

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  Rancho Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  615 Rancho Lane Florissant, MO 63031	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34926</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #1) arrived for his/her heart valve surgery with blood thinners placed on hold per order. The resident missed two surgery appointments due to facility error. The facility also failed to ensure one resident (Resident #2) was properly dressed and safe when he/she was sent to dialysis with no pants on, only a brief and no lift pad under him/her despite physician orders for transfers via mechanical lift. The sample was 12. The census was 92.</p> <p>1. Review of Resident #1's electronic medical record, showed the resident was admitted to the facility on [DATE] with diagnoses that included Type II Diabetes Mellitus, flaccid (soft or weak) hemiplegia (paralysis on one side of the body) affecting the left non-dominant side, atrial fibrillation (an irregular and often very rapid heart rhythm), and chronic kidney disease.</p> <p>Review of the resident's Care Plan, in use during the investigation, showed:</p> <p>-Focus: Activities of Daily Living (ADL, essential and routine self-care tasks that most healthy individuals can perform without assistance): Resident has an ADL self-care performance deficit related to decreased mobility, pain, obesity. He/She is incontinent and is at risk for Impairment to Skin Integrity. Requires the assistance of 1-2 staff members for bed mobility, transfers (Hoyer, a mechanical lift). Has a goal to stand but is currently working on sitting balance. He/She will ask the staff for assistance as needed, such as when he/she is incontinent, he/she will ask to be changed. Date Initiated: 05/02/2023;</p> <p>-Goal: Will improve current level of function through the review date. Will demonstrate sufficient trunk control while sitting;</p> <p>--Interventions:</p> <p>--Dressing: Totally dependent on one staff for dressing;</p> <p>--Toilet use: Resident is not toileted. He/She requires peri care with each incontinent episode;</p> <p>--Transfers: Resident requires a mechanical lift (Hoyer) with two staff assistance for transfers.</p> <p>Review of the resident's electronic Physician's Orders, in use during the time of the investigation, showed:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No noted order for the resident to receive the heart valve surgery on 4/16/24, 4/22/24 or 4/25/24;</p> <p>-Apixaban (anticoagulant) Oral Tablet 2.5 milligrams (mg): Give 1 tablet by mouth two times a day for atrial fibrillation (an irregular and often very rapid heart rhythm). Start Date-4/2/24. Hold Date from 4/16/24 to 4/26/24. No documentation to hold prior to heart valve surgery scheduled for 4/16/24.</p> <p>Review of the resident's electronic April 2024, Medication Administration Record (MAR), showed:</p> <p>-Apixaban (anticoagulant) Oral Tablet 2.5 mg: Give 1 tablet by mouth two times a day for atrial fibrillation. Start Date-4/2/24. Hold Date from 4/16/24 to 4/26/24. No documentation to hold from 4/6/24 to 4/16/24.</p> <p>Review of the resident's Surgical Instructions, dated 4/22/24, showed:</p> <p>-Check with your doctor if you need to STOP taking: If you are taking any of these medications, please contact the Surgeon to see if you need to stop it prior to your surgery and if so when. Also, check with the prescribing physician.</p> <p>--Aspirin (ordered by your doctor);</p> <p>--Coumadin (Warfarin, anticoagulant);</p> <p>--Eliquis (Apixaban, anticoagulant);</p> <p>--Brilinta (Ticagrelor, anticoagulant);</p> <p>--Xarelto (Rivaroxaban, anticoagulant);</p> <p>--Effient (Prasugrel, anticoagulant);</p> <p>--Plavix (Clopidogrel, anticoagulant);</p> <p>-One week before surgery STOP taking (unless directed otherwise by your physician):</p> <p>--All herbal/vitamin supplements;</p> <p>--Aspirin (not ordered by your doctor);</p> <p>--Aleve, Advil, Motrin, Ibuprofen, Excedrin, Naproxen, Meloxicam, Diclofenac (oral and topical) (all are NSAID medications, non-steroidal anti-inflammatory drugs used to relieve pain, reduce inflammation, and bring down a high temperature);</p> <p>--Relafen, Celebrex, Ketorolac (Toradol) or other similar medications (NSAID) (Tylenol is okay unless it is not recommended by your physician).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility was unable to provide in-servicing or education of all staff related to ensuring appointment instructions are followed and transportation is set-up. Nor did they have a monitoring system in place.</p> <p>During an interview on 5/24/24 at 1:11 P.M., the Registered Nurse (RN) Manager of the surgery center said:</p> <ul style="list-style-type: none"> <li>-The first time the resident was scheduled for heart valve surgery was on 4/16/24. The resident arrived for the surgery without following the surgical instructions to hold blood thinner, so he/she was not able to have the surgery. The surgical orders had been faxed to the facility in advance and they were aware of the orders;</li> <li>-The surgery was rescheduled for 4/22/24 and the surgical instructions were sent back to the facility with the resident and were also sent via fax to ensure the orders were received;</li> <li>-The resident did not arrive to the 4/22/24 scheduled heart valve surgery because the facility failed to arrange transportation;</li> <li>-The surgery was again rescheduled for 4/25/24;</li> <li>-After multiple phone calls, faxes to ensure transportation was set up and all instructions were followed, the resident did receive the heart valve surgery on 4/25/24.</li> </ul> <p>During an interview on 5/24/24 at 1:31 P.M., Licensed Practical Nurse (LPN) E said he/she had received a phone call from the surgery center saying the resident could not have surgery because the resident's blood thinner was not held. As soon as he/she got off the phone with the surgery center, he/she went and spoke with the Assistant Director of Nursing (ADON) about it. He/She said he/she would take care of it.</p> <p>During an interview on 5/24/24 at 2:57 P.M., the ADON said the resident did have to have his/her surgery rescheduled twice. The first time, the surgery center did not notify them of the pre-surgery instructions prior to the first surgical appointment or they would have held the blood thinner. The surgical center was sending the paperwork to the resident's family, not the facility. He/She did not know if they reached out to the surgical center to inquire about any pre-surgical instructions. Transportation is set up by Social Services. The ADON is not sure what happened with the transportation. The resident did finally get the surgery. The ADON expected staff to follow all physician orders and surgical instructions.</p> <p>During an interview on 5/24/24 at 3:34 P.M., the resident said the facility caused him/her to miss his/her scheduled heart valve surgery twice. They did not hold his/her medication the first time and then forgot to take him/her the second time. He/She was getting worried because the surgery was for his/her heart and it could have really hurt him/her. The resident finally did get the surgery and is doing ok now.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #2's electronic medical record, showed the resident was admitted to the facility on [DATE] with diagnoses that included absence of right leg above the knee, absence of left leg above the knee, muscle wasting and atrophy (loss of muscle mass), reduced mobility, repeated falls and end stage renal disease (a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life).</p> <p>Review of the resident's Care Plan, in use during the investigation, showed:</p> <ul style="list-style-type: none"> <li>-Focus: Had an ADL self-care performance deficit related to (blank). Date Initiated: 7/26/23;</li> <li>-Goal: Will maintain current level of function through the review date. Date Initiated: 7/26/23;</li> <li>-Interventions:</li> <li>--Dressing: Requires limited assistance by one staff to dress. Date Initiated: 8/8/23;</li> <li>--Transfer: Requires limited assistance by one staff to move between surfaces as necessary. Date Initiated: 8/8/23.</li> </ul> <p>Review of the resident's Skilled Nursing Note, dated 5/17/24, showed:</p> <ul style="list-style-type: none"> <li>-Oriented to person, place and situation;</li> <li>-Does not bear weight;</li> <li>-Requires assistance with transfers, toileting and eating;</li> <li>-Incontinent of bowel and bladder;</li> <li>-Received dialysis services.</li> </ul> <p>Review of the facility's Concern/Grievance Report, dated 5/18/24, showed:</p> <ul style="list-style-type: none"> <li>-The resident was sent to dialysis without pants on and without a Hoyer pad underneath him/her;</li> <li>-The Director of Nursing (DON) spoke with the nurse, educated the nurse regarding resident condition, need to be fully dressed with a Hoyer pad underneath him/her when going to dialysis.</li> </ul> <p>Review of the facility's Investigation, showed the following Statement by LPN G:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On the morning of May 18, 2024 LPN G was informed that the transportation for Resident #2 was here at the facility. At the time, the resident was still lying in bed and had not been dressed for dialysis. In addition, the Certified Nursing Assistant (CNA) responsible for his/her care had already left the facility and the relief CNA had not yet arrived. Due to this, LPN G felt responsible for getting the ready for dialysis and was in a rush due to the transportation already being at the facility for pick-up. He/She was not sure what would be considered appropriate attire for the resident and felt pressure to get him/her ready as quick as possible. He/She was later informed that the resident was not dressed appropriately and was educated by the supervisor on what is considered appropriate attire, and to ensure that any resident being sent out of the facility for any medical procedure is appropriately dressed for the weather. This was an error in judgment and he/she apologized for this situation and any inconvenience this may have caused.</p> <p>Review of the facility's Investigation, showed the following Statement by the DON, dated 5/20/24:</p> <p>-Interview with LPN G: On 5/18/24, the resident had dialysis. According to LPN G, no CNA was around to get him/her ready. LPN G changed the resident's shirt and brief, then transferred him/her to the wheelchair. LPN G did not put pants on the resident or put a Hoyer pad underneath him/her. LPN G stated it was the first time he/she had gotten the resident ready and wasn't aware he/she wore pants, as he/she is a double amputee and always has a blanket on his/her lap. LPN G also stated he/she was not aware the resident would need a Hoyer pad. LPN G was educated that residents need to be fully dressed when leaving the facility and a Hoyer pad underneath them for dialysis. LPN G verbalized understanding.</p> <p>Review of the facility's investigation, showed no documentation that in-servicing or education was provided to all staff related to ensuring residents are properly dressed for outside appointments, nor did they have documentation of a monitoring system currently in place.</p> <p>During an interview on 5/24/24 at 1:31 P.M., LPN E said the resident was unable to dress himself/herself and required extensive assistance by staff. The resident required a Hoyer lift for transfers.</p> <p>During an interview on 5/24/24 at 12:48 P.M., the Regional Nurse Consultant said the resident was sent to dialysis without being properly dressed. The dialysis center notified the facility and an investigation was started. Staff was in-serviced. He/She expected staff to ensure all residents are appropriately dressed and wearing pants any time they leave the facility. It is not acceptable for a resident to go outside their room without proper clothing in place. If a resident required a mechanical lift transfer, he/she expected staff to use the mechanical lift and make sure there is a lift pad under the resident for safety.</p> <p>During an interview on 5/24/24 at 2:33 P.M., the Dialysis Center Nurse said on 5/18/24, the resident arrived at dialysis with no pants on. The resident had a brief on with a shawl draped over his/her lap. The resident did have a shirt on, but it was too small on the resident and his/her stomach was showing. The dialysis center placed a paper gown on the resident over the shirt and brief. The facility was called and notified the resident was not properly dressed. The nurse he/she spoke with said oh, well that was night shift that did that and was more upset that we notified the family of how he/she was dressed than that it occurred. The facility did not offer to bring the resident any clothing.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/24/24 at 3:11 P.M., the resident said that he/she was sent to dialysis with no pants on, just something covering his/her legs. He/She was cold and embarrassed. The resident said he/she requires staff to dress him/her. He/She can not dress himself/herself.</p> <p>MO00235065</p> <p>MO00236329</p> <p>35394</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34926</p> <p>Based on interview and record review, the facility staff failed to provide protective oversight for one resident (Resident #3) who eloped, leaving the facility and facility grounds. The resident was missing for at least 30 minutes without staff's knowledge. The facility noted the resident was missing when the police department brought the resident back to the facility, asking if he/she belonged there. Staff failed to document the resident's activity preferences in the care plan, which would distract the resident from wandering. This had the potential to affect all residents who wander and/or exit seek. The sample was 12. The census was 92.</p> <p>Review of the facility's Abuse Prevention and Prohibition Program, revised 10/24/22, showed:</p> <ul style="list-style-type: none"> <li>-Policy: Each resident has the right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property. The Facility has zero-tolerance for abuse, neglect, mistreatment, and/or misappropriation of resident property. Staff must not permit anyone to engage in verbal, mental, sexual, or physical abuse, neglect, mistreatment, or misappropriation of resident property;</li> <li>-Reporting/response: Facility Staff are mandatory reporters;</li> <li>-All covered individuals will report reasonable suspicion of a crime against a resident when it is objectively reasonable for a person to entertain a suspicion of conduct that appears to be financial abuse, physical abuse, neglect, abandonment, isolation, abduction, or other treatment resulting in physical harm or pain or mental suffering, deprivation of goods or services that are necessary to avoid physical harm or mental suffering;</li> <li>-Immediately, but no later than two hours after forming the suspicion, if the alleged violation involves abuse or results in serious bodily injury to the state survey agency, adult protective services, law enforcement, and the Ombudsman;</li> <li>-Reporting requirements are based on real (clock) time, not business hours.</li> </ul> <p>Review of the facility's Wandering and Elopement policy, 10/24/22, showed:</p> <ul style="list-style-type: none"> <li>-Policy: The facility will identify residents at risk for elopement and minimize any possible injury as a result of elopement;</li> <li>-Procedure: The licensed nurse, in collaboration with the Interdisciplinary Team (IDT), will assess residents upon admission, readmission, quarterly, and upon identification of significant change in condition according to the Resident Assessment Instrument (RAI) guidelines to determine their risk of wandering/elopement;</li> <li>-The resident's risk for elopement and preventative interventions will be documented in the resident's medical record, and will be reviewed and re-evaluated by the IDT upon admission, readmission, quarterly, and upon change in condition according to the RAI guidelines;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The Administrator/designee will continue to work with law enforcement and the responsible party until the resident is located;</p> <p>-The Licensed Nurse most familiar with the incident will document in the resident's medical record how the elopement occurred;</p> <p>-The Facility will make necessary reports to state agencies;</p> <p>-Return of a resident: When an individual who departed without following proper procedures returns to the facility, the Director of Nursing Services or Licensed Nurse should:</p> <p>-Examine the resident for any possible injuries;</p> <p>-Notify the Attending Physician;</p> <p>-Notify the resident's responsible party.</p> <p>-The Licensed Nurse will initiate or update the resident's Care Plan and implement immediate intervention(s) to prevent further wandering/elopement by the resident;</p> <p>-The IDT, with input from the Licensed Nurse, will conduct a thorough review of the elopement, document its findings in the IDT notes, and update the Care Plan to prevent a recurrence;</p> <p>-The Quality Assessment &amp; Assurance Committee will review all instances of elopement.</p> <p>Review of Resident #3's electronic medical record, showed the resident was admitted to the facility on [DATE] with diagnoses that included dementia (the impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and major depressive disorder.</p> <p>Review of the resident's progress notes, showed:</p> <p>-5/13/24 at 7:54 P.M.: Alert Note: Resident was returned to facility at 7:55 P.M. by Florissant police. Resident was seen walking down sidewalk and returned to facility. Resident stated he/she left out of the front door and no door alarm was sounded. Certified Nursing Assistant (CNA) assigned to resident did not see him/her leave and stated he/she has fled before. Vital signs were taken upon his/her return to unit: blood pressure 151/85 (normal range between 90/60 and 120/80 mmHg), pulse 97 (normal range between 60 to 100 beats per minute, bpm), respirations 19 (normal range between 12 to 18 breaths per minute), oxygen saturation 95% (normal range, 95% and 100%) on room air, temperature 98.3 (normal range between 97.8 F (Fahrenheit) to 99.1 F). Responsible party has been notified. Plan of care active and ongoing;</p> <p>-No documentation the facility administration, the physician or DHSS was notified of the elopement;</p> <p>-No documentation that an investigation had been started;</p> <p>-5/14/24 at 9:06 A.M.: Social Services Note: Psychosocial follow up. Resident was resting in his/her bed. Resident has no memory of the incident yesterday;</p> <p>(continued on next page)</p>		

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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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--Problem: Disorientation;</p> <p>--Problem Status: Worsening - Mild Exacerbation;</p> <p>--Problem Is: Established;</p> <p>--Problem Type: Chronic Condition;</p> <p>--Plan: Consistent and routine Care - eating meals in dining area, engaging in activities;</p> <p>-5/15/24 at 10:53 A.M., Social Services Note: Psychosocial follow up. Resident was resting in his/her bed.</p> <p>Review of the resident's Wandering Risk Assessment, dated 4/26/24, showed:</p> <p>-Mental Status: Can follow directions;</p> <p>-Mobility: Is ambulatory;</p> <p>-History of Wandering: Has no history of wandering;</p> <p>-Diagnosis: The resident has medical diagnosis of dementia/cognitive impairment; diagnosis impacting gait/mobility or strength;</p> <p>-The resident has wandered in the past month;</p> <p>-Resident noted to wander within building and confused with some agitation related to overstimulation. Resident was noted to be confused and agitated following weather warning;</p> <p>-Score: 12;</p> <p>-Scoring:</p> <p>--11 - above: High risk to wander.</p> <p>Review of the resident's Care Plan, in use at the time of investigation, showed:</p> <p>-Focus: Wandering: Resident is an elopement risk/wanderer as evidence by wandering risk assessment. He/She is noted to frequently walk up and down the halls. 5/13/24: wandered outside;</p> <p>-Goal:</p> <p>--Resident will not leave facility unattended through the review date;</p> <p>--Resident's safety will be maintained through the review date;</p> <p>-Interventions:</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--5/13/24: placed on 1:1 (one staff to one resident) monitoring. Skin and pain assessment completed. Social Services Director (SSD) followed up with resident. Staff educated. Monitor for wandering/confusion. 5/14/24, Nurse Practitioner (NP) assessed the resident;</p> <p>--Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, or book. Resident prefers: Blank;</p> <p>--Identify pattern of wandering: Is wandering purposeful, aimless, or escapist? Is resident looking for something? Does it indicate the need for more exercise? Intervene as appropriate.</p> <p>Review of the facility's Elopement Investigation Summary, dated 4/13/24, showed:</p> <p>-Initial Investigation: Resident #3 has a Brief Interview for Mental Status (BIMS, a screening tool used to determine cognitive impairment) score of 6 out 15, indicating severe impairment. His/Her diagnoses are, but not limited to, rheumatoid arthritis of multiple sites, muscle wasting and atrophy, dementia, major depressive disorder, and reduced mobility. At approximately 7:34 P.M., the resident was escorted back to the facility by the Police Department, who was inquiring if the resident was our resident, as he/she was noted to be walking down the sidewalk outside the facility. Investigation Initiated;</p> <p>-Initial Interventions:</p> <p>--Resident placed on 1:1;</p> <p>--Skin check completed;</p> <p>--Wandering assessment completed;</p> <p>--Pain assessment completed;</p> <p>--House wide head count completed;</p> <p>--House wide door check initiated;</p> <p>--Elopement, alarm, abuse, and neglect education initiated;</p> <p>--Family notified;</p> <p>--Physician notified;</p> <p>--Investigation initiated;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Findings: The resident was noted by facility staff at 6:30 P.M. He/She was speaking with two other residents at the nursing desk on 200/400 hall. The resident appeared calm and did not display any wandering behavior at time of observation. At approximately 6:57 P.M. the resident was viewed via video ambulating down 200 hall. There is an emergency exit door at the end of 200 hall. At approximately 7:34 P.M., the resident was escorted back to the facility by the Police. The resident was noted to be down by the stop light. Facility can be seen at the light. The resident was interviewed at the time of return, he/she stated he/she went out the front door and was just walking. Weather at the time was 66 degrees, no rain noted at the time nor was the resident wet upon return. The resident was wearing proper clothing, short sleeve shirt, sweatpants, proper shoes, &amp; socks noted. On return, the resident was not in distress, no skin concerns, or pain noted;</p> <p>-Conclusion: The investigation showed that there was a delivery in progress at the same time in which the resident was seen headed in the same direction. The facility can conclude that the resident left through the emergency exit door at the end of 200 hall. The alarm was working when checked by maintenance personnel and verified by the alarm company. The resident had not displayed exit seeking behavior prior to this incident. The resident had no pain or injury noted. The resident did state that he/she feels safe at the facility;</p> <p>-Final interventions:</p> <p>--The resident remains on 1:1;</p> <p>--200 hall emergency exit door is on 1:1. (while verifying that it worked properly);</p> <p>--Maintenance is completing checks on the door and repairs;</p> <p>--Alarm company was called and verified all in working order;</p> <p>--SSD followed up with the resident;</p> <p>--NP assessed resident 5/14/24;</p> <p>--Education on elopement, alarms, abuse, and neglect ongoing;</p> <p>--Education with maintenance staff completed on policy and alarm;</p> <p>--Daily door audits will be conducted;</p> <p>--Wandering assessment completed on all residents;</p> <p>--Elopement binders updated based off new wandering assessments;</p> <p>--Family provided update;</p> <p>--Staff will be interviewed on elopement procedures;</p> <p>--Care plan updated;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--Deliveries will need to be made through our main entrance only during working hours to ensure proper oversight, all other deliveries will not be allowed.</p> <p>Review of the resident's Wandering Risk Assessment, dated 5/13/24, showed:</p> <ul style="list-style-type: none"> <li>-Mental Status: Can follow directions;</li> <li>-Mobility: Is ambulatory;</li> <li>-History of Wandering: Has history of wandering;</li> <li>-Diagnosis: The resident has medical diagnosis of dementia/cognitive impairment; diagnosis impacting gait/mobility or strength;</li> <li>-The resident has wandered aimlessly within the home or off the grounds;</li> <li>-The resident has wandered in the past month;</li> <li>-Score: 18;</li> <li>-Scoring:</li> <li>--11 - above: High risk to wander.</li> </ul> <p>Review of the facility's in-servicing showed the following in-services dated for 5/13/24 and 5/14/24:</p> <ul style="list-style-type: none"> <li>-Protocols on what to do when you hear a door alarm;</li> <li>-Proper elopement protocols in the event of an elopement. Call code pink;</li> <li>-If the alarms are not working, appoint a 1:1 immediately to wandering residents. Frequent rounding on residents, implementing interventions for wandering if needed;</li> <li>-If door alarms are not working, notify &amp; report to maintenance immediately;</li> <li>-Maintenance policies and communication now that we know that door maglock (an electric locking device that uses low-voltage power to keep an entrance secure).</li> </ul> <p>During an interview on 5/17/24 at 11:50 A.M., LPN B said the resident eloped on 5/13/24 and was brought back to the facility by the police. Staff were not aware the resident was gone from the facility until he/she returned. The nurses are responsible for identifying wandering patterns and placing interventions as needed. This is a continuous process. The questions in the care plan are a starting place and the answers will be different with each situation.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/17/24 at 1:50 P.M., the Regional Nurse Consultant (RNC) said a resident did get out of the facility. The resident had exited the building and was brought by the police. The incident was investigated and in-servicing was done. He/She was not completely sure of the extent of it or who it was. The RNC did not know how far the resident made it from the facility or if he/she was out of sight of staff.</p> <p>During an interview on 5/17/24 at 3:12 P.M., the Administrator said the resident did get out of the building, but it was not an elopement because the resident did not get out of sight of the building. The resident walked to the end of the block, turned left and walked to the end of the block by the traffic light. That is where the police picked him/her up. You can see the traffic light from the building. Staff did not know the resident was out of the building until he/she was returned by the police.</p> <p>During an interview on 5/24/24 at 2:13 P.M., CNA D said he/she was new to the facility and did not know where the elopement book was located. He/She did not know where to find information on how to care for each resident.</p> <p>During an interview on 5/24/24 at 2:13 P.M., CNA C said he/she did not know where the elopement book was located or where to find information on how to care for each resident.</p> <p>During observation and interview on 5/24/24 at 2:15 P.M., LPN A said they have a pink book that has information on how to care for the resident. He/She looked through the pink book, but there was no information in there. LPN A did not see anything in the pink book except a list of resident names and a blank space for notes. He/She located the elopement book at the nurse's station. LPN A said staff can look in the electronic medical record for more information. CNA C said the nurses have access to the electronic medical record. LPN A said he/she will ask other nurses if it was true.</p> <p>Review of the facility's elopement books on 5/24/24 at 1:47 P.M., showed books located on the East and [NAME] nurses stations, and the resident was listed as an elopement risk.</p> <p>During an interview on 5/24/24 at 2:25 P.M., LPN A said CNAs are able to look up resident care information in the medical record.</p> <p>During an interview on 5/24/24 at 3:23 P.M., the resident said that he/she just went walking outside. Someone opened the door and he/she just walked out. He/She was not aware that he/she was not supposed to exit the building, no one had ever told him/her that. Some people, he/she thinks the police, brought him/her back to the facility. The resident has not been told that he/she cannot go outside alone since the incident, but he/she overheard some conversations saying that is the rules.</p> <p>35394</p>		