

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Brooke Haven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 North Kentucky Avenue West Plains, MO 65775	

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 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure the security of all personal funds of residents deposited with the facility.</p> <p>46521</p> <p>Based on interview and record review, the facility failed to maintain the surety bond (a purchased bond for security of the residents' personal funds) for at least one and one-half times the average monthly balance of the residents' personal funds for the last twelve consecutive months from October 2023 to September 2024. The facility census was 69.</p> <p>The facility did not provide a policy for the surety bond.</p> <p>1. Review of the residents' personal funds account on 12/05/24, for the last twelve consecutive months from October 2023 to September 2024, showed:</p> <ul style="list-style-type: none"> - The facility's current approved bond amount equaled \$100,000.00; - The average monthly balance for the residents' personal funds equaled \$68,621.10; - An average monthly balance of \$68,621.10 required a bond of at least \$103,500. <p>During an interview on 12/05/24 at 11:07 A.M., the Business Office Manager (BOM) said the surety bond should be one and one-half times the amount on the residents' trust balance.</p> <p>During an interview on 12/05/24 at 11:20 A.M., the Administrator said the surety bond amount should be one and one-half times the amount of the resident trust balance to meet the regulatory requirement.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>45693</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders for one resident (Resident #118) out of six sampled residents when the facility failed to administer the correct amount of insulin (a hormone that helps regulate blood sugar levels by moving glucose from the bloodstream into cells for energy). The facility also failed to follow Registered Dietician (RD) recommendations for one resident (Residents #22) out of four sampled residents. The facility census was 69.</p> <p>Review of the facility's policy titled, Administering Medications, dated April 2019, showed:</p> <ul style="list-style-type: none"> - Medications are administered in a safe and timely manner and as prescribed; - Medications are administered in accordance with prescriber orders, including any required time frame. <p>The facility did not provide a policy regarding RD recommendations.</p> <p>1. Review of Resident #22's medical record showed:</p> <ul style="list-style-type: none"> - Diagnosis of cerebral palsy (a group of neurological disorders that affect a person's ability to move, balance, and maintain posture); <p>No documentation regarding the RD's recommendation documented on the Nutrition Note, dated 10/21/24.</p> <p>Review of the resident's Physician Order Sheet (POS), dated December 2024, showed:</p> <ul style="list-style-type: none"> - An order enteral feed (a method of providing nutrition to the body through a feeding tube that delivers liquid food directly to the stomach or small intestine) one time a day, replace kangaroo bag (the bag that holds the formula for enteral feeding) every day, dated 07/09/24. <p>Review of the resident's Medication Administration Record (MAR), dated December 2024, showed:</p> <ul style="list-style-type: none"> - Enteral feed order one time a day Osmolite (therapeutic nutrition that provides complete, balanced nutrition for long- or short-term tube feeding for patients) 1.5 42 milliliters (ml)/hour for 23 hours for a total of 960 ml, dated 03/24/24; - Enteral feed order one time a day for cerebral palsy replace kangaroo bag every day, dated 07/09/24. <p>Review of the resident's Nutrition Note, dated 10/21/24, and weights showed:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident's weight increasing gradually and gained 20 pounds (lbs) in the past six months. Tube feed was unchanged and tolerated well. Received Osmolite 1.5 at 42 ml/hour continuously, did receive 100 ml water flush three times a day with bag replaced daily. Suggest to reduce to 35 ml/hour to stabilize weight as continued gain would not be beneficial. This reduction would be approximately 200 calories less per day than currently receiving;</p> <p>- On 04/07/24, weight of 152 lbs;</p> <p>- On 10/16/24, weight of 165 lbs;</p> <p>- On 10/23/24, weight of 166 lbs,</p> <p>- On 11/05/24, weight of 167 lbs,</p> <p>- On 12/05/24, weight of 169 lbs.</p> <p>2. Review of Resident #118's POS, dated December 2024, showed:</p> <p>- Diagnosis of diabetes mellitus (a chronic disease that causes high blood sugar levels);</p> <p>- An order for Insulin lispro (medication used to lower blood sugar) 100 units/milliliters, inject per sliding scale for blood sugar 341-380=14 units, blood sugar 381-420=administer 16 units, blood sugar between 421-460=administer 18 units, dated 12/05/24.</p> <p>Review of the resident's MAR, dated December 2024, showed:</p> <p>- Insulin lispro 100 units/milliliters, inject per sliding scale for blood sugar 341-380=14 units, blood sugar 381-420=administer 16 units, and blood sugar between 421-460=administer 18 units;</p> <p>- On 12/06/24 at 11:00 A.M., blood sugar result documented as 425 and 18 units insulin administered.</p> <p>Observation on 12/05/24 at 11: 30 A.M., of Resident #118's blood sugar and insulin administration showed:</p> <p>- Registered Nurse (RN) G obtained the resident's blood sugar with a result of 425 and wrote it on a piece of paper on top of nurse cart;</p> <p>- RN G went and obtained two other resident's blood sugars and administered one other insulin prior to returning to Resident #118;</p> <p>- RN G obtained Resident #118's Insulin lispro and looked at the resident's sliding scale;</p> <p>- RN G said Resident 118's blood sugar was 373 and required 14 units of insulin;</p> <p>- RN G dialed the Insulin lispro pen to 14 units and picked up an alcohol pad;</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- RN G said the resident's blood sugar was 373 and not 425 as he/she looked at the 425 written under the resident's name on the piece of paper he/she documented Resident 118's blood sugar on;</p> <p>- RN G said 14 units of insulin would be correct. RN G opened the top drawer of the medication cart, looked again, and said a blood sugar of 373 required 14 units of insulin;</p> <p>- RN G administered 14 units of insulin to Resident #118;</p> <p>- RN G administered the incorrect amount of insulin. Resident #118 should have received 18 units of insulin due to a 425 blood sugar.</p> <p>During an interview on 12/06/24 at 11:30 A.M., RN G said Resident #118's blood sugar result was 373 and should receive 14 units of insulin.</p> <p>During an interview on 12/07/24 at 1:00 P.M., the Director of Nursing (DON) and Administrator said nurses should document the residents' blood sugar results in the electronic record as they were obtained so the medication administered would be accurate. They would expect the appropriate amount of insulin to be administered. They would also expect RD recommendations to be followed through on, especially a tube feeding.</p> <p>46521</p>		

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>45693</p> <p>Based on interview and record review, the facility failed to complete a comprehensive discharge summary for two residents (Residents #58 and #66) out of two discharged residents. The facility's census was 69.</p> <p>The facility did not provide a policy regarding a discharge summary or recapitulation.</p> <p>1. Review of Resident #58's closed medical record showed:</p> <ul style="list-style-type: none"> - Resident discharged home on 11/25/24; - No documentation of a recapitulation or completed discharge summary. <p>2. Review of Resident #66's closed medical record showed:</p> <ul style="list-style-type: none"> - Resident discharged home on 09/19/24; - No documentation of a recapitulation or completed discharge summary. <p>During an interview on 12/07/24 at 2:00 P.M., the Administrator and Director of Nursing (DON) said the discharging nurse was responsible for completing the discharge summary. The discharge summary and the recapitulation should be completed prior to the discharge of a resident.</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45693</p> <p>Based on interview and record review, the facility failed to provide a safe environment per the resident's assessed level of need, when Resident #21 received a second degree (a burn that damages the epidermis and dermis, the two layers of skin) burn from the spilled coffee in his/her lap after a Certified Nursing Assistant (CNA) handed the resident hot coffee in a coffee cup without a lid for one sampled resident. The census was 69.</p> <p>The facility did not provide a policy regarding accidents/incidents.</p> <p>1. Review of Resident #21's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by the facility staff, dated 11/19/24, showed:</p> <ul style="list-style-type: none"> - Diagnoses of non-traumatic brain injury (brain injury that occurs due to internal factors, rather than an external force to the head), dementia (general term for a group of neurological conditions that cause a decline in mental abilities that affects daily life), and anxiety (a feeling of fear, dread, and uneasiness that can be a normal reaction to stress); - Cognition severely impaired; - No speech and not understandable; - Does not understand others; - Partial/Moderate assist with eating with mechanically altered diet; - Dependent for all activities of daily living (ADL's) and mobility; - No skin conditions. <p>Review of the resident's care plan, last reviewed on 11/19/24, showed:</p> <ul style="list-style-type: none"> - On a pureed, fortified diet and used Kennedy cups (spill proof cup with a lid and straw); - Poor safety awareness. <p>Review of the resident's December 2024 Physician Order Sheet (POS) showed:</p> <ul style="list-style-type: none"> - An order to cleanse the burn with wound cleanser, apply silvadene (topical antimicrobial drug indicated as an adjunct for the prevention and treatment of wound sepsis in patients with second degree burns) and cover with an island dressing two times a day for burn, discontinue once healed, dated 11/20/24 and discontinued 11/23/24; - An order for silvadene cream 1% apply topically to the left hip two times daily for burn until healed, then discontinue, dated 11/20/24, discontinued 11/23/24, due to allergic; <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- An order to cleanse burn with wound cleanser and apply triple antibiotic ointment and cover with island dressing two times a day for burn, discontinue once healed, dated 11/23/24, discontinued 11/29/24;</p> <p>- An order to cleanse burn with wound cleanser, apply Xeroform gauze (a fine mesh gauze occlusive dressing for use on low exudating wounds) and cover with ABD (a large absorbent dressing) pad and island dressing two times a day for burn, discontinue once healed and as needed for burn, dated 11/29/24.</p> <p>Review of the resident's nurse's notes showed:</p> <p>- On 11/19/24 at 12:25 P.M., a Braden scale assessment (used for predicting pressure ulcer risk) evaluation with sensory perception slightly limited;</p> <p>- On 11/20/24 at 7:28 P.M., silvadene wasn't available, waiting on pharmacy since it was a new order. Did not cover burn as ordered;</p> <p>- On 11/21/24 at 11:25 A.M., the dressing on the left leg/hip was dry and intact. Silvadene not available;</p> <p>- On 11/22/24 at 1:12 A.M., cleaned and covered burn with dressing without silvadene cream due to being unavailable;</p> <p>- On 11/22/24 at 7:37 A.M., area was cleansed and redressed. No silvadene available due to resident possibly allergic;</p> <p>- On 11/28/24 at 6:22 P.M., resident had a dressing change at 3:45 P.M.;</p> <p>- On 11/29/24 at 5:02 P.M., order to cleanse burn with wound cleanser, apply Xeroform gauze and cover with ABD pad and island dressing as needed for burn;</p> <p>- On 12/05/24 at 3:54 A.M., assessed the wound to left thigh. Treatment completed as ordered by wound physician. The wound was healing. No complaint of pain or discomfort to wound area or signs or symptoms of infection;</p> <p>- On 12/05/24 at 9:52 A.M., resident had a 20 centimeter (cm) by 6 cm burn area on the left distal (away from the center) thigh. The lower 10 cm part of the burn had pink closed tissue. The upper 10 cm tissue was pink but open. No eschar (dead tissue) noted. Burn was progressively healing;</p> <p>- On 12/06/24 at 2:16 A.M., assessed the wound to left thigh. Treatment completed as ordered by wound physician. Wound was healing with no complaint of pain or discomfort to wound area. No signs or symptoms of infection this shift.</p> <p>Review of the facility incident report, dated 11/19/24, completed by the Director of Nursing (DON), showed:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- On the morning of 11/19/24, Resident #21 received a cup of coffee without a lid, handed to the resident by a CNA not familiar with the resident which resulted in the resident spilling coffee in his/her lap.</p> <p>- Two CNAs immediately took the resident and changed him/her and notified the nurse. An assessment was completed by the CNAs and nurse with no redness or open areas noted. Later that week on the night of 11/22/24, Licensed Practical Nurse (LPN) reported a large blister to the leg. On 11/27/24, the blister opened and began weeping. The wound was assessed that day by Physician K, wound provider. New wound orders were given at this time and the primary physician was notified of the extent of the injury. Staff education was done. Family notified of the situation;</p> <p>- The physician was notified, nurse's notes reviewed, orders reviewed, staff interviewed, pain and skin assessment completed, and resident was unable to be interviewed;</p> <p>- Upon completion of the investigation, it was determined the injury was unintentional, and the CNAs and nurse took the proper steps in immediately changing the resident and assessing the site. Education provided to nursing staff.</p> <p>During an interview on 12/05/24 at 8:30 A.M. CNA I and CNA J said the unit night shift CNA got the resident up on 11/19/24, and gave him/her coffee which the resident spilled on himself/herself. The night shift CNA didn't know the resident should have a lid, even though the resident was care planned for it. CNA I and CNA J saw the thigh the morning of 11/20/24, and it was red with a small blister up at the top. The next day, on it was a way larger blister.</p> <p>During an interview on 12/06/24 at 11:50 A.M., Physician K said he/she wasn't made aware of the burn until a week from when it happened. He/She heard multiple different stories, but in the end, the resident spilled hot coffee on him/herself. He/She would have come to the facility and assessed him/her that day or at least the next had he/she known. When he/she saw it on 11/28/24, there was a large amount of drainage which was concerning regarding his/her fragile state and possible electrolyte issues. Per the facility, the drainage had decreased. Seeing him/her this week, the drainage had stopped and the burn was healing. The facility should be able to care for it now as long as they keep infection from it. Physician K was very upset and would have sent the resident to the emergency room had he/she known of the burn to ensure the electrolytes stayed good.</p> <p>During an interview on 12/06/24 at 12:15 P.M., the Director of Nursing said the silvadene never came in because the resident had a sulfa allergy. The pharmacy caught the allergy and didn't fill the script. She was notified on the morning of 11/19/24, of the accident. The CNAs and nurse found no skin issues. However, there was no follow up skin assessment documented after 11/19/24, and there should have been documentation showing the area was assessed daily. The wound physician was followed up with on 11/28/24, to let him/her know the progress of the injury.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>47445</p> <p>Based on observation, interview and record review, the facility failed to ensure a urinary catheter (a tube inserted into the bladder to drain urine) drainage bag and tubing was kept off the floor for one resident (Resident #31) out of two sampled residents. The facility census was 69.</p> <p>Review of the facility policy titled, Catheter Care, Urinary, Revised August 2022, showed:</p> <ul style="list-style-type: none"> - Be sure the catheter tubing and drainage bag are kept off the floor. <p>Review of Resident #31's Physician Order Sheet (POS), dated December 2024, showed:</p> <ul style="list-style-type: none"> - An order for urinary catheter care every shift for urinary retention (an inability to empty the bladder of urine), dated 11/26/24; - An order for a 16 French (FR - size of catheter) catheter with 10 cubic centimeter (cc) bulb one time a day every one month starting on the 15th for 28 days, dated 11/26/24; - An order for a 16 FR catheter with 10 cc bulb for occlusion or leakage as needed, dated 11/26/24; - An order to empty the catheter drainage bag and chart the output every shift, dated 11/27/24. <p>Observation of the resident showed:</p> <ul style="list-style-type: none"> - On 12/04/24 at 9:33 A.M., and 10:39 A.M., the resident lay in bed and the catheter drainage bag lay on the floor between the bed frame and a wheelchair with a privacy cover attached to the catheter drainage bag; - On 12/04/24 at 9:41 A.M., Certified Nursing Assistant (CNA) A and CNA B entered the resident's room, the catheter drainage bag lay on the floor between the bed frame and a wheelchair, talked to the resident, and exited the room; - On 12/05/24 at 8:02 A.M., the resident lay in bed, the catheter drainage hung from the bed frame with the bottom of the catheter drainage bag touching the front right wheel of a wheelchair, and a privacy cover in place. <p>During an interview on 12/05/24 at 3:01 P.M., Licensed Practical Nurse (LPN) C said the catheter drainage bag should be hung below the bladder. The drainage bag and tubing should be off the floor, not touching the wheels of a wheelchair, and a privacy cover should be in place.</p> <p>During an interview on 12/05/24 at 3:30 P.M., the Director of Nursing (DON) said if a resident lay in bed, the catheter drainage bag should be hung on a non-moving piece of the bed. It should be hung lower than the bladder. The catheter drainage bag and tubing should not be on the floor, dragging the floor, and not touching the wheel of the wheelchair.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/06/24 at 12:30 P.M., CNA B said the catheter drainage bag and tubing should not lay on the floor and should not drag the floor. The catheter drainage bag should have a privacy cover in place and should be hung on the bed frame if in bed.</p> <p>During a phone interview on 12/12/24 at 4:37 P.M., CNA A said the catheter drainage bag should be hung on the bed frame. The drainage bag and tubing should not touch or drag the floor.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45693</p> <p>Based on observation, interview, and record review, the facility failed to follow physician's orders for supplemental oxygen therapy for two residents (Residents #39 and #62) out of two sampled residents, and failed to ensure proper tracheostomy (trach - incision in the windpipe to relieve an obstruction to breathing) care for one resident (Resident #39) out of one sampled resident. The facility census was 69.</p> <p>The facility did not provide an oxygen policy.</p> <p>Review of the facility's policy titled, Tracheostomy Care, revised August 2023, showed:</p> <ul style="list-style-type: none"> - The purpose of this procedure is to guide tracheostomy care and the cleaning of reusable tracheostomy cannulas; - Aseptic technique must be used: during cleaning and sterilization of reusable tracheostomy tubes; during tracheostomy tube changes, either reusable or disposable; - Gloves must be used on both hands during any or all manipulation of the tracheostomy. Sterile gloves must be used during aseptic procedures; - Remove old dressings. Pull soiled glove over dressing and discard into appropriate receptacle; - Wash hands; - Clean the removable inner cannula: - Open tracheostomy cleaning kit; - Set up supplies on sterile field; - Maintain sterile field, pour equal parts hydrogen peroxide and normal saline in one compartment of opened kit. Pour normal saline in another compartment; - Open four gauze pads and saturate with hydrogen peroxide; - Open two gauze pads and saturate with antiseptic solution; - Open two gauze pads and saturate with sterile saline; - Open two gauze pads, keep them dry; - Put on gloves; - Secure the outer neck plate with non-dominant gloved hand; <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Unlock the inner cannula with gloved dominate hand; - Gently remove the inner cannula, rotating counterclockwise while lifting away from the resident; - Soak the cannula in hydrogen peroxide/saline mixture; - Clean with brush. Rinse with saline and dry with pipe cleaners; - Remove and discard gloves into appropriate receptacle; - Wash hands and put on fresh gloves; - Replace the cannula carefully and lock in place; <p>Site and Stoma Care:</p> <ul style="list-style-type: none"> - Apply clean gloves; - Clean the stoma with two peroxide-soaked gauze pads (using a single sweep for each side); - Rinse the stoma with saline-soaked gauze pads (using a single sweep for each side); - Wipe with dry gauze (using a single sweep for each side); - Disinfect the stoma with the antiseptic-soaked gauze pads (using a single sweep for each side). Allow to air dry or wipe with clean, dry gauze; - Remove neck ties and replace with clean ones; - Apply a fenestrated (having an opening) gauze pad around the insertion side; - Replace supplemental oxygen mask over tracheostomy; - Remove gloves and discard into appropriate receptacle; - Wash hands; - Document the procedure, condition of the site, and the resident's response; <p>Resident self-performance of Trach Care per Resident preference:</p> <ul style="list-style-type: none"> - Assure resident is competent by completion of an annual competency observed by charge nurse; - Assure resident has supplies available to complete procedure; - Staff to assist Resident as resident allows and when needed. <p>1. Review of Resident #39's medical record showed:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Brooke Haven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 North Kentucky Avenue West Plains, MO 65775	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Diagnoses of malignant neoplasm of supraglottis (a cancerous growth located in the supraglottis, which is the upper part of the larynx (voice box) and tracheostomy status; - An order for #6 Shiley Fenestrated replaceable inner cannula (a tube within the outer tracheostomy tube), dispense 1 unit with 5 refills to be replaced every day, #6 Shiley Fenestrated uncuffed tracheostomy tube (a type of tracheostomy tube used to maintain an open airway) dispense 1 unit with 5 refills. Does self trach care, one time a day, dated 03/14/23; - An order to change suction container and [NAME] (type of suctioning tube) tubing one time a day every Sunday, dated 01/18/24; - An order to wipe down the oxygen concentrator, dated & tape zip-lock bags for tubing. Change oxygen tubing and trach hood, clean black filter weekly, one time a day every Sunday, dated 01/18/24; - No order for oxygen; - No documentation of the resident's competency for tracheostomy cleaning. <p>Review of the resident's untitled document, dated 11/06/24, showed:</p> <ul style="list-style-type: none"> - Resident wished to perform suctioning and self-care of tracheostomy; - Resident demonstrated and understood the steps to suctioning and care of tracheostomy; <p>- Tracheostomy Care: gather supplies; wash hands with soap and water; position a mirror and lighting so you can see airway; prepare you new tracheostomy tube for insertion; remove inner cannula and insert the obturator (used to insert a tracheostomy tube) - coat with K-Y Jelly (a water-based lubricant) - place the Velcro or twill ties through one side of the flange holes; insert the new tracheostomy tube (with the obturator in place) approaching your stoma from the side; once the tube is inserted about an inch, turn the tube so it curves downward and insert the rest of the way until the flange is sitting against your neck; remove the obturator and replace the inner cannula; secure the Velcro or twill ties;</p> <ul style="list-style-type: none"> - Did not address the procedure for cleaning of tracheostomy; - Did not address if the resident understood and could perform the tracheostomy self care. <p>Observation on 12/03/24 at 10:30 A.M., showed the resident sat in a recliner with oxygen attached to the trach at 2 liters per minute.</p> <p>Observation on 12/05/24 at 8:04 A.M., of the resident's self-care of the tracheostomy showed:</p> <ul style="list-style-type: none"> - The resident entered the bathroom where a tracheostomy care kit, two gauze pad packages, one split sponge package, and a trach collar package was set out on the left sink area unopened; - The resident washed hands; <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The resident opened the tracheostomy care kit, set drape sheet to the right of the kit container, left folded, attempted to put on sterile gloves, set sterile gloves aside on the right sink area because they were too small, retrieved clean, non-sterile gloves from the box of gloves behind the bathroom door, removed the trach collar and split gauze from the trach site;</p> <p>- The resident did not change gloves or perform hand hygiene, picked up the trachea tube brush from the kit, cleaned the outer cannula under running tap water at the sink, sat the outer cannula on top of the folded drape sheet;</p> <p>- The resident did not change gloves or perform hand hygiene, opened the new trach collar, threaded the collar through the outer cannula, removed glasses, pulled the collar with the outer cannula attached over his/her head, did not change gloves or perform hand hygiene, picked up the gauze the trach collar sat on and wiped the trach site, inserted the outer cannula, tightened the collar, removed the gloves, gathered the used supplies and put into the trash can;</p> <p>- The resident did not perform hand hygiene, did not put on gloves, opened a new split sponge, and placed around the trach site under the outer collar;</p> <p>- Resident did not insert the inner cannula of the tracheostomy;</p> <p>Observation on 12/06/24 at 11:30 A.M., of the resident showed:</p> <p>- Sat in the recliner with the outer tracheostomy cannula in place;</p> <p>- The inner cannula of the tracheostomy sat on the bedside table.</p> <p>During an interview on 12/05/24 at 8:15 A.M., Resident #39 said he/she always used water from the sink to clean the trach collar. He/She didn't use the inner cannula because it was hard to breath with it in.</p> <p>During an interview on 12/05/24 at 9:45 A.M., Licensed Practical Nurse (LPN) C said Resident #39 had the inner cannula. The resident did most stuff him/herself. The resident had been educated on the importance of handwashing, keeping everything sterile, and used sterile water to clean the obturator and for cleaning the cannula too. The resident cleaned the cannula and changed the Shiley inner cannula daily, then let staff know it was done. The resident used the inner cannula sometimes, but at times took it out because he/she said it was hard to breath. The facility had tried another inner cannula and the resident said it got hung up, and changed to the current one.</p> <p>During an interview on 12/05/24 at 10:00 A.M., the Director of Nursing (DON) said nurses did competency checks and monitored trach care. The competency checks were completed twice a year by the DON or charge nurse. Nurses got the trach care supplies for the resident, and they were kept in the resident's room. Resident #39 performed his/her own trach care and communicated with the nurse when it was done for the day. The he inner cannula should always be in place, tap water should not be used, and the obturator could come out, but did not think it should come out daily. The tracheostomy cleaning should be completed using sterile technique, using sterile gloves, cleaned with normal saline and hydrogen peroxide, and then changed to new sterile gloves when retrieving the new inner cannula from the package and inserting.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #62's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnosis of chronic obstructive pulmonary disease (COPD - a group of lung diseases that causes restricted airflow and breathing problems). <p>Review of the resident's Physician Order Sheet (POS), dated December 2024, showed:</p> <ul style="list-style-type: none"> - An order for oxygen at 2 liters per minute by nasal cannula (NC - a flexible tube inserted into the nose to administer supplemental oxygen) as needed for shortness of breath, dated 11/18/24. <p>Observation of the resident on 12/03/24 at 9:40 A.M., showed the resident sat in a recliner in his/her room with oxygen on at 4 liters per minute via NC.</p> <p>During an interview on 12/05/24 at 3:30 P.M., the DON said the order for oxygen should be followed.</p> <p>47445</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** 45693</p> <p>Based on observation, interview, and record review, the facility failed to identify, assess and provide supportive interventions for one resident (Resident #31) 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 to the event) out of one sampled resident. The facility's census was 69.</p> <p>The facility did not provide a PTSD policy.</p> <p>1. Review of Resident #31's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of PTSD, depression (a serious medical illness that negatively affects how you feel, the way you think and how you act), and anxiety disorder (persistent worry and fear about everyday situations); - Trauma Informed Care Assessment, dated 11/06/24, showed resident triggered for PTSD. <p>Review of the resident's Physician Order sheet (POS), dated December 2024, showed:</p> <ul style="list-style-type: none"> - An order for alprazolam (an anti-anxiety medication) 0.25 milligrams (mg) by mouth every 8 hours as needed for anxiety, dated 09/17/24; - An order for Cymbalta (an antidepressant medication) delayed release 30 mg by mouth two times a day for depression, dated 11/06/24; - An order for Seroquel (an antipsychotic medication) 50 mg by mouth one time a day for cognitive communication deficit, dated 11/06/24; - An order to refer to behavioral healthcare, dated 10/24/24. <p>Review of the resident's comprehensive care plan, dated 08/19/24, showed:</p> <ul style="list-style-type: none"> - PTSD not addressed; - No goals to maintain the resident's psychosocial and mental health; - No documentation of the resident's past trauma, or any triggers that would cause the resident trauma; - No interventions for how the facility would address the behaviors if they occurred or how the facility would provide support to the resident. <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>During an observation and interview on 12/03/24 at 10:53 A.M., Resident #31 said he/she had PTSD and replayed the images in his/her mind of that day. The resident was tearful, spoke with a quivering voice while he/she talked about his/her past trauma. He/She did have triggers with a train whistle being one of them.</p> <p>During an interview on 12/05/24 at 11:45 A.M., the Administrator said the resident had just started talking about his/her past trauma, but PTSD should be addressed on the resident's care plan.</p> <p>During a phone interview on 12/06/24 at 12:17 P.M., the Social Service Designee (SSD) said Resident #31 had recently started to talk about his/her PTSD.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>45693</p> <p>Based on observation and interview, the facility staff failed to post the required daily nurse staffing information which included the total number of staff and the actual hours worked by both licensed and unlicensed nursing staff directly responsible for resident care, in a prominent location readily accessible to residents and visitors for three out of four days. The facility census was 69.</p> <p>The facility did not provide a policy regarding posting of nurse staffing.</p> <p>Observation on 12/04/24 at 9:30 A.M., 12/05/24 at 11:00 A.M., and 12/06/24 at 12:00 P.M., of the facility's Staff Posting Sheet, located on a bulletin board beside the nurse's station showed:</p> <ul style="list-style-type: none"> -The Staff Posting Sheet, dated 12/02/24; -The facility did not post the required daily nurse staffing information for 12/04/24, 12/05/24, and 12/06/24. <p>During an interview on 12/06/24 at 2:00 P.M., the Administrator and Director of Nursing (DON) said nurse staffing should be posted on the Nurse Staffing board daily.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45693</p> <p>Based on observation, interview, and record review, the facility failed to ensure the narcotic reconciliations (a process that allows one staff to reconcile the exact narcotic inventory on hand with another staff) were accurate when on-coming and off-going staff failed to document narcotic medications as they were administered for two residents (Residents #21 and #46) which resulted in the inaccuracy of the narcotic counts. The facility census was 69.</p> <p>The facility did not provide a policy for the narcotic count.</p> <p>1. Review of the 100/200 Certified Medication Technician's (CMT's) cart Controlled Drug Receipt-Record Disposition form on 12/05/24 at 9:45 A.M., showed:</p> <ul style="list-style-type: none"> - A count of 22 tablets for Resident #21's hydrocodone (a narcotic pain medication) 5/325 milligram (mg) by mouth two times a day for pain, dated 06/13/24; - A count of seven tablets for Resident #46's eszopichlone (a hypnotic medication used to help a person sleep) 3 mg by mouth at night, dated 04/23/24. <p>Observation on 12/05/24 at 9:45 A.M., of the 100/200 CMT's medication cart showed:</p> <ul style="list-style-type: none"> - A count of 20 tablets for Resident #21's hydrocodone 5/325 mg two times a day for pain in the medication card; - A count of six tablets for Resident #46's eszopichlone 3 mg by mouth at night in the medication card; - The facility staff did not document the administration of Resident #21 and Resident #46's medications on the Controlled Drug Receipt-Record Disposition forms. <p>During an interview on 12/05/24 at 9:50 A.M., CMT H said the night nurse gave the Resident #46's eszopichlone and didn't sign it out on the narcotic book, but signed it on the resident's MAR. He/She was not sure what happened with the Resident #21's hydrocodone count. He/She counted at the start and end of his/her shift, even if it's with him/herself.</p> <p>During an interview on 12/06/24 at 12:30 P.M., the Director of Nursing (DON) and the Administrator said staff should always make time to do narcotic counts when changing shifts. Staff should document both on the MAR and the narcotic book when administering narcotic medications.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46521</p> <p>Based on interview and record review, the facility failed to limit the use of an as needed (PRN) order for psychotropic (medications that affect how the brain works and causes changes in mood, awareness, thoughts, feelings, or behaviors) medication to 14 days for one resident (Resident 29), failed to attempt a gradual dose reduction (GDR) for one resident (Resident #7), and failed to ensure an appropriate diagnosis for the use of a psychotropic medication for two residents (Residents #31 and #43) out of nine sampled residents. The facility census was 69.</p> <p>Review of the facility policy titled, Tapering Medications and GDR, revised April 2007, showed:</p> <ul style="list-style-type: none"> - Within the first year after a resident is admitted on an antipsychotic (a class of medications used to treat psychosis) medication or after the resident has been started on an antipsychotic medication, the staff and practitioner shall attempt a GDR in two separate quarters (with at least one month between attempts), unless clinically contraindicated; - After the first year, the facility shall attempt a GDR at least annually, unless clinically contraindicated. <p>The facility did not provide a policy regarding appropriate diagnosis of a psychotropic medication and PRN orders.</p> <p>1. Review of Resident #7's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of unspecified dementia (changes in memory, thinking, and behavior) and major depressive disorder (persistent depressed mood or loss in interest) without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (persistent worry and fear about everyday situations); - An order for Rexulti (an antipsychotic medication) 1 milligram (mg) daily, dated 04/12/24; - No documentation of a GDR. <p>Review of the manufacturer's safety information for Rexulti, undated, showed the warning and precautions included increased mortality in elderly patients with dementia-related psychosis. Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at increased risk of death. Rexulti is not approved for the treatment of patients with dementia-related psychosis without agitation associated with dementia due to Alzheimer's disease.</p> <p>2. Review of Resident #29's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Diagnosis of dementia; - An order for clonazepam (an antianxiety medication) 0.25 mg by mouth every 24 hours PRN (as needed) for agitation, dated 02/21/24, and no stop date; - The facility failed to provide a 14 day stop date order for the clonazepam PRN order. <p>3. Review of Resident #31's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of depression (a serious medical illness that negatively affects how you feel, the way you think and how you act), anxiety disorder, post traumatic stress disorder (PTSD - a mental health condition triggered by a terrifying event), and cognitive communication deficit; - An order for Seroquel (an antipsychotic medication) 50 mg daily for cognitive communication deficit, dated 11/06/24; - No documentation of an appropriate diagnosis for Seroquel. <p>Review of the manufacturer's safety information for Seroquel, undated, showed the warning and precautions included increased mortality in elderly patients with dementia-related psychosis. Seroquel is not approved for elderly patients with dementia-related psychosis.</p> <p>4. Review of Resident #43's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of unspecified dementia with mild mood disorder; - An order for Seroquel 50 mg one tablet daily for dementia, dated 05/20/24; - An order for Seroquel 100 mg one tablet at bedtime for dementia, dated 08/16/24; - No documentation of an appropriate diagnosis for Seroquel. <p>During an interview on 12/06/24 at 4:00 P.M., the Pharmacist Consultant said Seroquel use was discouraged, but it was used for dementia. Psychotropic medications were not effective at treating dementia but they were used to manage symptoms. There should be GDR's when they were used. PRN meds should have a stop date. Pharmacy asked an initial PRN order to be discontinued after 14 days, then the provider should clarify if they could add in their own recommendation for the duration of the medication with an acceptable diagnosis.</p> <p>During an interview on 12/06/24 at 12:30 P.M., the Assistant Director of Nursing (ADON) said no staff in the facility were responsible for auditing chart orders to check for appropriate diagnoses. The facility utilized a consultant pharmacist monthly medication reviews. He/She normally received the pharmacy recommendations.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/06/24 at 12:45 P.M., the Administrator and Director of Nursing (DON) said all PRN psychotropic medications should have a 14 day stop date. All medications should have the appropriate diagnosis linked to it. Anyone putting medications into a resident's chart, should ensure it's linked to the appropriate diagnosis, and if there wasn't one, then the physician should be notified. The ADON ensured pharmacy recommendations were followed.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45693</p> <p>Based on observation, interview, and record review, the facility failed to label and store medications in a safe and effective manner when opened insulin was found undated in the medication cart, failed to ensure the medication cart was locked while unattended, and the facility failed to ensure resident safety by leaving medication in one resident's (Resident #31) room, unattended out of one sampled resident. This had the potential to affect all residents. The facility census was 69.</p> <p>Review of the facility policy titled, Storage of Medications, dated April 2007, showed:</p> <ul style="list-style-type: none"> - The facility shall store all drugs and biologicals in a safe, secure, and orderly manner; - The nursing staff shall be responsible for maintaining medication storage; - The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals; - Compartments containing drugs shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others. <p>Review of the facility policy titled, Administering Medications, dated April 2019, showed:</p> <ul style="list-style-type: none"> - The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container. <p>The facility did not provide a policy regarding medications being stored in a resident's room.</p> <p>Review of the manufacturer's recommendations for Lantus (a long-acting type of insulin), dated June 2023, showed the medication was to be discarded 28 days after opening.</p> <p>Review of the manufacturer's recommendations for lispro insulin pen (a fast acting type of insulin), dated 2023, showed the medication was to be discarded 28 days after opening.</p> <p>Review of the manufacturer's recommendations for Fiasp insulin pen (a fast acting type of insulin), dated June 2023, showed the medication was to be discarded 28 days after opening.</p> <p>1. Review of Resident #31's Physician Order Sheet (POS), dated December 2024, showed:</p> <ul style="list-style-type: none"> - An order for diltiazem extended release (ER) (blood pressure medication) 180 milligram (mg) by mouth three times a day, for atrial fibrillation (irregular heart beat), dated 10/25/24; - An order for gabapentin (used to treat nerve pain) 300 mg by mouth three times a day, dated 11/21/24. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 12/04/24 at 1:15 P.M., showed one diltiazem ER 180 mg tablet and one gabapentin 300 mg tablet in a medication cup sat on Resident #31's bedside table;</p> <ul style="list-style-type: none"> - On 12/04/24 at 2:09 P.M., a housekeeper entered the room with the one diltiazem ER 180 mg tablet and one gabapentin 300 mg tablet in the medication cup sat on the resident's bedside table; - On 12/04/24 at 2:11 P.M., Resident #31 took the one diltiazem ER 180 mg tablet and one gabapentin 300 mg tablet medications. <p>During an interview on 12/04/24 at 1:15 P.M., Resident #31 said he/she didn't have any water to take his/her medication with. The resident had spilled the water earlier and it had not been replaced.</p> <p>During an interview on 12/05/24 at 3:15 P.M., Certified Medication Technician (CMT) E said he/she placed Resident 31's one diltiazem ER 180 mg tablet and one gabapentin 300 mg tablet medications in a cup and the resident had their own water in their room. CMT E normally watched the resident take their medication before leaving the room. Medications should never be left with a resident.</p> <p>2. Observation on 12/05/24 at 7:33 A.M. - 7:40 A.M., of the 400 Hall nurse medication cart showed:</p> <ul style="list-style-type: none"> - The medication cart sat against the wall to the right of the nurse station facing the hallway and unlocked. <p>3. Observation on 12/05/24 at 7:48 A.M. - 7:59 A.M., of the 400 Hall nurse medication cart showed:</p> <ul style="list-style-type: none"> - At 7:48 A.M., the medication cart sat against the wall to the right of the nurse station facing the hallway and unlocked; - At 7:50 A.M., three staff walked past the unlocked medication cart; - At 7:52 A.M., Licensed Practical Nurse (LPN) D walked past the unlocked medication cart; - At 7:53 A.M., LPN D walked to the unlocked medication cart, opened the top drawer, did not lock the medication cart, left, and walked down the hall; - At 7:55 A.M., three staff walked past the unlocked medication cart; - At 7:59 A.M., a staff locked the medication cart. <p>4. Observation on 12/05/24 at 10:10 A.M., of the 200 Hall nurse medication cart showed:</p> <ul style="list-style-type: none"> - One labeled and opened Lantus insulin pen, dated 09/25/24, when opened; - One labeled and opened Lantus insulin pen, not dated when opened; - One labeled and opened insulin Fiasp insulin pen not dated when opened; - Two labeled and opened insulin lispro insulin pens not dated when opened. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5. Observation on 12/05/24 at 3:40 P.M., showed:</p> <ul style="list-style-type: none"> - The 400 Hall nurse's medication cart sat against the wall to the right of the nurse station facing the hallway unlocked, the keys hung out of the lock, with no staff present, and five residents sat in wheelchairs in front of the nurse station; - The 200 Hall nurse cart sat against the wall to the left of the nurse station facing the hallway unlocked, with no staff present, and five residents sat in wheelchairs in front of the nurse station; - At 3:50 P.M., LPN D walked to the 200 Hall nurse's medication cart and opened it. The 400 Hall nurse's medication cart remained unlocked and the keys hung out of the lock. <p>During an interview on 12/05/24 at 10:15 A.M., LPN C said insulin pens should be dated when opened.</p> <p>During an interview on 12/05/24 at 3:22 P.M., LPN C Medications shouldn't be left in room unattended. Whoever administers it should watch the resident take it and not leave the medication in the room. Someone else could take the medication.</p> <p>During an interview on 12/06/24 at 11:00 A.M., LPN D said insulin pens should be dated when opened. Medication carts should be locked when left unattended.</p> <p>During an interview on 12/06/24 at 12:45 P.M., the Director of Nursing (DON) and Administrator said insulin pens should be dated when opened. Medication carts should always be locked when left unattended. Keys to the medication carts should never be left hanging from the cart's lock. Medications should never be left unsupervised in a room with a resident.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46521</p> <p>Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. This had the potential to affect all residents. The facility census was 69.</p> <p>The facility did not provide a policy regarding the kitchen.</p> <p>1. Observation on 12/03/24 at 9:34 A.M., and 12/05/24 at 11:38 P.M., of the kitchen showed:</p> <ul style="list-style-type: none"> - No cleaning logs; - Two unlabeled white plastic food bins with clear unlabeled lids near the gas range with white sugar and brown sugar; - A metal backsplash behind the gas range with a 2 foot (ft.) diameter (dia.) area with dark brown carbon build-up; - The commercial style can opener with an oily film on the base and blade; - One 3 ft. by 4 ft. diffuser (one of the few visible parts of an air conditioning system) with dust buildup and a brown substance on the front exterior surfaces and between the ventilation louvers outside the water heater closet door; - The floor below the reach-in freezer, the reach-in refrigerator, gas range, deep fryer, mixer, and food preparation counters with scattered debris and oily film; - The walk-in freezer with a 12 inch (in.) dia. area of 1 in. thick frost build up left of the fan louvers, one small clear prepackaged bag of vegetables, a serving dish, and scattered debris lay on the floor; - The walk-in refrigerator with scattered food debris and liquid on the floor approximately 1 in. deep in the back left corner, a black substance on the right wall between the middle food shelves, and a gray build up on the ventilation louvers; - Three 24 cup muffin pans with black carbon build up inside the cups and on the top cooking surface; - One 18 in. and two 12 in. skillets with dark brown carbon build up on the interior cooking surfaces; - The floor below the ice machine with scattered debris and gray grime build-up, two non-intact vinyl floor tiles, and the plastic drain with no visible air gap. <p>2. Observation on 12/03/24 at 9:34 A.M., of the dry food storage room showed:</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>	<ul style="list-style-type: none"> - One tray with nine bowls of toasted oats, eleven bowls of fruit rings, and nine bowls of bran flakes, undated and unlabeled; - One tray with 10 covered bowls of apple crisp desert, undated and unlabeled; - One tray with eight wrapped graham crackers with peanut butter cups, undated and unlabeled; - One partially full clear plastic bin of corn flakes, labeled with an expiration date of 05/15/24; - One partially full clear plastic storage bin with bran flakes, undated or labeled; - One partially full clear plastic storage bin with fruit rings, undated or labeled; - One partially full clear plastic storage bin with toasted oats, undated or labeled; - One partially full white plastic storage bin with hot wheat cereal, undated or labeled; - One partially full white plastic storage bin with hot oatmeal, undated or labeled; - One 30 count cardboard box with paper towels and one 1000-piece cardboard box with 10 ounce disposable bowls lay on the floor; - Scattered food debris lay on the floor along the walls below the food shelves. <p>During an interview on 12/03/24 at 10:04 A.M., Dietary Aide F said there were no cleaning schedules. The last time he/she remembered the walk-in cooler being cleaned was back in February 2024. There was a black substance between the food shelves that needed to be cleaned.</p> <p>During an interview on 12/05/24 at 12:27 P.M., the Dietary Manager said the said facility did not keep cleaning logs but should. It was expected that dietary staff keep the kitchen area clean. A maintenance repair crew was called in to repair the freezer on 12/03/24. The dishwasher had been out for over one month, a dishwasher part was being specially made and had created a delay on the repair, and the dishwasher was not being used. Food items should be labeled and dated. Disposable bowls should not be stored on the floor. Appliances and floors should be clean, and cookware should not have carbon build up.</p> <p>During an interview on 12/05/24 at 2:10 P.M., the Administrator said the facility should be keeping dietary cleaning logs but did not at this time. There were several cleaning and food storage issues that would need to be corrected. The walk-in freezer should not have frost build up. The food should be labeled in the dry storage area and disposable food containers should not be stored on the floor. The floor under the kitchen appliances and storage shelving should be kept clean. The appliances and can opener should be clean. The wall space behind the gas range should be clean and dust free. The walk-in refrigerator should be clean and not have grime build up on the wall between the shelving. There should not be food left on the floor in the freezer. The ice machine drain should have an air gap and the floor should be clean and intact beneath. The dishwasher was being repaired and taking longer than expected.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>46521</p> <p>Based on observation, interview, and record review, the facility failed to ensure the dumpster was maintained to keep pests out and/or to keep the garbage contained in the dumpster. This failure had the potential to affect all residents. The facility census was 69.</p> <p>The facility did not provide a policy regarding the dumpster.</p> <p>1. Observations on 12/03/24 at 10:17 A.M., 12/05/24 at 11:33 A.M., and 12/06/24 at 8:53 P.M., of the outside trash dumpster located near the kitchen entrance showed one 6-yard (yd.) dumpster partially filled with two plastic lids completely opened.</p> <p>During an interview on 12/05/24 at 2:10 P.M., the Administrator said the dumpster should be closed when it was unattended and not being filled by the facility staff.</p> <p>During an interview on 12/06/24 at 8:56 A.M., the Assistant Maintenance Director said the trash dumpster should remain closed when it was not being filled. Most of the facility staff were expected to throw trash in the dumpster. The staff had been trained to close the lid on the dumpster but it didn't always get closed.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45693</p> <p>Based on observation, interview, and record review, the facility failed to perform hand hygiene and glove changes during wound care for two residents (Residents #21 and #36) out of three sampled residents, incontinence care for two residents (Residents #9 and #60) out of five sampled residents, and Foley catheter (a flexible tube inserted into the bladder to drain urine through the urethra) care for one resident (Resident #32) out of one sampled resident. Additionally, the facility failed to follow Enhanced Barrier Precautions (EBP), including wearing of a gown, during high contact patient care activities to prevent the spread of multi-resistant organisms for one resident (Resident #32) out of four sampled residents. The facility failed to ensure standard infection control practices were maintained for one resident (Resident #21) out of three sampled residents when staff placed a dressing on a towel then applied it directly to the burn wound bed. The facility failed to ensure standard infection control practices were maintained for three residents (Residents #62, #118, and #119) out of three sampled residents when staff failed to disinfect glucometers correctly between residents. The facility's census was 69.</p> <p>Review of the facility policy titled, Handwashing/Hand Hygiene, revised August 2019, showed:</p> <ul style="list-style-type: none"> - This facility considers hand hygiene the primary means to prevent the spread of infections; - Wash hands with soap and water for the following situations: when hands are visibly soiled; - Use an alcohol-based hand rub containing at least 62 % alcohol; or, alternatively, soap and water for the following situations: before and after coming on duty; before and after direct contact with residents; before preparing or handling medications; before performing any non-surgical invasive procedures; before and after handling an invasive device (e.g., urinary catheters, intravenous (IV) access sites); before moving from a contaminated body site to a clean body site during resident care; after contact with a resident's intact skin; after contact with blood or bodily fluids; after contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; after removing gloves; - Hand hygiene is the final step after removing and disposing of personal protective equipment; - The use of gloves does not replace hand washing/hand hygiene. <p>Review of the facility's policy titled, Enhanced Barrier Precautions, dated August 2022, showed:</p> <ul style="list-style-type: none"> - EBP employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply; - Gloves and gown are applied prior to performing the high contact resident care activity; - Personal protective equipment (PPE) is changed before caring for another resident; - Face protection may be used if there is also a risk of splash or spray; <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: dressing, bathing/showering, providing hygiene, changing linens, changing briefs or assisting with toileting; - Device care or use (central line, urinary catheter, feeding tube, tracheostomy); - Wound care (any skin opening requiring a dressing). <p>Review of the facility's policy titled, Perineal Care, revised February 2018, showed:</p> <ul style="list-style-type: none"> - Gather supplies; - Place the equipment on the bedside stand. Arrange the supplies so they can be easily reached; - Wash and dry hands thoroughly; - Put on gloves; - Perform care; - Discard disposable items into designated containers; - Remove gloves and discard into designated container; - Wash and dry hands thoroughly; - Reposition the bed covers. Make resident comfortable; - Place call light within easy reach of the resident; - Clean the bedside stand; - Wash and dry hands thoroughly. <p>The facility did not provide a catheter care or glucometer policy.</p> <p>1. Review of Resident #21's Physician Order Sheet (POS) showed:</p> <ul style="list-style-type: none"> - An order to cleanse burn with wound cleanser, apply Xeroform gauze (a fine mesh gauze occlusive dressing for use on low exudating wounds) and cover with ABD (a large absorbent dressing) pad and island dressing two times a day for burn, discontinue once healed and as needed for burn , dated 11/29/24. <p>Observation on 12/06/24 at 8:10 A.M., of Resident #21's wound care showed:</p> <ul style="list-style-type: none"> - RN G performed hand hygiene and gathered supplies; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - RN G lay down a clean bath towel on the bedside table and put supplies on top of the towel; - RN G opened the Xeroform package, did not leave the Xeroform in the clean package, but placed the Xeroform onto the towel; - RN G put on gloves, removed the old dressing, did not change gloves or perform hand hygiene, and cleaned the resident's burn with wet gauze; - RN G did not change gloves or perform hand hygiene, picked up the Xeroform from the towel and applied it to the burn; - RN G placed the ABD pad over the Xeroform and secured with tape; - RN G removed the gloves and performed hand hygiene. <p>During an interview on 12/06/24 at 11:50 A.M., Physician K said the facility should not put the Xeroform on a towel because of fibers and because of infection. The towel wasn't sterile. The dressing change wasn't sterile but should be semi-sterile where the Xeroform came from the package to the wound bed.</p> <p>2. Observation on 12/03/24 at 12:25 P.M., of incontinent care for Resident #60 showed:</p> <ul style="list-style-type: none"> - Signage of EPB; - Certified Nursing Assistant (CNA) B and CNA A entered the room, performed hand hygiene, put on a gown and gloves. CNA A assisted the resident to bed, CNA A and CNA B unfastened the resident's brief. CNA B cleaned the groin and peri area; - CNA B did not change gloves or perform hand hygiene; - CNA A removed the urine soiled brief, cleaned the buttocks, and did not change gloves or perform hand hygiene; - CNA A put a clean brief on the resident, pulled the resident's pants up, and touched the pillow, bed control, sheet, bed side table, and the wipe package; - CNA A removed the gloves and gown, and performed hand hygiene; - CNA B touched the sheet, removed gloves, touched the resident's cell phone, touched the resident's wheelchair, removed gown, and performed hand hygiene. <p>3. Observation on 12/04/24 at 9:27 A.M., of Resident #9's incontinent care showed:</p> <ul style="list-style-type: none"> - CNA A did not perform hand hygiene, put on gloves, cleaned the peri area, did not clean the groin area, and did not change gloves or perform hand hygiene; - CNA A turned the resident to the side, cleaned the buttocks, did not change gloves or perform hand hygiene, placed a clean brief on the resident, removed gloves, and did not perform hand hygiene; <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- CNA A touched the sheet, bedside table, water cup, the remote, bed cover, and performed hand hygiene.</p> <p>4. Observation on 12/05/24 at 8:28 A.M., Resident #32's catheter care showed:</p> <p>- CNA B and CNA A performed hand hygiene, put on gowns and gloves;</p> <p>- CNA B cleaned the groin area, cleaned the peri area, and cleaned the Foley catheter;</p> <p>- CNA B did not change gloves or perform hand hygiene, pulled the resident's pants up, touched the blanket, removed gloves and gown, and performed hand hygiene.</p> <p>During an interview on 12/06/24 at 12:30 P.M., CNA B said for incontinent care, wash hands and put on gloves, and a gown if EBP was required, change gloves and wash hands if visibly soiled, remove gloves and wash hands when done with care. CNA B said should wash hands or sanitize with glove changes, and between residents.</p> <p>5. Observation on 12/05/24 at 10:09 A.M., of Resident #36's wound care showed:</p> <p>- Licensed Practical Nurse (LPN) D entered the shower room, performed hand hygiene, put on gloves, did not put on a gown;</p> <p>- CNA L performed hand hygiene, put on gloves, and did not put on a gown;</p> <p>- LPN D preformed the wound treatment, removed gloves, performed hand hygiene, and exited the shower room.</p> <p>During an interview on 12/05/24 at 12:00 P.M., CNA L said he/she was not aware EBP gowns were to be worn while giving residents with wounds, catheters and feeding tubes a shower. He/She only wore gloves.</p> <p>During an interview on 12/05/24 at 3:00 P.M., LPN C and LPN D said hands should be washed or sanitized between residents. For EBP, gown and gloves should be worn if performing care for a resident with a wound, catheter, central line, drains, or feeding tube. If wound care was completed in the shower, EBP should be worn. If a resident had a wound, catheter, central line, drain or feeding tube, EBP should be worn by staff while giving the resident a shower or any direct care.</p> <p>6. Observation on 12/05/24 of the blood sugar monitoring showed:</p> <p>- At 11:15 A.M., Registered Nurse (RN) G performed blood sugar monitoring with the glucometer for Resident #118. RN exited the room and wiped the glucometer with an alcohol pad, removed gloves, and performed hand hygiene;</p> <p>- At 11:23 A.M., RN G performed blood sugar monitoring with the same glucometer for Resident #62. RN exited the room and wiped the glucometer with an alcohol pad, removed gloves, and performed hand hygiene ;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- At 11:26 A.M., RN G performed blood sugar monitoring with the same glucometer for Resident #119. RN exited the room and wiped the glucometer with an alcohol pad, removed gloves, and performed hand hygiene.</p> <p>During an interview on 12/06/24 at 12:00 P.M., RN G said glucometers should be cleaned and disinfected with the wipes per the glucometer's manufacturer instructions after use.</p> <p>During an interview on 12/06/24 at 12:30 P.M., the Administrator and Director of Nursing (DON) said glucometers should be cleaned and disinfected with the Sani wipes per instructions after use. An alcohol pad was not sufficient for disinfecting the glucometer.</p> <p>During an interview on 12/05/24 at 3:30 P.M., the DON said hand hygiene should be completed prior to contact with a resident. Put on gloves, perform care front to back, change gloves to place a clean brief, remove gloves, and perform hand hygiene were expected. EBP should be worn during care, including showers, of a resident with a wound, catheter, drains, central lines, feeding tubes.</p> <p>During an interview on 12/06/24 at 12:00 P.M., RN G said there's a new thing out about wearing gowns and such when you go into rooms with wounds and catheters but he/she doesn't really get it and needs to do more research on it. Gloves should be changed and hands sanitized between going from dirty to clean in incontinent care and wound care.</p> <p>During an interview on 12/06/24 at 1:15 P.M., the Administrator and Director of Nursing (DON) said gloves should be changed when going from dirty to clean with incontinent care and wound care. Hands should be sanitized with entering a room, glove changed, and exiting a room. Xeroform shouldn't sit on a towel prior to being placed on the wound bed. Gowns and gloves should be used when performing care on those who require EBP.</p> <p>During a phone interview on 12/12/24 at 4:34 P.M., CNA A said should wash hands before and after care, when gloves were changed, and when going from dirty to clean tasks. Wash or sanitize hands between residents.</p> <p>47445</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Brooke Haven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 North Kentucky Avenue West Plains, MO 65775	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>47445</p> <p>Based on interview and record review, the facility failed to maintain an Infection Prevention and Control Program (IPCP) that included an antibiotic stewardship program to include an infection surveillance program and antibiotic use protocols. This deficient practice had the potential to affect all residents in the facility. The facility census was 69.</p> <p>Review of the facility's policy titled, Antibiotic Stewardship, revised December 2016, showed:</p> <ul style="list-style-type: none"> - Antibiotic will be prescribed and administered to the residents under the guidance and the facility's Antibiotic Stewardship Program; - The purpose of the Antibiotic Stewardship Program is to monitor the use of antibiotics in the residents. <p>Review on 12/06/24 at 9:45 A.M., of the Antibiotic Stewardship Program showed:</p> <ul style="list-style-type: none"> - No documentation of the antibiotic stewardship tracking completed. <p>Review of the October 2024 Quality Assurance Performance Improvement (QAPI) meeting minutes for Infection Control showed:</p> <ul style="list-style-type: none"> - The total number of infection from previous month verses this month; - The number of infections per body system; - Number of antibiotics prescribed and if they met criteria; <p>Review of the facility's Matrix (a listing of all facility residents), dated 12/04/24, showed one resident currently received antibiotics.</p> <p>During an interview on 12/06/24 at 10:30 A.M., Register Nurse (RN) M, the Infection Preventionist (IP), said he/she looked at what antibiotics were ordered, made sure they followed the criteria, and gave everything to the Director of Nursing (DON) who kept it. All the information was then gone over in the monthly QAPI meetings.</p> <p>During an interview on 12/06/24 at 12:30 P.M., the DON said the IP collects all of the information and ensured the antibiotics followed the ordering criteria. The infection control was then gone over in QAPI monthly.</p>		