

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Northwood Hills Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 800 N Arthur St Humansville, MO 65674	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41787</p> <p>Based on record review, observation, and interview, the facility failed to ensure each resident was treated with dignity and respect when staff spoke to one resident (Resident #72) in a threatening manner. The facility had a census of 90.</p> <p>Review of the facility policy titled Resident Rights, dated 09/10/24, showed the following:</p> <ul style="list-style-type: none"> -The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; -A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his/her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident; -The resident has the right to be treated with dignity and respect. <p>1. Review of Resident #72's face sheet (a brief information sheet about the resident) showed the following information:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included chronic post-traumatic stress disorder (PTSD - disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event), generalized anxiety disorder, major depressive disorder, paranoid schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly), dementia without behavioral disturbance, Alzheimer's disease (progressive disease that destroys memory and other important mental functions), and cognitive communication deficit. <p>Review of the resident's care plan, updated 07/02/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was dependent on staff for meeting emotional, intellectual, physical, and social needs related to cognitive deficits, disease process, and physical limitations; -Staff should converse to resident while providing care; <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-If reasonable, staff should discuss behavior and explain and/or reinforce why behavior is inappropriate or unacceptable;</p> <p>-Staff should intervene as necessary to protect the rights and safety of others;</p> <p>-Staff should approach and speak in a calm manner.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 09/24/24, showed the following:</p> <p>-Moderate cognitive impairment;</p> <p>-Resident dependent on staff for oral hygiene, toileting hygiene, showering, dressing, and personal hygiene.</p> <p>During observation and interview on 11/12/24, at 10:30 A.M., the resident at time staff could have an attitude.</p> <p>Review of the resident's nursing notes, dated 09/06/24, showed Registered Nurse (RN) A documented the following:</p> <p>-At 5:44 P.M., the resident was tickling a nursing aide and was asked to stop. The resident proceeded to pinch the second nursing aide when getting the resident up for lunch. The nursing aide told the resident to stop. He/she then swung at the aide;</p> <p>-At 5:46 P.M., a nursing aide approached the nurse and stated the resident was hitting and slapping me and it stung while the two aides were changing him/her. The nurse approached the resident and instructed the resident do not put your hands on my staff, and the staff have every right to press assault charges on you. The resident replied, Did I put my hands on them? The nurse stated, yes for the second time you have either hit at or struck my staff and they have every right to press charges on you. The resident replied Well let them. The nurse then exited room. The nurse had contacted the physician prior to the second incidence to restart previous discontinued medication prescribed for behavior. The physician ordered to restart Seroquel (an antipsychotic medication that treats several kinds of mental health conditions including schizophrenia and bipolar disorder) 100 milligram (mg)once per day.</p> <p>During an interview on 11/18/24, at 10:20 A.M., RN B said staff should not threaten any resident with assault charges. Staff have been trained on dementia and behaviors and should redirect the resident. He/she was not aware of any staff threatening a resident with assault charges.</p> <p>During an interview on 11/18/24, at 11:00 A.M., Certified Nurse Aide (CNA) C said that he/she had received behavior and dementia training. If a resident was touching the staff, he/she would notify the charge nurse. He/she would not threaten the resident and did not think it was appropriate to threaten a resident. Staff might ask a resident not to touch them but not threaten to press charges.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/18/24, at 12:00 P.M., the Director of Nursing (DON) said that staff receive training that included how to de-escalate a situation and dementia and behaviors. She said that the resident had a diagnosis of PTSD and staff did not know what would trigger a behavior. The resident would just start beating staff up. The resident sees the psychiatric physician. Staff should possibly care plan triggers if known. Staff should not tell a resident that they will press assault charges.</p> <p>During an interview on 11/18/24, at 12:57 P.M., with the DON and RN A, the following was said:</p> <p>-On 09/06/24, the resident was hitting the staff, and the nurse went and told the resident that he/she could go to jail and that the staff had the right to press charges on him/her;</p> <p>-He/she did not feel that he/she was threatening the resident, was just educational.</p> <p>During an interview on 11/18/24, at 4:51 P.M., the Administrator said that residents should not be threatened with assault charges. The staff should redirect and notify the DON and/or Administrator of problem behaviors. She was not aware of the documentation of resident being told the staff could press assault charges.</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** 31464</p> <p>Based on observation, interview, and record review, the facility failed to ensure a clean and homelike environment when staff failed to maintain the shower wall and floor tiles and mop areas in four facility shower rooms; failed to maintain the wall and grab bar integrity in one shower room; failed to maintain the wall and mop board area in the 200/400 hall sitting area; failed to adequately clean resident and make free of odors bathroom toilet area for two resident (Resident #20 and Resident #33); and failed to adequately clean and maintain the resident room sinks faucets and mirrors for four residents (Resident #20, Resident #33, Resident #36 and Resident #71). The facility census was 90.</p> <p>Review of a facility's policy entitled Plant Operations, reviewed 06/12/24, showed the following:</p> <ul style="list-style-type: none"> -A safe, clean, and structurally sound environment shall be achieved in the facility through the development and implementation of the Plant Operations Program, the development and training of personnel, and the evaluation of goals in the department to assure correlation with the goals of the facility; -The maintenance and operation of all facilities, buildings, utilities, sanitary systems, and grounds are the primary responsibilities essential to the Plant Operations Program; -Where authorized, all maintenance responsibilities will include: repairs, alterations, minor construction, remodeling (exceptions included work that needs to be contracted); -Facility personnel will perform all duties when feasible; outside contractors will be utilized when necessary. <p>Review of a facility policy entitled Housekeeping Services, revised 08/09/22, showed the following information:</p> <ul style="list-style-type: none"> -The facility will provide a safe, clean, comfortable and homelike environment; -Housekeeping and maintenance services as necessary to maintain a sanitary, orderly, and comfortable interior; -Keep housekeeping surfaces visibly clean on a routine basis and clean spills promptly; -The environmental supervisor will maintain a schedule of cleaning and disinfection tasks and the employees responsible for this task. Periodic evaluation should be completed to assure competency of the environmental staff; -Lobby and resident common areas: clean high-touch areas and surfaces at least daily and as needed; -Resident rooms: clean clean high-touch surfaces at least daily to include hand washing sinks and floor; <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>-Resident bathrooms: clean and disinfect high touch/frequently contaminated surfaces (sinks, faucets, handles, toilet seat, door handles) at least daily;</p> <p>-Resident shower rooms: nursing to clean and disinfect high touch surfaces after each resident use. Housekeeping will clean resident shower/bath area twice daily.</p> <p>1. During an interview on 11/13/24, at 2:00 P.M., with a group of 22 residents, the following was said:</p> <p>-The residents all agreed that the shower rooms were nasty and not clean in appearance.</p> <p>-Resident #45 said the showers had black mold that had been there since he/she was admitted in February 2024. The resident said the grab bar on one of the shower walls is not attached securely or safely and the floor and wall tiles are all broken up. He/she showed the surveyor pictures on his/her phone of the black substance and broken tiles.</p> <p>-Resident #62 said the shower rooms had been that bad since April 2021. He/she said there are towels and blankets up against the walls in the sitting area due to water leakage coming from the shower rooms.</p> <p>2. Observation on 11/14/24, at 8:40 A.M., of the sitting area for the 200/400 halls, showed chairs along the two walls facing the nurses' station. Blankets lie bunched up lengthwise along the wall mop boards behind the chairs. The baseboard was peeled back from the walls for a length of 8 to 10 inches on the 200 hall side and 3 feet on the 400 side, revealing a corroded, dark substance along the walls. Each of the walls was between the sitting area and a shower room.</p> <p>Observation on 11/15/24, at 7:55 A.M., of the sitting area for the 200/400 halls, showed chairs along the two walls facing the nurses' station. Blankets continued to be bunched up lengthwise along the wall mop boards behind the chairs. The baseboard was peeled back from the walls for a length of 8 to 10 inches on the 200 hall side and 3 feet on the 400 side, revealing a corroded, dark substance along the walls.</p> <p>Observation on 11/18/24, at 10:55 A.M., of the sitting area for the 200/400 halls, showed the blankets remained in place along the walls and the baseboard remained unattached from the walls. A dark substance remained on the lower walls for a height of approximately four inches (4) from the floor, visible where the baseboard was peeled back.</p> <p>3. Observation on 11/15/24, at 1:30 P.M., of the 200 hall shower showed at the floor level, the tile and baseboard was pulled loose for a length of approximately two and one-half feet (2.5 ft), revealing a dark substance (brown, black and green). The substance lined the full perimeter of the baseboard tile and the shower floor tiles.</p> <p>Observation on 11/18/24, at 2:20 P.M., of the 200 hall shower room, showed the grab bar on the right hand wall of the shower was secured to the vinyl type wallboard. When grasped, the bar moved outward, causing the wallboard to also move outward. At the floor level, the tile and baseboard was pulled loose for a length of approximately two and one-half feet (2.5 ft), revealing a dark substance (brown, black and green) lining the baseboard, tile, and shower floor tiles.</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>45190</p> <p>4. Observation on 11/13/24, at 12:36 P.M., in the memory care unit shower room showed the following:</p> <ul style="list-style-type: none"> -Missing linoleum with sharp edges going into the shower space; -Missing tile cubes in the shower space; -Black substance where the floor meets the wall all along the right side of the shower extending 1 to 2 inches and goes around to the front of the shower; -Matted brown or black substance behind the toilet; -Black toilet plunger with what appeared to be dried toilet paper on it; -The toilet bowl had brown fecal like matter inside; -The sink was dirty with grime around the faucet and the mirror was dirty. <p>Observation and interview on 11/15/24, at 12:35 P.M., in the memory care unit shower room showed the following:</p> <ul style="list-style-type: none"> -CNA V said he/she cleaned the shower room in between showering residents, including cleaning the shower floor and chair, toilet seat, sink and mirror; -Black toilet plunger with what appeared to be dried toilet paper all over it; -Matted brown or black substance behind the toilet. CNA V said the back of the toilet always looks like that because it was old; -The toilet bowl had brown fecal like matter inside; -The sink was dirty with the same grime around the faucet and the mirror was dirty. -CNA V said he/she has attempted to scrub the black substance off the base of the shower and corner, but it will not come off. <p>5. Review of Resident #33's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by staff), dated 10/17/24, showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Severe cognitive impairment; -Independent with toileting and showering. <p>Review of Resident #20's quarterly MDS, dated [DATE], showed the following:</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>-Cognitively intact;</p> <p>-Independent with toileting and showering.</p> <p>Observation on 11/12/24, at 11:19 A.M., of Resident #33's and Resident #20's shared sink, mirror, and toilet area showed the following:</p> <p>-The sink dirty was with grime buildup around and on the faucet;</p> <p>-The mirror was dirty with grime all over;</p> <p>-The toilet area had a very strong odor of urine. The raised seat was dirty in the front with unknown substance and a bath blanket in floor around toilet was visibly dirty.</p> <p>Interview and observation on 11/15/24, at 12:18 P.M., of Resident #33's and Resident #20's shared sink, mirror, and toilet area and an interview showed the following:</p> <p>-Resident #33 said the staff do not clean the sink, mirror, or toilet area often enough;</p> <p>-The sink was dirty with grime buildup around and on the faucet;</p> <p>-The mirror was dirty with grime all over;</p> <p>-The toilet area had a very strong odor of urine.</p> <p>Observations and interview on 11/18/24, at 9:41 A.M., of Resident #33's and Resident #20's shared sink, mirror, and toilet area and interview showed the following:</p> <p>-The sink continued to have grime buildup on and around the faucet and the mirror continued to be dirty with grime all over.</p> <p>-Housekeeper (HK) T said staff should clean all rooms daily, including wiping everything down and sweeping and mopping all floors, clean the sink, mirror, toilet commode inside and out and behind, The facility had enough staff to clean all room daily. The resident's room has not been cleaned today.</p> <p>-HK T said the toilet area smelled like urine because of a leak or because the residents urinate in the floor, which is why there is a bathroom blanket around the toilet that should be changed daily.</p> <p>6. Review of Resident #36's face sheet (a brief resident profile) showed an admitted [DATE].</p> <p>Review of Resident #36's quarterly MDS, dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>-Independent with toileting and showering.</p> <p>Review of Resident #71's face sheet showed an admitted [DATE].</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>Review of Resident #71's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -Independent with toileting and showering. <p>Observation and interview on 01/12/24, at 11:32 A.M., of Resident #36's and Resident #71's shared sink and mirror showed the following:</p> <ul style="list-style-type: none"> -Resident #36 said he/she used to clean businesses and is a clean freak. The staff do not clean his/her sink well enough; -The sink had grime all under the front of the faucet, and some around the drain; -The mirror was dirty. <p>Observation and interview on 01/12/24, at 3:16 P.M., of Resident #36's and Resident #71's shared sink and mirror showed the following:</p> <ul style="list-style-type: none"> -The sink was dirty with grime around the faucet and drain; -The mirror was dirty; -Resident #36 said staff do not clean the glass. <p>During an interview on 11/12/24, at 3:35 P.M., Resident #71 said staff do not clean the sink or the mirror properly.</p> <p>7. During an interview on 11/18/24, at 10:41 A.M., CNA L said he/she was a shower aide. The shower room floors were missing tiles which could cause concerns getting residents in and out of the shower due to this floor condition. The grey border at the base of the walls was peeling away in some shower rooms. The showers were not clean, but the aides try to spray them down with disinfectant after showers. The housekeeping staff try to clean it, but there is a black substance in the shower areas where the residents take a shower</p> <p>During an interview on 11/18/24, at 11:00 A.M., CNA C said the facility's showers appear dirty, with black areas, and they do not smell pretty. The broken tiles appear unsafe and could cause falls or cuts. The residents tell staff that the showers are gross.</p> <p>During an interview on 11/18/24, at 9:55 A.M., Certified Medication Technician (CMT) S said he/she was not sure who cleaned the showers, but staff spray them down with disinfectant in between showering residents. Tiles are missing in all of the bathrooms on the general population halls and they all have some mildew. The 400 hall has the most damage and is leaking under the tiles out into the hall, which is why there is a blanket on the floor outside of the shower room. The tiles coming up in the shower rooms are a safety concern for ambulatory residents and for those in wheelchairs, because it is an uneven surface.</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>During an interview on 11/18/24, at 12:49 P.M., Licensed Practical Nurse (LPN) W said the following:</p> <ul style="list-style-type: none"> -Housekeeping cleans every room daily and deep cleans rooms once per month: -Daily cleaning included sink, mirror, and toilet; -There are a couple of bathrooms that smell like urine all the time because the residents urinate in the floor. A bath blanket is wrapped around the toilet to catch the urine and should be changed daily. The floor should be mopped daily or more, and housekeeping has some sort of spray to help with the odor. -Aides clean the shower room in between showering residents; -Housekeeping cleans the shower room daily; -There is mildew in the shower floor, and the facility is trying to get a contractor in to fix it; -The toilet, sink, and mirror should be cleaned every day. <p>During an interview on 11/18/24, at 2:00 P.M., the Housekeeping Manager said room cleaning included the sink, faucet, and toilet each day. If the mirror was dirty, it should also be done. If an item is not getting clean, staff should try a different cleaner or scraper. The showers are cleaned first thing every day. There are maintenance slips in housekeeping to fill out and give to the Maintenance Director for requested repairs.</p> <p>During an interview on 11/18/24, at 2:10 P.M., the Maintenance Director said there is a clipboard at the west desk for staff to notify him of repairs needed, or they tell him in person. He said they had tried to make repairs to the showers and baseboards using silicone, but it would only last one to two weeks.</p> <p>During an interview on 11/18/24, at 2:55 P.M., the Director of Nursing (DON) said usually staff notifies the Maintenance Director of needed repairs. However, the showers are not repairable.</p> <p>During interviews on 11/12/24, at 11:26 A.M., and on 11/18/24, at 4:51 P.M., the Administrator said the the following;</p> <ul style="list-style-type: none"> -Shower rooms should be cleaned daily and after each shower. The facility has repaired everything they can, but a contractor is necessary for the remodel which will start in December. -The shower rooms probably have mildew or mold in spite of daily cleaning. -Torn or cracked linoleum and tiles are dangerous and a trip/fall hazard. -Staff are to place bath towels or blankets on the floor as a precaution. -The toilets in the shower rooms should be cleaned daily. <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>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** 49585</p> <p>Based on record review and interview, the facility failed to ensure each resident or resident's representative was notified in writing of each transfer when staff failed to provide a written notice of transfer to a hospital, including the reasons for the transfer, for four residents (Residents #81, #67, #45, and #12). The facility census was 90.</p> <p>Review of the facility's policy titled, Transfers and Discharges, dated 09/05/24, showed the facility will provide transfer/discharge notice to the resident/responsible party in accordance with federal regulations.</p> <p>1. Review of Resident #81's face sheet (a document that gives a resident's information at a quick glance) showed an admitted [DATE].</p> <p>Review of the resident's discharge Minimum Data Sheet (MDS - a federally mandated assessment instrument completed by facility staff), dated 08/20/24, showed the resident discharged with return anticipated.</p> <p>Review of the resident's nursing progress note, dated 08/20/24, showed the resident discharged to the hospital on 08/20/24.</p> <p>Review of the resident's notice of resident transfer or discharge sheet, dated 08/20/24, showed the notice was addressed to resident representative and signed by facility staff. There was no signature or indication notice was provided to representative.</p> <p>2. Review of Resident #67's face sheet showed an admitted [DATE].</p> <p>Review of the resident's discharge assessment MDS, dated [DATE], showed the resident discharged on [DATE], with return anticipated.</p> <p>Review of the resident's nursing progress note, dated 09/18/24, showed the resident transferred to the hospital on 09/18/24.</p> <p>Review of the resident's notice of resident transfer or discharge sheet, dated 09/18/24, showed the notice was addressed to resident representative and signed by facility staff. There was no signature or indication notice was provided to representative.</p> <p>3. Review of Resident #45's face sheet showed an admitted [DATE] and resident was his/her own responsible party.</p> <p>Review of the resident's discharge MDS, dated [DATE], showed the resident discharged with return anticipated on 05/27/24.</p> <p>Review of the resident's nursing progress note, dated 05/27/24, showed the resident discharged to the hospital on 05/27/24.</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>Review of the resident's medical record showed staff did not document, or have copy of, a written notice provided to the resident regarding the transfer on 05/27/24.</p> <p>During an interview on 11/18/24, at 2:55 P.M., the Director of Nursing (DON) said there was no transfer notification for the resident on 05/27/24. He/she should have sent a written notification of hospital transfer.</p> <p>4. Review of Resident #12's face sheet showed an admitted [DATE].</p> <p>Review of the resident's discharge MDS, dated [DATE], showed the resident discharged with return anticipated.</p> <p>Review of the resident's nursing progress dated 06/19/24, at 9:55 P.M., showed the resident was sent to the emergency room by ambulance. The nurse placed a call to the hospital for update and the resident was being admitted for sepsis.</p> <p>Review of the resident's notice of resident transfer or discharge sheet, dated 06/19/24, showed the notice was addressed to resident representative and signed by facility staff. There was no signature or indication notice was provided to representative.</p> <p>5. During an interview on 11/18/24, at 10:20 A.M., Registered Nurse (RN) B said when the nursing staff transferred a resident to the hospital they notified the family or guardian by phone of reason for transfer. The nurse did not mail any information to family or guardian.</p> <p>During an interview on 11/18/24, at 4:51 P.M., the Administrator said the transfer notice should be faxed to the guardian or sent with the resident.</p> <p>41787</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49585</p> <p>Based on interview and record review, the facility failed ensure each resident received a bed-hold notice upon transfer when staff did not provide a bed-hold notice to four residents (Residents #81, #67, #45, and #12) when they transferred/discharged to the hospital. The facility census was 90.</p> <p>Review of the facility's policy titled, Bed Hold Policy, revised 11/17/22, showed the following:</p> <ul style="list-style-type: none"> -The bed hold policy should be given upon admission, upon transfer to the hospital, or if the resident goes on therapeutic leave of absence; -Before the facility transfers a resident to hospital, the nursing facility must provide written information to the resident or representative the specifies duration of state bed hold policy during which the resident is permitted to return and resume residence in the facility; the reserve bed payment policy in the state plan; the nursing facility's policies regarding bed hold periods, which must be consistent with the transfers and discharge policy, permitting a resident to return; the information specified in the transfers and discharges policy; -The facility is obligated to provide two notices related to bed holds. The first notice is given on admission well in advance of any transfer. The second must be provided to the resident or representative at the time of transfer. It is expected that facilities will document multiple attempts to reach the resident representative in cases where the facility was unable to notify the representative. -The notice must provide information to the resident that explains the duration of the bed hold, and the reserve bed payment policy. It should also address permitting the return of residents to next available bed. <p>1. Review of Resident #81's face sheet (a document that gives a resident's information at a quick glance) showed an admitted [DATE].</p> <p>Review of the resident's discharge Minimum Data Sheet (MDS - a federally mandated assessment instrument completed by facility staff), dated 08/20/24, showed the resident discharged with return anticipated.</p> <p>Review of the resident's nursing progress note, dated 08/20/24, showed the resident discharged to the hospital on 08/20/24.</p> <p>Review showed staff did not document regarding, or have copy of, written bed-hold information provided to the resident or representative at discharge.</p> <p>2. Review of Resident #67's face sheet showed an admitted [DATE] and the resident had a responsible party.</p> <p>Review of the resident's discharge assessment MDS, dated [DATE], showed the resident discharged with return anticipated.</p> <p>(continued on next page)</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's nursing progress note, dated 09/18/24, showed the resident transferred to the hospital on 09/18/24.</p> <p>Review showed staff did not document regarding, or have copy of, written bed-hold information provided to the resident or representative at discharge.</p> <p>3. Review of Resident #45's face sheet showed admitted [DATE] and resident was his/her own responsible party.</p> <p>Review of the resident's discharge MDS, dated [DATE], showed the resident discharged with return anticipated.</p> <p>Review of the resident's nursing progress notes showed the resident discharged to the hospital on 05/27/24.</p> <p>Review showed staff did not document regarding, or have copy of, written bed-hold information provided to the resident or representative at discharge.</p> <p>During an interview on 11/18/24, at 2:55 P.M., the Director of Nursing (DON) said there was no transfer notification or bed hold for the resident on 05/27/24. He/she should have sent a written notification of hospital transfer and bed holds.</p> <p>4. Review of Resident #12's face sheet showed an admitted [DATE].</p> <p>Review of the resident's discharge MDS, dated [DATE], showed the resident discharged with return anticipated.</p> <p>Review of the resident's nursing progress notes showed on 06/19/24, at 9:55 P.M., staff documented the resident was sent to the emergency room by ambulance. The nurse placed a call to the hospital for update and the resident was being admitted for sepsis.</p> <p>Review showed staff did not document regarding, or have copy of, written bed-hold information provided to the resident or representative at discharge.</p> <p>5. During an interview on 11/18/24, at 10:20 A.M., Registered Nurse (RN) B said when the nursing staff transfers a resident to the hospital they notify the family or guardian by phone of reason for transfer. The nurse did not notify of the bed hold policy and did not mail any information to family or guardian.</p> <p>During an interview on 11/18/24, at 4:51 P.M., the Administrator said the bed hold policy should be faxed to the guardian or sent with the resident.</p> <p>41787</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41787</p> <p>Based on interview and record review, the facility failed to provide trauma-informed care in accordance with standards of practice when staff failed to identify, assess, care plan, and provide supportive interventions for two residents (Resident #72 and #6) with a diagnosis of post-traumatic stress disorder (PTSD - a mental health condition triggered by a terrifying event - either experiencing it or witnessing it; symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event) out of two sampled residents. The facility's census was 90.</p> <p>Review showed the facility did not provide a policy related to Trauma Informed Care (a model of care that acknowledges the impact of trauma on people's lives and aims to provide effective services).</p> <p>Review of the facility's policy titled Resident Rights, dated 09/10/24, showed the following:</p> <ul style="list-style-type: none"> -At the time of admission and periodically throughout their stay, the facility will inform each resident, orally and in writing, of their rights; -The resident has the right to receive the services and/or items included in the plan of care. <p>1. Review of Resident #72's face sheet (a document that gives a patient's information at a quick glance) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included PTSD, paranoid schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly), and Alzheimer's disease (progressive disease that destroys memory and other important mental functions). <p>Review of the resident's care plan, revised 07/02/24, showed the following:</p> <ul style="list-style-type: none"> -Dependent on staff for meeting emotional, intellectual, physical, and social needs related to cognitive deficits, disease process, and physical limitations; -Staff should converse while providing care; -Resident had impaired cognitive ability, impaired thought process related to making decisions; -Staff should allow extra time to respond to questions and instructions. <p>(Staff did not care plan related to the resident's PTSD diagnosis and any triggers or interventions related to PTSD.)</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 09/24/24, showed the following:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included PTSD;</p> <p>-Used of wheelchair for mobility;</p> <p>-Resident dependent on staff for oral hygiene, toileting hygiene, showering, dressing, and personal hygiene;</p> <p>-Resident independent with eating.</p> <p>Review of the resident's nursing behavior notes showed staff documented the following:</p> <p>-On 06/05/24, at 11:32 A.M., the resident struck an aide while receiving care. When the aide was adjusting the resident in bed the resident punched the aide in the chest. Staff notified the Assistant Director of Nursing (ADON);</p> <p>-On 08/27/24, at 11:02 A.M., the nurse entered the room due to resident and roommate yelling and cursing at one another. The resident was yelling out vulgarities and name calling and was verbally abusive to the nurse. The nurse alerted social services of the issue;</p> <p>-On 09/06/24, at 5:44 P.M., the resident was tickling a nursing aide and was asked to stop. He/she proceeded to pinch the second nursing aide when getting the resident up for lunch. The nursing aide told the resident to stop. He/she then swung at the aide;</p> <p>-On 09/06/24, at 5:46 P.M., a nursing aide approached the nurse and stated the resident was hitting and slapping me, and it stung while the two aides were changing him/her. The nurse approached the resident and instructed the resident do not put your hands on my staff, and the staff have every right to press assault charges on you. The resident replied, Did I put my hands on them? The nurse stated, yes for the second time you have either hit at or struck my staff and they have every right to press charges on you. The resident replied Well, let them. The nurse then exited room. The nurse had contacted the physician prior to the second incidence to restart previous discontinued medication prescribed for behavior.</p> <p>Review of the resident's Trauma Informed Care Assessment, dated 09/06/24, completed by social services, showed the resident had personally experienced trauma as a Vietnam War Veteran. The resident answered that he/she had repeated and disturbing dreams of the stressful experience. He/she had sudden feelings as if the stressful experience were happening again. He/she felt very upset when something reminded him/her of the stressful event. He/she had strong physical reactions when something reminded him/her of the stressful event.</p> <p>(Staff did not document any new interventions related to the resident trauma response.)</p> <p>Review of the resident's care plan, dated 07/02/24, showed staff did not update the care plan to reflect the trauma or interventions to assist with the trauma.</p> <p>Review of the resident's nursing behavior notes showed staff documented the following:</p> <p>-On 10/04/24, at 1:11 P.M., the resident was aggressive, hitting at staff and speaking inappropriately;</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 10/14/24, at 9:49 A.M., the aide reported the resident threw a water pitcher at the roommate. The aide reported that on 10/13/24 the resident threatened to get up out of bed and cut his/her head off;</p> <p>-On 10/14/24, at 12:48 P.M., the aide reported to the nurse that the resident threw a cup of water as well as a fork at the roommate. The water and the fork did not hit the roommate and landed on the floor.</p> <p>During an interview on 11/14/24, at 10:30 A.M., the resident declined to discuss his/her past history. He/she said that he/she wanted to be able to go home again.</p> <p>During an interview on 11/18/24, at 10:20 A.M., Registered Nurse (RN) B said the resident displayed behaviors, but he/she did not know if they were related to his/her PTSD or triggers.</p> <p>During an interview on 11/18/24, at 12:00 P.M., the Director of Nursing (DON) said the resident had a diagnosis of PTSD. She/she did not know what the resident's triggers were. The resident just sets off and will start hitting staff. The resident did see the psychiatric physician. He/she would expect the information to be in the resident's care plan.</p> <p>45190</p> <p>2. Review of Resident #6's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included PTSD, paranoid schizophrenia, generalized anxiety disorder, high blood pressure, mild intellectual disabilities, development disorder of scholastic skills (conditions that cause persistent difficulties in acquiring academic skills), dysphagia oral phase (difficulty moving food or liquid into the throat after chewing and sucking), conduct disorder, and childhood-onset type.</p> <p>Review of the resident's care plan, revised on 07/09/24, showed the following:</p> <p>-Limited involvement with activities related to anxiety;</p> <p>-Resistive to care and refusal of medication related to anxiety;</p> <p>-Potential to be verbally or physically aggressive related to mental and emotional illness and will yell out at others using screaming sounds;</p> <p>-Behavior problem when agitated. Staff should explain all procedures before starting and allow time to adjust to changes;</p> <p>-Resident has impaired cognitive ability/impaired thought process related to developmentally delayed, impaired decision making, and staff should allow extra time to respond to questions and instructions using yes/no questions to determine needs;</p> <p>-Resident has psychosocial well-being problem related to anxiety.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(Staff did not care plan related to the resident's PTSD diagnosis and any triggers or interventions related to PTSD.)</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Independent with activities of daily living (ADL's); -Diagnosis included PTSD. <p>Review of the resident's Trauma Informed Care Assessment, dated 08/21/24, completed by social services with the assistance of the resident's guardian, showed the resident did not experience any of the listed traumatic events.</p> <p>During an interview on 11/18/24, at 9:55 A.M., CNA S said he/she did not know the resident's specific diagnoses, but would not be surprised if there was a diagnosis for PTSD. The resident has triggers such as people getting too close to him/her, surprising him/her with their presence, strangers, and not being able to communicate with other people frustrates him/her causing him/her to yell out.</p> <p>During an interview on 11/18/24, at 12:49 P.M., Licensed Practical Nurse (LPN) W said he/she was unaware the resident had a diagnosis of PTSD. Staff worked the resident to get him/her on an agreeable medication schedule. The staff had to kind of roll with the resident because he/she will refuse to do things and can do a lot for themselves. The resident will not go out of the facility at all. He/she has gone to the beauty shop in the facility, but does not like to leave the unit doors.</p> <p>He/she does not like people too close, especially in wheelchairs.</p> <p>3. During an interview on 11/18/24, at 9:55 A.M., CNA S said staff should care plan a diagnosis of PTSD.</p> <p>During an interview on 11/18/24, at 12:49 P.M., LPN W said if a resident has a diagnosis of PTSD, staff should complete a trauma informed care assessment to know triggers/memories to avoid.</p> <p>During an interview on 11/18/24, at 10:20 A.M., RN B said if a resident had PTSD it should be listed on the diagnosis list. Staff should document any issues under behavior documentation. If a resident had known triggers it might be on their care plan.</p> <p>During an interview on 11/18/24, at 11:30 A.M., the Social Worker said he/she just starting in the position and was still learning. He/she did not know everything that should be in the care plan.</p> <p>During an interview on 11/18/24, at 12:00 P.M., the DON said residents with a diagnosis of PTSD should have information in the care plan related to the diagnosis and whether there were known triggers.</p> <p>During an interview on 11/18/24, at 4:51 P.M., Administrator said that residents with PTSD diagnosis should have information in the care plan including known triggers and care needed related to PTSD.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49585</p> <p>Based on observation, interview, and record review, the facility failed to provide care per standards of practice when the facility failed to complete timely assessments/reassessments of side rail use, failed to obtain physician's orders for side rail use prior to side rail use, and failed to obtain full informed consent prior to side rail use for two residents (Resident #77 and #70). The facility also failed to care plan the use of side rails and failed to document risk/benefits and alternatives attempted prior to side rail use for one resident (Resident #77). The facility census was 90.</p> <p>Review of the facility policy titled Bed Rails - Safe and Effective Use of Bed Rails, dated 11/16/21, showed the following:</p> <ul style="list-style-type: none"> -The facility must attempt to use appropriate alternatives prior to installing a side or bed rail; -The facility must ensure correct installation, use, and maintenance of bed rails; -The facility should assess the resident for risk of entrapment prior to installation; -Risks and benefits should be reviewed with the resident or representative and informed consent obtained prior to installation; -Facility should follow the manufacturers recommendations and specifications for installing and maintaining bed rails; -The resident will be assessed upon admission, readmission, or initiation of bed rails; -A reassessment if bed rail use will be assessed at a minimum quarterly and with a potential change of condition; -The facility will document alternatives to the use of bed rails and how these alternatives did not meet the resident's assessed needs prior to utilization of bed rails; -A care plan will be developed within 48 hours of admission to address bed rails; -The interdisciplinary team will review and revise care plan upon completion of each comprehensive, quarterly, and significant change Minimum Data Sets (MDS - a federally mandated comprehensive assessment tool completed by facility staff) for the continued use of bed rails. <p>1. Review of Resident #77's admission data showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included quadriplegia (paralysis that affects all a person's limbs), chronic obstructive pulmonary disease (COPD - condition causing constriction of the airways making it difficult to breathe), and muscle weakness.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>-Dependent for eating, transfer, bed mobility, toilet use, and dressing.</p> <p>Observations on 11/13/24, at 1:52 P.M., and on 11/15/24, at 10:19 A.M., showed the resident resting in bed with both grab bars (side rails) up next to head of the bed.</p> <p>Observation on 11/18/24 at 10:28 A.M. showed resident resting in bed watching television with both grab bars in the up position.</p> <p>Review of the resident's care plan, revised 10/03/24, showed the following:</p> <p>-Activities of daily living (ADL- dressing, grooming, bathing, eating, and toileting) self-care deficit related to quadriplegia;</p> <p>-Totally dependent on staff for showering, dressing, bed mobility, eating, and toileting;</p> <p>-Required the use of a Hoyer lift (mechanical lift used for non-weight bearing residents) and two staff for transfers;;</p> <p>-Limited physical mobility related to quadriplegia and required passive range of motion to fingers, wrists, elbows, and shoulders.</p> <p>(Staff did not care plan related to the grab bars (side rail) use.)</p> <p>Review of the resident's November 2024 Physician's Order Sheet (POS) showed an order, dated 11/14/24, for a grab bar to upper left and right side of the bed. (There was not an order for use prior to 11/14/24.)</p> <p>Review of resident's Quarterly Evaluation for Use of Bed Rails, dated 11/14/24, showed the following:</p> <p>-Bed rails appropriate for resident;</p> <p>-Bed rails being considered related to a medical diagnosis of severe muscle spasms;</p> <p>-Fear of rolling out of bed and severe muscle spasms that cause the body to jerk hard to the side contribute to need for bed rails;</p> <p>-Bed rails are not used to assist in bed mobility.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Physical Restraint Informed Consent, dated 11/14/24, showed upper left and right grab bar to be used while in bed for bed mobility. Staff did not check the consent or do not consent box is checked on the form. The form was signed by a facility representative on 11/14/24 and noted verbal consent on 11/14/24. (Staff did not document who gave verbal consent.)</p> <p>Observation and interview on 11/15/24, at 11:47 A.M., showed the resident sitting up in wheelchair in room and grab bars in the up position on bed. The resident reported he/she was unable to utilize the grab bars, but facility put them on due to him/her having strong spasms.</p> <p>Review of the resident's medical record showed staff did not document identification and use of possible alternatives prior to use of side rails, assessing risk versus benefits of side rail use, or ongoing assessments to ensure the side rails were appropriate for use.</p> <p>During an interview on 11/18/24, at 10:22 A.M., Nurse Assistant (NA) K said he/she did not think the resident had side rails. The resident was not very mobile and was unable to use his/her arms so side rails would not be beneficial for him/her.</p> <p>During an interview on 11/18/24, at 10:41 A.M., Certified Nurse Assistant (CNA) L said the resident was total care and required staff to roll him/her from side to side. The resident did not have grab bars.</p> <p>During an interview on 11/18/24, at 10:41 A.M., CNA M said the resident did not have grab bars and was not appropriate for them as he/she was total care.</p> <p>During an interview on 11/18/24, at 12:07 P.M., Registered Nurse (RN) N said the resident was a quadriplegic and had no movement in the right arm and very little movement with left hand and was not appropriate for grab bars.</p> <p>During an interview on 11/18/24, at 2:20 P.M., Physical Therapy Assistant (PTA) O said therapy has not recommended grab bars for the resident. The resident was is not a good candidate for grab bars due to functional mobility issues.</p> <p>During an interview on 11/18/24, at 2:56 P.M., the DON said the resident's side rail consent was completed on 11/14/24 as he/she never noticed the side rails and was unsure how long they had been installed.</p> <p>41787</p> <p>2. Review of Resident #70's face sheet (a brief information sheet about the resident) showed the following:</p> <p>-admitted [DATE];</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included hemiplegia and hemiparesis (paralysis of one side of the body) following cerebral infarction (stroke) affecting left nondominant side, vascular dementia (problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to your brain), dysphagia (difficulty or discomfort in swallowing) following cerebral infarction, bipolar disorder (disorder associated with episodes of mood swings ranging from depressive lows to manic highs), aphasia (loss of the ability to produce and/or comprehend language, due to injury to brain areas) following cerebral infarction, and lack of coordination.</p> <p>Review of the resident's Quarterly Evaluation for Use of Bed Rails, dated 05/13/24, showed the following:</p> <ul style="list-style-type: none"> -Bed rails were appropriate for the resident; -Bed rails were not considered related to medical diagnosis; -Bed rails were to assist the resident with bed mobility; -The resident was reassessed during quarterly review for risk of entrapment prior to installation of side rails; -Recommended type 1/8 partial rail, left upper side. <p>Review of the resident's care plan, updated on 07/19/24, showed the following:</p> <ul style="list-style-type: none"> -Resident had an ADL performance deficit related to disease process, hemiplegia, impaired balance, limited mobility, pain, and stroke; -Staff should have the bed against the wall; -Grab bar to left side per physician's order for safety during care provision and to assist with bed mobility; -Staff should observe for injury or entrapment related to grab bar use. <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Limited range of motion bilateral upper extremity and bilateral lower extremity; -Required use of wheelchair; -Dependent on staff for toileting hygiene, showering, upper and lower body dressing, oral hygiene, personal hygiene, transfer from bed to chair, and propelling in wheelchair. <p>Review of the resident's Physician Orders Sheet, current as of 11/18/24, showed an order, dated 11/12/24, for grab bar to left side of bed.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations showed the following:</p> <p>-On 11/12/24, at 10:45 A.M., the resident was not in the room. The resident's bed had a grab bar on the left side of the bed;</p> <p>-On 11/13/24, at 9:06 A.M., the resident was in bed with blanket over his/her head with bed in the middle of his/her room space and grab bar on left side of bed;</p> <p>-On 11/18/24, at 9:30 A.M., the resident was in his/her bed with eyes open. The resident was holding the left grab bar with his/her hand.</p> <p>Review of the resident's Physical Restraint Informed Consent, dated 11/13/24, showed use of left side grab bar for bed mobility. The form was signed by the facility representative on 11/13/24 with notes that verbal authorization was provided on 11/13/24. (Staff did not indicate who gave the verbal consent on the form.)</p> <p>During an interview on 11/18/24, on 10:20 A.M., RN B said the resident would hang on to the grab bar with transfers and during the night. The bed rail had been on the bed since the resident's admission.</p> <p>3. During an interview on 11/18/24, at 10:22 A.M., NA K said residents use side rails or grab bars for mobility.</p> <p>During an interview on 11/18/24, at 10:41 A.M., CNA L said grab bars were used for residents to position and pull themselves up in bed. Grab bars can help a resident to roll side to side and for mobility.</p> <p>During an interview on 11/18/24, at 10:41 A.M., CNA M said grab bars were used by residents to lift themselves up in bed.</p> <p>During an interview on 11/18/24, at 12:07 P.M., RN N said grab bars help with resident mobility and turning and require an order. Grab bars should be included on the care plan. Side rails should be assessed, but he/she is unsure how they do that.</p> <p>During an interview on 11/18/24, on 10:20 A.M., RN B said nursing notify the DON of bed rail requests and a risk assessment was completed. There should be a physician order and information on the care plan. The maintenance staff put on the bed rails. He/she was not responsible for the risk and benefit consent with family or guardian. The risk assessment should be completed quarterly.</p> <p>During an interview on 11/18/24, at 2:20 P.M., Physical Therapy Assistant (PTA) O said the following:</p> <p>-Physical therapy does an assessment for side rails while providing therapy to the resident;</p> <p>-Side rails are used for residents that require more help with bed mobility and increase independence;</p> <p>-Physical therapy or the DON discuss side rail use and risks with resident and family;</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Physical therapy will write a side rail request and submit it to the DON and he/she will obtain an order;</p> <p>-The DON does all paperwork associated with side rails.</p> <p>During an interview on 11/18/24, at 2:56 P.M., the DON said side rail consents were done quarterly. There is no formal reevaluation for the use of the resident side rails.</p> <p>During an interview on 11/18/24, at 4:51 P.M., the Administrator said side rails were set up with therapy. A side rail consent should be obtained from the resident or representative. Side rails should be measured before placed on the bed and when moved.</p>

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49585</p> <p>Based on observation, interview, and record review, the facility failed to ensure three nurse aides (NA) (NA I, NA P, and NA Q) completed a certified nurse aide (CNA) training program and obtained certification within four months of employment at the facility as a nurse aide. The facility census was 90.</p> <p>Review of the facility policy titled Nurse Aide Requirements, undated, showed the following:</p> <ul style="list-style-type: none"> -The facility needed to ensure the nurse aides meet the training requirements to work within a facility including a state approved training and competency program; -The facility must not use any individual working in the facility as a nurse aide for more than four months, on a full-time basis unless that individual is competent to provide nursing and nursing related services and has completed a training and competency evaluation program; -Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met the competency evaluation requirements unless the individual is a full-time employee in a training and competency evaluation program approved by the state; or the individual can prove that he/she has recently completed a training and competency evaluation program and has not yet been added to the registry. Facilities must follow up to ensure that such an individual actively becomes registered. <p>1. Review of NA P's employee personnel file showed the following:</p> <ul style="list-style-type: none"> -Initial date of hire was [DATE] with job title of NA; -Rehire date of [DATE] with job title of Non-Certified Aide in Training; -Nurse aide training class start date of [DATE] with no completion date listed. <p>Review of the state agency CNA registry website, on [DATE], showed NA P was certified as a CNA on [DATE] and the certification expired on [DATE].</p> <p>2. Review of NA Q's employee personnel file showed the following:</p> <ul style="list-style-type: none"> -Date of hire as a nurse aide in training was [DATE]; -Nurse aide training class start date of [DATE] with a completion date of [DATE]. <p>Review of the state agency CNA registry website, on [DATE], showed no documentation that NA Q was certified as a CNA.</p> <p>3. Review of NA I's employee personnel file showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Date of hire was [DATE] with job title of Nurse Aide in Training;</p> <p>-NA training class showed a start date of [DATE] with a completion date of [DATE].</p> <p>Review of the state agency CNA registry website, on [DATE], showed no documentation that NA I was certified as a CNA.</p> <p>Observation on [DATE], at 2:07 P.M., showed NA I providing direct care to residents in the facility.</p> <p>During an interview on [DATE], at 2:07 P.M., NA I said the following:</p> <p>-He/she completed NA training about two weeks ago;</p> <p>-He/she took the written and skills test one week ago, but failed the skills portion;</p> <p>-He/she has not rescheduled the skills portion of the test due to distance of testing site and cost.</p> <p>4. During interviews on [DATE], at 11:07 A.M., and on [DATE], at 2:49 P.M., Licensed Practical Nurse (LPN) R said the following:</p> <p>-NA P is now working in an activities position;</p> <p>-NA I took the test and failed the skills portion of the test and will be rescheduling it;</p> <p>-NA Q took the certification test and failed the knowledge portion, but has rescheduled the test;</p> <p>-NA Q should have completed his/her certification a long time ago and was removed from the floor as soon as he/she realized it.</p> <p>During an interview on [DATE], at 2:56 P.M., the Director of Nursing (DON) said nurse assistants should complete all training and certified in four months. If not certified within that time, the nurse assistant should be taken off the floor and placed in another non nursing position.</p> <p>During an interview on [DATE], at 4:51 P.M., the Administrator said nurse aides should be certified in four months. Aides should not work on the floor if certification is not obtained in four months.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>45190</p> <p>Based on observation, interview, and record review, the facility failed to follow approved menus to ensure the nutritional needs of all residents were met when staff failed to provide the approved serving sizes for meals and failed to prepare pureed diets per approved recipes. The facility census was 90.</p> <p>Review showed the facility did not provide a policy related to pureed meals or portions sizes for meal service.</p> <p>1. Review of the facility's menu spread sheet showed on 11/12/24 residents should have received two-fifths of a cup of mechanically altered and pureed ham and one-half cup of pureed vegetables.</p> <p>Observation on 11/12/24, at 11:55 A.M., showed the following:</p> <ul style="list-style-type: none"> -Dietary [NAME] (DC) X placed one third cup scoops in the pureed ham, mechanical ham, and pureed vegetables; -DC X used the one third cup scoop to serve pureed ham, mechanical ham, and pureed vegetables for the pureed and mechanical diet trays for 100 hall. <p>Review of the facility's menu spread sheet showed on 11/18/24 resident should receive four ounces of Italian meat sauce and four ounces of parsley spaghetti for regular diets.</p> <p>Observation and interview on 11/18/24, at 12:11 P.M., showed the following:</p> <ul style="list-style-type: none"> -DC CC used tongs to serve spaghetti and meat sauce mixed together for trays for 100 hall. The DC did not measure the portion sizes; -DC CC said he/she would have to refer to the book to know how much spaghetti to serve from the menu. He/she uses tongs and just looks at the size because it is hard to use the scoop for pasta. <p>During an interview on 11/18/24, at 12:25 P.M., DA BB said the Dietary Manager (DM) showed him/her the book of menus/recipes, but he/she does not refer to it for serving meals. He/she just goes off what he/she knows.</p> <p>During an interview on 11/18/24, at 3:29 P.M., the DM said DC CC did not know how much spaghetti to serve the residents at lunch today. He/she did not use menu/recipe for serving size. He/she just used his/her experience in the field for serving sizes and that is what pretty much all staff is doing. Staff have been trained to look at the blue sheet (menu) for menu serving sizes.</p> <p>2. Review of the facility's recipe for pureed baked ham showed the following:</p> <ul style="list-style-type: none"> -Prepare according to the regular baked ham recipe. Place ham in food processor and process until smooth; <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Use a three-ounce portion of regular baked ham per serving;</p> <p>-Use a #10 scoop for serving pureed ham, which is equal to two-fifths of a cup.</p> <p>Observation and interview on 11/14/24, at 11:02 A.M., showed the following:</p> <p>-Dietary [NAME] (DC) X began to puree the lunch meal for six puree diets, including one double portion.</p> <p>-DC X said he/she used approximately a four-ounce piece of ham for each puree and uses about 10 ounces of gravy to puree.</p> <p>-DC did not consult a recipe during the puree process.</p> <p>-DC X said he/she has never used a recipe to prepare puree and did not know if recipes existed. He/she used broth for vegetables to puree and gravy for meat and goes by the serving amount for the meal. They do not puree bread for meals. He/she uses a two-ounce ladle for the broth and a four-ounce ladle for the gravy and goes with the serving sizes for the meal to puree and does not use a menu.</p> <p>During an interview on 11/18/24, at 12:25 P.M., Dietary Aide (DA) BB said the following:</p> <p>-He/she cooked and served on the weekends, including preparing pureed meals;</p> <p>-He/she does not use a recipe or menu to prepare puree meals, he/she just eyeballs the amount.</p> <p>During an interview on 11/18/24, at 3:29 P.M., the DM said the following:</p> <p>-The corporation the facility uses for menus said there is not a standard recipe for purees. Prepare according to the regular meal and puree in natural juices should make a natural consistency. If the puree is not smooth as ice cream with a pudding consistency, add one to two tablespoons of the water cooked in until consistency. Meats will add one to two tablespoons of gravy or meat broth until proper consistency;</p> <p>-Dietary staff do not puree bread because the residents do not like it, so they don't serve it.</p> <p>3. During interviews on 11/21/24, at 12:20 P.M. and 3:10 P.M., the Registered Dietician (RD) said the following:</p> <p>-She observed the staff prepare and serve food once a month;</p> <p>-Staff should follow the menu spreadsheet for scoop and serving sizes;</p> <p>-There are no specific menus for preparing pureed foods, it is basically taken what you have made per the recipe and there is a sauce of choice on the menus to add for the puree process;</p> <p>-Staff should be following the menu for serving puree meals, including if there is bread on the menu. She was unaware dietary staff were not serving pureed bread to even though the menu included for bread.</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** 45190</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served was palatable and at temperatures that were appetizing for resident including four residents (Resident #36, #71, #72, ad #45) who often ate in their rooms. The facility census was 90.</p> <p>Review of the facility policy titled, Food Temperature Control, revised 06/28/24, showed the following:</p> <ul style="list-style-type: none"> -Food temperatures are maintained during mealtimes to ensure residents received safe food served at acceptable temperatures; -Hot foods are held at a minimum of 135 degrees Fahrenheit (F) per state requirements; -Cold foods are held at or below 41 degrees per federal guidelines, unless the state requirements are more stringent; -Food should not be placed on the steam table more than 30 minutes before meal service begins; -Maximum length of time food is held on the steam table is four hours; -Food reheated in the microwave is heated so that all parts of the food reach 165 degrees F and food is rotated, stirred, covered, and allowed to stand covered for two minutes after reheating; -Foods are reheated only once then discarded. <p>1. Observation on 11/14/24, at 12:32 P.M., showed the following:</p> <ul style="list-style-type: none"> -A test tray was requested and received from the uninsulated food cart on 100 hall at the end of the meal service; -The meal included ham, scalloped potatoes, mixed vegetables, and yogurt; -The ham measured 117 degrees F, the scalloped potatoes measured 117.7 degrees F, the mixed vegetables measured 116 degrees, and the yogurt measured at 59 degrees; -The mixed vegetables were mushy, cool and lacked flavor when tasted. <p>Observation on 11/15/23, at 8:42 A.M., showed the following:</p> <ul style="list-style-type: none"> -A test tray was requested and received from the uninsulated food cart on 100 hall at the end of the meal service; -The meal included scrambled eggs, sausage, and oatmeal; <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>-The scrambled eggs measured 94.7 degrees F, the sausage measured 83.6 degrees F, and the oatmeal measured at 135.7 degrees F;</p> <p>-The eggs were not palatable when tasted and the sausage texture was rubbery when tasted. Neither item was warm.</p> <p>2. Review of Resident #36's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by staff), dated 09/05/24, showed the resident was cognitively intact and independent with eating.</p> <p>During an interview on 11/12/24, at 11:32 A.M., the resident said the food was awful.</p> <p>During an interview on 11/12/24, at 3:03 P.M., the resident said the food was cold and is not palatable. He/she only ate about a third of the burger because the bun was soggy and the fries were cold.</p> <p>3. Review of Resident #71's quarterly MDS, dated [DATE], showed the resident was cognitively intact and independent with eating.</p> <p>During an interview on 11/12/24, at 11:32 A.M., the resident said the food was awful.</p> <p>During an interview on 11/12/24, at 3:36 P.M. the resident said he/she received a very soggy bun with a burger today and the fries were limp. The food was consistently cold and not palatable.</p> <p>4. During an interview on 11/14/24, at 10:28 A.M., Resident #72 said that food arrived cold to luke warm. He/she said this was every meal time.</p> <p>5. During an interview on 11/14/24, at 9:40 A.M., Resident #45 said the food was cold when it arrives in the room. The facility does not use a covering over the trays when food is being delivered. Staff are currently using a plastic covering over the food cart due to state being in the building.</p> <p>6. During an interview on 11/18/24, at 9:55 A.M., Certified Nurse Aide (CNA) S said the following:</p> <p>-He/she had received complaints from the residents about food temperatures and food being bland;</p> <p>-The time frame from when meals arrive on 100 hall and the last hall tray is served is about 25 minutes;</p> <p>-Food is not in a warmer and is probably cold if not received before 25 minutes;</p> <p>-Residents needing assistance were likely to be eating food cold by the time staff is done serving and can assist;</p> <p>-He/she has warmed up food in the microwave, but does not have a way to test the temperature;</p> <p>-Staff should not serve cold food.</p> <p>7. During an interview on 11/18/24, at 10:48 A.M., Dietary Aide AA said the following:</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 did not know what temperatures foods should be holding at when served;</p> <p>-Residents have complained about cold food.</p> <p>8. During an interview on 11/18/24, at 12:25 P.M., Dietary Aide BB said the following:</p> <p>-He/she tests the temperatures of the foods on the steam table prior to serve out, but does not know what temperature they should be holding;</p> <p>-He/she just looked at the temperature log for what they should be by what others have logged.</p> <p>9. During an interview on 11/21/24, at 10:36 A.M., Dietary [NAME] X said the following:</p> <p>-Food temperatures at serve out should ideally be as close to above 135 degrees F as possible;</p> <p>-Foods can be in the danger zone under 135 degrees F for a short period of time 5 to 15 minutes and should be fine;</p> <p>-The test tray temperatures were not acceptable. The hot food was not hot enough and the yogurt was not cold enough.</p> <p>10. During an interview on 11/18/24, at 2:56 P.M., the Director of Nursing (DON) said she has not received cold food complaints on the halls, she would expect staff to get fresh food if food was cold.</p> <p>11. During an interview on 11/18/24, at 3:29 P.M., the Dietary Manager said the following:</p> <p>-She has received complaints about food temperatures and food not being palatable.</p> <p>-The hall trays were coming out cold;</p> <p>-Staff began encouraging eating residents to eat in the dining to get fresh trays at the first of May of this year;</p> <p>-Steam table food temperatures should be about 160 degrees F;</p> <p>-Temperatures should be around 100 degrees F when it reaches the halls and then 80 to 85 degrees F when served to the residents;</p> <p>-Cold food temperatures should be at 40 degrees F.</p> <p>12. During an interview on 11/21/24, at 12:20 P.M., the Registered Dietician said the following:</p> <p>-Foods should be held at a minimum of 135 degrees F on the steam table and cold foods should be 41 degrees F or below per policy;</p> <p>-Hot foods should be served around or above 120 degrees F and cold foods should be at 50 degrees F or below;</p> <p>(continued on next page)</p>

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Staff should get a new tray for a resident complaining about food temperatures. 41787 49585

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45190</p> <p>Based on observation, interview, and record review, the facility failed to provide all residents food that accommodated each residents' allergies, intolerances, and preferences, when staff served one resident (Resident #36) food items containing an ingredient identified as an allergen/dislike on the resident's meal ticket and when staff served one resident (Resident #38) food items the guardian had requested not be served to the resident. The facility census was 90.</p> <p>Review of the facility policy titled, Food Allergies and Intolerances, revised 04/25/23, showed the following:</p> <ul style="list-style-type: none"> -The Director of Food and Nutrition Services obtains food preferences, including any food allergies and intolerances upon admission; -Each resident receives, and the facility provides food that accommodates resident allergies, intolerances, and preferences; -Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; -Facilities should be aware of each resident's allergies, intolerances, and preferences, and provide an appropriate alternative. A food substitute should be consistent with the usual and/or ordinary food items provided by the facility. For example, the facility may, instead of grapefruit juice, substitute another citrus juice or vitamin C rich juice the resident likes; -Food allergies or intolerances are communicated to nursing services and indicated on the resident tray car and resident diet profile; -The information is also recorded in the electronic medical record, including the nutrition assessment and care plan; -The Direct of Food Nutrition Services identifies menu items that contain the food item(s) related to the allergy/intolerances and ensures those items are not used in foods prepared and served to identified residents; -Food service and nursing associates are educated on residents with food allergies and intolerances. <p>Review of the facility policy titled, Food Preferences, revised 04/25/23, showed the following:</p> <ul style="list-style-type: none"> -Individual, cultural/religious food preferences are honored, when possible, to enhance the resident's satisfaction with food and dining. These preferences are obtained upon admission and updated quarterly and as needed; <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident;</p> <p>-Menus must reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>-Food and beverage preferences are obtained from each resident at the time of the initial visit. Food preferences may also be obtained from family members, nursing staff and the medical record;</p> <p>-Updated as needed, but no less than quarterly;</p> <p>-Maintained by the Director of Food and Nutrition Services/designee;</p> <p>-Placed in the resident diet profile for production purposes;</p> <p>-Dislikes, food intolerances/allergies, special requests and specific beverage preferences are noted on the tray card;</p> <p>-Allergies, dislikes, and special request (as deemed appropriate) are addressed on the serving line to ensure an appropriate alternate (s) is served prior to the meal being received by the resident.</p> <p>1. Review of Resident #36's face sheet (a brief resident profile) showed the following:</p> <p>-admitted [DATE];</p> <p>-Allergies included penicillin, sulfa antibiotics.</p> <p>Review of the resident's record showed the resident had been deemed an incapacitated person, and his/her spouse was granted guardianship on 07/14/16.</p> <p>Review of Resident #36's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by staff), dated 09/05/24, showed the resident was cognitively intact and independent with eating.</p> <p>During an interview on 11/12/24, at 11:32 A.M., the resident said he/he was allergic to carrots and the staff continued to serve them until he/she wrote a little note.</p> <p>During an interview and observation on 11/12/24, at 3:03 P.M., the resident said the following:</p> <p>-Staff continue to serve him/her cooked carrots even though the resident has told them he/she is allergic to them;</p> <p>-Staff served mixed vegetables today containing carrots, but he/she was told staff picked the carrots out of the mixed vegetables.</p> <p>Review of the resident's meal ticket, dated 11/18/24, showed the following foods listed under the category allergies/dislikes:</p> <p>(continued on next page)</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Carrots cooked;</p> <p>-Liver;</p> <p>-Sweet potatoes.</p> <p>Review of the resident's current physician order sheet showed no food allergy.</p> <p>Review of the resident's care plan, last revised on 06/19/24, showed staff did not care plan any food allergy.</p> <p>During an interview on 11/18/24, at 9:55 A.M., Certified Nurse Assistant (CNA) S said the following:</p> <p>-Residents' food preferences and allergies are printed on the meal ticket as well as specific diets such as puree;</p> <p>-The resident might dislike food items depending on the day. He/she is very opinionated, and his/her opinions rotate;</p> <p>-Staff should honor preferences and allergies.</p> <p>During an interview on 11/18/24, at 12:49 P.M., Licensed Practical Nurse (LPN) W said the following:</p> <p>-Diets, allergies and food preferences are on meal tickets;</p> <p>-Staff should honor residents' food allergies and preferences;</p> <p>-He/she was unaware if the resident has any food allergies. The LPN said he/she was really picky.</p> <p>During an interview on 11/18/24, at 2:56 P.M., Dietary [NAME] X said the following:</p> <p>-Meal tickets have food allergies/preferences printed on them;</p> <p>-He/she is not familiar with the resident's allergies/preferences.</p> <p>During an interview on 11/18/24, at 3:29 P.M., the Dietary Manager (DM) said the following:</p> <p>-She meets with residents within 72 hours upon admittance to ask about likes and dislikes and food allergies;</p> <p>-She was not aware the resident has any dislikes or allergies;</p> <p>-She looked in computer and found the residents dislikes/allergies were listed as cooked carrots, sweet potatoes, and liver;</p> <p>-Staff should not be serving the resident carrots;</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff should provide an alternative vegetable and not tell resident to pick carrots out of the mixed vegetables.</p> <p>During an interview on 11/21/24, at 12:20 P.M., the Registered Dietician (RD) said the following:</p> <p>-She would obtain residents' food allergies and preferences during an initial assessment, which should already be in the record for current residents;</p> <p>-The DM should be assessing the new residents;</p> <p>-Staff should communicate preferences/allergies to dietary upon discovery;</p> <p>-She was not aware the resident has an allergy to cooked carrots;</p> <p>-Staff should not serve mixed veggies and take out the carrots; an alternative should be served.</p> <p>During an interview on 11/18/24, at 4:51 P.M. the Administrator said the following:</p> <p>-Dietary staff should assess new residents about food preferences/allergies and put information on a meal ticket and pass down to staff;</p> <p>-Staff should not serve mixed vegetables to the resident and ask the resident to pick the carrots out. An alternative should be served;</p> <p>-Staff should care plan resident food preferences and allergies.</p> <p>2. Record review of the Resident #38's face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included type II diabetes mellitus (a long term condition in which the body has trouble controlling blood sugar and using it for energy), dysphasia oropharyngeal phase (difficulty swallowing that moves food from the mouth to the upper esophageal sphincter), vascular dementia (brain damage caused by multiple strokes), and other Alzheimer's disease (a progressive disease that destroys memory and other important mental functions).</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-Independent with eating.</p> <p>Review of the resident's care plan, last revised on 07/30/24, showed the following:</p> <p>-Resident can feed self after tray placed in front of him/her;</p> <p>-Resident has a regular diet/easy to chew;</p> <p>(continued on next page)</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No food preferences listed.</p> <p>During an interview on 11/13/24, at 9:51 A.M., the resident's family member said the family requested at two care plan meetings for the staff to stop giving the resident kool-aid because of the red dye and to give him/her ice water at every meal. The staff still gives the resident kool-aid from time to time and sometimes does not give him/her ice water.</p> <p>Observation and interview on 11/14/24, at 8:23 A.M., showed Nurse Aide (NA) Y put a cup of red liquid resembling kool-aid in front of the resident at the breakfast meal. NA Y said the cup contained fruit punch kool-aid.</p> <p>Observation on 11/14/24, at 8:29 A.M., showed the resident's meal card had no information listed under allergies/dislikes and listed under beverages was whole milk 8 ounce (oz), water flavored 8 oz, and water 8 oz.</p> <p>Observation on 11/14/24, at 9:07 A.M., showed staff assisted the resident with a drink of the fruit punch kool-aid. The resident did not have water available.</p> <p>Observation and interview on 11/15/24, at 12:35 P.M., showed the following:</p> <p>-CNA V knew the resident was not supposed to have kool-aid with red dye, and his/her family provided flavored water:</p> <p>-He/she knew the resident was not supposed to have red dye because there was a sign on the closet where they keep the resident's snacks and drinks that they purchased for themselves;</p> <p>-The sign taped to the inside of the closet door where snacks are stored read, the resident cannot have any red dye products.</p> <p>During an interview on 11/18/24, at 9:55 A.M., CNA S said the following:</p> <p>-Resident diets, food preferences and allergies are printed on the meal ticket;</p> <p>-He/she is not aware of any food items staff is not supposed to give the resident and was unaware of the sign on the door of the snack closet.</p> <p>During an interview on 11/18/24, at 12:49 P.M., LPN W said the following:</p> <p>-Resident diets, food allergies and preferences are listed on meal tickets;</p> <p>-The resident's family does not want him/her to have red dye;</p> <p>-The regular staff on the unit were aware of this, but not new ones to the unit;</p> <p>-Staff should honor food allergies and preferences;</p> <p>-Staff should not serve the resident red dye.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/18/24, at 1:43 P.M., NA Y said the following:</p> <ul style="list-style-type: none"> -Resident food preferences and allergies were listed on meal tickets; -He/she was unaware of any food allergies or preferences for the resident; -He/she did not know the resident was not to be served red dye/kool-aid until the resident's family told him/her today; -He/she did not know there is a sign on the snack room door. <p>During an interview on 11/18/24, at 2:13 P.M., Registered Nurse (RN) Z said the following:</p> <ul style="list-style-type: none"> -Resident food allergies and preferences should be under the profile in the chart and on the meal tickets and listed in the care plan; -There is a sign on the snack room door stating the resident is not to have red dye; -He/she did not know if this is listed on the meal ticket but should be. <p>During an interview on 11/18/24, at 2:56 P.M., Dietary [NAME] X said the following:</p> <ul style="list-style-type: none"> -Meal tickets have food allergies/preferences printed on them; -He/she was not familiar with the resident's allergies/preferences. <p>During an interview on 11/18/24, at 3:29 P.M., the DM said the following:</p> <ul style="list-style-type: none"> -She meets with residents within 72 hours upon admittance ask about likes and dislikes and food allergies; -She is not aware the resident has any food dislikes or allergies, and none are listed in his/her profile; -Staff should honor food preferences and allergies. <p>During an interview on 11/21/24, at 12:20 P.M., the Registered Dietician (RD) said the following:</p> <ul style="list-style-type: none"> -She would obtain residents' food allergies and preferences during an initial assessment, which should already be in the record for current residents; -The DM should be assessing the new residents; -Staff should communicate preferences/allergies to dietary upon discovery; -She was not aware the resident's family did not want the resident to have red dye; -Staff should list this on the meal ticket and honor it. <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/18/24, at 4:51 P.M. the Administrator said the following:</p> <ul style="list-style-type: none"> -Dietary staff should assess new residents about food preferences/allergies and put information on a meal ticket and pass down to staff; -Staff should put the resident is to have no red dye on the meal ticket and in the care plan and should not serve it to him/her.

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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>45190</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored, prepared, and served in a manner to protect the food from possible contamination when staff failed to keep the ice machine vents, air vents, and a standing fan free of lint, debris, and grime; when staff failed to label and date refrigerated food and failed to dispose of outdated refrigerated food; and when staff failed to ensure the dishwasher rinsed the dishes at the recommended temperature and failed to ensure the chemical solution was tested properly. This had the potential to affect all residents who consumed food from the facility kitchen. The facility had a census of 90 residents.</p> <p>1. Review of the 2013 Missouri Food Code showed food shall be protected from contamination by storing the food in a clean, dry location where it is not exposed to splash, dust, or other contamination.</p> <p>Review showed the facility did not provide a policy related to maintaining cleanliness in the kitchen.</p> <p>Observation on 11/12/24, at 10:08 A.M., showed the following:</p> <ul style="list-style-type: none"> -The ice machine outside vent had visible lint/dust/grime; -A large standing floor fan near three-part sink full of lint and grime buildup; -Vents over the coffee station and doorway had visible lint and grime; -The Wall behind the oven, fryer, and standing oven was covered in grease and grime. <p>Observation on 11/13/24, a 10:50 A.M., showed the following:</p> <ul style="list-style-type: none"> -The ice machine outside vent had visible lint/dust/grime; -Two visible dead bugs (crickets or grasshoppers) covered inside one fluorescent light on the ceiling and near the steam table. <p>Observation on 11/14/24, at 11:02 A.M., showed the following:</p> <ul style="list-style-type: none"> -Two visible dead bugs (crickets or grasshoppers) covered inside one fluorescent light on the ceiling and near the steam table. <p>Observation on 11/15/24, at 8:11 A.M., showed the following:</p> <ul style="list-style-type: none"> -The ice machine outside vent had visible lint/dust/grime; -Vents over coffee station and doorway had visible lint and grime; <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>-The wall behind the oven, fryer and standing oven was covered in grease and grime;</p> <p>-Two visible dead bugs (crickets or grasshoppers) covered inside one fluorescent light on the ceiling and near the steam table.</p> <p>During an interview on 11/18/24, at 10:48 A.M., Dietary Aide (DA) AA said the following:</p> <p>-There was a cleaning scheduled posted on the outside of the Dietary Manager's office door;</p> <p>-He/she was responsible for cleaning the grill, two sinks, microwave, industrial toaster, and plate warmers;</p> <p>-Cleaning the vents is the responsibility of the maintenance department;</p> <p>-The Dietary Manager (DM) cleans the big floor fan next to the three-part sink.</p> <p>During an interview on 11/18/24, at 12:25 P.M., DA BB said the following:</p> <p>-The cleaning schedule is on the DM's door;</p> <p>-He/she is responsible for cleaning the front area of the kitchen and the dish pit;</p> <p>-Maintenance is responsible for cleaning the air vents and lights;</p> <p>-Nobody cleans the big floor fan near the three-part sink, and he/she assumed it shouldn't have lint or dirt on it;</p> <p>-He/she did not know who is responsible for cleaning the wall behind the oven/stove/fryer area;</p> <p>-Kitchen staff should clean the ice machine, but he/she does not know if the ice machine vent should have lint/dirt or grime on it.</p> <p>During an interview on 11/18/24, at 2:56 P.M., Dietary [NAME] (DC) X said the following:</p> <p>-The cleaning schedule was posted on the DM's door;</p> <p>-His/her main responsibility is to clean the cooking equipment/utensils, sweep and mopping daily at least spot cleaning, behind the stove/fryer/oven area;</p> <p>-He/she has noticed it is greasy behind the stove/fryer/oven area. There are very small amounts of times when the machines are not running, and electrical cords are not long enough to pull out;</p> <p>-Maintenance is responsible for cleaning the ice machine vent, also air vents and light fixtures;</p> <p>-The grill person, cook or DM should clean the big floor fan by the three-part sink;</p> <p>-None of the surfaces should have any lint/dirt/grime as it could get into the food;</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-There should not be bugs in the lights;</p> <p>-They notify the maintenance director about maintenance responsibilities;</p> <p>During an interview on 11/18/24, at 3:29 P.M., the Dietary Manager said the following:</p> <p>-Maintenance was responsible for cleaning air vents, ice machine vent (monthly) and the lights;</p> <p>-Air vents should not have lint/dirt/grime on them because it could get into food or clean dishes;</p> <p>-He/she had told maintenance about the dead bugs in the light fixture multiple times, but they have not gotten to it yet;</p> <p>-She was assuming she was responsible for cleaning the fan, which had not been cleaned before she came. She does not have the tools to get it clean. The fan was still being used and blows toward the three-part sink where dishes are being cleaned;</p> <p>-She was responsible for cleaning the wall behind the stove/fryer/oven area and said it is gross. She has not had time to clean it thoroughly.</p> <p>During an interview on 11/21/24, at 12:20 P.M., the Registered Dietician (RD) said the following:</p> <p>-She conducted a monthly walk through of the kitchen and checks for cleanliness, food storage, dishwasher temperature and sanitizer test logs;</p> <p>-There should be a cleaning schedule;</p> <p>-Maintenance should clean the air vents and light fixtures and either maintenance or a company services the ice machine;</p> <p>-There should be no lint, grime and dirt in vents, no crickets/grasshoppers in the light fixtures, and the big floor fan should be free of dirt, grime, and lint;</p> <p>-Walls should be clean, free from dirt, grime, and grease;</p> <p>2. Review of the US Food and Drug Administration policy, under the section of Food Labeling and Handling, updated 03/04/23, showed the following:</p> <p>-Facility staff must ensure their proper storage, keeping track of when to discard perishable foods, and covering, labeling, and dating all foods stored in the refrigerator or freezer as indicated;</p> <p>-Labeling, dating, and monitoring refrigerated food, including, but not limited leftovers, so it is used by its use-by date, or frozen (where applicable) or discarded.</p> <p>Review showed the facility did not provide a policy related to food labeling, handling, and storage.</p> <p>Observation on 11/12/24, at 10:08 A.M., showed of the walk-in cooler showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-A large plastic tub with a yellow lid, containing a substance resembling salsa with no name or dated;</p> <p>-A large plastic tub with a yellow lid, three quarters full and labeled tuna casserole with a date of 11/5 and use by date of 11/8;</p> <p>-A plastic tub with a red lid, three quarters full and labeled shredded chicken and dated 11/3 with no use by date.</p> <p>During an interview on 11/18/24, at 10:48 A.M., DA AA said the following:</p> <p>-All food should be stored with labels identifying the food and the open and use by dates;</p> <p>-He/she did not know the expiration date for prepared refrigerated foods such as tuna casserole, but it should not be kept in the fridge longer than a week;</p> <p>-All staff are responsible for checking food dates.</p> <p>During an interview on 11/18/24, at 12:25 P.M., DA BB said the following:</p> <p>-All foods, opened and prepared should be labeled with the product name, date opened and use by date;</p> <p>-Prepared foods should only be kept for three days.</p> <p>During an interview on 11/18/24, at 2:56 P.M., DC X said the following:</p> <p>-All packaged and prepared food items should be labeled with a date made and a use by date of three days;</p> <p>-Prepared foods like the tuna casserole made on 11/5 with a use by date of 11/8, should be discarded on 11/8 at closing shift;</p> <p>-Closing cook should be checking food labels dates, and so should all kitchen staff.</p> <p>During an interview on 11/18/24, at 3:29 P.M., the DM said the following:</p> <p>-Prepared food should be labeled with the date prepared, date expires, and name of the food;</p> <p>-Prepared food should be discarded after three days;</p> <p>-The tuna casserole, shredded chicken ,and unnamed food should have been discarded.</p> <p>During an interview on 11/21/24, at 12:20 P.M., the RD said the following:</p> <p>-She conducts a monthly walk through of the kitchen and checks for cleanliness, food storage, dishwasher temperature and sanitizer test logs;</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Prepared food should be kept a maximum of three days, and should be labeled with the name and the dates prepared and use by;</p> <p>-The tuna casserole, shredded chicken, and unlabeled salsa-like food should have been discarded.</p> <p>3. Review of the facility policy titled, Sanitation and Maintenance, revised 04/26/23, showed the following for the low temperature dish machine:</p> <p>-Dish machine will be used in accordance with the manufacturer specification;</p> <p>-The temperature and parts per million (ppm) of the sanitizer (50-100 ppm for chlorine) will be recorded on the low temperature dish machine log a minimum of three times per day;</p> <p>-The machine will be broken down and cleaned each day;</p> <p>-Dish machine should be drained and flushed after each meal;</p> <p>-Staff will be trained on how to operate and clean the machine and how to rinse, wash, dry and store items appropriately;</p> <p>-If the dish machine is not washing and sanitizing properly, disposable dinnerware will be used for meals and snacks until the issue has been resolved.</p> <p>Review of the manufacturer's recommendations from Ecolab, dated 05/04/07, showed the requirements for use in chemical sanitizing dish machines is a minimum temperature of 120 degrees Fahrenheit (F) and a minimum concentration of 50 parts ppm.</p> <p>Observation and interview with kitchen staff on 11/14/24, at 1:59 A.M., showed the following:</p> <p>-DA BB said he/she did not know where the sanitizer strips were or how to use them or why they are used;</p> <p>-DA BB placed a thermometer not made for a dishwasher in the machine to test the temperature, then realized it was not appropriate thermometer and went to get the correct one;</p> <p>-DC X came to assist DA BB, and DC X said he/she did not know how/what/why to use the sanitizer test strips;</p> <p>-DA BB said he/she did not know what the minimum temperatures for the dishwasher wash and rinse cycles should be;</p> <p>-The DM and RD came into the dish pit to assist and neither knew how to use sanitizer strip tests;</p> <p>-The DM said she has never been shown how to use the sanitizer strips and when she filled out the dishwasher log, she wrote 50 without testing;</p> <p>-DC X tested the temperatures of the wash and rinse cycles and both were 111 degrees F.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-DC X was able to test the chemical solution with a test strip with a result between 200-300 ppm.</p> <p>Review of the low temperature dish machine log, dated November 2024, showed the following:</p> <p>-On 11/06/24 and 11/08/24, the DM initialed the sanitizer concentration test strips showed 50 PPM;</p> <p>-On 11/14/24, staff documented the wash cycle temperature at breakfast was 114 degrees F.</p> <p>During an interview on 11/15/24, at 9:07 A.M., with the territory representative for Ecolab showed the following;</p> <p>-He completed monthly maintenance on the dishwasher, which includes temperature checks, testing chemical solution for dishwasher and three-part sink and replaces parts as needed;</p> <p>-The temperatures of the wash and rinse cycle should be a minimum of 120 degrees F, and sanitizer strip test a minimum of 50 ppm;</p> <p>-There is no internal heater in the dishwasher. The heat was based on the hot water heater. It should not take three times of running to get to 120 degrees F, but it depends on location of hot water heater and how high they can turn based on resident needs;</p> <p>-Staff should empty the wash bath from the previous use if it sat for a while before using;</p> <p>-He tells all customers to test first thing in the morning because he can head to the facility if any issues, but recommendation is testing temperatures and chemical solution before every meal service.</p> <p>During an interview on 11/18/24, at 2:56 P.M., DC X said the following:</p> <p>-Dishwasher temperatures should be taken twice a day, but he/she does not deal with it;</p> <p>-The dishwasher temps should be a minimum of 120 degrees F for wash and rinse cycles;</p> <p>-Chemical sanitizer should be tested when temperatures are tested , and sanitation strips should test at a minimum of 50 parts ppm.</p> <p>During an interview on 11/18/24, at 3:29 P.M., the DM said the following:</p> <p>-Dishwasher temperatures should be taken should be taken at each meal service;</p> <p>-He/she did not know what the minimum temperatures for the wash and rinse cycles should be;</p> <p>-Chemical sanitizer should be tested each meal service, and sanitation strips should test at a minimum of 50 ppm;</p> <p>-None of the four staff present during the test run of the dishwasher with the surveyor had been trained on the correct process of checking the wash and rinse temperatures and testing the chemical sanitizer;</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-She has been relying on the staff who have been here longer to tell the others the minimum temperatures;</p> <p>-She does not know the difference between a high heat and a low heat dishwasher.</p> <p>During an interview on 11/21/24, at 12:20 P.M., the RD said the following:</p> <p>-She conducted a monthly walk through of the kitchen and checks for cleanliness, food storage, dishwasher temperature and sanitizer test logs;</p> <p>-Staff should test dishwasher temperatures and sanitizer strips two-three times daily. The wash and rinse cycles should test at a minimum of 120 degrees F and test strips should test at a minimum of 50 ppm;</p> <p>-If the temperature or chemical sanitizer was not testing appropriately, staff should use paper products to serve, use three-part sink to wash equipment and call Ecolab to service.</p> <p>During the interview on 11/18/24, at 4:51 P.M., the Administrator said the following:</p> <p>-She was not sure when staff should log dishwasher temperatures, but probably at every meal;</p> <p>-Staff should run the dishwasher twice until up to temperature before using;</p> <p>-She expected staff should know the minimum temperatures for the wash and rinse cycles of the dishwasher and if not reaching the minimum temperature, notify the DM, and DM notified Ecolab;</p> <p>-Chemical sanitizer should be tested daily, and she does not know what the minimum ppm should be, but dietary staff should know.</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>41787</p> <p>Based on observation, record review, and interviews, the facility to maintain an effective infection control program when the facility failed to screen all staff for tuberculosis (a contagious infection that usually attacks the lungs) as required when the facility failed to ensure the first step of the two-step Tuberculin (TB) skin test was completed prior resident contact for four staff member (Registered Nurse (RN) D, Licensed Practical Nurse (LPN) E, Speech Therapist (ST) F, and RN G) of 10 sampled staff members; and when staff counted resident cigarettes eight times per day by touching the cigarettes with their bare hands for eight residents (Resident #13, #18, #22, #23, #41, #52, #59, #79) out of fifteen sampled residents that were on the smoking list. The facility had a census of 90.</p> <p>1. Review of the facility policy, Tuberculosis - Testing and Screening (associates and Volunteers), dated dated 09/24/24, showed the following:</p> <ul style="list-style-type: none"> -The facility will evaluate each associate and volunteer for tuberculosis in accordance with current Centers of Disease Control and Prevention (CDC) guideline, unless more stringent guidance is provided by local or state regulation; -Missouri facility should follow state regulation 19 CSR 20-20.100 that indicated that screening is done on pre-employment procedures and annual testing of associates and volunteers who work 10 hours or more per week; -Provide a tuberculin skin test (Mantoux, 5 tuberculin units (TU) of purified protein derivative (PPD)) to all employees during pre-employment procedures, unless a previous reaction of >10 millimeter (mm) is documented; -If the initial skin test result is 0 to 9 mm, a second test should be given at least one week and no more than three weeks after the first test; -The results of the second test should be used as the baseline in determining treatment and follow up of these employees; -New associates of volunteers who have been made a conditional offer shall be screened for the presence of infection. <p>Review of 19 CSR 20-20.100 showed the following:</p> <ul style="list-style-type: none"> -All new long-term care facility employees and volunteers who work ten or more hours per week are required to obtain a Mantoux PPD two (2)-step tuberculin test within one month prior to starting employment in the facility. -If the initial test is zero to nine millimeters, the second test should be given as soon as possible within three weeks after employment begins; <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>-It is the responsibility of each facility to maintain a documentation of each employee ' s and volunteer ' s tuberculin status.</p> <p>2. Review of RN D's personnel record showed the following:</p> <p>-A date of hire of 04/12/23;</p> <p>-Staff did not document administering a TB to the resident RN.</p> <p>3. Review of LPN E's personnel record showed the following:</p> <p>-A date of hire of 04/28/23;</p> <p>-Staff documented the first step TB administered 05/02/23 and read on 05/04/23 (six days after the staff members hire date).</p> <p>-Staff documented the second step administered on 05/16/23 and read it on 05/18/23.</p> <p>4. Review of ST F's personnel record showed the following:</p> <p>-A date of hire of 06/07/24;</p> <p>-Staff documented the first step TB was administered on 07/10/24 and read on 07/13/24 (over on month after the hire date).</p> <p>-Staff documented the second step was administered on 07/24/24 and read on 07/27/24.</p> <p>5. Review of RN G's personnel record showed the following:</p> <p>-A date of hire of 07/01/24;</p> <p>-Staff documented the first step TB was administered on 08/20/24 and read on 08/23/24 (over one and 1/2 months after the hire date).</p> <p>-Staff documented the second step was administered 09/06/24 and read on 09/09/24.</p> <p>6. During an interview on 11/15/24, at 10:50 A.M., the Infection Preventionist Nurse (IP) said that newly hired staff should receive the first step TB test on the first date of orientation and then have it read the third day. The orientation is generally three days in length. The test should read before staff begin working with residents.</p> <p>During an interview on 11/15/24, at 11:15 A.M., the Administrator and Director of Nursing (DON) said that staff TB testing should be completed before starting employment on the floor. They did not know why the four staff did not have TB testing completed on time.</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>7. During interviews on 11/13/24, at 2:00 P.M., Resident #13, #18, and #79, who attended the resident council meeting, said that staff were touching their cigarettes with their bare hands and they did this every time they go out and smoke eight times per day. The residents said it was a different staff that touched the cigarettes each designated time. They did not like that staff did this.</p> <p>Observation and interview on 11/13/24, at 10:40 A.M., showed Certified Nurse Aide (CNA) H was near the front entrance of the facility with a clear box that contained multiple packs of cigarettes. He/she opened the box and opened one box at a time and counted cigarettes with his/her bare finger. His/her finger touched each cigarette filter in eight boxes. He/she then closed the box and opened the front door for the eight residents to go outside. He/she opened a box and gave a resident a cigarette and lit the cigarette with a lighter. The staff then gave the next resident a cigarette from their box and lit the cigarette. He/she did this eight times. He/she did not use hand sanitizer before touching the box of cigarettes. The staff said that they are required to count the cigarettes at each designated smoking time. There were eight designated smoking times each day.</p> <p>During an observation on 11/14/24, at 3:00 P.M., Nurse Aide (NA) I was at the west side nursing desk. He/she obtained the box of cigarettes. He/she took each box and opened each box. He/she did not use hand sanitizer before touching the cigarettes. The residents cigarettes included Resident #13, #41, #79, #22, #52, #23, #59, #18. The NA and the residents went to the courtyard outside of the activity room and the NA gave each resident one cigarette from their designated box.</p> <p>During an interview on 11/18/24, at 10:15 A.M., the Housekeeping Manager said that staff count cigarettes at each designated smoking time by using their fingers and touching the filter end. He/she said that staff should use hand sanitize before touching the box of cigarettes.</p> <p>During an interview on 11/18/24, at 10:20 A.M., RN B said staff should not be touching the residents the cigarettes with their bare hands. Staff should wear gloves to touch and count. They would be touching the part that goes into the resident's mouth.</p> <p>During an interview on 11/18/24, at 10:40 A.M., CNA C said that staff should not touch the cigarettes. He/she had seen staff use an ink pen and there were marks on the cigarettes. Staff have to touch the cigarette to hand it to the resident. He/she was not aware that it bothered any of the residents that staff touch the cigarettes while counting.</p> <p>During an interview on 11/18/24, at 2:55 P.M., DON said that staff should not touch cigarettes with their hands or with a pen. He/she was not aware that was how staff were counting them.</p> <p>During an interview on 11/18/24, at 4:51 P.M., the Administrator said staff are required to count cigarettes because there was an issue in the past with residents smoking too many or complaints of missing cigarettes. She said that staff should not be touching each cigarette, they could just look in the box and easily tell how many were in the box.</p> <p>31464</p>		