

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Prairie View Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 606 West Missouri Street Bloomfield, MO 63825	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872</p> <p>Based on interview and record review, the facility failed to obtain a physician's order for one resident (Resident #11) outside the sample. The facility failed to follow wound care orders for one resident (Resident #17) out of two sampled residents and failed to follow physician orders for Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) to evaluate and treat as indicated for two residents (Resident #26 and #30) out of four sampled residents. The facility census was 34.</p> <p>Review of the facility's policy titled, Physician's Services, revised February 2021, showed:</p> <ul style="list-style-type: none"> - The medical care of of each resident is supervised by a licensed physician; - Once a resident is admitted , orders for the resident's immediate care and needs can be provided by a physician, physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS); - Supervising the medical care of residents include participating in the resident's assessments, providing consultation or treatment when called by the facility, prescribing medications and therapy, and care planning and overseeing a relevant plan of care for the resident; - The policy did not address colostomy (a surgical procedure in which a piece of the colon is diverted to an artificial opening in the abdominal wall as to bypass a damaged part of the colon) care; - The policy did not address PT, OT, and ST; - The policy did not address wound care. <p>1. Review of Resident #11's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of colostomy, ileostomy (an opening into the small intestine from the outside of the body), chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), anxiety (persistent worry and fear about everyday situations) and schizophrenia (a long term mental disorder that affects a person's ability to think, feel, or behave clearly, sometimes including delusions or hallucinations). <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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Physician Order Sheet (POS), dated April 2024, showed no order for the colostomy, colostomy care, or resident to self-perform the colostomy care.</p> <p>During an interview on 04/23/24 at 4:15 P.M., the resident said staff brought him/her the supplies to change his/her colostomy. He/She cut out the wafer (skin barrier) and placed it over the stoma (opening). He/She asked staff for assistance with his/her colostomy care at times. His/Her colostomy bag was changed every three to four days.</p> <p>During an interview on 04/26/24 at 12:22 P.M., the Assistant Director of Nursing (ADON) said Resident #11 did not have an order because he/she cleaned it independently. The facility provided the resident with the supplies to change his/her colostomy.</p> <p>During an interview on 04/26/24 at 12:23 P.M., the Director of Nursing (DON) said if a resident had a colostomy, there should be a physician's order and how to care for it.</p> <p>During an interview on 04/26/24 at 12:24 P.M., the Administrator said if a resident had a colostomy, there should be a physician's order for it and how to care for it.</p> <p>2. Review of Resident #17's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of cutaneous abscess of limb (wound), atherosclerotic heart disease (fat build up in and on artery walls), diastolic congestive heart failure (main pumping chamber of the heart becomes stiff and unable to pump), acute pulmonary embolism and thrombosis of the lower extremity (blood clots in the lungs and/or deep veins in the legs). <p>Review of the resident's POS, dated 04/22/24, showed an order to change the dressing daily and as needed for soiling, saturation, or unscheduled removal.</p> <p>Review of the resident's April 2024 treatment administration record (TAR) showed:</p> <ul style="list-style-type: none"> - Licensed Practical Nurse (LPN) D provided wound care on 04/22/24 and 04/24/24; - Wound care was not provided on 04/23/24 and 04/25/24; - ADON provided wound care on 04/26/24; - Two out five opportunities missed. <p>During an interview on 04/26/24 at 9:23 A.M., the ADON said orders for resident's wound care were Monday, Wednesday, and Friday and as needed.</p> <p>During an interview on 04/26/24 at 10:02 A.M., the ADON said the most recent wound company order showed the resident's wound care dressing should be changed daily and as needed. She was not sure how the order got missed. She was the one that scanned the orders into the system and did not check the order before scanning it.</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>3. Review of Resident #26's medical chart showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of arthritis and pain in the right hand. <p>Review of the resident's POS, dated April 2024, showed:</p> <ul style="list-style-type: none"> - An order for PT, OT and ST evaluation one time only for 30 days, dated 03/22/24, and the order ended on 04/21/24. No evaluation was completed; - No order for restorative therapy. <p>During an interview on 04/24/24 at 2:48 P.M., the resident said he/she had been teaching him/herself to eat with left hand since he/she hadn't received any therapy.</p> <p>During an interview on 04/26/24 at 8:40 A.M., the Restorative Nurse Aid (RNA) said restorative referrals come from therapy after they had been evaluated.</p> <p>During an interview on 04/26/24 at 8:47 A.M., the ADON said not everyone was evaluated by therapy and Resident #26 was likely not evaluated because of insurance.</p> <p>4. Review of Resident #30's medical chart showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of stroke and dysphasia (difficulty swallowing). <p>Review of the resident's POS, dated April 2024, showed:</p> <ul style="list-style-type: none"> - An order for PT, OT, ST to evaluate and treat as indicated, dated 03/19/24; - No order for restorative therapy. <p>During an interview on 04/26/24 at 8:43 A.M., the RNA said Resident #30 was not receiving restorative services and did not know if he/she had been evaluated by therapy or not.</p> <p>During an interview on 04/26/24 at 10:01 A.M., the Administrator said PT/OT/ST evaluate and treat order was a standing order but evaluations were not completed unless the resident needed therapy. Evaluations were not completed if residents did not have a payor source.</p> <p>During an interview on 04/26/24 at 12:04 P.M., the DON said the residents should be screened on admission and she would expect an order to be completed if it was on the POS.</p> <p>During an interview on 04/26/24 at 12:08 P.M., the Corporate Nurse said the electronic medical records program put the orders for PT/OT/ST evaluate and treat in the facility's standing orders.</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>During an interview on 04/26/24 at 12:08 P.M., the Administrator said all residents were screened on admission by therapy assistants but no documentation was completed.</p> <p>During an interview on 05/01/2024 at 3:45 P.M., the Administrator said she would expect orders to be followed and reviewed on a weekly basis. It was the charge nurse who would entered the new orders, but it would be the responsibility of the ADON and/or the Minimum Data Set (MDS - a federally mandated assessment completed by the facility) Coordinator to review the orders for changes.</p> <p>During an interview on 05/02/24 at 9:48 A.M., the DON said she would expect orders to be reviewed and followed. The ADON would be the one that needed to review the orders.</p> <p>50260</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on interview and record review, the facility failed to ensure residents with limited range of motion (ROM) received appropriate treatment and services to increase their ROM and/or prevent a further decrease in their ROM for one resident (Resident #8) out of two sampled residents. The facility census was 34.</p> <p>Review of the facility's policy titled, Restorative Nursing Services, revised July 2017 showed:</p> <ul style="list-style-type: none"> - Residents will receive restorative nursing care as needed to help promote optimal safety and independence; - Restorative nursing consist of nursing interventions that may or may not be accompanied by formalized rehabilitative services; - Residents may be started on a restorative nursing program upon admission and during the course of the stay; - Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care. <p>1. Review of Resident #8's medial record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of muscle weakness (decreased strength in the muscles), abnormal posture (rigid body movements and chronic abnormal positions of the body), need for assistance with personal care (loss of, or loss of use of, all or part of the neurological, muscular or skeletal functions of the body to the extent that the person requires assistance of another person), and spinal stenosis of the cervical region (changes in the vertebrae of the neck and joints). <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 04/24/24 showed:</p> <ul style="list-style-type: none"> - Cognition intact; - Dependent of staff with activity of daily living (ADL's) and self care. <p>Review of the resident's care plan, dated 04/24/24, showed:</p> <ul style="list-style-type: none"> - Required assistance with ADL's due to weakness, generalized muscle weakness, left sided weakness, and need for assistance with personal care; - Wore a brace to the left upper extremity when tolerated; <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Restorative care three times weekly for 90 days, dated 02/28/24, to increase left hand splint tolerance, decrease flaccidity, increase strength in the left upper extremity, demonstrate and maintain sitting up position.</p> <p>Review of the resident's Physician Order Sheet (POS), dated April 2024, showed an order for Restorative Nursing Services to be provided three times weekly, dated 02/28/24.</p> <p>Review of the resident's restorative nursing documentation, dated March 2024 through April 26, 2024, showed:</p> <ul style="list-style-type: none"> - Increase left hand splint tolerance, decrease flaccidity, increase strength in the left upper extremity, and demonstrate and maintain sitting up position; - March 2024 calendar showed six missed opportunities out of 12 opportunities for restorative therapy; - April 2024 calendar showed nine missed opportunities out of 12 opportunities for restorative therapy. <p>During an interview on 04/26/24 at 8:40 A.M., the Restorative Nurse Aide (RNA), said he/she did not get RNA tasks completed as ordered due to him/her doing the transportation for the facility. The RNA said he/she tried to do as much as he/she could.</p> <p>During an interview on 04/26/24 at 8:50 A.M., the Administrator said the RNA needed to let staff know when he/she was going to be out of the facility, which would allow someone else to complete the restorative tasks.</p> <p>49999</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on observation, interview and record review, the facility failed to ensure placement of the Foley catheter (a tube inserted into the bladder to drain urine) tubing and drainage bags for one resident (Resident #27) out of four sampled residents. The facility census was 34.</p> <p>Review of the facility's policy titled, Urinary Catheter Care, revised August 2022, showed the position of the drainage bag should be lower than the bladder at all times to prevent urine from flowing back into the urinary bladder.</p> <p>1. Review of Resident #27's medial record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnosis of urinary retention (an inability to empty the bladder of urine); - Physician Order Sheet (POS), dated April 2024, with an order to change the Foley catheter monthly, dated 02/22/24. <p>Observations of the resident showed:</p> <ul style="list-style-type: none"> - On 04/23/24 at 12:10 P.M., the resident sat in a wheelchair in the dining room and the uncovered catheter drainage bag hung on the right armrest of the wheelchair; - On 04/24/24 at 11:45 A.M., the resident sat in a wheelchair in the hallway and the uncovered catheter drainage bag hung on the right armrest of the wheelchair; - Observation on 04/25/24 at 10:28 A.M., the resident sat in a wheelchair near the nurses' station and the uncovered catheter drainage bag hung on the right armrest of the wheelchair. <p>During an interview on 04/26/24 at 9:00 A.M., Certified Nurse Aide (CNA) B said staff usually hung the resident's catheter bag on the arm of the wheelchair. There were bars under the wheelchair and staff could hang it there. The catheter bag should be placed in a privacy bag and did not know if the facility had any at this time.</p> <p>During an interview on 04/26/24 at 10:21 A.M., Licensed Practical Nurse (LPN) C said the catheter should be in a privacy bag if the resident was outside of his/her room. The facility had privacy bags and staff should be using them. The catheter bag should be placed under the wheelchair and always below the resident's bladder.</p> <p>During an interview on 04/26/24 at 10:27 A.M. the Assistant Director of Nursing (ADON) said the catheter bag should be placed underneath the wheelchair on the crossbars on the non-movable part of the wheelchair. The catheter bag should always be placed in a privacy bag.</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 04/26/24 at 12:10 P.M., the Director of Nursing (DON) said the catheter drainage bag should be positioned lower than the bladder, should be placed under the wheelchair and always in a privacy bag.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49999</p> <p>Based on observation, interview and record review, the facility failed to maintain a medication error rate of less than five percent (%). There were 35 opportunities with three errors made, resulting in an error rate of 8.57% for three residents (Residents #1, #5 and #22) out of three sampled residents. The facility's census was 34.</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 accordance with prescriber orders, including any required time frame; - The policy did not address insulin pen administration technique. <p>Review of the Humalog/lispro (a rapid insulin injected just below the skin that helps lower mealtime blood sugar spikes) Kwik Pen (Insulin in a pen-type device) instructions, revised, July 2023, showed:</p> <ul style="list-style-type: none"> - Pull the Kwik Pen cap straight off; - Wipe the rubber seal with an alcohol swab; - Check the liquid in the Pen which should be clear and colorless; - Place the new capped needle straight onto the Pen and twist the needle on until it is tight; - Pull off the outer needle shield. Do not throw away; - Pull off the inner needle shield and throw it away; - Prime the pen by turning the dose knob to two units; - Hold the pen with the needle pointing up; - Tap the cartridge holder gently to collect air bubbles at the top; - Push the dose knob in until it stops, and 0 is seen in the dose window, count to five slowly, insulin will be visible at the tip of the needle; - Select the dose; - Give the injection after selecting the area and cleaning the site with an alcohol swab. <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's Physician Order Sheet (POS), dated April 2024, showed an order for Mucinex (medication to treat cough and colds) oral tablet extended release (ER) 600 milligram (mg) by mouth every morning and at bedtime for chronic obstructive pulmonary disease (COPD - a group of diseases that cause blockage of airflow and breathing-related problems), dated 4/04/24.</p> <p>Observation of Resident #1's medication administration on 04/25/24 at 7:30 A.M., showed Certified Medication Technician (CMT) A did not administer the resident's Mucinex ER 600 mg dose in the morning as ordered.</p> <p>2. Review of Resident #5's POS, dated April 2024, showed an order for Keppra (a medication to treat seizures) 500 mg, give two tablets by mouth two times a day at 8:00 A.M., and 8:00 P.M., for seizures, dated 2/04/24.</p> <p>Observation of the resident's medication administration on 04/25/24 at 7:35 A.M., showed:</p> <ul style="list-style-type: none"> - CMT A administered one Keppra 500 mg tablet to the resident; - CMT A failed to administer two Keppra 500 mg tablets to the resident as ordered. <p>3. Review of Resident #22's POS, dated April 2024, showed:</p> <ul style="list-style-type: none"> - An order for lispro insulin pen 100 units per milliliter (ml) subcutaneous (an injection just below the skin) with meals per a sliding scale of blood sugar of if 151 - 200 = 3 Units, 201 - 250 = 6 Units, 251 - 300 = 9 Units, 301 - 350 = 12 Units, 351 - 400 = 14 Units, 401 - 999 = 16 Units and call the medical doctor (MD), dated 1/26/24. <p>Observation of Resident #22 medication administration on 04/25/24 at 11:38 A.M., showed:</p> <ul style="list-style-type: none"> - CMT A administered 14 units of lispro subcutaneously per order of the sliding scale for a blood sugar of 381 with the resident's lispro Kwik Pen; - CMT A failed to prime the lispro Kwik Pen per the manufacturer's instructions prior to the administration to the resident. <p>During an interview on 04/25/24 at 7:38 A.M., CMT A said he/she thought Resident #5 should only get one tablet of Keppra 500 mg.</p> <p>During an interview on 4/25/24 at 11:36 A.M., CMT A said he/she was trained to prime the insulin pen needles prior to an insulin injection.</p> <p>During an interview on 05/03/24 at 8:23 A.M., the Assistant Director of Nursing (ADON) said she would expect staff to prime the insulin pen needle with 2 units of insulin before selecting the dosage amount and administering the insulin injection. She would expect staff to follow the physician's orders when administering medications.</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>49999</p> <p>Based on observation, interview, and record review, the facility failed to label and store medications in a safe and effective manner. This had the potential to affect all residents. The facility census was 34.</p> <p>Review of the facility's policy titled, Medication Labeling and Storage, dated February 2023, showed:</p> <ul style="list-style-type: none"> - If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items; - Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial. <p>Review of the facility's 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>Review of the facility's policy titled, Insulin Administration, dated September 2014, showed:</p> <ul style="list-style-type: none"> - Via syringe, check expiration date, if drawing from an opened multi-dose vial. If opening new vial, record expiration date and time on vial; - No policy was given for insulin pens. <p>Review of the manufacturer's instructions for use for Humalog (an insulin used to lower blood sugar) In-use Pen showed throw away the Humalog Pen you are using after 28 days, even if it still has insulin left in it.</p> <p>Review of the manufacturer's instructions for use for lispro (an insulin used to lower blood sugar) showed do not use insulin lispro past the expiration date printed on the label or 28 days after you first use it.</p> <p>Review of the manufacturer's instructions for use for Victoza (medication used to improve blood sugar) showed:</p> <ul style="list-style-type: none"> - Use a Victoza pen for only 30 days; - Throw away a used Victoza pen 30 days after you start using it, even if some medicine is left in the pen. <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>Review of the manufacturer's instructions for use for Ozempic (medication used to help lower blood sugar) showed the Ozempic pen you are using should be disposed of (thrown away) after 56 days, even if it still has Ozempic left in it.</p> <p>Review of the manufacturer's instructions for use for Lantus (an insulin used to lower blood sugar) showed after 28 days, throw your opened Lantus pen away-even if it still has insulin in it.</p> <p>Observations on 04/24/2024 at 1:18 P.M., of the medication cart showed:</p> <ul style="list-style-type: none"> - Three Humalog pens labeled with the resident's names but with no opened or expiration dates; - Four lispro injection pens labeled with the resident's names but with no opened or expiration dates; - One Victoza injection pen labeled with the resident's name but with no opened or expiration date; - One Ozempic injection pen labeled with the resident's name but with no opened or expiration date; - One Lantus injection pen labeled with the resident's name but with no opened or expiration date. <p>During an interview on 04/25/2024 at 1:20 P.M., Certified Medication Technician (CMT) A said that he/she did not always date the insulin pens when opening for use. The insulin pens were good for 30 days.</p> <p>During an interview on 04/25/2024 at 1:22 P.M., the Assistant Director of Nursing (ADON) said that pens should be dated with either an opened date, or an expiration date when they were first opened. Some insulin pens were good for 28 days and some were for 30 days. It was the CMT's responsibility to make sure this was done.</p> <p>During an interview on 04/25/2024 at 2:15 P.M., the Director of Nursing (DON) and the Administrator said that medications should be dated when opened. Medications not properly labeled when opened should be disposed of.</p> <p>50260</p>		

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NAME OF PROVIDER OR SUPPLIER Prairie View Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 606 West Missouri Street Bloomfield, MO 63825	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 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>49999</p> <p>Based on observation, interview and record review, the facility failed to maintain proper infection control practices during the medication administration for one resident (Resident #5) out of four sampled residents. The facility failed to maintain proper infection control practices during incontinent care for one resident (Resident #8) out of four sampled residents. The facility failed to maintain proper infection control practices during a wound care treatment for one resident (Resident #17) out of two sampled residents. The facility also failed to maintain proper infection control practices during blood glucose monitoring when the staff did not properly disinfect the glucose monitor three residents (Resident #1, #22, and #30) out of three sampled residents. The facility census was 34.</p> <p>Review of the facility's policy titled, Handwashing/Hand Hygiene, revised October 2023, showed:</p> <ul style="list-style-type: none"> - The facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections; - All personnel are trained a regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections; - Hand hygiene is indicated immediately before touching a resident, after touching a resident, and after touching the resident's environment; - Perform hand hygiene before applying non-sterile gloves and after removing gloves. <p>1. Observation on 04/25/24 at 7:38 A.M., of the medication administration for Resident #5 showed:</p> <ul style="list-style-type: none"> - Certified Medication Technician (CMT) A performed hand hygiene; - CMT A placed one levetiracetam (medication to prevent seizures) 500 milligram (mg) tablet, one benzotropine (medication to improve muscle control) 1 mg tablet, one clopidogrel (heart medication) 75 mg tablet, one furosemide (a fluid medication) 20 mg tablet, one gabapentin (nerve pain medication) 800 mg tablet, one lamotrigine (an anticonvulsant medication) 25 mg tablet, one carvedilol (high blood pressure medication) 6.25 mg tablet, one isosorbide dinitrate (high blood pressure medication) 30 mg tablet, one solifenacin (a bladder relaxant medication) 10 mg tablet, one raloxifene (diabetic medication) 60 mg tablet, one potassium chloride (used to treat low potassium levels) extended release (ER) 20 milliequivalent (mEq) tablet, one pantoprazolone (heartburn medication) 40 mg tablet, one nitrofurantoin (an antibiotic) 100 mg tablet, and one metformin (diabetic medication) 500 mg tablet with his/her bare hand and then placed them into the medication cup; - CMT A, without putting on gloves and performing hand hygiene, poured two tablets of magnesium oxide (used for magnesium deficiency) 400 mg into the lid of the bottle. CMT A poured one tablet from the lid into the medication cup and held the other tablet with his/her bare fingers. CMT A placed the tablet held with his/her bare fingers back into the bottle which was used for multiple residents. <p>2. Observation on 04/25/24 at 2:02 P.M., of incontinent care for Resident #8 showed:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Certified Nursing Aide (CNA) B and CNA E put on gloves and did not perform hand hygiene; - CNA B and CNA E removed the resident's pants and unfastened the brief; - CNA B cleaned the front peri area; - Without changing gloves, CNA B and CNA E rolled the resident to his/her left side and CNA E cleaned the resident's rectal area; - CNA B and CNA E placed a clean brief under the resident by rolling him/her from side to side wearing the same gloves; - Continuing with the soiled gloves, CNA B and CNA E fastened the clean brief, pulled the resident's pants up, repositioned the bed linens, and clipped the resident's call light to the bed linens; - CNA B and CNA E removed the gloves, did not perform hand hygiene, and exited the resident's room with the trash. <p>During an interview on 04/26/24 at 10:25 A.M., CNA B said he/she should have removed the gloves after performing peri care and before the clean brief was placed on the resident. He/she said staff should always wash their hands before putting gloves on and before exiting the resident's room.</p> <p>During an interview on 04/26/24 at 10:28 A.M., the Assistant Director of Nursing (ADON) said staff should remove their gloves between dirty and clean care, use hand sanitizer or use soap/water between glove changing. The staff should wash their hands prior to entering the resident's room and before exiting the rooms.</p> <p>Review of the facility's policy titled, Cleaning and Disinfecting Resident Care Items, dated September 2022, showed:</p> <ul style="list-style-type: none"> - Reusable items are cleaned and disinfected or sterilized between residents; - Did not address scissors used for wound care. <p>3. Observations on 04/26/24 at 9:23 A.M., of Resident #17's wound care treatment showed:</p> <ul style="list-style-type: none"> - ADON performed hand hygiene and put on gloves; - ADON lay the wound care supplies, including a pair of scissors, on the resident's incontinent pad next to where the resident lay without a clean barrier under the supplies; - ADON changed gloves but did not perform hand hygiene; - ADON picked up the scissors off of the resident's incontinent pad and without disinfecting the scissors, cut the Hydrofera Blue Strip (a treatment used to absorb wound drainage and for wound healing); - ADON packed the resident's wound with the Hydrofera Blue Strips with a cotton swab; <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"> - ADON changed gloves but did not perform hand hygiene; - ADON picked up the scissors from the resident's resident's incontinent pad without disinfecting them, and cut another Hydrofera Blue Strip; - ADON placed the Hydrofera Blue Strip to the wound area and finished the wound care treatment. <p>During an interview on 04/26/24 at 11:05 A.M., the ADON said the scissors do not get cleaned before or after using them for wound dressing changes because the scissors remain in Resident #17's room. The scissors did not need to be cleaned since they remained in Resident #17's room. He/She lay the dressing supplies on the resident's incontinent pad as a barrier to the bed linens. He/She would normally sanitize or wash his/her hands between glove changes.</p> <p>During an interview on 05/02/2024 at 11:52 P.M., the DON said she would expect hand hygiene and equipment, such as scissors, to be disinfected anytime gloves were changed, and the scissors go from clean to dirty care. She would still expect scissors to be cleaned this way even if they were only being used for the same resident each time.</p> <p>Review of the facility's policy titled, Obtaining a Fingerstick Glucose Level, dated October 2011, showed:</p> <ul style="list-style-type: none"> - Wear clean gloves; - Clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice. <p>Review of Cleaning and Disinfecting Procedures for Assure Prism Blood Glucose Monitoring System (a device used to read blood sugar levels by using a drop of blood collected from a finger stick), dated August 2015, showed:</p> <p>Cleaning:</p> <ul style="list-style-type: none"> - Wear appropriate protective gear such as disposable gloves; - Open the towelette container and pull out one towelette and close the lid; - Wipe the entire surface of the meter three times horizontally and three times vertically using one towelette to clean blood and other body fluids; - Dispose of the used towelette in a trash bin; <p>Disinfecting:</p> <ul style="list-style-type: none"> - The meter should be cleaned prior to disinfection; - Pull out one new towelette and wipe the entire surface of the meter three times horizontally and three times vertically to remove blood-borne pathogens; <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"> - Dispose of the used towelette in a trash bin; - Allow exteriors to remain wet for the appropriate contact time (Super Sani-Cloth Germicidal Disposable Wipe is two minutes) and then wipe the meter using a dry cloth; - After disinfection, the user's gloves should be removed and thrown away. Wash hands before proceeding to the next patient. <p>4. Observation on 04/25/24 at 11:32 A.M., of the blood glucose monitoring for Resident #1 showed:</p> <ul style="list-style-type: none"> - CMT A performed hand hygiene and put on gloves; - CMT A pulled glucometer supplies from the medication cart and placed on top of the cart; - CMT A picked up the glucometer strip and placed it into the glucometer, picked up a lancet, pushed the lock on the medication cart, knocked on the resident's door, and entered the resident's room; - CMT A performed the blood glucose monitoring for the resident; - CMT A, without changing gloves or performing hand hygiene, exited the resident's room and walked back to the medication cart; - CMT A opened the bottom drawer on the medication cart and removed two wipes from the Sani-Cloth Germicidal Wipes container; - CMT A wiped the glucometer in two circular motions on the front and one circular motion on the back; - CMT A placed the glucometer on the medication cart, removed the gloves and performed hand hygiene; - CMT A failed remove gloves and perform hand hygiene prior to exiting the resident's room; - CMT failed to clean the glucometer as directed in the facility's policy and he/she failed to allow the glucometer to remain wet in the sanitizing solution for two minutes. <p>5. Observation on 04/25/24 at 11:35 A.M., of the blood glucose monitoring for Resident #22 showed:</p> <ul style="list-style-type: none"> - CMT A performed hand hygiene and put on gloves; - CMT A pulled a second glucometer from the top drawer of the medication cart and placed it on top of the cart; - CMT A picked up the glucometer strip and placed it into the glucometer, picked up a lancet, pushed the lock on the medication cart, knocked on the resident's door, and entered the resident's room; - CMT A performed the blood glucose monitoring for the resident; <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"> - CMT A, without changing gloves or performing hand hygiene, exited the resident's room and walked back to the medication cart; - CMT A opened the bottom drawer on the medication cart and removed two wipes from the Sani-Cloth Germicidal Wipes container; - CMT A wiped the glucometer in two circular motions on the front and one circular motion on the back; - CMT A placed the glucometer on the medication cart, removed the gloves and performed hand hygiene; - CMT A failed remove gloves and perform hand hygiene prior to exiting the resident's room; - CMT A failed did to clean the glucometer as directed in the facility's policy and he/she failed to allow the glucometer to remain wet in the sanitizing solution for two minutes. <p>6. Observation on 04/25/24 at 10:37 A.M., of the blood sugar monitoring for Resident #30 showed:</p> <ul style="list-style-type: none"> - CMT A pulled glucometer supplies from the medication cart and placed on top of the cart; - CMT A performed hand hygiene and put on gloves; - CMT A pulled the medication cart from the medication room, closed the medication room door, and pushed the cart down the hall to Resident #30's room; - CMT A picked up glucometer strip and placed it into the glucometer, picked up a lancet, pushed the lock on the medication cart, knocked on the resident's door, entered the resident's room, and did not change gloves or perform hand hygiene; - CMT A performed the blood glucose monitoring for the resident; - CMT A, without changing gloves or performing hand hygiene, exited the resident's room, walked back to the medication cart, cleaned the glucometer, and removed the gloves without performing hand hygiene; - CMT A put on gloves without performing hand hygiene, opened the bottom drawer on the medication cart and removed two wipes from the Sani-Cloth Germicidal Wipes container; - CMT A wiped the glucometer in two circular motions on the front and one circular motion on the back; - CMT A placed the glucometer on the medication cart, removed the gloves and did not perform hand hygiene; - CMT A failed remove gloves and perform hand hygiene prior to exiting the resident's room; <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>- CMT A failed did to clean the glucometer as directed in the facility's policy and he/she failed to allow the glucometer to remain wet in the sanitizing solution for two minutes.</p> <p>During an interview on 04/25/24 at 11:36 A.M., CMT A said he/she wiped the glucometer and it should stay wet for two minutes.</p> <p>50260</p>