safety and independence. -Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services. -Residents may have been started on a restorative nursing program upon admission, or during the course of stay or when discharged from rehabilitative care. -Restorative goals and objects were to have been individualized and resident-centered and were to have been outlined in the resident's plan of care. -Restorative goals may include, but were not limited to supporting and assisting the resident in: <ul style="list-style-type: none"> --Adjusting or adapting to changing abilities. --Developing, maintaining or strengthening his/her physiological and psychological resources. <p>1. Review of Resident #2's Admission Record showed he/she admitted on [DATE] with a diagnosis of Cerebral Palsy (condition marked by impaired muscle coordination and/or other disabilities, typically caused by damage to the brain before or at birth).</p> <p>Review of the resident's care plan dated 2/12/24 showed he/she was at risk for falls related to Cerebral Palsy.</p> <p>Review of the resident's Physicians Order Summary (POS) dated April 2024 showed Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) to evaluate and treat as indicated.</p> <p>Review of the resident's Communication to RA Nursing Program dated 4/2/24 showed:</p> <ul style="list-style-type: none"> -Reason for referral: to maintain current level of function. <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Patient shall benefit from restorative nursing program for bilateral lower extremity exercise and static stand balance (ability to hold body position while still) to maintain current level of function.</p> <p>-Current functional status:</p> <p>--Bed Mobility Contact Guard Assist (CGA)/minimum assist.</p> <p>--Transfers moderate assist.</p> <p>--Standing in parallel bars moderate assist.</p> <p>-Weakness/barriers:</p> <p>--Decreased ability with communication.</p> <p>--Impulsive/fast movement equals fall risk.</p> <p>-Recommendations/Approaches:</p> <p>--Three times a week static standing in parallel bar one to two minutes with two to three repetitions with moderate assist.</p> <p>--Omicycle (brand name bike leg/arm exercise machine) for bilateral lower extremities at level 1 times 10 minutes.</p> <p>-Precautions:</p> <p>-- Fall risk.</p> <p>Review of the resident's RA Nursing log dated April 2024 showed:</p> <p>-Resident started on 4/2/24.</p> <p>-Received RA therapy only twice a week and not three times a week from 4/2/24 through 4/17/24.</p> <p>-Did not show what type of RA therapy was given per therapy recommendations.</p> <p>-Did not show the amount of time for the therapy.</p> <p>During an interview on 4/22/24 at 8:58 A.M., the Director of Nursing (DON) said:</p> <p>-He/She was not sure if the resident was receiving RA services or not.</p> <p>-There were two staff training to do RA services at this time.</p> <p>-He/She was not sure if either had started working with the resident doing RA services yet.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/22/24 at 11:11 A.M., Certified Nursing Assistant (CNA) F said:</p> <ul style="list-style-type: none"> -He/She worked on the Rehabilitation Unit. -The facility had a RA that worked with residents who were through with PT services, depending on the resident's mobility and other things. -He/She was not sure if the RA had worked with the resident. <p>During an interview on 4/22/24 at 11:37 A.M., CNA G said:</p> <ul style="list-style-type: none"> -There were two CNA's training for the RA program. -He/She didn't know if they had started doing RA yet. <p>During an interview on 4/22/24 at 11:45 A.M., Licensed Practical Nurse (LPN) C said:</p> <ul style="list-style-type: none"> -He/She worked on the Rehabilitation Unit on weekends and Mondays. -There was an RA who had done some RA services on the unit. -Believed the RA worked with the resident over the weekend. <p>During an interview on 4/22/24 at 12:07 P.M., RA A said:</p> <ul style="list-style-type: none"> -He/She had received training once on doing exercises with arms and legs. -Had a sheet that showed which residents needed RA and how to do the exercises. -He/She had worked with the resident. -He/She had assisted the resident onto the Omnicycle (assists patients who struggle to participate in therapeutic exercise due to strength, pain, coordination, neurological, orthopedic, or cardiopulmonary challenges) and helped him/her stand with the gait belt. -Had not work over the weekend. -Had not worked with the resident for about two weeks at least. -He/She got pulled to the floor for CNA work most of the time. <p>39469</p> <p>2. Review of Resident #61's face sheet showed he/she had been admitted to the facility on [DATE] with the following diagnoses:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Hemiplegia (muscle weakness or partial weakness on one side of the body) and Hemiparesis (the loss of the ability to move or feel anything, a paralysis on one side of the body that can affect the arms, legs, and facial muscles) following cerebral infarction (stroke- damage to the brain from an interruption of its blood supply).</p> <p>Review of the resident's care plan dated 1/4/24 showed:</p> <ul style="list-style-type: none"> -He/She was at risk for pain and discomfort due to his/her contractures. -He/She was receiving OT for therapeutic exercises. -He/She was to be up in the Broda chair Monday, Wednesday, and Friday for mental and physical wellness. <p>Review of the Therapy communication to Restorative Nursing Program, dated 2/26/24 showed:</p> <ul style="list-style-type: none"> -RA program five times a week for 90 for bilateral upper extremities and splint management. -Hoyer lift (a mechanical device that lifts a patient from one surface to another) transfers. -Use Broda Chair (a type of wheel chair that provides support). -Gentle stretching to right hand, left elbow and left hand. -Left hand a carrot (a type of hand splint the size of a carrot to aid in contractures). -Left elbow, elbow splint. -Right hand, splint. -Patient to wear six to eight hours a day, remove (splints) before you leave for the day. -The document was signed by the RA on 3/8/24. <p>Review of the resident's Quarterly Minimum Data Set (MDS -a federally mandated assessment tool completed by the facility for care planning) dated 3/13/24 showed:</p> <ul style="list-style-type: none"> -He/She was not able to complete a Brief Interview for Mental Status (BIMS). -He/She had a stroke. -He/She had Hemiplegia. <p>Review of the Restorative Nursing Sheet for March 2024 showed from March 11 to March 31,2024 there was no documentation the RA work was completed for the resident.</p> <p>Review of the Restorative Nursing Sheet for April 2024 showed from April 1 to April 19 2024 showed the RA worked with the resident four out of 15 opportunities.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's April 2024 Physician's Order Sheet (POS) showed the following orders:</p> <ul style="list-style-type: none"> -RA program five times a week for 90 days for bilateral upper extremities for preventative range of motion and splint management, dated 2/26/24. -Resident to be up in Broda chair Monday, Wednesday, and Friday for mental and physical wellness, dated 2/15/24. <p>Observation on 4/15/24 at 2:47 P.M. during initial tour showed:</p> <ul style="list-style-type: none"> -The resident was laying in bed. -His/Her hands were contracted inward. -He/She did not have a brace on his/her contracted hands. -His/Her braces were on the night stand. -The braces were silver metal with a blue foam on the inside. <p>Observation on 4/17/24 at 12:09 P.M. during initial tour showed:</p> <ul style="list-style-type: none"> -The resident was laying in bed. -His/Her hands were contracted inward. -He/She did not have a brace on his/her contracted hands. -His/Her braces were on the night stand. <p>Observation on 4/18/24 at 10:00 A.M. showed</p> <ul style="list-style-type: none"> -The resident was laying in bed. -His/Her hands were contracted inward. -He/She did not have a brace on his/her contracted hands. -His/Her braces were on the night stand. <p>During an interview on 4/18/24 at 10:05 A.M., LPN A said:</p> <ul style="list-style-type: none"> -The resident has had two strokes. -One on each side. -His/Her hands were very contracted. <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The RA was to work with the resident daily, per physician's order.</p> <p>-The RA was to have applied hand braces.</p> <p>-He/She did not know why the resident did not have braces on today.</p> <p>-The RA or the CNAs should have got him/her up in the Broda chair.</p> <p>-He/She did not know if there was an RA working today.</p> <p>-The RAs were frequently pulled to the floor to work as CNAs.</p> <p>During an interview on 4/18/24 on 11:30 A.M. the Assistant Director of Nursing (ADON) said:</p> <p>-The RA was sick today.</p> <p>-He/She did not think anyone was doing his/her job today.</p> <p>-According to the RA's documentation he/she was to have worked with the resident five times a week for 90 days, dated 2/26/24.</p> <p>-There was no documentation the RA worked with the resident at all in March.</p> <p>-The RA had only worked with the resident four times in April.</p> <p>-The RAs were frequently used as CNAs.</p> <p>-If it wasn't documented it was not done.</p> <p>-The nurses could also have done range of motion exercises but there was no documentation that was done.</p> <p>-The nursing staff should have ensured the resident had his/her braces on.</p> <p>-The nursing staff should have ensured the resident was in the Broda chair per the physician's orders.</p> <p>-They did not have an RA for a while.</p> <p>-They now have two part time RAs working and they should have ensured the resident was up in his/her chair with his/her braces on and did range of motion with his/her arms.</p> <p>-It did not look like any of the above had been done.</p> <p>During an interview on 4/18/24 at 2:00 P.M. with the DON said they often have to pull the RA to the floor to work as a CNA.</p> <p>Observation on 4/19/24 at 8:05 A.M. showed:</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident was laying in bed.</p> <p>-His/Her hands were contracted inward.</p> <p>-He/She did not have a brace on his/her contracted hands.</p> <p>During an interview on 4/19/24 at 10:00 A.M., Certified Medication Technician (CMT) B said:</p> <p>-The RA is often pulled to the floor to work as a CNA at least a couple of times a week.</p> <p>-He/She had not seen the resident out of bed.</p> <p>-The RA or the nurse should have ensured he/she had his/her splints on.</p> <p>During an interview on 4/19/24 at 10:30 A.M., LPN A said:</p> <p>-The facility did not have an RA for a while maybe six months.</p> <p>-The facility uses the RA as a CNA on the floor at least a couple of times a week.</p> <p>-No one else does the work.</p> <p>During an interview on 4/19/24 at 11:24 A.M. the Staffing Coordinator said:</p> <p>-The RA was pulled at least once a week to the floor to work as a CNA.</p> <p>-There was a time that they did not have an RA maybe a couple of months ago.</p> <p>-Currently there were two part time RAs but sometimes they have had to work the floor as CNAs.</p> <p>Observation on 4/19/24 at 1:16 P.M. showed</p> <p>-The resident was laying in bed.</p> <p>-His/Her hands were contracted inward.</p> <p>-He/She did not have a brace on his/her contracted hands.</p> <p>-He/She had a rolled wash cloth in his/her hands.</p> <p>-His/Her braces were on the night stand.</p> <p>During an interview on 4/22/24 at 12:30 P.M., the Occupational Therapy Assistant said:</p> <p>-The RA was required to watch the last therapy session with the resident so they knew what to do with them.</p> <p>-The resident was discharged from therapy 2/26/24.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The RA was to ensure the resident was wearing a splints in his/her hands.</p> <p>-The RA should have been working five times a week with the resident doing upper body stretches.</p> <p>-He/She knew the RA was not doing his/her job.</p> <p>-He/She had not said anything to the DON.</p> <p>-The Nurses were also trained on what they needed to do with the resident.</p> <p>-Recently there have trained two part time RAs.</p> <p>-He/She did not know how often the RA's were pulled to work on the floor as CNAs.</p> <p>-Once the resident was discharged from therapy he/she did not know if the Nursing staff audited the charts to ensure the RA work was done as the physician had ordered.</p> <p>-He/She would have to see about working with the resident again if the RAs were not working with him/her.</p> <p>3. Review of Resident #37's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Difficulty in walking.</p> <p>-Weakness.</p> <p>-Osteoarthritis of the knee (when the flexible tissue at the ends of bones wear down).</p> <p>Review of the resident's care plan dated 1/18/24 showed:</p> <p>-He/She was at risk for falls related to his/her obesity, medications, discomfort in his/her knees, and history of falls.</p> <p>-He/She was receiving physical therapy/occupational therapy for wheel chair management, self care, and ambulation.</p> <p>Review of the resident's Quarterly MDS, dated [DATE] showed:</p> <p>-He/She had no impairment in his/her upper arms.</p> <p>-He/She used a walker for mobility.</p> <p>-He/She used a wheel chair for mobility.</p> <p>Review of the April 2024 POS showed the following orders:</p> <p>-Discontinue skilled occupational therapy services after today's treatment.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-RA program two to three times a week for bilateral upper extremities therapy exercise, dated 2/7/24.</p> <p>Review of the Therapy communication to Restorative Nursing Program, dated 2/7/24 showed:</p> <p>-RA program two to three times a week for bilateral upper extremity therapy for 90 days, dated 2/7/24.</p> <p>-The patient was to perform 10 to 15 minutes on the bike.</p> <p>-May be done with RA exercises.</p> <p>-Order signed by RA on 2/7/24.</p> <p>Review of February 2024 Restorative Nursing Sheet showed no documentation from 2/7/24 to 2/29/24.</p> <p>Review of March 2024 Restorative Nursing Sheet showed:</p> <p>-Out of 9 opportunities the resident did therapy on the bike three times.</p> <p>-Out of 9 opportunities the resident did upper arm exercises once.</p> <p>-Out of 9 opportunities the resident refused RA therapy four times.</p> <p>-There was no documentation the RA attempted to do therapy with the resident at a different time.</p> <p>-The RA did not sign the sheet.</p> <p>Review of April 2024 Restorative Nursing Sheet showed:</p> <p>-Out of 6 opportunities the resident did therapy on the bike two times.</p> <p>-Out of 9 opportunities the resident did not do any upper arm exercises.</p> <p>-Out of 9 opportunities the resident refused RA therapy one time.</p> <p>-There was no documentation the RA attempted to do therapy with the resident at a different time.</p> <p>-The RA did not sign the sheet.</p> <p>During an interview on 4/15/24 at 9:30 A.M. the resident said:</p> <p>-He/She was supposed to have a RA work with him/her three times a week.</p> <p>-It was not always happening.</p> <p>-The RAs were pulled to the floor to work as CNAs.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. During an interview on 4/22/24 at 1:15 P.M. the DON said:</p> <ul style="list-style-type: none"> -If a resident had an order for the RA to work with them it should have been done. -The RAs were pulled to work on the floor as CNAs once or twice a week. -The RA should have signed or initialed the therapy sheet when they finished working with the resident. -The RAs should have documented on the therapy sheets and put them in the notebook at the Nurses station. -The RA's do the restorative nursing program with the residents who need it. -The RA's train with the facility therapists. -The RA's got a full week (three shifts) working with the therapists. -The RA's chart on a paper form that was kept in a binder at the nurses station. -The form should have the date and time and the RA's signature on it for each time they worked with each resident. -He/She would expect the RA to perform the restorative services each resident had ordered. -The RA's may get pulled to work the floor as a CNA once or twice a week.

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39469</p> <p>Based on observation, interview, and record review, the facility failed to ensure physician ordered weekly weights were completed for one sampled resident (Resident #61) who had lost weight and was receiving tube feeding out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's policy, Weighing and Measuring the Resident, dated March 2011 showed:</p> <ul style="list-style-type: none"> -The purposes of the procedure were to determine the resident's weight and height, to provide a baseline and ongoing record of the resident's body weight as an indicator of the nutritional status of the resident. -Weight was usually measured upon admission and monthly. -The following information should have been recorded in the resident's medical record: <ul style="list-style-type: none"> --The date and time the procedure was performed. --The name and title of the individual who had performed the procedure. --The height and weight of the resident. <p>1. Review of Resident #61's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Respiratory failure (a condition in which your blood does not have enough oxygen). -Hemiplegia and Hemiparesis following a cerebral infarction (stroke - weakness on one side of the body resulting from damage to the brain from an interruption of its blood supply). -Gastrostomy status (an opening into the stomach through the abdominal wall for the introduction of food). -Tracheostomy status (a surgical procedure to help air reach the lungs by creating an opening into the windpipe from the outside of the neck). <p>Review of the resident's care plan dated 3/13/24 showed:</p> <ul style="list-style-type: none"> -He/She received his/her nutrition per his/her feeding tube. -He/She was to have nothing by mouth (NPO) status. -He/She had a diagnosis of a stroke. <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>-Staff was to monitor his/her weight as per order and as needed, dated 1/5/24.</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by the facility for care planning) dated 3/13/24 showed:</p> <p>-They were unable to obtain a Brief Interview for Mental Status BIMS score.</p> <p>-He/She had had a stroke.</p> <p>-He/She was Hemiplegic (paralysis of one side of the body).</p> <p>-He/She had respiratory failure.</p> <p>-He/She had weight loss.</p> <p>-He/She had a feeding tube.</p> <p>Review of the resident's weights showed:</p> <p>-On 1/12/24 he/she weighed 194.6 pounds.</p> <p>-On 3/2/24 he/she weighed 183.8 pounds.</p> <p>-He/She had a 5.55% weight loss in three months.</p> <p>-There was no documentation of the resident's weight from 3/3/24 to 4/19/24.</p> <p>Review of the resident's Physician's Order Sheet (POS) dated April 2024 showed:</p> <p>-Weekly weights on Thursday, day shift for weight management.</p> <p>-The resident was NPO.</p> <p>Observation on 4/19/24 at 10:00 A.M. showed the resident was receiving tube feedings.</p> <p>During an interview on 4/19/24 at 1:20 P.M. Licensed Practical Nurse (LPN) A said:</p> <p>-The Restorative Aides (RA) were supposed to weigh the residents.</p> <p>-Sometimes the RA's were pulled to work on the floor as Certified Nursing Assistants (CNA)s.</p> <p>During an interview on 4/19/24 at 1:40 P.M. RA A/ CNA K said:</p> <p>-They were told in report which residents were to have been weighed that shift.</p> <p>-The resident's weight would have been documented on the computer.</p> <p>-Weighing the resident was the CNA or Nurses' responsibility.</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>-The residents were weighed monthly.</p> <p>-Some of the residents were weighed weekly.</p> <p>-The resident should have been weighed weekly.</p> <p>-He/She worked part time as a RA.</p> <p>-At least once a week he/she was pulled to the floor to work as a CNA.</p> <p>-Today he/she was scheduled to work as a RA but was pulled to the floor to working as a CNA.</p> <p>-No one does the RA work if he/she was pulled to the floor to work as a CNA.</p> <p>During an interview on 4/19/24 at 1:50 P.M. Certified Medication Technician (CMT) B said:</p> <p>-The residents were weighed every month unless the physician's order said to weigh them more often.</p> <p>-The RA's were responsible to weigh the residents.</p> <p>-No one probably weighed the residents if the RA was pulled to work as a CNA on the floor.</p> <p>-Weights should have been charted on the computer system under vital signs/weights.</p> <p>During an interview on 4/22/24 at 1:15 P.M. the Director of Nursing (DON) said:</p> <p>-Residents who had a feeding tube should have been weighed weekly.</p> <p>-The weights should have been documented on the computer.</p> <p>-The RA's should have been weighing the resident.</p> <p>-Any nursing staff could have weighed the resident.</p> <p>-He/She was ultimately responsible to ensure weights were done.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39469</p> <p>Based on observation, interview, and record review, the facility failed to ensure oxygen tubing was changed weekly and stored in sanitary condition with the date it was changed written on it for two sampled residents, (Residents #268 and #17); to ensure a nebulizer (machine that converts medications into a mist to be inhaled by a patient) masks/pipes and tubing were cleaned, and stored in a sanitary condition for three sampled residents (Residents #33, #268, and #267) out of 17 sampled residents. The facility census was 67 residents.</p> <p>A policy was requested and not received at the time of exit.</p> <p>1. Review of Resident #33's face sheet showed he/she was admitted to the facility on [DATE] with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD - a group of lung diseases that block air flow and make it difficult to breathe).</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility for care planning) dated 2/17/24 showed:</p> <ul style="list-style-type: none"> -His/Her Brief Interview for Mental Status (BIMS) score was 15 out of 15 indicating he/she was cognitively intact. -He/She had COPD. -Respiratory treatments were not checked. <p>Review of the resident's April 2024 Physician's Order Sheet (POS) showed the following order:</p> <ul style="list-style-type: none"> -Change maxi-mist tubing, canister and bag, label all weekly every Monday night for infection control, dated 10/13/22. -Ipratropium-Albuterol Solution (a combination of two medications used to prevent wheezing, difficulty breathing, chest tightness and coughing for people who have COPD) 0.5 -2.5 (3) milligrams/3 milliliters (mg/ml) one vial inhale orally three times a day for bronchitis (a lower respiratory condition), dated 1/11/24. <p>Review of the resident's care plan dated 9/21/23 showed:</p> <ul style="list-style-type: none"> -He/She had a diagnosis of COPD. -He/She was at risk for respiratory problems. -Staff was to change Maxi Mist tubing, canister and bag weekly on Monday nights and as needed. -Rinse the Maxi Mist canister after use and place on paper towel to dry. -Return to bag for cleanliness three times a day for infection control. <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview with the resident on 4/15/24 at 10:00 A.M. during initial tour showed:</p> <ul style="list-style-type: none"> -His/Her nebulizer was on the bedside table. -The mouth piece was laying on the table not in a bag. -There was a brown tinge around the mouth piece. -The resident said he/she did not know if the staff ever washed the mouthpiece. <p>2. Review of Resident #268's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Congestive Heart Failure (CHF - a condition in which the heart doesn't pump blood as well as it should). -COPD. <p>Review of the resident's care plan dated 8/8/23 showed:</p> <ul style="list-style-type: none"> -He/She had a current diagnosis of COPD and CHF. -His/Her oxygen was to have been at 3 liters per nasal cannula (the oxygen tube that went in a person's nose) continuously. -Change oxygen tubing and date new bag weekly. -Administer COPD medications per orders. <p>Review of the resident's MDS five day assessment dated [DATE] showed:</p> <ul style="list-style-type: none"> -His/Her BIMS score was 15 out of 15 indicating he/she was cognitively intact. -He/She had Pneumonia (an infection that inflames the air sacs in one or both lungs which may fill with fluid). -He/She had COPD. -He/She had Respiratory Failure. -He/She was on continuous oxygen therapy. <p>Review of the resident's April 2024 POS showed the following orders:</p> <ul style="list-style-type: none"> -Change oxygen tubing and date the new bag weekly on night shift, dated 7/18/23. -Oxygen at 3 liters per nasal cannula continuously every shift, dated 7/18/23. <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Ipratropium-Albuterol solution 0.5 - 2.5 (3) mg/3 ml, one vial to have been inhaled every four hours as needed for Shortness of Breath or wheezing, dated 9/7/23.</p> <p>Observation and interview with the resident on 4/15/24 at 9:46 A.M. during initial tour showed:</p> <p>-He/She was on oxygen.</p> <p>-The oxygen tubing was not dated.</p> <p>-He/She had a Continuous Positive Airway Pressure (CPAP - a machine that uses mild air pressure to keep breathing airways open while you sleep) machine at bedside without a mask.</p> <p>-The tubing for the CPAP machine was laying on the bedside table.</p> <p>-The tubing was not in a bag.</p> <p>-The tubing was not dated.</p> <p>-He/She said he/she was supposed to use the CPAP machine at night.</p> <p>-He/She has not used it for a couple of weeks as there was no mask.</p> <p>-He/She thought he/she was supposed to have been on oxygen at all times.</p> <p>-He/She did not know when the staff had change the oxygen tubing last.</p> <p>3. Review of Resident #267's face sheet showed he/she was admitted to the facility on [DATE] with a diagnosis of COPD.</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed:</p> <p>-His/Her BIMS score was 15 out of 15 indicating he/she was cognitively intact.</p> <p>-He/She had COPD.</p> <p>-He/She had shortness of breath.</p> <p>Review of the resident's April 2024 POS showed a physician order for Ipratropium-Albuterol Solution 0.5 -2.5 (3) mg/3 ml, one vial inhale orally four times a day for COPD dated 4/13/24.</p> <p>Review of the resident's undated Care Plan did not address the resident was on medication for COPD as it was a new order on 4/13/24.</p> <p>Observation and interview with the resident on 4/15/24 at 11:04 A.M. during initial tour showed:</p> <p>-His/Her nebulizer was on a bedside tray table.</p> <p>-The nebulizer mask was not in a bag or dated.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She said he/she had just started to use the nebulizer a few days ago.</p> <p>-He/She said he/she had not seen the staff clean the nebulizer mask.</p> <p>4. Review of Resident #17's face sheet showed he/she was admitted [DATE] with a diagnosis of COPD.</p> <p>Review of the resident's quarterly MDS assessment dated [DATE] showed:</p> <p>-He/She had a BIMS score of 12 out of 15 indicating he/she was moderately cognitively impaired.</p> <p>-He/She had COPD.</p> <p>-He/She was on oxygen therapy.</p> <p>Review of the resident's care plan dated 3/6/24 showed:</p> <p>-He/She had a current diagnosis of COPD.</p> <p>-He/She was on oxygen at 2 liters per nasal cannula to maintain oxygen saturation of 90% and above, dated 1/16/23.</p> <p>-Staff was to change oxygen tubing and date new bag weekly on Mondays at bedtime, dated 1/16/24.</p> <p>Observation on 4/15/24 at 11:32 A.M. during initial tour showed:</p> <p>-His/Her oxygen tubing was wrapped around the oxygen concentrator (a machine that takes air from your surroundings, extracts oxygen and filters it into purified oxygen to breathe).</p> <p>-The oxygen tubing was not in a bag or dated.</p> <p>-The resident declined to talk.</p> <p>Review of the resident's April 2024 POS showed the following orders:</p> <p>-Change oxygen tubing and date new bag weekly every Monday night shift, dated 9/11/23.</p> <p>-Oxygen via nasal cannula at 2 liters per minute to maintain oxygen level of 90% and above, dated 5/12/22.</p> <p>5. During an interview on 4/19/24 at 1:20 P.M. Licensed Practical Nurse (LPN) A said:</p> <p>-The night Certified Nursing Assistant (CNA) was responsible for changing the oxygen tubing weekly.</p> <p>-The oxygen tubing should have been stored in a bag with the date written on it showing when it had been changed.</p> <p>-A CPAP or nebulizer mask should have been cleaned after each use by the nurse, then stored in a clean bag.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-All oxygen equipment such as masks should have been at the resident's bedside for use.</p> <p>-When the oxygen tubing was changed the CNAs should chart it on the computer under Activities of Daily Living.</p> <p>-The charge nurse was responsible for ensuring masks were cleaned and oxygen tubing was changed.</p> <p>During an interview on 4/19/24 at 1:40 P.M. CNA F said:</p> <p>-The CNAs changed the residents' oxygen tubing out every few weeks.</p> <p>-The nurses were responsible for cleaning the nebulizer masks or CPAP masks.</p> <p>-The oxygen tubing when not in use or the nebulizer or CPAP masks should have been stored in a clean bag with the date they were changed written on it.</p> <p>-When the oxygen tubing was changed it should have been documented on the computer.</p> <p>During an interview on 4/22/24 at 1:15 P.M. the Director of Nursing said:</p> <p>-If a resident was on oxygen the tubing should have been changed maybe weekly.</p> <p>-Oxygen equipment should have been at the resident's bedside.</p> <p>-If the oxygen was not in use it should have been stored in a clean bag with the date it had been changed written on the bag.</p> <p>-The Nurses were responsible for cleaning the CPAP or nebulizer masks after each use.</p> <p>-The masks should have been stored in a clean bag with the date on it.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>22727</p> <p>Based on interview and record review, the facility failed to have ongoing communication and collaboration with the dialysis (the process of removing blood from an artery (as of a kidney patient), purifying it by dialysis, adding vital substances, and returning it to a vein) center regarding dialysis care and services for one sampled resident (Resident #18) out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's policy titled Care of a resident with end-stage renal (kidney) disease dated as revised September 2020 showed the policy did not address communication between the facility and the dialysis center.</p> <p>1. Review of Resident #18's care plan dated 3/7/23 showed the resident received dialysis.</p> <p>Review of the resident's annual Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff and used for care planning) dated 3/13/24 showed the following staff assessment of the resident:</p> <ul style="list-style-type: none"> -Cognitively intact. -Had a diagnosis of end-stage kidney disease. -Received dialysis. <p>Review of the resident's Physician's Order Sheet (POS) dated 4/18/24 showed a physician's order for dialysis every Monday and Friday.</p> <p>During an interview on 4/18/24 at 10:04 A.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -He/She could not find any of the resident's dialysis sheets (which communicated information to and from the dialysis center). -The nurse was supposed to fill out the dialysis form before the resident went to dialysis and send it with the resident to dialysis. -The dialysis clinic should fill out the bottom part and send it back with the resident. -If the form did not come back with the resident, he/she would expect a nurses' note. <p>During an interview on 4/19/24 at 3:05 P.M., the Assistant DON (ADON)/wound nurse/Licensed Practical Nurse said:</p> <ul style="list-style-type: none"> -They were supposed to have a notebook at the nurses' desk with dialysis forms in it. -The nurse should fill out the dialysis form and send it to dialysis. <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-If the resident came back to the facility from the dialysis center without the form, the nurse should call the dialysis facility.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>42955</p> <p>Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was providing services at least eight consecutive hours a day, seven days a week. The facility census was 67 residents.</p> <p>The RN Coverage policy was requested and not provided at the time of exit.</p> <p>Review of the facility's Staffing policy, dated April 2007, showed:</p> <ul style="list-style-type: none"> -The facility maintained adequate staffing for each shift to ensure that resident's needs and services were met. -Licensed RN staff were available to provide and monitor the delivery of resident care services. <p>1. Review of the Center for Medicare and Medicaid Services (CMS) Staffing Report dated April 1 - June 30, 2023 showed the facility triggered for the following areas:</p> <ul style="list-style-type: none"> -One Star Staffing Rating. -Excessively Low Weekend Staffing. <p>Review of the CMS Staffing Report dated July 1 - September 30, 2023 showed the facility triggered for One Star Staffing Rating.</p> <p>Review of the CMS Staffing Report dated October 1 - December 31, 2023 showed the facility triggered for One Star Staffing Rating.</p> <p>Review of the facility's undated current employee list, showed:</p> <ul style="list-style-type: none"> -Three RN's were employed at the facility. --The Director of Nursing (DON). --Regional Director of Nursing PRN (as needed). --RN A. <p>Review of the facility's staffing schedule dated 4/1/24 to 4/14/24, showed:</p> <ul style="list-style-type: none"> -On 4/4/24 the DON was out of the facility. -No other RN was on the staffing schedule. <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/19/24 at 10:42 A.M., the Staffing Coordinator said there was no RN in the building on 4/4/24.</p> <p>During an interview on 4/22/24 at 1:13 P.M., the DON said:</p> <ul style="list-style-type: none"> -There was always RN coverage Monday through Friday. -On weekends there was generally not an RN at the facility. -He/She was on-call every other weekend. -There was not always RN coverage in the building. -There should be an RN in the building at least eight hours a day every day of the week.

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on interview and record review, the facility failed to ensure the Medication Regimen Review (MRR) was responded to for four sampled residents (Resident #42, #19, #24 and #41) out of 5 residents reviewed for MRR out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's policy titled Medication Regimen Reviews dated as revised in April 2007 showed:</p> <ul style="list-style-type: none"> -The Consultant Pharmacist was responsible for performing a MRR for every resident in the facility monthly. -The Consultant Pharmacist would document his/her findings and recommendations on the monthly drug/medication regimen review report. -The Consultant Pharmacist would provide a written report to physicians for each resident with an identified irregularity. -Copies of MRR reports, including physician responses, will be maintained as part of the permanent medical record. <p>Review of the facility's policy titled Medication Utilization and Prescribing - Clinical protocol dated as revised in July 2016 showed the Consultant Pharmacist was responsible for the completion of a monthly MRR to review to help identify potentially problematic medications.</p> <p>1. Review of Resident #42's admission record showed he/she was admitted in 2021 and showed some of the resident's diagnoses included:</p> <ul style="list-style-type: none"> -Schizoaffective disorder (a mental condition that causes loss of contact with reality and mood problems). -Bipolar disorder (a disorder characterized by extreme mood swings from depression to mania). -Major depressive disorder (depressed mood most of the day and a loss of interest in normal activities and relationships). -Anxiety disorder (psychiatric disorder that involve extreme fear, worry and nervousness). -Post-traumatic stress disorder (PTSD-can develop after experiencing or witnessing a traumatic event in which symptoms can include flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the event). -Huntington's disease (a progressive breakdown of nerve cells in the brain that affects muscle control, mental capabilities and behaviors). <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's electronic health record showed the most recent Abnormal Involuntary Movement Scale (AIMS - an assessment for possible permanent movement disorders resulting from antipsychotic (class of medicines used to treat psychosis and other mental and emotional conditions) medication use) was dated 1/8/23.</p> <p>Review of the resident's care plan dated 3/7/23 showed:</p> <ul style="list-style-type: none"> -The resident displayed behavioral symptoms related to diagnoses of bipolar disorder, schizoaffective disorder, anxiety disorder, and PTSD. -The resident required the use of psychoactive medication. <p>Review of the resident's Consultant Pharmacist's note dated 8/22/23 showed:</p> <ul style="list-style-type: none"> -Recommendations were made regarding attempting a gradual dose reduction (GDR) of psychotropic (any drug that affected brain activities associated with mental processes and behavior) medications and completing the AIMS (specific recommendations were not made in this note). -There was no response to the recommendations in the resident's electronic health record and there was no MRR or response to the MRR in the MRRs provided by the facility to the surveyors. <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) dated 2/21/24 showed:</p> <ul style="list-style-type: none"> -Some of the resident's diagnoses included Huntington's disease, anxiety disorder, depression, bipolar disorder, schizophrenia, and PTSD. -The resident received antianxiety, antidepressant, and antipsychotic medication. -A GDR of the antipsychotic medication was not attempted. -The physician did not document a GDR as clinically contraindicated. <p>Review of the resident's Physician's Order Sheet (POS) dated April 2024 showed the following physician's orders for psychotropic medications:</p> <ul style="list-style-type: none"> -Paliperidone (an antipsychotic medication) Extended-Release tablet, 6 milligrams (mg), give one tablet one time a day for schizophrenia dated 5/11/22. -Buspar (an antidepressant) Tablet 10 mg, give two tablets three times a day for depression dated 11/13/22. -Zoloft (an antidepressant) 100 mg, give one tablet by mouth one time a day for depression dated 7/2/23. -Zoloft 50 mg, give 50 mg one time a day and give with Zoloft 100 mg for depression dated 7/2/23. <p>37576</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of Resident #19's Admission Record showed he/she was admitted on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Dementia (a general term for a decline in mental ability resulting in memory loss, and other mental abilities severe enough to interfere with daily functioning) with psychotic disturbance (hallucinations [usually visual], delusions and delusional misidentifications). -Generalized anxiety disorder (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing difficulty not associated with an apparent stimulus). <p>Review of the resident's Consultant Pharmacist's note dated 11/16/23 showed to update AIMS at least every six months due to antipsychotic use.</p> <p>Review of the resident's quarterly MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> -Moderately impaired cognition. -Diagnoses of Dementia (non-Alzheimer's) and Anxiety. <p>Review of the resident's POS dated April 2024 showed:</p> <ul style="list-style-type: none"> -Hydroxyzine HCL (antianxiety agent) 25 mg by mouth (po), give 12.5 mg po every 12 hours as needed (PRN) for itching -start 12/21/23. -Seroquel (Antipsychotic/antimanic agent) 25 mg, give 25 mg po two times a day (BID) related to visual hallucinations -start 1/3/24. <p>Review of the resident's Electronic Health Record (EHR) showed:</p> <ul style="list-style-type: none"> -There were no AIMS reports available for review. -On 4/22/24 at 10:00 A.M. the resident's AIMS reports were requested. -On 4/22/24 at 2:50 P.M. the resident's AIMS report showed: --Initial dated 4/22/24 at 11:46 A.M. --Status: In progress --Score: 0.0 --The scoring section showed: ---The higher the score the greater impact on the resident. <p>42955</p> <p>(continued on next page)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of resident #24's Face Sheet, undated, showed the resident was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Schizoaffective disorder (a chronic mental health condition causing paranoia, hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression). -Gastro-Esophageal Reflux Disease (GERD- when stomach acid repeatedly flowed back into the tube connecting the mouth and stomach causing discomfort and vomiting). -Anxiety (feelings of fear, dread, and uneasiness that occurred as a reaction to stress). -Major depressive disorder (a mood disorder that caused a persistent feeling of sadness and loss of interest). <p>Review of the resident's Prescriber MMR Recommendation, dated 8/22/23, showed:</p> <ul style="list-style-type: none"> -The pharmacist reviewed Duloxetine (a drug used to treat depression), and Lurasidone (also called Latuda, a drug used to treat schizophrenia). -The pharmacist requested the physician respond to a dose reduction/discontinuation. -The review showed no response from the physician. <p>Review of the resident's Prescriber MMR Recommendation, dated 11/16/23, showed:</p> <ul style="list-style-type: none"> -The pharmacist reviewed Duloxetine and Lurasidone. -The pharmacist requested the physician respond to a dose reduction/discontinuation. -The review showed no response from the physician. <p>Review of the resident's Prescriber MMR Recommendation, dated 1/16/24, showed:</p> <ul style="list-style-type: none"> -The pharmacist reviewed Omeprazole (a drug used to treat GERD), Duloxetine and Lurasidone. -The pharmacist requested the physician respond to a dose reduction/discontinuation. -The review showed no response from the physician. <p>Review of the resident's annual MDS dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident scored a 15 on the Brief Interview for Mental Status (BIMS). --This showed that the resident was cognitively intact. <p>Review of the resident's care plan dated 2/21/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident's psychosocial well-being continued to be at risk due to depression, anxiety, and schizoaffective disorder.</p> <p>-Medications per order and monitor effectiveness and side effects.</p> <p>Review of the resident's POS dated April 2024, showed:</p> <p>-Duloxetine 60 mg in the morning for major depressive disorder.</p> <p>-Omeprazole 20 mg, at bedtime.</p> <p>-Lurasidone 60 mg at bedtime for schizoaffective disorder.</p> <p>4. Review of Resident #41's Face Sheet, undated, showed the resident was admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Osteomyelitis of the vertebra (an inflammation or swelling of bone tissue).</p> <p>-Lower back pain.</p> <p>-Pressure ulcer ((localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction) of the sacral region (the bottom of the spine).</p> <p>Review of the resident's admission MDS dated [DATE], showed:</p> <p>-The resident scored a 14 on the BIMS.</p> <p>--This showed the resident was cognitively intact.</p> <p>Review of the resident's care plan, dated 2/8/24, showed:</p> <p>-The resident had pain and discomfort in his/her lower back as well as overall discomfort.</p> <p>-Administer pain medications as ordered by physician.</p> <p>Review of the resident's Prescriber MMR Recommendation, dated 2/16/24, showed:</p> <p>-The resident had a potential duplicate order for Oxycodone (a drug used to treat moderate to severe pain) PRN (as needed) and Oxycodone/APAP (a pain reliever) PRN.</p> <p>-The review showed no response from the physician.</p> <p>Review of the resident's POS dated April 2024, showed:</p> <p>-Oxycodone, 15 mg, one tablet every four hours as needed for pain.</p> <p>-Tylenol (APAP) tablet, 325 mg, two tablets every six hours as needed for pain.</p> <p>(continued on next page)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. During an interview on 4/19/24 at 1:12 P.M., Certified Medication Technician (CMT) B said:</p> <ul style="list-style-type: none"> -He/She was unaware of who processed the MRR's. -He/She had seen them come through and had seen the facility physician with the forms but was unsure of what happened to them. <p>During an interview on 4/19/24 at 1:30 P.M., Licensed Practical Nurse (LPN) B said:</p> <ul style="list-style-type: none"> -The pharmacist made recommendations then put them in the Director of Nursing (DON) mailbox. -The DON or Assistant DON (ADON) put them in the physician's books and the physicians looked at the reviews when they did their rounds. <p>During an interview on 4/19/24 at 3:05 P.M., the ADON/wound nurse/LPN said:</p> <ul style="list-style-type: none"> -He/She received the MRRs and printed them. -He/She put the MRRs in the physicians' books at the nurses' station. -The responses went to him/her. -He/She entered the orders if the physicians made any order changes. -If the physicians didn't want any changes made based off of the MRRs, he/she was supposed to note the physician was aware of recommendation and declined the recommendation. -Social Services was responsible for completing the AIMS assessment. <p>During a phone interview on 4/22/24 at 9:52 A.M. to the Medical Director:</p> <ul style="list-style-type: none"> -There was no answer, a voicemail was left requesting a return call. -A return call was not received. <p>During an interview on 4/22/24 at 10:15 A.M., the Social Worker said he/she had only been at the facility for three weeks.</p> <p>During an interview on 4/22/24 at 1:13 P.M., the DON said:</p> <ul style="list-style-type: none"> -The pharmacist completed MRRs monthly. -When completed they were uploaded into the resident's electronic health record (EHR). -Each physician had a binder at the nurses' station, he/she put the printed MRR recommendations in the binder. <p>(continued on next page)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The physician should acknowledge they looked at the recommendation and document either yes, they agree with the recommendation or no, they don't agree with the recommendation and why and should sign it.</p> <p>-The MRRs reminded the physicians to evaluate for GDRs for psychotropic medications.</p> <p>-The physicians should respond to all recommendations.</p> <p>-He/She audited the MRRs once a month to make sure there was a response from the physician on the MRR form.</p> <p>-He/She then scanned the forms into the electronic health record, and he/she put the orders in the electronic health record if the physician changed an order.</p> <p>-If there was a recommendation the physician should have documented a response.</p>		

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NAME OF PROVIDER OR SUPPLIER Golden Years Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Jefferson Parkway Harrisonville, MO 64701	
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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on interview and record review, the facility failed to ensure psychotropic (any drug that affects brain activities associated with mental processes and behavior) medications were administered for a specific condition and as needed orders were limited to 14 days without review at 14 days and without documented physician rationale for one sampled resident (Resident #41); and to ensure the resident received a gradual dose reduction (GDR) for psychotropic medications after it was recommended by a pharmacist in a Medication Regimen Review (MRR) for one sampled resident (Resident #24) out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's policy titled Medication Utilization and Prescribing - Clinical Protocol dated as revised in July 2016 showed:</p> <ul style="list-style-type: none"> -The physician and the staff would identify the indications for a prescribed medication. -An attempt at determining the likely cause of symptoms should be made. -The physician and staff would review the rationale for existing medications that lack a clear indication or are being used intermittently on an as needed basis. -The physician would review medications that are being used intermittently on an as needed basis. -Medications should be prescribed based on clinical signs or symptoms. <p>Review of the facility's policy Medication Regimen Reviews, dated April 2007 showed:</p> <ul style="list-style-type: none"> -The Consultant Pharmacist was responsible for performing a MRR for every resident in the facility monthly. -The Consultant Pharmacist would document his/her findings and recommendations on the monthly drug/medication regimen review report. -The Consultant Pharmacist would provide a written report to physicians for each resident with an identified irregularity. -Copies of MRR reports, including physician responses, will be maintained as part of the permanent medical record. <p>Review of the facility's Antipsychotic Medication Use policy, dated December 2016, showed:</p> <ul style="list-style-type: none"> -Antipsychotic medications were prescribed at the lowest possible dosage for the shortest period and were subject to a gradual dose reduction and re-review. <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>-Based on assessing the resident's symptoms and overall situation, the physician determined whether to continue, adjust, or stop existing antipsychotic medication.</p> <p>1. Review of Resident #41's care plan dated 2/8/24 showed the resident required psychoactive medication for depression (a mood disorder that consists of intense sadness and a loss of interest or loss of pleasure in activities and/or life) and anxiety (psychiatric disorder that involve extreme fear, worry and nervousness).</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) dated 3/12/24 showed the following staff assessment of the resident:</p> <p>-Cognitively intact.</p> <p>-Some of his/her diagnoses included a stroke, dementia (a progressive mental disorder characterized by memory problems, impaired reasoning, and personality changes), an anxiety disorder, and depression.</p> <p>-Some of the medications the resident received included antidepressants, a hypnotic (medications that induce sleep), and opioids (pain medications used to treat severe pain).</p> <p>Review of the resident's Medication Administration Record (MAR) dated March 2024 showed Lorazepam (an antianxiety medication) 0.5 milligrams (mg) every six hours as needed (start date 3/25/24) was administered once and was ineffective.</p> <p>Review of the resident's Physician's Order Sheet (POS) dated April 2024 showed the following physician's orders:</p> <p>-Amitriptyline (an antidepressant) 100 mg at bedtime for supplement.</p> <p>-Depakote (an antiepileptic) 250 mg twice a day for behaviors.</p> <p>-Lorazepam (an antianxiety) 0.5 mg every six hours as needed (start date 3/25/24).</p> <p>Review of the resident's MAR dated April 2024 showed Lorazepam 0.5 mg every six hours as needed was administered once in April and was effective.</p> <p>During an interview on 4/19/24 at 3:05 P.M., the Assistant Director of Nursing (ADON)/wound nurse/Licensed Practical Nurse (LPN) said:</p> <p>-The nurse should call the physician(s) and clarify the diagnoses for Amitriptyline and Depakote.</p> <p>-There was usually a diagnosis for psychiatric medications.</p> <p>-The resident did have a lot of behaviors for a while.</p> <p>-He/She usually monitored the as needed orders for antianxiety medications.</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>-He/She knew the as needed antianxiety medications should be ordered for 14 days and then he/she would call the physician to determine whether to renew the order or not.</p> <p>During an interview on 4/22/24 at 1:14 P.M., the Director of Nursing (DON) said:</p> <p>-The admitting nurse puts in all admission orders.</p> <p>-He/She reviewed new admission medication orders but it's not an official process.</p> <p>During an interview on 4/22/24 at 1:14 P.M., the Outgoing Administrator said:</p> <p>-The DON or ADON should complete an audit of the medications for residents who were newly admitted .</p> <p>-As needed antianxiety medications should only be for 14 days and then re-evaluated.</p> <p>-The diagnoses should be clarified with the doctor for Amitriptyline and Depakote.</p> <p>42955</p> <p>2. Review of Resident #24's Face Sheet, undated, showed the resident was admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Schizoaffective disorder (a chronic mental health condition causing paranoia, hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression).</p> <p>-Anxiety (feelings of fear, dread, and uneasiness that occurred as a reaction to stress).</p> <p>-Major depressive disorder (a mood disorder that caused a persistent feeling of sadness and loss of interest).</p> <p>Review of the resident's Prescriber MMR Recommendation, dated 8/22/23, showed:</p> <p>-The pharmacist reviewed Duloxetine (a drug used to treat depression) and Lurasidone (also called Latuda, a drug used to treat schizophrenia).</p> <p>-The pharmacist requested the physician respond to a dose reduction/discontinuation.</p> <p>-The review showed no response from the physician.</p> <p>Review of the resident's Prescriber MMR Recommendation, dated 11/16/23, showed:</p> <p>-The pharmacist reviewed Duloxetine and Lurasidone.</p> <p>-The pharmacist requested the physician respond to a dose reduction/discontinuation.</p> <p>-The review showed no response from the physician.</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>Review of the resident's Prescriber MMR Recommendation, dated 1/16/24, showed:</p> <ul style="list-style-type: none"> -The pharmacist reviewed Duloxetine and Lurasidone. -The pharmacist requested the physician respond to a dose reduction/discontinuation. -The review showed no response from the physician. <p>Review of the resident's annual MDS dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS). --This showed that the resident was cognitively intact. <p>Review of the resident's care plan dated 2/21/24, showed:</p> <ul style="list-style-type: none"> -The resident's psychosocial well-being continued to be at risk due to depression, anxiety, and schizoaffective disorder. -Medications per order and monitor effectiveness and side effects. <p>Review of the resident's POS dated April 2024, showed:</p> <ul style="list-style-type: none"> -Duloxetine, 60 milligrams (mg) in the morning for major depressive disorder. -Lurasidone 60 mg at bedtime for schizoaffective disorder. <p>During an interview on 4/19/24 at 1:30 P.M., Licensed Practical Nurse (LPN) B said:</p> <ul style="list-style-type: none"> -The pharmacist made recommendations then put them in the Director of Nursing (DON) mailbox. -The DON or Assistant DON (ADON) put them in the doctors books and the doctors looked at the reviews when they did their rounds. <p>On 4/22/24 at 9:52 A.M. a call was placed to the facility's Medical Director. There was no answer, and a voicemail was left requesting a return call. Return call was not received.</p> <p>During an interview on 4/22/24 at 1:13 P.M., the DON said:</p> <ul style="list-style-type: none"> -The pharmacist completed MRRs monthly. -When completed they were uploaded into the resident's electronic health record (EHR). -Each physician had a binder at the nurse's station and the MRRs went in the binder. -The physicians should address the pharmacists recommendations and acknowledge that they looked at it and should sign the review form. <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>-The physicians should respond to all recommendations.</p> <p>-He/She audited the MMRs for the physician's signature monthly when they came in.</p> <p>-If there was a recommendation the physician should have documented a response.</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>37576</p> <p>Based on observation, interview, and record review, the facility failed to monitor the medication refrigerator temperatures and to remove expired medications which had no open dates from the Rehabilitation Unit medication refrigerator. The facility census was 67 residents.</p> <p>The facility policy titled Administering Medications dated December 2012 showed:</p> <ul style="list-style-type: none"> -Medications shall be administered in a safe and timely manner, and as prescribed. -The expiration/beyond use date on the medication label must be checked prior to administering. -When opening a multidose container, the date opened shall be recorded on the container. <p>1. Observation on 4/18/24 at 6:33 A.M., of the Rehabilitation Unit medication refrigerator showed:</p> <ul style="list-style-type: none"> -A paper refrigerator temperature log was laying on top of the medication refrigerator. -The log was dated 2024. -The log had columns for daily temperatures for each month of the year. -All columns were blank for January through April 18, 2024. <p>2. Observation on 4/18/24 at 6:33 A.M., of the Rehabilitation Unit medication refrigerator showed two expired medications:</p> <ul style="list-style-type: none"> -A plastic undated zip lock bag with 15 individual foil wrapped Acetaminophen (pain reliever) 650 milligrams (mg) suppositories (a solid medical preparation in a roughly conical or cylindrical shape, designed to be inserted into the rectum to dissolve) with an expiration date of January 2023. -An opened container of 12 glycerin (treats occasional constipation) suppositories with no open date and an expired date of 3/7/24. <p>3. During an interview on 4/18/24 at 6:35 A.M., Licensed Practical Nurse (LPN) D said:</p> <ul style="list-style-type: none"> -He/She worked the night shift. -He/She did not know who was responsible to fill out the temperature log for the medication refrigerator. -He/She did not know which shift it should be done on. <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>-He/She did not know who was responsible to check for expired medications in the medication refrigerator.</p> <p>During an interview on 4/18/24 at 6:45 A.M., Certified Medication Technician (CMT) C said:</p> <p>-He/She worked the day shift.</p> <p>-He/She did not know who was responsible to fill out the temperature log for the medication refrigerator.</p> <p>-He/She did not know which shift it should be done on.</p> <p>-He/She checked for expired medications in the medication cart.</p> <p>During an interview on 4/18/24 at 7:10 A.M., LPN E said:</p> <p>-He/She worked the day shift.</p> <p>-He/She did not know who was responsible to fill out the temperature log for the medication refrigerator.</p> <p>-He/She did not know which shift it should be done on.</p> <p>-He/She did not know who was responsible to check for expired medications in the medication refrigerator.</p> <p>During an interview on 4/22/24 at 1:13 P.M., the Director of Nursing (DON) said:</p> <p>-The medication room refrigerator temperature log was to be filled out daily.</p> <p>-Night shift nursing staff was responsible for checking the medication refrigerator temperature and filling out the log sheet.</p> <p>-He/She or the Assistant DON (ADON) were responsible to audit the temperature logs to ensure they were filled out.</p> <p>-The medication refrigerator temperature range should be between 36 F (degrees Fahrenheit) and 46 F.</p> <p>-If the medication refrigerator temperatures were too high or too low the nursing staff was to:</p> <p>--Notify maintenance.</p> <p>--Remove medications from the medication refrigerator and place in another medication refrigerator that was within the temperature range until the issue was fixed.</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>-He/She or the ADON should have checked the medication refrigerator for expired medications. -Medication carts were to be checked by him/her, the ADON, the charge nurse and/or CMT's for expired medications.</p> <p>-He/She, the ADON, or a designee was responsible to audit for expired medications.</p> <p>-Expired medications should have been pulled from the medication refrigerator and locked in the medication room to be destroyed.</p> <p>-The pharmacy should have been notified for replacement if necessary.</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39469</p> <p>Based on observation, interview, and record review, the facility failed to ensure four sampled residents, (Resident #37, #268, # 267, and #32) who had broken or missing teeth were seen by a dentist out of 17 sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's policy, Dental Services dated December 2016 showed:</p> <ul style="list-style-type: none"> -Routine and emergency dental services were available to meet the resident's oral health services in accordance with the resident's assessment and plan of care. -Routine and 24-hour emergency dental services were provided to residents through a contract agreement with a licensed dentist that comes to the facility monthly. -Social services representatives would assist residents with appointments, transportation arrangements, and for reimbursement of dental services under the state plan, if eligible. -All dental services provided were to have been recorded in the resident's medical record. <p>1. Review of Resident #37's face sheet showed a diagnosis of Chronic Obstructive Pulmonary Disease(COPD a group of lung diseases that block air flow making it hard to breathe).</p> <p>Review of the resident's Nursing Admission Screening/History dated 12/12/23 showed he/she had upper and lower dentures.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility for care planning) dated 3/13/24 showed:</p> <ul style="list-style-type: none"> -His/Her Brief Interview for Mental Status (BIMS) showed a score of 15 out of 15 indicating he/she was cognitively intact. -He/She was able to eat independently. -He/She was on a mechanically altered diet. -It did not show the resident had broken dentures. -It did not show the resident had broken or missing teeth. <p>Review of the resident's care plan dated 3/13/24 showed:</p> <ul style="list-style-type: none"> -He/She was at risk for nutritional problems related to his/her varied oral intake. -He/She was on a regular diet. -It did not show he/she had any dental issues. <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's physician's visit dated 3/18/24 showed:</p> <ul style="list-style-type: none"> -Mouth, throat, voice were checked. -Did not show the resident had any dental issues. <p>Review of the resident's Physician's Order Sheet (POS) dated April 2024 showed:</p> <ul style="list-style-type: none"> -He/She was on a regular diet, thin consistency. -There was no order for the resident to see a dentist. <p>Observation on 4/15/24 at 12:05 P.M. during initial tour showed the resident did not have any teeth.</p> <p>During an interview on 4/15/24 at 12:05 P.M. the resident said:</p> <ul style="list-style-type: none"> -His/Her dentures had been broken for a while. -His/Her dentures needed to be repaired. -He/She had not seen a dentist since he/she had been at the facility. -He/She had told the nurse that he/she had wished to see the Dentist to get his/her dentures fixed. <p>Review of the resident's physician's visit dated 4/10/24 showed:-Mouth, throat, voice were checked.</p> <ul style="list-style-type: none"> -Did not show the resident had any dental issues. <p>During an interview on 4/19/24 at 1:20 P.M. Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -The resident had his/her own dentures. -He/She was not aware if the dentures needed repair. <p>During an interview on 4/19/24 at 1:50 P.M. Certified Medication Technician (CMT) A said:</p> <ul style="list-style-type: none"> -The resident had some dentures. -He/She did not know if there were any issues with the dentures. <p>2. Review of Resident #53's face sheet showed he/she was admitted to the facility on [DATE] with a diagnosis of Hemiplegia (muscle weakness on one side).</p> <p>Review of the resident's Nursing Admission Screening/History dated 12/1/22 showed he/she had broken teeth.</p> <p>(continued on next page)</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's authorization for dental care showed the resident signed the authorization form on 8/17/23.</p> <p>Review of the resident's care plan dated 3/6/24 showed:</p> <ul style="list-style-type: none"> -He/She needed Social Services for oversight. -He/She was to see dental care scheduled as needed. <p>Review of the resident's quarterly MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> -His/Her BIMS score was 14 out of 15 indicating he/she was cognitively intact. -He/She had had a stroke. -He/She had mouth or facial pain with chewing. -Broken teeth was not checked. <p>Review of the resident's POS dated April 2024 showed:</p> <ul style="list-style-type: none"> -He/She was on a regular diet, thin consistency. -There was no order for the resident to see a dentist. <p>Observation on 4/15/24 at 11:35 A.M. during initial tour showed most of the resident's teeth were broken.</p> <p>During an interview on 4/15/24 at 11:35 A.M. the resident said:</p> <ul style="list-style-type: none"> -He/She had been at the facility for a year and a half. -He/She would like to have all his/her teeth pulled and have dentures made. -He/She had signed a paper to see a dentist a while ago but never heard anything more about seeing the dentist. -He/She had asked the nurse a couple of times about seeing the dentist. <p>3. Review of Resident #267's face sheet showed he/she was admitted on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Mass fracture of first cervical vertebra (broken neck bones). -Fracture of third Thoracic Vertebra (broken back bones). <p>Review of the resident's quarterly MDS dated [DATE] showed:</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-His/Her BIMS score was 15 out of 15 indicating he/she was cognitively intact.</p> <p>-He/She needed partial assistance with oral hygiene.</p> <p>-Abnormal mouth tissue was not checked.</p> <p>-No natural teeth was not checked.</p> <p>Review of the resident's care plan dated 2/14/24 showed:</p> <p>-Social service was needed for oversight and long term care needs.</p> <p>-Podiatrist, audiology, eye care and dental care scheduled as needed.</p> <p>-He/She was at risk for nutritional problems related to his/her decline in physical condition.</p> <p>-He/She was at risk for nutritional problems related to his/her fall with multiple fractures.</p> <p>Review of the resident's POS dated April 2024 showed:</p> <p>-He/She was on a regular diet with thin consistency.</p> <p>-There was no order to see a dentist.</p> <p>Observation and interview on 4/15/24 at 11:04 A.M. during initial tour showed:</p> <p>-He/She did not have any top teeth.</p> <p>-He/She had bottom teeth.</p> <p>During an interview on 4/15/24 at 11:04 A.M. the resident said:</p> <p>-He/She only had teeth on the bottom.</p> <p>-He/She did not have any dentures on the top related to no bone mass on the top.</p> <p>-He/She had been in the facility for 11 months and had not seen a dentist.</p> <p>-He/She would like to be seen by a dentist so he/she could keep the teeth he/she had on the bottom.</p> <p>-He/She had told the nurse when he/she first came that he/she would like to see a dentist but it never happened.</p> <p>4. Review of Resident #32's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Muscle wasting and atrophy, multiple sites (muscles that have lost their nerve supply waste away).</p> <p>(continued on next page)</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Disorders of bone density and structure (the amount of bone mineral in bone tissue).</p> <p>Review of the resident's quarterly MDS dated [DATE] showed:</p> <p>-His/Her BIMS score was 15 out of 15 indicating he/she was cognitively intact.</p> <p>-He/She needed partial assistance with oral hygiene.</p> <p>-Abnormal mouth tissue was not checked.</p> <p>-No natural teeth was not checked.</p> <p>Review of the resident's care plan dated 2/14/24 showed:</p> <p>-He/She needed Social Services for long term care and oversight.</p> <p>-Dental care was to have been scheduled as needed.</p> <p>Review of the resident's POS dated April 2024 showed:</p> <p>-He/She was on a regular diet, thin consistency.</p> <p>-He/She may have dental services as needed.</p> <p>Observation on 4/15/24 at 11:15 A.M. during initial tour showed:</p> <p>-He/She only had two teeth on the top.</p> <p>-The rest of his/her teeth were broken or missing.</p> <p>During an interview on 4/15/24 at 11:15 A.M. the resident said:</p> <p>-He/She had not seen a dentist since he/she came to the facility.</p> <p>-He/She was ready to have his/her remaining teeth pulled and have dentures made.</p> <p>-He/She had told the nurse maybe a year ago but nothing had been done to make a dental appointment.</p> <p>5. During an interview on 4/19/24 at 1:20 P.M. LPN A said:</p> <p>-Dental cares were documented on the computer.</p> <p>-Social Services was responsible to make dental appointments for the residents.</p> <p>-The care plan should have showed if the resident had dentures or broken teeth.</p> <p>-The care plan should have been updated monthly.</p> <p>(continued on next page)</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Residents #37, #53, #267, and #32 had dentures or their own teeth.</p> <p>-He/She was not aware of any dental issues.</p> <p>-He/She did not know how often the residents should have been seen by a dentist.</p> <p>During an interview on 4/19/24 at 1:50 P.M. Certified Medication Technician (CMT) A said:</p> <p>-He/She did not know who to tell if someone needed to see the dentist.</p> <p>-The resident's care plan should have included if a resident had dental issues.</p> <p>-Resident #37 had dentures.</p> <p>-Resident #53 had some teeth remaining and they were in bad shape.</p> <p>-Resident #267 had some bottom teeth.</p> <p>-Resident #37 had some teeth on top.</p> <p>During an interview on 4/19/24 at 2:00 P.M. the Social Worker (SW) said:</p> <p>-If a resident needed to see the dentist he/she would have set up the appointment.</p> <p>-The dentist was scheduled to come to the facility next week.</p> <p>-Residents #37, #53, #267, and #32 were not on the schedule to see the dentist next week.</p> <p>-He/She was not able to find any documentation that Residents #37, #53, #267, and #32 had seen a dentist.</p> <p>-When a resident came into the facility a full assessment which should have included looking at the resident's teeth should have been done.</p> <p>-He/She was not able to find any assessments for Residents #37, #53, #267, and #32.</p> <p>During an interview on 4/19/24 at 2:20 P.M. the MDS Coordinator said:</p> <p>-Care plans should have been completed upon admission, quarterly, with any significant change, and annually.</p> <p>-The facility had changed computer systems last year and some of the care plans were not done or up to date.</p> <p>-The residents' care plan should have addressed any dental issues.</p> <p>-Dental issues should have been charted under hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She talked with each resident before he/she did their care plan.</p> <p>-Resident #37 had dentures.</p> <p>-Resident #267 had some teeth.</p> <p>-Resident #32 did not have dentures.</p> <p>-Resident #53 has his/her own teeth, they were not in the best condition and some extractions had been done.</p> <p>-According to the nursing notes Resident #53 was put on an antibiotic for tooth/ear infection dated 4/19/24.</p> <p>-He/She was not able to find documentation to show that Residents #37, #53, #267, and #32 had seen a dentist.</p> <p>During an interview on 4/22/24 at 1:15 P.M. the Director of Nursing (DON) said:</p> <p>-There was a dentist who came to the facility each month.</p> <p>-The residents could see the dentist as they needed to.</p> <p>-If a resident had an issue such as broken teeth or broken dentures he/she would have expected the resident to have an appointment set up to see the dentist within 24 hours.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19916</p> <p>Based on observation, interview and record review, the facility failed to implement measures to adequately respond to situations raised by two sampled residents (Resident #37 and #33) in the resident council meetings regarding receiving cold food out of 17 sampled residents; failed to ensure hot foods were at or close to 120 F (degrees Fahrenheit) and cold foods were served at a temperature of 41 F at the time of room tray service on the 500, 300 and the 200 Hall; and failed to ensure hot foods were served at or close to a temperature of 120 F who received room trays on the 200 and 300 Hall. The facility census was 67 residents.</p> <p>1. Review of the resident council minutes dated 3/19/24, showed the residents raised the issue of cold food.</p> <p>Review of the resident council department response form dated 3/19/24 showed the following written response from the Dietary Manager (DM) regarding the resident question about cold food showed:</p> <ul style="list-style-type: none"> - He/she (the DM) was filling in as a DM temporarily. - He/she did not know anything about the cold food and would look into it. - He/she would figure out a solution to keep the food hot. <p>2. Review of Resident #37's quarterly Minimum Data Set (MDS a federally mandated assessment tool required to be completed by facility staff for care planning) dated 3/13/24 showed the resident was cognitively intact with a Brief Interview Mental Status (BIMS) score of 15.</p> <p>During an interview on 4/15/24 at 10:01 A.M., the resident said he/she received cold food almost everyday and he/she raised that issue at resident council.</p> <p>3. Review of Resident #33's quarterly MDS dated [DATE] showed the resident was cognitively intact with a BIMS score of 15.</p> <p>During an interview on 4/15/24 at 10:03 A.M., the resident said the food was cold and he/she said something about food being cold at the resident council meeting.</p> <p>4. Observation on 4/15/24 during the lunch meal preparation and service showed:</p> <ul style="list-style-type: none"> -At 12:06 P.M., the temperature of the burger patties at the steam table was 151.1 F -At 12:27 P.M., the cart with meal trays for the Rehabilitation Unit (the 500 Hall), left the kitchen. -At 12:30 P.M., Certified Medication Technician (CMT) A started to deliver trays to residents who were gathered in the Rehab Unit dining room. <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-From 12:35 P.M. to 12:45 P.M., CMT A served residents in rooms 507, 504, 502, 511, 514, 515, 517, and 510.</p> <p>-At 12:46 P.M., a temperature test of the burger sandwich and tater tots on the test tray was done; the burger was 89.1 F, while the tater tots were 90.7 F.</p> <p>During an interview on 4/15/24 at 12:48 P.M., CMT A said he/she worked three days per week and did not see anyone from the dietary department come to Rehab Unit to monitor temperatures of room trays.</p> <p>Observation on 4/15 24 at 12:51 P.M., the temperature of the pineapple chunks was 59.5 F, which was 18 degrees above what it should be, at the time of service.</p> <p>During an interview on 4/15/23 at 1:21 P.M., the DM said he/she had not had anyone from the dietary department go to the Rehab Unit to monitor food temperatures.</p> <p>5. During the resident council interview on 4/16/24 at 10:09 AM, the following was said about food temperatures:</p> <p>-The meals were never hot. That morning the breakfast of scrambled eggs and biscuits and gravy was cold.</p> <p>-Sometimes, facility staff will heat it up meals but it took a while as they were still passing meals to other people.</p> <p>During an interview on 4/16/24 at 11:38 AM, the Activities Director said concerns were shared with the departments head where the concern was verbalized from.</p> <p>During an interview on 4/16/24 12:23 PM, the Social Service Designee (SSD) said:</p> <p>-He/she had a formal grievance on the food in general and regarding the food being cold and portion size.</p> <p>-He/she went to the DM and was going to follow up with the kitchen team, offer to microwave cold food.</p> <p>-The DM made sure food temps were hot when served.</p> <p>-It was mostly the residents who ate room trays, who complained about food temperatures.</p> <p>6. Observation on 4/17/24 at 12:20 P.M., during the lunch meal service, showed:</p> <p>-The sandwich from a tray served on the 200 Hall, was 113 F.</p> <p>-Certified Nursing Assistant (CNA) A was a witness to the temperature.</p> <p>During an interview on 4/17/24 at 12:22 P.M., CNA A said:</p> <p>-He/she worked three days per week.</p> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/she has not seen any one from the dietary department check room tray temperatures when he/she delivered room trays.</p> <p>During an interview on 4/19/24 at 10:13 A.M., the DM said:</p> <p>-He/she spoke to the dietary staff about taking the temperatures at the first serving of food, but not the last serving.</p> <p>-He/she did not know that the temperature of food at the time of service to the residents, should be 120 F.</p> <p>She has been the DM since 3/19/24.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>19916</p> <p>Based on observation and interview, the facility failed to maintain the floors under and behind the ice-machine free of debris; failed to ensure that items which were labeled refrigerate after opening, were refrigerated; failed to wrap a bowl of pureed pineapple in the kitchen reach-in refrigerator; failed to ensure the fan vent cover in the walk-in refrigerator, was free of dust; failed to label items (syrup and vinegar) with what they were in the containers those items were in; failed to ensure three cutting boards were free from stains and numerous grooves which caused those cutting boards to not be easily cleanable; failed to ensure the spatulas were maintained in an easily cleanable condition; failed to maintain the wall behind the dishwasher free of black colored debris; failed to maintain the floor under the six-burner stove free of debris; failed to maintain the cover of the blower over the door across from the coffee maker station, free from a heavy buildup of dust, and failed to maintain the sprinkler heads free from a grease. This practice potentially affected all residents. The facility census was 67 residents.</p> <p>1. Observation on 4/15/24 from 9:05 A.M. to 1:10 P.M., during the lunch meal preparation, showed:</p> <ul style="list-style-type: none"> -A heavy buildup of debris including cups, paper, dust, and food debris behind and under the ice machine. -A heavy buildup of dust on the fan over door across from coffee station, -Two bottles of soy sauce which showed to refrigerate after opening were opened and stored on the lower shelf of a table next to the food preparation table. -A bowl of an unidentified yellow substance in the kitchen reach-in refrigerator. -Three cutting boards with numerous stains and grooves which caused the cutting boards to not be easily cleanable. -Three spatulas which were frayed or spilt open -Three cutting boards with debris on them, which were stored in the utensil containers. -The presence of black debris on the pipes behind the dishwasher. -One container with a brown colored liquid which was not labeled with what was in the container -One container of an unidentified clear liquid substance that was not labeled. -The presence of debris under the six-burner stove. <p>During an interview on 4/15/24 at 9:35 A.M., the Dietary Manager (DM) said:</p> <ul style="list-style-type: none"> -He/she took over the management part of the kitchen on 3/19/24. <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 - Many</p>	<p>-He/she did not know about those pipes behind the dishwasher but realized those pipes needed to be cleaned.</p> <p>-The dietary employees should look at the all the scratches on the cutting boards.</p> <p>-He/she had not done an in-service to dietary staff regarding the cutting boards.</p> <p>During an interview on 4/15/24 at 9:45 A.M., Dietary Cook (DC) A said he/she placed the syrup in the bottle without labeling the bottle.</p> <p>During an interview on 4/15/24 at 1:09 P.M., the DM said:</p> <p>-The dietary staff was supposed to clean behind and under the ice machine every night.</p> <p>-The blower vent over the door across from the coffee table, should be cleaned every week.</p> <p>-He/she asked a maintenance person on the previous week to remove the vent cover to clean it.</p> <p>-He/she expected dietary staff to use labels for substances that were not easily identified.</p> <p>-He/she expected staff to read the labels on the condiment containers and follow the labels.</p> <p>-He/she expected the night shift staff to clean and mop before they left for the evening.</p> <p>-He/she expected dietary staff to cover and protect the food in the refrigerator.</p> <p>-The spatulas should have been replaced when they started getting frayed.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>19916</p> <p>Based on observation and interview, the facility failed to ensure the lids of the dumpster were closed after facility staff place trash the dumpsters. This practice affected one outdoor area. The facility census was 67 residents.</p> <ol style="list-style-type: none"> 1. Observation on 4/15/24 at 9:59 A.M. and 11:21 A.M., showed both outdoor dumpsters were left open. 2. Observation on 4/16/24 at 2:20 P.M, showed two lids of one dumpster were left open. 3. Observation on 4/17/24 at 12:36 P.M., showed the lids of both dumpsters were left open. <p>During an interview on 4/17/24 at 12:38 P.M., the Dietary Manager (DM) said he/she expected all departments within the facility who used the dumpsters to place items in to keep the dumpsters closed and keep the raccoons out.</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>42955</p> <p>Based on interview and record review the facility's administration failed to implement a plan of correction (POC- a plan developed by the facility and approved by the state survey agency that described the actions the facility took to correct deficiencies) by the date of correction, 6/3/24, causing the facility to continue deficient practices potentially affecting the facility's residents' physical, mental and psychosocial well-being. The facility census was 64 residents.</p> <p>Review of the facility's Administrator policy, dated April 2007, showed:</p> <ul style="list-style-type: none"> -A licensed Administrator was responsible for the day-to-day functions of the facility. -The administrator served as a liaison to the governing board, medical staff, and other professional and supervisory staff. -The administrator was responsible for the evaluation and implementation of recommendations from the facility's Quality Assessment and Assurance Committee. <p>Review of the facility's daily census report dated 6/17/24 showed there were 64 residents in the facility the first day of the revisit.</p> <p>Review of the facility's POC audit binders, undated, showed:</p> <ul style="list-style-type: none"> -The facility failed to complete 12 out of 16 audits: --Ombudsman (a person who investigates, reports on, and helps settle complaints) notifications. --Medication Administration Record (MAR)/Treatment Administration Record (TAR). --Resident baths/showers. --Restorative Program (a muscle strengthening plan to help residents maintain functional abilities). --Resident weights. --Oxygen. --Dialysis. --Psychotic medications. --Expired medications. --Dental appointments. <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--Food temperatures.</p> <p>--Resident vaccines.</p> <p>During an interview on 6/18/24 at 2:45 P.M., the Corporate Administrator said:</p> <p>-Many of the audits that were completed went missing when the previous administrator left his/her position.</p> <p>-The previous administrator sent an email and was gone the next day, which was about two weeks ago.</p> <p>-The audits were not done in the last two weeks due to not knowing where they were in the process.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>42955</p> <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on interview and record review, the facility failed to identify and correct quality deficiencies determined through a plan of correction (POC- a plan developed by the facility and approved by the state survey agency that described the actions the facility took to correct deficiencies) by monitoring the POC in the facility's Quality Assurance and Performance Improvement (QAPI) plan to ensure deficient practices were corrected, causing the facility to continue deficient practices potentially affecting the facility's residents' physical, mental and psychosocial well-being. The facility census was 64 residents.</p> <p>Review of the facility's Quality Assurance and Performance Improvement (QAPI) Program Policy, undated, showed:</p> <ul style="list-style-type: none"> -The facility developed, implemented, and maintained an on-going, facility-wide QAPI program to pursue quality of care and quality of life. -The primary purpose of the QAPI program was to establish data-driven processes that improved the quality of care, quality of life and clinical outcomes of the residents. -Systems were in place to monitor care and services. -Care processes and outcomes were monitored using performance indicators. -Performance indicators measured quality benchmarks and targets established by the facility. -Adverse events were tracked, monitored, and investigated. -Action Plans were implemented to prevent recurrence of adverse events. -Performance Improvement Projects (PIPs) were initiated when problems were identified. -PIPs involved gathering information to clarify issues and intervene for improvements. -The QAPI program established a plan that guided quality efforts and served as the main document that supported the QAPI implementation. <p>Review of the facility's daily census report dated 6/17/24 showed there were 64 residents in the facility the first day of the revisit.</p> <p>Review of the facility's POC audit binders, undated, showed:</p> <ul style="list-style-type: none"> -The facility failed to complete 12 out of 16 audits: --Ombudsman (a person who investigates, reports on, and helps settle complaints) notifications. --Medication Administration Record (MAR)/Treatment Administration Record (TAR). <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--Resident baths/showers.</p> <p>--Restorative Program (a muscle strengthening plan to help residents maintain functional abilities).</p> <p>--Resident weights.</p> <p>--Oxygen.</p> <p>--Dialysis.</p> <p>--Psychotic medications.</p> <p>--Expired medications.</p> <p>--Dental appointments.</p> <p>--Food temperatures.</p> <p>--Resident vaccines.</p> <p>During an interview on 6/18/24 at 2:45 P.M., the Corporate Administrator said:</p> <p>-Many of the audits that were completed went missing when the previous administrator left his/her position.</p> <p>-The previous administrator sent an email and was gone the next day, which was about two weeks ago.</p> <p>-The audits were not done in the last two weeks due to not knowing where they were in the process.</p> <p>-He/She did not know the audit binders were needed to complete the QAPI process.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42955</p> <p>Based on interview and record review, the facility failed to maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases when the facility failed to provide Tuberculosis (TB-a communicable disease that affects the lungs, that is characterized by fever, cough, difficulty in breathing, abnormal lung tissue and function) testing for five sampled residents (Resident #33, #48, #60, #61, and #173) out of five sampled residents. The facility census was 67 residents.</p> <p>Review of the facility's Tuberculosis, Screening Residents for, policy, dated July 2013, showed:</p> <ul style="list-style-type: none"> -The facility screened all residents for TB. -The facility screened referrals for admission and readmission for information regarding exposure to or symptoms of TB. -TB skin tests (TST) completed within the last 12 months were reviewed. -Residents without documentation of a previous TST received a two-step TST upon admission. -If the results of the first TST were negative then a second TST was administered one to three weeks after the initial test was read. -The physician screened each new resident for possible signs and symptoms of TB by assessing: <ul style="list-style-type: none"> --Cough for more than three weeks. --Loss of appetite. --Fatigue. --Weight loss. --Night sweats. --Bloody sputum (saliva and mucus coughed up from the lungs). --Fever. --Chest pain. <p>1. Review of Resident #33's undated Physician Order Summary, showed:</p> <ul style="list-style-type: none"> -No order for the resident to be screened for TB. -No order for the resident to receive a TST. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's TB screening, dated 12/21/19, showed:</p> <ul style="list-style-type: none"> -The resident received the first step TST on 12/23/19. -It was read on 12/25/19 with a negative result. <p>Review of the resident's Immunization Record, undated, showed:</p> <ul style="list-style-type: none"> -The resident received a second step TST on 1/6/20. -It was read on 1/9/20 with a negative result. <p>Review of the resident's Yearly Screen for TB symptoms, dated 1/20/21, showed:</p> <ul style="list-style-type: none"> -The resident was screened for TB. -Note: No TB screenings after 1/20/21 were provided by the facility. <p>Review of the resident's quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 2/9/24, showed:</p> <ul style="list-style-type: none"> -The resident scored a 15 on the Brief Interview for Mental Status (BIMS). --This showed the resident was cognitively intact. -The resident was diagnosed with Chronic Obstructive Pulmonary Disease (COPD, a disease that caused airflow blockage and breathing-related problems), a stroke, and hemiplegia (weakness or the inability to move on one side of the body). <p>2. Review of Resident #48's undated Physician Order Summary, showed:</p> <ul style="list-style-type: none"> -There was an order for an annual Purified Protein Derivative (PPD- skin test method used to diagnose silent TB infection). -No directions were specified for this order. <p>Review of the resident's face sheet, undated, showed the resident was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Traumatic Brain Injury (TBI an injury that affects how the brain works). -Tracheostomy (a procedure to help air and oxygen reach the lungs by creating an opening into the windpipe from outside the neck). -Seizures (uncontrolled electrical activity between brain that causes temporary stiffness, twitching or limpness in muscle tone or movements). <p>Review of the resident's annual MDS, dated [DATE], showed:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident was rarely/never understood.</p> <p>-This was a score of zero on the BIMS.</p> <p>--This showed the resident was severely cognitively impaired.</p> <p>Review of the resident's Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated March 2024 showed no PPD was given.</p> <p>Review of the resident's medical record showed:</p> <p>-TB test results were requested.</p> <p>-No other records of a TB test or screening were provided by the facility.</p> <p>3. Review of Resident #60's face sheet showed the resident admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Type 2 diabetes (of a problem in the way the body regulates and uses sugar as a fuel).</p> <p>-Hemiplegia (weakness or inability to move one side of the body) left side.</p> <p>-Obstructive Sleep Apnea (OSA a disorder in which a person frequently stops breathing during sleep).</p> <p>Review of the residents hospital discharge paperwork, dated 3/21/24, showed (by resident interview):</p> <p>-The resident did not currently have TB.</p> <p>-The resident had not been in contact with someone who had TB.</p> <p>-The resident had no symptoms of TB.</p> <p>-NOTE: no testing for TB was noted on the hospital paperwork.</p> <p>Review of the resident's admission MDS, dated [DATE], showed:</p> <p>-The resident scored a 15 on the BIMS.</p> <p>-This showed the resident was cognitively intact.</p> <p>Review of the resident's physician orders, dated April 2024 showed there were no physician orders for the resident to receive a TST or screening.</p> <p>Review of the resident's medical record showed:</p> <p>-TB test results were requested.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No other records of a TB test or screening were provided by the facility.</p> <p>4. Review of Resident #61's undated face sheet showed the resident admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Acute respiratory failure (the inability to get enough oxygen). -Tracheostomy. -Hemiplegia. <p>Review of the resident's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident was rarely/never understood. -This was a score of zero on the BIMS. --This showed the resident was severely cognitively impaired. <p>Review of the resident's physician order summary dated April 2024 showed there were no physician orders for the resident to receive a TST or screening.</p> <p>Review of the resident's medical record showed:</p> <ul style="list-style-type: none"> -TB test results were requested. -No other records of a TB test or screening were provided by the facility. <p>5. Review of Resident #173's face sheet, undated, showed the resident was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Aftercare following joint replacement surgery. -Presence of right artificial hip joint. -Obstructive sleep apnea. <p>Review of the resident's physician order summary dated April 2024 showed there were no physician orders for the resident to receive a TST or screening.</p> <p>Review of the resident's medical record showed:</p> <ul style="list-style-type: none"> -TB test results were requested. -No other records of a TB test or screening were provided by the facility. <p>6. During an interview on 4/17/24 3:57 P.M., the Outgoing Administrator said:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She was unable to find documentation of TST tests for Resident #33, #48, #60, #61, and #173.</p> <p>-The TST's used to be part of the admissions packet.</p> <p>-A new system for TST's was implemented and the TST's responsibilities were given to nurses.</p> <p>-No one did anything past removing the TST's form from the admission packet.</p> <p>-He/She had no idea the TST's were not being done.</p> <p>During an interview on 4/19/24 at 1:30 P.M., Licensed Practical Nurse (LPN) B said:</p> <p>-Residents received TB test on admission unless they said they had a positive result in the past.</p> <p>-Physicians ordered a chest x-ray if that happened.</p> <p>-The facility should test all new residents for TB.</p> <p>-The admitting nurse was responsible for giving resident's the TB skin test.</p> <p>During an interview on 4/19/24 at 1:42 P.M., LPN A said:</p> <p>-Nurses were responsible for admitting new residents.</p> <p>-TB tests were given by the admitting nurse to all new residents.</p> <p>-This was documented on the resident's Medication Administration Record (MAR)/Treatment Administration Record (TAR).</p> <p>During an interview on 4/22/24 at 1:13 P.M., the Director of Nursing (DON) said:</p> <p>-He/She expected newly admitted residents to be TB tested upon admitting to the facility.</p> <p>-The residents should have received the two step TST.</p> <p>-The admitting nurse was responsible for ensuring the test was given to the resident they were admitting.</p> <p>-No one tracked when the TST was given or read.</p> <p>-The TST should be in the immunizations tab in the electronic health record (EHR).</p> <p>-If there was a physician order for the TST it would also be documented on the MAR/TAR.</p> <p>-If no records were found in those areas, they could be somewhere else in the building but he/she had been unable to find them.</p> <p>-If records were unavailable then the residents did not receive their TST.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42955</p> <p>Based on interview and record review, the facility failed to maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases when the facility failed to offer pneumococcal (lung inflammation caused by bacterial or viral infection) and/or influenza (flu-a highly contagious viral infection of the respiratory passages causing fever, severe aching, and often occurring in an epidemic) vaccines for five sampled residents (Resident #33 #48, #60, #61 and #173) out of five residents sampled for immunizations. The facility census was 67 residents.</p> <p>Review of the facility's Vaccination of Residents policy, dated August 2017, showed:</p> <ul style="list-style-type: none"> -All resident were offered vaccines that aided in preventing infections diseases unless the vaccine was medically contraindicated, or the resident had already been vaccinated. -Resident's or resident representatives were provided information and education regarding the benefits and potential side effects of the vaccinations. -Any education provided was documented in the resident' s medical record. -All new residents were assessed for current vaccination status upon admission. -Residents or resident representative could refuse vaccines. -Refusals were documented in the resident's medical record. <p>Review of the facility's Influenza Vaccine policy, dated August 2016, showed:</p> <ul style="list-style-type: none"> -All residents were offered the influenza vaccine annually. -Residents were provided information about risks and benefits of the vaccines. -Between October 1st and March 31st each year the influenza vaccine was offered to residents unless vaccine was medically contraindicated. -Vaccines administered were documented with the person administering the vaccine, date of vaccine, lot number and expiration date in the resident's medical record. -Resident refusals were also documented in the medical record. <p>Review of the facility's Pneumococcal Vaccine, dated August 2016,</p> <p>Shown:</p> <ul style="list-style-type: none"> -All residents were offered the pneumococcal vaccine. <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Upon admission residents were assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, offered the vaccine series within 30 days of admission to the facility, unless medically contraindicated.</p> <p>-Assessments of the pneumococcal vaccination status were conducted with in five working days of the resident's admission.</p> <p>-The resident or legal representative received information and education regarding the benefits and potential side effects of the pneumococcal vaccine.</p> <p>-Refusals were documented in the resident's medical record.</p> <p>-Received vaccines were recorded in the resident's medical record with date of vaccination, lot number, expiration date, person administering and the site of vaccination.</p> <p>1. Review of Resident #33's admission Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 2/7/24, showed:</p> <p>-The resident scored a 15 on the Brief Interview for Mental Status (BIMS).</p> <p>--This showed that the resident was cognitively intact.</p> <p>-The resident was diagnosed with Chronic Obstructive Pulmonary Disease (COPD, a disease that caused airflow blockage and breathing-related problems), a stroke, and hemiplegia (weakness or the inability to move on one side of the body).</p> <p>Review of the resident's Physician Order Summary (POS), dated April 2024 showed:</p> <p>-the resident may have the pneumonia vaccine if indicated.</p> <p>-No directions specified for order.</p> <p>-No other records of a pneumonia vaccine being offered or administered were provided by the facility.</p> <p>2. Review of Resident #48's annual MDS, dated [DATE], showed:</p> <p>-The resident was rarely/never understood.</p> <p>-This was a score of zero on the BIMS.</p> <p>--This showed the resident was severely cognitively impaired.</p> <p>Review of the resident's POS dated April 2024 showed:</p> <p>-No order for the resident to receive the pneumonia vaccine.</p> <p>-No order showing the resident was medically contraindicated to receive the pneumonia vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's medical record showed no other records of a pneumonia vaccine being offered or administered or that it was medically contraindicated were provided by the facility.</p> <p>3. Review of Resident #60's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident scored a 15 on the BIMS. --This showed the resident was cognitively intact. -Type 2 diabetes (of a problem in the way the body regulates and uses sugar as a fuel). -Hemiplegia (weakness or inability to move one side of the body) left side. -Obstructive sleep apnea (a disorder in which a person frequently stops breathing during sleep). <p>Review of the residents hospital discharge paperwork, dated 3/21/24, showed:</p> <ul style="list-style-type: none"> -It was unknown if the resident had received a pneumococcal vaccine in the last five years. -The resident refused the influenza vaccine. <p>Review of the resident's POS dated April 2024 showed the resident had no orders for a pneumococcal and influenza vaccine.</p> <p>Review of the resident's medical record showed no other records of a pneumococcal or influenza vaccine was offered or received, or medically contraindicated were provided by the facility.</p> <p>4. Review of Resident #61's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident was rarely/never understood. -The resident was severely cognitively impaired. -Acute respiratory failure (the inability to get enough oxygen). -Tracheostomy. -Hemiplegia. <p>Review of the resident's POS dated April 2024 showed the resident had no orders for the influenza or pneumococcal vaccines.</p> <p>Review of the resident's medical record showed no other records of a pneumococcal or influenza vaccine was offered or received, or medically contraindicated were provided by the facility.</p> <p>5. Review of Resident #173's face sheet showed the resident was admitted to the facility on [DATE] with the following diagnoses:</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Aftercare following joint replacement surgery.</p> <p>-Presence of right artificial hip joint.</p> <p>-Obstructive sleep apnea.</p> <p>Review of the resident's POS dated April 2024 showed the resident had no orders for the flu or pneumococcal vaccines.</p> <p>Review of the resident's medical record showed no other records of a pneumococcal or influenza vaccine was offered or received, or medically contraindicated were provided by the facility.</p> <p>6. During an interview on 4/17/24 at 3:57 P.M., the Outgoing Administrator said:</p> <p>-He/She was unable to find documentation of the immunizations for Resident #33 #48, #60, #61 and #173.</p> <p>-The immunizations used to be part of the admissions packet.</p> <p>-A new system for resident immunizations was implemented.</p> <p>-The responsibility was given to the nurses.</p> <p>-No one did anything past removing the immunizations form from the admission packet.</p> <p>-He/She had no idea the immunizations were not being done.</p> <p>During an interview on 4/19/24 at 1:30 P.M., Licensed Practical Nurse (LPN) B said:</p> <p>-Residents received pneumococcal and influenza immunizations on admission unless they say they already had them or refused.</p> <p>-If the vaccines were offered it should be documented in their record.</p> <p>-The admitting nurse was responsible for giving resident immunizations.</p> <p>-The pneumonia vaccine was given every five years.</p> <p>-Sometimes the hospital records showed vaccination status.</p> <p>-Influenza and pneumococcal vaccines were offered and/or given by the admitting nurse to all new residents.</p> <p>-This was documented on the resident's Medication Administration Record (MAR) or Treatment Administration Record (TAR).</p> <p>During an interview on 4/19/24 at 1:42 P.M., LPN A said:</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> -Nurses were responsible for admitting new residents. -Immunizations were given by the admitting nurse. -Nurses got permission from the resident for all vaccines. -Nurses were able to give the influenza and pneumococcal vaccines if the residents agreed to have them. -He/She had not given any vaccines with recently admitted residents. -The Assistant Director of Nursing (ADON) tracked all the immunizations. <p>During an interview on 4/22/24 at 1:13 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -The pneumococcal and influenza vaccines were offered to new residents admitted to the facility. -The admitting nurse was responsible for offering and documenting what immunizations were offered or given to the resident. -He/She was responsible for follow up and auditing the immunizations were being completed. -He/She expected all residents be offered the pneumococcal and influenza vaccines. -Forms were completed to show if the resident accepted or declined the vaccines. -It should be documented in the admission packet and in the immunization book. -If there were not records then the immunizations were not offered or completed.

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42955</p> <p>Based on interview and record review, the facility failed to maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases when the facility failed to provide the COVID-19 (an acute disease in humans caused by a virus, which caused fever, cough and could progress to severe symptoms and in some cases death, especially in older people and those with underlying health conditions) vaccine for three sampled residents (Resident #60, #61 and #173) out of five residents sampled for immunizations. The facility census was 67 residents.</p> <p>Review of the facility's Vaccination of Residents policy, dated August 2017, showed:</p> <ul style="list-style-type: none"> -All resident were offered vaccines that aided in preventing infectious diseases unless the vaccine was medically contraindicated, or the resident had already been vaccinated. -Resident's or resident representatives were provided information and education regarding the benefits and potential side effects of the vaccinations. -Any education provided was documented in the resident's medical record. -All new residents were assessed for current vaccination status upon admission. -Residents or resident representative could refuse vaccines. -Refusals were documented in the resident's medical record. <p>Review of the facility's Infection Control policy, dated 8/1/23, showed:</p> <ul style="list-style-type: none"> -The facility followed a planned approach. -Education was provided about the vaccine upon admission. <p>1. Review of Resident #60's admission Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 4/1/24, showed:</p> <ul style="list-style-type: none"> -The resident scored a 15 on the Brief Interview for Mental Status (BIMS). --This showed that the resident was cognitively intact. -Type 2 diabetes (of a problem in the way the body regulates and uses sugar as a fuel). -Hemiplegia (weakness or inability to move one side of the body) left side. -Obstructive sleep apnea (a disorder in which a person frequently stops breathing during sleep). <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Golden Years Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Jefferson Parkway Harrisonville, MO 64701	
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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Physician's Order Sheet (POS) dated April 2024 showed the resident had no orders for a COVID-19 vaccine.</p> <p>Review of the resident's medical record showed no other records that a COVID-19 vaccine, or education regarding the risks and benefits, were offered to the resident.</p> <p>2. Review of Resident #61's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -The resident was rarely/never understood. -This was a score of zero on the BIMS. --This showed the resident was severely cognitively impaired. -Acute respiratory failure (the inability to get enough oxygen). -Tracheostomy (a procedure to help air and oxygen reach the lungs by creating an opening into the windpipe from outside the neck) -Hemiplegia (weakness or the inability to move on one side of the body). <p>Review of the resident's POS dated April 2024 showed the resident had no orders for the COVID-19 vaccine.</p> <p>Review of the resident's medical record showed no other records that a COVID-19 vaccine, or education regarding the risks and benefits, was offered to the resident.</p> <p>3. Review of Resident #173's face sheet, undated, showed the resident was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Aftercare following joint replacement surgery. -Presence of right artificial hip joint. --Obstructive sleep apnea. <p>Review of the resident's POS dated April 2024 showed the resident had no orders for the COVID-19 vaccine.</p> <p>Review of the resident's medical record showed no other records that a COVID-19 vaccine, or education regarding the risks and benefits, was offered to the resident.</p> <p>4. During an interview on 4/17/24 at 3:57 P.M., the Outgoing Administrator said:</p> <ul style="list-style-type: none"> -He/She was unable to find documentation of COVID-19 immunizations for Resident #60, #61 and #173. -The COVID-19 immunizations used to be part of the admissions packet. <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-A new system for COVID-19 immunizations was implemented.</p> <p>-The responsibility was given to the nurses.</p> <p>-No one did anything past removing the immunization form from the admission packet.</p> <p>-He/She had no idea the COVID-19 immunizations were not being done.</p> <p>During an interview on 4/18/24 at 10:20 A.M., the Assistant Director of Nursing (ADON) said:</p> <p>-When new residents were admitted the admitting nurse talked to the resident regarding the COVID-19 vaccine, or they called the resident's representative.</p> <p>-The facility provided education before they received permission for the vaccine.</p> <p>-Once permission was received the facility ordered the vaccine.</p> <p>-Nursing went to the rooms of all residents and talked to the resident and offered them the vaccine.</p> <p>-Education was provided regarding the risks and benefits.</p> <p>-Consent sheets were obtained and put in the resident's file.</p> <p>During an interview on 4/19/24 at 1:30 P.M., Licensed Practical Nurse (LPN) B said:</p> <p>-Residents were asked on admission if they wanted or needed immunizations, including COVID-19.</p> <p>-The ADON usually did the vaccinations with the residents.</p> <p>-The COVID-19 vaccine was offered to residents during flu season.</p> <p>-He/She had not recently given immunizations to new residents at the time of admission.</p> <p>During an interview on 4/19/24 at 1:42 P.M., LPN A said:</p> <p>-Nurses were responsible for admitting new residents.</p> <p>-Immunizations were given by the admitting nurse.</p> <p>-They received permission from the resident or representative to give the COVID-19 vaccine.</p> <p>-Nurses gave the COVID-19 vaccine if the resident wanted it.</p> <p>-He/She had not given the COVID-19 vaccine recently with new admits.</p> <p>-The ADON tracked all the immunizations.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/22/24 at 1:13 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -The COVID-19 vaccine and education were offered to all new residents. -The admitting nurse was responsible for reviewing that information with all new residents. -He/She followed up if necessary. -He/She expected all new residents to be offered the COVID-19 vaccine. -Education and consent were inside of the admission packet. -The consent was signed by the resident or representative. -If they declined it was documented on the form. -The form then went to the nurse to give the vaccine. -The consent then went to the immunization book at nurse's station. -If the consent was not in the book or in the Medication Administration Record (MAR) or Treatment Administration Record (TAR) it was not done.

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>19916</p> <p>Based on observation and interview, the facility failed to maintain the siding located on the outside of the former dementia unit and the siding on the outside wall behind the kitchen in good repair, which created openings that pests could get into. This practice potentially affected an unknown number of residents. The facility census was 67 residents.</p> <p>1. Observation on 4/15/24 at 8:36 A.M., showed the siding on the outside wall of the dementia unit with a bird that went into one of the gaps in the missing siding.</p> <p>2. Observation on 4/16/24 at 2:17 P.M., with the Maintenance Director showed an approximately 6 feet (ft.) wide by 2 ft. high section of siding behind the air conditioning unit outside the kitchen that was damaged with the insulation that was under the siding visible.</p> <p>During an interview on 4/16/24 at 2:19 P.M., the Maintenance Director said the siding was damaged before he/she started his/her tenure and the water from the damaged downspout contributed to the damage in that area.</p> <p>3. Observation on 4/16/24 at 2:23 P.M., with the Maintenance Director, showed an approximately 47 ft. long section of siding on the outside wall of the former dementia unit that was damaged with several gaps that pests could potentially get into.</p> <p>During an interview on 4/16/24 at 2:26 P.M., the Maintenance Director said the siding was damaged before his/her tenure at the facility which began in 2/22.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>42955</p> <p>Based on interview and record review, the facility failed to provide the required nurse aide in-services that included dementia (progressive loss of intellectual functioning, with impairment of memory, abstract thinking, and personality change, resulting from disease of the brain) and Abuse/Neglect/Exploitation training for three sampled Certified Nursing Assistants (CNA) (CNA B, H and J) from April 2023 through April 2024. The facility census was 67 residents.</p> <p>Review of the facility's In-Service Training Program, Nurse Aide Policy, dated December 2016, showed:</p> <ul style="list-style-type: none"> -All nurse aide personnel participated in regularly scheduled in-services training classes. -All personnel were required to attend regularly scheduled in-service training classes. -In-service training was based on the outcome of the annual performance reviews, which addressed weaknesses identified in the reviews. -Annual in-services included: <ul style="list-style-type: none"> --Continued competence of nurse aides. --No less than 12 hours per employee per employment year. --Address the special needs of the residents, as determined by facility staff. --Included training that addressed the care of residents with cognitive impairment. --Included training in dementia management and abuse prevention. -All training classes attended by the employee were entered on the respective employee's Employee Training Attendance Record. -Records were filed in the employee's personnel file and maintained by the department supervisor. <p>1. Review of the facility's employee hire list, undated, showed:</p> <ul style="list-style-type: none"> -CNA B was hired in 11/8/2018. -CNA H was hired in 9/13/2012. -CNA J was hired in 7/29/2021. <p>Review of the facility's In-Service Training, attendance record showed:</p> <p>(continued on next page)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-May 2023.</p> <p>--Disaster Plan-Fire Safety, Abuse/Neglect, Resident Rights was presented.</p> <p>---CNA B and CNA H were not in attendance.</p> <p>-June 2023</p> <p>--No training record was provided by the facility.</p> <p>-July 2023</p> <p>--Corporate compliance, CNA skills (Activities of Daily Living (ADL)s, transfers, gait belt, resident rights.</p> <p>---CNA B and CNA J were not in attendance.</p> <p>-August 2023</p> <p>--No training record was provided by the facility.</p> <p>-September 2023</p> <p>--No training record was provided by the facility.</p> <p>-October 2023</p> <p>--COVID-19 prevention, signs and symptoms, vaccine information, bio-hazard information, Infection Control Policy, masks, see attached for details (no additional information was attached).</p> <p>---CNA B was not in attendance.</p> <p>-November 2023</p> <p>--No training record was provided by the facility.</p> <p>-December 2023</p> <p>--Corporate compliance, fire safety, blood borne pathogens.</p> <p>---CNA B, CNA H and CNA J were not in attendance.</p> <p>-January 2024</p> <p>--No training record was provided by the facility.</p> <p>-February 2024</p> <p>(continued on next page)</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>--Health Insurance Portability and Accountability Act (HIPAA- a federal law that created national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge), wounds, chain of command, payroll changes.</p> <p>---CNA H was not in attendance.</p> <p>-March 2024</p> <p>--Dementia, Cultural Diversity, Elopement.</p> <p>---CNA B, CNA H and CNA J were not in attendance.</p> <p>During an interview on 4/18/24 at 10:07 A.M., the Incoming Administrator said:</p> <p>-The training sign-in sheets provided were all that were found.</p> <p>-He/She confirmed the three sampled employees had been employed for a year or more.</p> <p>-If they did not sign the sign-in sheet it was assumed they did not receive the training.</p> <p>During an interview on 4/19/24 at 1:12 P.M., Certified Medication Technician (CMT) B said:</p> <p>-He/She received training throughout the year.</p> <p>-The facility had a skills fair, but he/she could not remember when it was.</p> <p>-He/She had abuse/neglect training recently but did not remember when.</p> <p>-In-services for abuse/neglect was usually every six months.</p> <p>-He/She had dementia training but was unsure of when it was.</p> <p>-He/She received training on resident rights, infection control, communication, but could not recall when.</p> <p>-He/She knew training was on a regular basis.</p> <p>During an interview on 4/19/24 at 1:55 P.M., CNA D said:</p> <p>-He/She had been employed at the facility about six months.</p> <p>-He/She had never been to an in-service at this facility.</p> <p>-He/She had seen a couple of fliers, but did not attend the in-service, probably due to his/her work schedule.</p> <p>-He/She had not been to an abuse or neglect training at this facility.</p> <p>(continued on next page)</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/She had not received dementia training from this facility.</p> <p>-They don't really have regular in-services at this facility.</p> <p>-He/She was unsure what a skills fair was.</p> <p>-He/She had training on lifts and other topics while in CNA school in 2018.</p> <p>During an interview on 4/19/24 at 2:01 P.M., CNA E said:</p> <p>-He/She had worked at the facility for less than a month.</p> <p>-He/She did not receive any abuse, neglect, exploitation or dementia training since he/she started working at this facility.</p> <p>-He/She had not done a skills fair since working here.</p> <p>-He/She had no videos or any type of formal training since starting at this facility.</p> <p>During an interview on 4/19/24 at 2:17 P.M., the Staffing Coordinator said:</p> <p>-Usually, the administrator or the Director of Nursing (DON) organized in-services.</p> <p>-The facility recently had abuse, neglect, exploitation training, it was offered every year.</p> <p>-In-services were usually on the last pay day of the month.</p> <p>-The DON had sign in sheets for all in-services that staff signed when they attended.</p> <p>During an interview on 4/22/24 at 1:13 P.M., the DON said:</p> <p>-Each CNA had 12 hours of training each year.</p> <p>-There were in-services once a month and as needed.</p> <p>-The in-services had not been consistently offered in the last year.</p> <p>-When an in-service was presented, staff signed in on a sheet of paper</p> <p>-He/She could not find all the sign-in sheets from the last year's ins-services.</p> <p>-There was a list of topics that needed to be offered to all staff, including CNA's.</p> <p>-He/She could not remember what they were.</p> <p>-Nursing was responsible for tracking training hours.</p> <p>-It was documented on the sign-in sheets that could not be found.</p> <p>(continued on next page)</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-If there was no documentation of CNA training it meant the training was not completed.</p>