

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Anew Healthcare Odessa		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Golf Street Odessa, MO 64076	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>22727</p> <p>Based on interview and record review, the facility failed to have in their policy to check the Nurses' Aide (NA) Registry to ensure the applicants did not have a Federal Indicator (a marker given to a potential employee who has committed abuse, neglect, or misappropriation of property against residents) for all employees prior to hire and failed to complete a check of the NA Registry for four sampled employees (Employees B, C, F and J) out of ten sampled new employees. The facility census was 49 residents.</p> <p>Review of the facility's policy titled Background Investigations revised February 2023 showed:</p> <ul style="list-style-type: none"> -The Human Resources department was responsible for conducting all applicable background investigations. -A NA registry check would be completed for all applicants applying for a position as a Certified Nursing Assistant (CNA). <p>1. Review of the facility's list of employees hired since their last annual survey showed:</p> <ul style="list-style-type: none"> -Employee B was hired on 3/15/24. -Employee C was hired on 3/5/24. -Employee F was hired on 3/25/24. -Employee J was hired on 2/6/24. <p>Review of employees B, C, F, and J's employee files showed no NA Registry check.</p> <p>During an interview on 5/23/24 at 2:44 P.M., the Administrator said:</p> <ul style="list-style-type: none"> -He/She was not working at the facility when the NA registry checks should have been completed. -He/She was responsible for completing the NA Registry checks now. -He/She thought all the NA registry checks were included on their background form. <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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She didn't know some of the background checks didn't include a NA Registry check.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on observation, interview and record review, the facility failed to accurately complete the Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) for two sampled residents (Resident #10 and #4) out of 13 sampled residents. The facility census was 49 residents.</p> <p>Review of the facility's policy titled Conducting an Accurate Resident assessment dated 2023 showed:</p> <ul style="list-style-type: none"> -Qualified staff who were knowledgeable about the resident would conduct an accurate assessment addressing each resident's status, needs, strengths, and areas of decline. -The assessment would be documented in the medical record. -The appropriate, qualified health professional would correctly document the resident's overall status. -Information provided by the initial comprehensive assessment established baseline data for the ongoing assessment of resident progress. <p>1. Review of Resident #10's tracking log showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's April 2024 Physician's Order Sheet (POS) showed there were no orders for any wound treatments or antibiotics for an infected wound.</p> <p>Review of the resident's nurse's note dated 4/2/24 showed:</p> <ul style="list-style-type: none"> -The resident was alert and oriented. -The resident's skin was intact. <p>Review of the resident's care plan dated 4/3/24 showed:</p> <ul style="list-style-type: none"> -The resident had the potential for or had actual skin impairment. -There were no interventions regarding the resident's skin. <p>Review of the resident's admission MDS dated [DATE] showed the following staff assessment of the resident:</p> <ul style="list-style-type: none"> -Was cognitively intact. -Had a wound infection. -Had one or more unhealed pressure ulcers/injuries. <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's weekly skin evaluations showed:</p> <ul style="list-style-type: none"> -None were completed prior to 4/12/24. -The skin evaluation dated 4/12/24 showed the resident's skin was intact. <p>During an interview on 5/24/24 at 1:43 P.M., Registered Nurse (RN) A said:</p> <ul style="list-style-type: none"> -The resident didn't have any wounds. -He/She didn't know who the MDS Coordinator was. -He/She hadn't talked to the MDS Coordinator. <p>Observation and interview on 5/24/24 at 1:48 P.M. showed the resident did not have any visible wounds and the resident said he/she did not have any wounds.</p> <p>During an interview on 5/28/24 at 9:18 A.M., Licensed Practical Nurse (LPN A) said:</p> <ul style="list-style-type: none"> -The resident did not have any wounds. -He/She didn't know who the MDS Coordinator was. -The nurses did several assessments in the electronic health records. -The Certified Nursing Assistants (CNA)s did a lot of charting about the resident's self-care abilities. -He/She was not sure if the assessments/charting was information the MDS Coordinator used. <p>During an interview on 5/28/24 at 9:53 A.M., MDS Coordinator A said:</p> <ul style="list-style-type: none"> -He/She completed the MDSs remotely by getting information from the electronic health records from things like the user-defined assessments, the point of care charting by the CNAs, the progress notes in the chart, therapy notes, etc. -If he/she had questions regarding any information for the MDS, he/she called the Director of Nursing (DON) or Social Services. -He/She didn't know any of the direct care staff and didn't talk to them when completing an MDS. -They had weekly Medicare meetings where they went through everything on the residents, and he/she was on the call remotely during those meetings. -Looking at the resident's information, the resident did not even have a wound. -The MDS had a coding error. <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>50579</p> <p>2. Review of Resident #4's care plan, dated 8/20/23, showed:</p> <ul style="list-style-type: none"> -No evidence of a wound or a wound infection. -No update to the care plan that indicated a wound or wound infection. <p>Six months (December 2023 to May 2024) of the residents skin and wound assessments and documentation of infections were requested but not provided prior to exit.</p> <p>Review of the resident's medical record including progress notes and physician's orders dated December 2023 to May 2024 showed no evidence of a wound infection was found.</p> <p>Review of the resident's significant change MDS, dated [DATE], showed the following staff assessments:</p> <ul style="list-style-type: none"> -No diagnoses of wounds or skin conditions that may cause open lesions. -No wounds, ulcers or other skin problems. -A wound infection in an area other than the foot. <p>During an interview on 5/28/24 at 10:27 A.M., a corporate MDS Coordinator said:</p> <ul style="list-style-type: none"> -A wound infection was marked on the 3/14/24 MDS assessment. -The skin assessment completed during the seven days prior to the MDS assessment date indicated the resident's skin was intact and without wounds. -He/she saw nothing in the resident's record that reflected a wound or a wound infection. -The MDS had a coding error. <p>3. During an interview on 5/28/24 at 1:29 P.M., the DON said:</p> <ul style="list-style-type: none"> -The facility staff completed assessments for the MDS nurses to get their information to apply to the MDS. -Resident #4 did not have a wound or a wound infection. -Resident #10 had not had any wounds since he/she was admitted . -He/She would expect the MDS to accurately reflect the resident's condition at the time of the assessment.

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on interview and record review, the facility failed to ensure completion, submission and retention of a Level I Nursing Facility Pre-Admission Screening for Mental Illness, Intellectual Disability or Related Condition (PASRR-a federally mandated screening process for individuals with serious mental illness and/or intellectual disability/developmental disability related diagnosis who apply or reside in Medicaid (program that helps with medical costs for some people with limited income and resources) certified beds in a nursing facility regardless of the source of payment. The screening assures appropriate placement of persons known or suspected of having a mental impairment(s) and that the individual needs of mentally impaired persons can be and are being met in the appropriate placement environment) for one supplemental resident (Resident #38). The facility census was 49 residents.</p> <p>Review of the facility's policy titled Resident Assessment - Coordination with PASRR Program dated 2023 showed:</p> <ul style="list-style-type: none"> -All applicants to the facility were to be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the state's Medicaid rules for screening. -The PASRR Level I initial pre-screening was to be completed prior to the resident's admission. -The facility would only admit individuals with a mental disorder or intellectual disability who the State mental health or intellectual disability authority determined as appropriate for admission. -A record of the pre-screening was to be maintained in the resident's medical record. -The Social Services Director or Designee (SSD) was responsible for keeping track of each resident's PASRR screening status and referring to the appropriate authority. <p>1. Review of Resident #38's tracking forms showed the resident was admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) dated 3/22/24 showed some of the resident's diagnoses included:</p> <ul style="list-style-type: none"> -Dementia (a progressive mental disorder characterized by memory problems, impaired reasoning and personality changes). -Anxiety disorder (psychiatric disorder that involve extreme fear, worry and nervousness). -Depression (a mood disorder that consists of intense sadness and a loss of interest or loss of pleasure in activities and/or life). -Bipolar disorder (a disorder characterized by extreme mood swings from depression to mania). <p>(continued on next page)</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's care plan dated 4/3/23 showed:</p> <ul style="list-style-type: none"> -The resident had impaired cognitive function and/or impaired thought processes related to dementia. -The resident received medications to treat mental illnesses. <p>Review of the resident's electronic health record showed no PASRR record.</p> <p>During an interview on 5/22/24 at 1:39 P.M., the SSD said:</p> <ul style="list-style-type: none"> -He/She had been doing the PASRRs for the last couple of months. -He/She wasn't the one doing the PASRRs when the resident was admitted . -The employees who did the PASRRs prior to him/her were no longer employed at the facility. -He/She did not know the PASRRs were not available online after a year. -He/She would start printing and scanning the PASRRs. <p>During an interview on 5/28/24 at 1:29 PM, the Director of Nursing said:</p> <ul style="list-style-type: none"> -The SSD and a corporate staff member were responsible for completing the PASRRs. -The PASRR should be completed before the resident was admitted .

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on interview and record review, the facility failed to provide the resident and/or the resident's responsible party with a baseline care plan for two sampled residents (Residents #43 and #44) out of 13 sampled residents. The facility census was 49 residents.</p> <p>Review of the facility's undated policy titled F655 Baseline Care Plans showed:</p> <p>-A baseline care plan would be developed within 48 hours of the resident's admission.</p> <p>-Within 48 hours, the summary of the baseline care plan should be presented to the resident and/or their representative in writing.</p> <p>1. Review of Resident #43's tracking log showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's baseline care plan dated 4/26/24 and his/her medical record showed no documentation that the resident was provided with a copy of the baseline care plan and the resident or his/her responsible party did not sign the baseline care plan to show it was provided to the resident.</p> <p>Review of the resident's admission Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) dated 5/3/24 showed the resident was cognitively intact.</p> <p>During an interview on 5/20/24 at 11:36 A.M., the resident said he/she didn't remember anything about a baseline care plan.</p> <p>2. Review of Resident #44's tracking log showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's baseline care plan dated 2/16/24 and his/her medical record showed:</p> <p>-No documentation that the resident or his/her responsible party was provided with a copy of the baseline care plan.</p> <p>-The resident or his/her responsible party did not sign the baseline care plan to show it was provided to the resident or his/her responsible party.</p> <p>Review of the resident's significant change MDS dated [DATE] showed the resident had short-term and long-term memory problems and severely impaired cognitive skills for decision-making.</p> <p>3. During an interview on 5/22/24 at :33 P.M., the Assistant Director of Nursing (ADON) said:</p> <p>-He/She had been doing the baseline care plans since February 2024.</p> <p>-He/She hasn't given residents or their responsible parties the baseline care plan.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She's not sure who was supposed to do the baseline care plans.</p> <p>-He/She thinks the previous Director of Nursing (DON) was doing them.</p> <p>During an interview on 5/28/24 at 1:29 PM, the Director of Nursing (DON) said:</p> <p>-The ADON had been doing the baseline care plans.</p> <p>-The ADON told him/her that he/she was supposed to be doing the baseline care plans.</p> <p>-He/She's never worked in a building where he/she had to do anything with the residents' care plans.</p> <p>-The baseline care plan was to be given to the resident and/or their responsible party.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50579</p> <p>Based on interview and record review, the facility failed to develop a comprehensive, person-centered care plan for one sampled resident (Resident #14) of 13 sampled residents. The facility census was 49 residents.</p> <p>A policy on comprehensive care planning was requested but not provided.</p> <p>1. Review of Resident #14's admission Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning), dated 5/8/24 showed:</p> <ul style="list-style-type: none"> -An admitted [DATE]. -The resident was on hospice (end of life care). <p>-Diagnoses of dementia (a progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration of intellectual capacity and function, and impairment of control of memory, judgment, and impulses) and heart failure (condition in which the heart muscle can't pump enough blood to meet the body's needs for blood and oxygen).</p> <p>Review of the resident's Care Area Assessment (CAA-a portion of the MDS that assesses specific aspects of the residents needs) for pressure ulcers, dated 5/13/24, showed:</p> <ul style="list-style-type: none"> -The resident had an actual pressure ulcer. -The care plan would reflect the treatment of the ulcer. -The assessment lacked information on the location or stage of the ulcer. <p>Review of the resident's skin assessments showed:</p> <ul style="list-style-type: none"> -The initial skin assessment dated [DATE] revealed a rash to the left ankle only. -A skin assessment dated [DATE] documented an open area to the left heel. -A skin assessment dated [DATE] documented a Kennedy terminal ulcer (a type of unavoidable pressure ulcer that can develop on the skin of people who were terminally ill or nearing the end of their life) to the right buttock. <p>Review of the resident's physician orders dated may 2024 showed:</p> <ul style="list-style-type: none"> -Wound care orders for the pressure ulcer on the buttock. -Wound care orders for the wound to the left lower extremity. <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's undated care plan dated may 2024 showed:</p> <ul style="list-style-type: none"> -A focus item related to a potential nutritional problem with interventions of lab work and diet order evaluations. -A focus item related to a potential fluid deficit due to medications for chronic conditions with an intervention of ensuring adequate access to fluids. -A focus item related to hospice that was initiated 5/23/24 with interventions to carry out hospice orders and adjust the provision of activities of daily living as abilities declined. -No other focus items were in the care plan. -No information relating to the resident's wounds or dementia were present in the care plan. <p>During an interview on 5/24/24 at 10:19 A.M., Registered Nurse (RN) A said:</p> <ul style="list-style-type: none"> -He/she used residents care plans to answer questions he/she may have had about their care. -He/she would expect all pertinent information to be available in the resident's care plan. -He/she verified the resident's care plan appeared to be incomplete and lacked information. <p>During an interview on 5/28/24 at 9:51 A.M., the Assistant Director of Nursing (ADON) said:</p> <ul style="list-style-type: none"> -He/she did not know who used to do the care plans for residents. -He/she was working with social services to catch resident's care plans up. -The resident's care plans were pretty far behind schedule. -A comprehensive care plan should be completed seven days after the resident's admission MDS assessment. -He/she would expect a resident who admitted on [DATE] to have a completed comprehensive care plan. <p>During interview on 5/28/24 at 1:44 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -The ADON and social services were responsible for adding information to resident's care plans. -He/she would have expected someone with an admitted [DATE] to have a completed comprehensive care plan. -He/she expected staff to use the resident's care plan as a guide to providing care for the residents. -Staff may not have known how to care for a resident if there was no care plan to follow. 		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on observation, interview and record review, the facility failed to hold medications according to physician's orders for one supplemental resident (Resident #38) out of five residents sampled for medication review and failed to obtain physician's orders for the care of a colostomy (an alternative exit from the colon created to divert waste through a hole in the colon and through the wall of the abdomen) for one supplemental resident (Resident #43). The facility census was 49 residents.</p> <p>Review of the facility's undated policy titled Physician Medication Orders did not address holding medications.</p> <p>1. Review of Resident #38's dashboard tab showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) dated 3/22/24 showed the following staff assessment of the resident:</p> <p>-Cognitively intact.</p> <p>-Had a diagnosis of high blood pressure.</p> <p>Review of the resident's care plan dated 4/3/24 showed:</p> <p>-The resident had high blood pressure and received medications for it.</p> <p>-Instructions to give medications as ordered.</p> <p>-Instructions to obtain blood pressure readings daily.</p> <p>-The resident had impaired cognitive function related to a diagnosis of dementia (a progressive mental disorder characterized by memory problems, impaired reasoning and personality changes).</p> <p>Review of the resident's Medication Administration Record (MAR) dated April 2024 showed:</p> <p>-A physician's order for Losartan 25 milligrams (mg), one tablet in the morning for high blood pressure.</p> <p>-Check blood pressure and pulse before administering Losartan and hold for systolic blood pressure (the top number-the maximum pressure exerted when the heart contracts) less than 100, diastolic blood pressure (the bottom number - the pressure in the arteries when the heart was at rest) less than 60, or if pulse was less than 60 beats per minute (bpm).</p> <p>-Losartan 25 mg was administered:</p> <p>--On 4/11/24 in the morning when his/her blood pressure was 96/66.</p> <p>(continued on next page)</p>		

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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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--On 4/12/24 in the morning when his/her blood pressure was 92/45.</p> <p>-A physician's order for Carvedilol 3.125 mg, one tablet two times a day for high blood pressure.</p> <p>-Check blood pressure and pulse before administering Carvedilol and hold for systolic blood pressure less than 100, diastolic blood pressure less than 60, or if pulse was less than 60 bpm.</p> <p>-Carvedilol 3.125 mg was administered:</p> <p>--On 4/10/24 in the morning when his/her blood pressure was 70/46.</p> <p>--On 4/11/24 in the afternoon when his/her blood pressure was 96/66.</p> <p>--On 4/16/24 in the afternoon when his/her blood pressure was 110/58.</p> <p>Review of the resident's MAR dated May 2024 showed:</p> <p>-A physician's order for Losartan 25 mg, one tablet in the morning for high blood pressure.</p> <p>-Check blood pressure and pulse before administering Losartan and hold for systolic blood pressure less than 100, diastolic blood pressure less than 60, or if pulse was less than 60 bpm.</p> <p>-Losartan 25 mg was administered:</p> <p>--On 5/5/24 when his/her blood pressure was 93/60.</p> <p>--On 5/12/24 when his/her blood pressure was 111/56.</p> <p>--On 5/14/24 when his/her blood pressure was 94/64.</p> <p>-A physician's order for Carvedilol 3.125 mg, one tablet two times a day for high blood pressure.</p> <p>-Check blood pressure and pulse before administering Carvedilol and hold for systolic blood pressure less than 100, diastolic blood pressure less than 60, or if pulse was less than 60 bpm.</p> <p>-Carvedilol 3.125 mg was administered:</p> <p>--On 5/14/24 in the morning when his/her blood pressure was 94/64.</p> <p>--On 5/15/24 in the afternoon when his/her blood pressure was 90/50.</p> <p>During an interview on 5/23/24 at 2:54 P.M., (Licensed Practical Nurse) LPN A said:</p> <p>-When blood pressure or pulse were out of the parameters in the physician's order the nursing staff:</p> <p>--Should not have administered the medication.</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>--Should go into the electronic health record, select the administration details box in the MAR, select out of parameters, and document why the medication was not administered.</p> <p>During an interview on 5/28/24 at 1:29 PM, the Director of Nursing (DON) said when the vital signs were out of the parameters in the physician's order, the nursing staff should have followed the physician's orders and should not have administered it.</p> <p>2. Review of Resident #43's dashboard tab showed:</p> <ul style="list-style-type: none"> -The resident admitted to the facility 4/26/24. -The resident had surgery on his/her digestive system. -The resident had some of his/her digestive tract surgically removed. <p>Review of the resident's care plan dated 4/30/24 showed:</p> <ul style="list-style-type: none"> -The resident had a colostomy. -Instructions on care for the colostomy. -Instructions to investigate reports of burning, itching, or blistering around the stoma (surgical opening). -Monitor appliance for leaking and change when needed. -Monitor the healing process and effectiveness of appliances. <p>Review of the resident's admission MDS dated [DATE] showed the following staff assessment of the resident:</p> <ul style="list-style-type: none"> -Was cognitively intact. -Had an ostomy (an artificial or surgical opening such as a colostomy). <p>During an interview on 5/20/24 at 11:51 A.M., the resident said:</p> <ul style="list-style-type: none"> -He/She had a newly placed colostomy. -He/She was at the facility to get his/her strength back. -He/She was also at the facility so the staff could teach him/her how to take care of his/her colostomy and figure out the right colostomy bag for him/her. <p>Review of the resident's Physician's Order Sheet dated May 2024 showed no orders regarding the resident's colostomy.</p> <p>Observation on 5/23/24 at 1:00 P.M. showed the resident had a colostomy bag in place.</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 5/28/24 09:18 A.M., LPN A said there should have been orders for when to change the colostomy bag, when to empty the colostomy bag, how often to check the colostomy bag, and whether the resident could change the colostomy himself/herself.</p> <p>During an interview on 5/28/24 at 1:29 PM, the DON said there should have been physician's orders for the care of the resident's colostomy bag upon admission.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39469</p> <p>Based on interview and record review, the facility failed to ensure one closed record sampled resident, (Resident #53) had a continuing care provider (the entity or person who will assume responsibility for the resident's care after discharge); a recapitulation of stay (concise summary of the resident's stay and course of treatment in the facility); and reconciliation of medications (process of comparing pre-discharge medications to post-discharge medications by creating an accurate list of both prescription and over the counter medications that includes the drug name, dosage, frequency, route, and indication for use for the purpose of preventing unintended changes or omissions at transition points in care) when he/she was discharged from the facility. The facility census was 49 residents.</p> <p>The facility did not provide a policy for discharges at the time of exit.</p> <p>1. Review of Resident #53's face sheet showed he/she had been admitted to the facility on [DATE] with the following diagnosis:</p> <ul style="list-style-type: none"> -Displaced bimalleolar fracture of right lower leg (a broken ankle that was broken where both of the long bones of the leg met the ankle). -Orthopedic aftercare (care needed after musculoskeletal trauma). -Lack of expected normal physiological development in childhood (a delay in skill development of infants and young children). -He/She was discharged from the facility on 3/15/24. <p>Review of the resident's Physician's progress notes for a visit on 3/15/24 showed:</p> <ul style="list-style-type: none"> -A progress note with history notes was completed by the Nurse Practitioner (NP). -He/She had discussed with the resident he/she was going home. -The discharge summary was signed by the NP and the Physician on 3/25/24 (10 days after the resident left the facility). -There was no documentation who would have been taking over the resident's care after he/she left the facility. -There was no documentation any summary was sent to the group home the resident had been discharged to. <p>Review of the resident's discharge Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility for care planning) dated 3/15/24 showed:</p> <p>(continued on next page)</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>-He/She was admitted from a hospital on 1/17/24.</p> <p>-He/She was discharged from the facility to a short term hospital stay.</p> <p>-Group Home was not checked.</p> <p>-A paper copy of the resident's medication list was provided to subsequent provider.</p> <p>-Other fracture was not checked (as a condition of the resident).</p> <p>Review of the resident's care plan dated 3/25/24 showed:</p> <p>-He/She was followed by Speech Therapy related to difficulty swallowing and was supervised with eating.</p> <p>-He/She wished to return to the Group Home after he/she discharged from therapy.</p> <p>-He/She had focus areas that included activity of daily living performance deficit related to ankle fracture, need for assistance, and cognition.</p> <p>-He/She was incontinent and wore an adult brief at night.</p> <p>-He/She had poor vision but did not wear glasses.</p> <p>-He/She was able to bathe with the assistance of one staff member.</p> <p>-He/She was able to dress with the assistance of one staff member.</p> <p>-He/She needed supervision to eat.</p> <p>-He/She needed supervision to transfer.</p> <p>Review of the resident's Physician's Order Sheet dated March 2024 showed he/she was discharged to a Group Home.</p> <p>Review of the resident's medical chart showed:</p> <p>-The resident was discharged from the facility to a Group Home on 3/15/24.</p> <p>-There was no recapitulation of stay.</p> <p>-There was no documentation of which physician would follow the resident after discharge.</p> <p>-There was no documentation of what happened to the resident's medications after he/she left the facility.</p> <p>-There was no documentation of what happened to the resident's belongings after he/she left the facility.</p> <p>(continued on next page)</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>-There was no documentation the Ombudsman was notified the resident had left the facility.</p> <p>During an interview on 5/22/24 at 1:30 P.M. the Social Service Designee (SSD) said:</p> <p>-There was no documentation that the discharge was sent to the Ombudsman.</p> <p>-They send notifications out each month.</p> <p>-This was missed.</p> <p>-The recapitulation from the physician did not show a follow up appointment with a physician to see when he/she left the facility for general cares, or follow up for wound care.</p> <p>-There was no documentation in the chart that showed what happened to the resident's belongings.</p> <p>-There was no documentation of where the resident's medications were disposed of such as destroyed, sent to the pharmacy or sent with the resident.</p> <p>-The recapitulation of stay by the physician did not show treatments that had been done on the resident such as wound care or therapy.</p> <p>-There was no documentation of which physician would have been taking over the resident's cares.</p> <p>-There was no documentation of a follow up visit with the orthopedic physician.</p> <p>-This all should have been done and he/she had missed it.</p> <p>During an interview on 5/28/24 at 9:00 A.M. Licensed Practical Nurse (LPN) A said:</p> <p>-A discharge summary should have included:</p> <p>--The current list of medications that the resident had been on.</p> <p>--Which physician was taking over the resident's cares.</p> <p>--Any scheduled upcoming physician appointments.</p> <p>--A summary of what had happened to the resident while in the facility such as therapies.</p> <p>--What had happened to the resident's belongings.</p> <p>--What had happened to the resident's medications.</p> <p>-He/She did not see any documentation of the above for the resident in his/her chart.</p> <p>-The charge nurse or SSD was responsible for ensuring this was done.</p> <p>During an interview on 5/28/24 at 1:15 P.M. the Director of Nursing (DON) said:</p> <p>(continued on next page)</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>-The discharge summary should have included:</p> <p>--The medications that the resident was on at the time of discharge.</p> <p>--What happened to the resident's medications, including if they were sent with the resident, sent back to pharmacy, or destroyed.</p> <p>--Any pertinent laboratory blood draws (labs) or when upcoming labs where to have been scheduled.</p> <p>--Which physician was taking over care of the resident along with any upcoming physician appointments.</p> <p>-The resident's inventory list should have been completed upon admission and it should have shown what happened to the resident's belongings.</p> <p>-The physician should have done a recapitulation of stay along with any orders.</p> <p>-The discharging nurse should have ensured the discharge was done.</p> <p>-The SSD was responsible for ensuring the Ombudsman was notified that the resident had been discharged from the facility.</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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>50579</p> <p>Based on observation, interview and record review, the facility failed to identify and intervene in a decline in a resident's condition related to chronic venous hypertension (a disease that causes improper functioning of the vein valves in the leg, resulting in swelling) and congestive heart failure (CHF) for one sampled resident (Resident #12) of 13 sampled residents. The facility census was 49 residents.</p> <p>1. Review of Resident #12's care plan dated 7/25/23 showed:</p> <ul style="list-style-type: none"> -The resident needed staff assistance with lower body dressing due to lymphedema. -The resident had CHF and was at risk of the disease process worsening. An intervention included monitoring, documenting and reporting signs and symptoms of CHF including edema. -The care plan lacked information related to the resident's venous hypertension or lymphedema. <p>Review of the resident's physician visit progress notes showed:</p> <ul style="list-style-type: none"> -On 12/2/23, the resident's Physician (DO)-A documented severe lymphadenopathy (edema) of his/her lower extremities. -On 1/16/24, the resident's Nurse Practitioner (NP)-A documented the resident reported that facility staff did not always apply his/her lymphedema compression device. <p>Review of the resident's documented weights dated January 2024 showed on 1/31/24 the resident's weight was 368 pounds (lbs.)</p> <p>Review of the resident's documented weights dated February 2024 showed on 2/14/24 the resident's weight was 380.2 lbs.</p> <p>Review of the resident's Treatment Administration Record (TAR) dated February 2024 showed the order for the lymphedema compression pump twice daily was missing documentation for night shift on 2/2/24,</p> <p>Review of the resident's physician visit progress notes February 2024 showed:</p> <ul style="list-style-type: none"> -On 2/9/24 NP A documented: --Facility staff were requesting daily weights discontinued and changed to weekly. --The resident's weight at this time was 378. --The resident again stated they do not always apply his/her lymphedema wraps. --The resident's legs were swollen with tight edema, redness and weeping of fluid from the skin. <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>--Daily weights were changed to twice weekly.</p> <p>-On 2/26/24, DO-A documented:</p> <p>--The resident's legs were large and edematous from the shins down.</p> <p>--The right leg was weeping fluid from the skin.</p> <p>--His/her weight was 381 lbs.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) assessment, dated 2/29/24, showed:</p> <p>-A diagnosis of congestive heart failure.</p> <p>-A diagnosis of chronic venous hypertension with inflammation of bilateral lower extremities.</p> <p>-A diagnosis of urine retention.</p> <p>-A diagnosis of obstructive uropathy (a disease that blocks outward the flow of urine).</p> <p>-The resident was cognitively intact.</p> <p>-The resident had a catheter.</p> <p>Review of the resident's documented weights dated March 2024 showed on 3/2/24 the resident's weight was 392 lbs.</p> <p>Review of the resident's TAR dated March 2024 showed the order for the lymphedema compression pump twice daily was missing documentation for night shift on the following dates:</p> <p>-3/1/24.</p> <p>-3/14/24.</p> <p>-3/20/24.</p> <p>-3/21/24.</p> <p>-3/30/24.</p> <p>-3/31/24.</p> <p>Review of the resident's physician visit progress notes dated 3/20/24 showed NP A documented:</p> <p>-The resident's legs continued with edema.</p> <p>-The left leg was weeping fluid from the skin</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>-His/her weight was 390.8 lbs.</p> <p>Review of the resident's documented weights dated April 2024 showed on 4/3/24 the resident's weight was 389 lbs.</p> <p>Review of the resident's TAR dated April 2024 showed the order for the lymphedema compression pump twice daily was missing documentation for night shift on the following dates:</p> <p>-4/4/24.</p> <p>-4/6/24.</p> <p>-4/8/24.</p> <p>Review of the resident's physician visit progress notes dated 4/10/24 showed NP A documented:</p> <p>-The resident's legs continued with edema.</p> <p>-His/her weight was 400.6 lbs.</p> <p>-The Director of Nursing (DON) reported the resident may not have been wearing his/her lymphedema compression device regularly.</p> <p>-The DON would ensure that they were being used appropriately.</p> <p>Review of the resident's documented weights dated May 2024 showed:</p> <p>-On 5/2/24 the resident's weight was 405 lbs.</p> <p>-On 5/24/24 the resident's weight was 402.7 lbs.</p> <p>Review of the resident's TAR dated May 2024 showed the order for the lymphedema compression pump twice daily was missing documentation for night shift on the following dates</p> <p>-5/1/24.</p> <p>-5/9/24.</p> <p>-5/21/24.</p> <p>-5/22/24.</p> <p>-5/23/24.</p> <p>Review of the resident's physician visit progress notes dated 5/10/24 showed NP A documented:</p> <p>-The resident's lower extremity edema continued.</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>-NOTE: There was no documentation found regarding the resident's weight gain during the time between 2/1/24 and 5/24/24.</p> <p>Review of the resident's physician orders dated May 2024 showed orders for:</p> <ul style="list-style-type: none"> -Lasix (a diuretic that pulls fluid from the body and allows it to be excreted) 40 milligram (mg) once daily beginning 11/24/23. -A lymphedema compression pump (a device that applies pressure to the legs to promote circulation and reduce edema) for one hour in the morning and one hour in the evening, beginning 7/18/23. -Daily weight monitoring beginning 4/17/24. -Monitoring for shortness of air when lying flat twice daily. -Urine output monitoring twice daily. -No orders were found for what staff were to do with weight changes or shortness of air when lying flat. -No orders were found for monitoring for changes/worsening of edema. <p>Observation on 5/20/24 at 9:03 A.M., showed:</p> <ul style="list-style-type: none"> -Both of the resident's legs were in the dependent position and noted to have substantial edema from the toes to the upper thigh. -No devices or compression stockings were noted to the resident's legs. <p>Observation on 5/22/24 at 12:48 P.M., showed:</p> <ul style="list-style-type: none"> -The resident's legs were in the dependent position as they sat in their recliner. -The feet and legs were uncovered, red and edematous. <p>Observation on 5/23/24 at 8:36 A.M., showed:</p> <ul style="list-style-type: none"> -The resident was ambulating in the dining room in front of several staff. -The resident's legs were exposed, red and edematous. <p>During an interview on 5/23/24 at 8:41 A.M., the resident said:</p> <ul style="list-style-type: none"> -He/she only wore the lymphedema compression devices once per day. -His/her legs hurt occasionally due to the swelling. <p>During an interview on 5/24/24 at 10:20 A.M., Registered Nurse (RN) A said:</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>	<ul style="list-style-type: none"> -The reason for daily weights on the resident was to make sure they were not building up fluid. -The resident's daily weight was for the lymphedema. -Staff put a lymphedema compression pump on his/her legs every day. -If staff were to notice a weight gain, they should have contacted the physician. -The resident had a high weight increase since February and nothing flagged the weight increase. -He/she did not notice the lymphedema getting worse since being at the facility for the past two months. <p>During an interview on 5/28/24 at 1:44 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -The daily weights were in place to monitor for water retention. -There should have been parameters for reporting the weight gain to the resident's physician. -The resident had a significant weight gain and the physician should have been alerted of the gain. -There should have been orders in place to reduce edema such as compression stockings and encouraging the resident to elevate his/her legs. -He/she expected staff to place the lymphedema compression device on the resident as ordered and document each time it was used. -The nurse on duty would have been responsible for reporting the weight gain to the physician when it was noticed.

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39469</p> <p>Based on observation, interview, and record review, the facility failed to maintain oxygen equipment in a sanitary condition for three sampled residents, (Resident #9, #41, and #5) out of 13 sampled residents. The facility census was 49 residents.</p> <p>The facility did not provide an Oxygen Policy by the end of the survey.</p> <p>1. Review of Resident #9's face sheet showed he/she was admitted to the facility on [DATE] with a diagnosis of Stroke (damage to the brain from an interruption of its blood supply).</p> <p>Review of the resident's five day Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility for care planning), dated 5/19/24 showed:</p> <ul style="list-style-type: none"> -He/She was cognitively intact. -He/She had a stroke. -He/She was on continuous oxygen therapy. <p>Review of the resident's care plan dated 5/20/24 did not address oxygen use.</p> <p>Observation on 5/20/24 at 8:43 A.M. showed:</p> <ul style="list-style-type: none"> -The resident was eating breakfast without the oxygen on. -The oxygen tubing was wrapped around the bed rail. -There was no date on the oxygen tubing indicating when it was changed. -There was no bag to keep the oxygen tubing clean. -There was no date on the oxygen humidifier (a container which contains distilled water to add moisture to oxygen) which was connected to the concentrator (a machine that takes air from the surroundings, extracts oxygen and filters it into purified oxygen for you the breathe). <p>During an interview on 5/20/24 at 8:45 A.M. the resident said:</p> <ul style="list-style-type: none"> -He/She used oxygen. -He/She did not know when staff changed the tubing last maybe a couple of weeks ago. <p>2. Review of Resident #41's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Anew Healthcare Odessa		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Golf Street Odessa, MO 64076	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Acute respiratory failure (a condition where there was not enough oxygen or too much carbon dioxide in your body).</p> <p>-Upper respiratory infection (an infection that affects the nose, throat and airways).</p> <p>Review of the resident's care plan dated 4/19/24 showed:</p> <p>-Oxygen via nasal prongs (a delivery method using plastic tubing into the nose) or mask.</p> <p>-Humidified if required.</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed:</p> <p>-He/She was cognitively intact.</p> <p>-He/She had respiratory failure.</p> <p>-Oxygen therapy was not checked.</p> <p>Review of the resident's Physician's Order Sheet dated May 2024 showed the following orders for Oxygen at two to four liters via nasal cannula to keep oxygen saturation above 90% as needed for shortness of air.</p> <p>Observation on 5/20/24 at 7:38 A.M. showed:</p> <p>-The resident was out of his/her room.</p> <p>-The oxygen tubing was laying on his/her bed while running.</p> <p>-There was no date on the tubing.</p> <p>-There was no date on the humidifier on the concentrator.</p> <p>Observation on 5/20/24 at 11:17 A.M. showed:</p> <p>-There was no date on the tubing.</p> <p>-There was no date on the humidifier on the concentrator.</p> <p>During an interview on 5/20/24 at 11:18 A.M. the resident said he/she did not know when the staff had changed the oxygen tubing last maybe last month.</p> <p>Observation on 5/24/24 at 9:10 A.M. showed:</p> <p>-The bag for the oxygen tubing was dated 4/24/24.</p> <p>-There was no date on the humidifier.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of Resident #5's Quarterly MDS dated [DATE] showed he/she was admitted to the facility on [DATE].</p> <ul style="list-style-type: none"> -He/She had Pulmonary disease. -He/She was moderately cognitively impaired. -Oxygen Therapy was not checked. <p>Observation on 5/20/24 at 7:42 A.M. showed:</p> <ul style="list-style-type: none"> -The resident was asleep in bed. -He/She was wearing oxygen. -There was no date on the oxygen tubing. -There was a bag for the oxygen tubing taped to the concentrator with no date on it. -There was no date on the humidifier. -There was no water in the humidifier. <p>4. During an interview on 5/28/24 at 8:46 A.M. Certified Medication Technician (CMT) A said:</p> <ul style="list-style-type: none"> -Oxygen tubing for Resident #9, #41, and #5 should have been in a bag with the name of the person who changed it and the date it was changed written on the bag. -The night shift Certified Nursing Assistant (CNA) was responsible to have changed the oxygen tubing on Wednesday night. -The CNA also was responsible for filling the humidifier with distilled water on Wednesday night. -The CNA also should have wrote a date on the humidifier when they put water in it. -The charge nurse was responsible to ensure the oxygen tubing was changed out and that there was water in the humidifier. <p>During an interview on 5/28/24 at 9:00 Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -Oxygen tubing for Resident #9, #41, and #5 should have been in a bag with the date written on it when not in use. -There should have been a date on the oxygen tubing which showed when it was changed. -This should have been documented on the Treatment Administration Record (TAR) also. <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Oxygen tubing should have been changed out weekly, the night shift charge nurse was responsible to have ensured this was done.</p> <p>During an interview on 5/28/24 at 1:15 P.M. the Director of Nursing (DON) said:</p> <p>-Oxygen tubing for Resident #9, #41, and #5 should have been in a bag when not in use.</p> <p>-Oxygen tubing and the humidifier should have had a date written on them when they were changed out.</p> <p>-The humidifier should have had distilled water in it with the date it was filled written on it.</p> <p>-The water and tubing should have been changed out weekly on night shift.</p> <p>-The CNA should have charted in the CNA charting on the resident's chart when they changed the tubing.</p> <p>-The charge nurse was responsible to ensure the oxygen tubing was changed weekly.</p> <p>-The charge nurse was responsible to ensure the humidifiers had distilled water in them.</p> <p>-Everyone was responsible for ensuring there was distilled water in the humidifier.</p> <p>-When staff added distilled water they should have written the date on the humidifier.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>50579</p> <p>Based on interview and record review, the facility failed to ensure the services of a Registered Nurse (RN) were utilized eight hours per day, seven days per week. This had the potential to affect all residents of the facility. The facility census was 49 residents.</p> <p>An undated policy titled Nursing Services and Sufficient Staff showed the facility must use the services of a RN for at least eight consecutive hours a day, seven days a week.</p> <p>1. Review of the facility's daily staffing schedules from 3/1/24 to 5/24/24 showed a lack of a RN on:</p> <p>-Saturdays: 3/2/24, 3/9/24, 3/30/24, 4/6/24, 4/13/24, 4/20/24, 4/27/24, 5/4/24, 5/11/24, and 5/18/24.</p> <p>-Sundays: 3/3/24, 3/10/24, 3/17/24, 3/24/24, 3/31/24, 4/7/24, 4/14/24, 4/21/24, 4/28/24, 5/5/24, 5/12/24, and 5/19/24.</p> <p>During an interview on 5/22/24 at 2:24 P.M., Licensed Practical Nurse (LPN) A said there was not always a RN at the facility on the weekends.</p> <p>During an interview on 5/22/24 at 3:21 P.M., the Staffing Coordinator said:</p> <p>-The nurse scheduled to work at the facility on the weekend would have been an LPN.</p> <p>-No RNs had been available to schedule on the weekend for quite a while.</p> <p>-The facility did not have an RN scheduled on the weekends at the time of this interview.</p> <p>During an interview on 5/24/24 at 10:20 A.M., RN A said he/she was just hired by the facility in April and had not started working on weekends yet but was set to start soon and did not know if a RN worked on the weekends.</p> <p>During an interview on 5/28/24 at 1:44 P.M., the Director of Nursing (DON) said:</p> <p>-The facility employed two RNs, including himself/herself.</p> <p>-Two weekends per month there was no RN at the facility for eight consecutive hours.</p> <p>-Staff knew they could call him/her with any issues when no RN was working at the facility.</p> <p>-The facility should have an RN working at least eight consecutive hours every day.</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>22727</p> <p>Based on interview and record review, the facility failed to provide addiction recovery program or psychological services for one supplemental resident (Resident #31) who needed to participate in a recovery program for six months as one of the requirements to be placed on a transplant list for a new liver. The facility census was 49 residents.</p> <p>The facility did not have a policy regarding support groups.</p> <p>1. Review of Resident #31's dashboard tab showed:</p> <ul style="list-style-type: none"> -The resident admitted to the facility around two years ago. -Some of the diagnoses the resident had included alcoholic cirrhosis of the liver (destruction and scarring of liver tissue) with ascites (Cirrhosis slows blood flow in the liver which increases pressure in the vein that brings blood to the liver, resulting in fluid accumulation and swelling in the abdomen), anxiety disorder (nervousness, fear, apprehension, and worrying), depression (a mood disorder that consists of intense sadness and a loss of interest or loss of pleasure in activities and/or life), and alcohol abuse, in remission. <p>Review of the resident's physician's note dated 1/25/24 showed:</p> <ul style="list-style-type: none"> -The resident said he/she had been trying to get to Alcoholics Anonymous (AA) meetings for the past four months. -He/She needed a new liver. -He/She wanted to live. -No one was trying to help him/her. -He/She tried to talk to the Social Services Designee (SSD) the other day and the SSD was not helping him/her. <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally required assessment completed by facility staff for care planning) dated 2/26/24 showed the following staff assessment of the resident:</p> <ul style="list-style-type: none"> -Cognitively intact. -Displayed indicators of minimal depression. -Did not reject cares. -Independent with all self-care. <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Some of his/her diagnoses included anxiety disorder and depression.</p> <p>Review of the resident's SSD's note dated 2/27/24 at 7:52 A.M. showed the SSD attempted to call a local church that held AA meetings, but no one ever answered the phone.</p> <p>Review of the resident's SSD's note dated 2/28/24 at 8:55 A.M. showed the SSD documented that the resident would start AA meetings at the local church that held AA meetings and the facility would transport the resident with the facility van.</p> <p>Review of the resident's Nurse Practitioner's (NP) note dated 2/29/24 showed:</p> <ul style="list-style-type: none"> -The resident showed him/her a coin he/she received from his/her AA meeting. -The resident was proud that he/she had the opportunity to start attending AA meetings. -The resident said he/she attended a recovery meeting at a local church. -The resident said it felt more like a church service than a recovery support meeting. -The resident said he/she needed to continue to do the things that were required so that he/she could get a liver transplant. <p>Review of the resident's physician's order dated 3/6/24 showed an order to refer the resident for psychological services related to anxiety and depression and medication consultation.</p> <p>Review of the resident's nurse's note dated 3/7/24 showed a new order to refer the resident for psychological services and medication consultation/recommendation for depression and anxiety.</p> <p>Review of the resident's nurse's note dated 3/7/24 at 4:14 P.M. showed:</p> <ul style="list-style-type: none"> -Staff notified the nurse that the resident was going to leave the facility to attend an AA meeting that evening. -The resident later notified the nurse that he/she was not going to go as he/she was going to be seen by the psychological services provider when they come into the facility. -The nurse notified the SSD. <p>Review of the resident's NP's note dated 3/12/24 showed:</p> <ul style="list-style-type: none"> -The resident said he/she had not gone back to the recovery meetings because this was not something he/she wanted to do. -The resident said he/she would like to go somewhere else that focused specifically on AA without religion. <p>(continued on next page)</p>

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The NP explained to the resident that this was what the facility could set up for him/her and if this was something that he/she was required to do, just go ahead and complete it until he/she could find something else.</p> <p>-The NP encouraged the resident to attend the meetings and not to refuse to go to the meetings.</p> <p>Review of the resident's care plan dated 4/3/23 showed:</p> <p>-The resident had a history of using illegal substances.</p> <p>-The resident was at risk for increased anxiety and increased depression.</p> <p>-The resident desired to attend AA meetings.</p> <p>-The resident refused to go to an AA meeting.</p> <p>-The resident had chronic liver failure.</p> <p>-The resident had a diagnosis of depression.</p> <p>-Instructions to refer the resident to the psychiatrist.</p> <p>Review of the resident's Physician's Order Sheet (POS) dated May 2024 showed an active physician's order dated 3/7/24 for a referral for psychological services and medication consultation/recommendation for depression and anxiety.</p> <p>During an interview on 5/20/24 at 8:54 A.M., the resident said:</p> <p>-He/She's had difficulty getting to an AA meeting or counseling which he/she needed to do in order to be compliant with the liver transplant program.</p> <p>-The SSD had been here the whole time, but the SSD didn't communicate with him/her.</p> <p>-He/She went to one meeting at a church which was supposed to be a recovery group, but it was too religious and he/she's not a religious person.</p> <p>-He/She looked up other AA meetings in their city and gave them to the SSD.</p> <p>-He/She would like to talk to a counselor.</p> <p>During an interview on 5/22/24 at 1:33 P.M., the Assistant Director of Nursing (ADON) said:</p> <p>-He/She did not know if there was another option for AA meetings in the area.</p> <p>-The resident told him/her that the one he/she went to was too religious and that he/she's not religious.</p> <p>During an interview on 5/22/24 at 1:39 P.M., the SSD said:</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-It took a little while for him/her to get the resident to an AA meeting.</p> <p>-The resident was trying to get on a list for a liver transplant.</p> <p>-One of the things the resident needed to do was to attend AA in order to get on the liver transplant list.</p> <p>-It took him/her and a couple other people awhile to find a place for the resident to go.</p> <p>-He/She looked up the AA phone number, but they would not give out information because it was supposed to be anonymous.</p> <p>-He/She found an AA meeting at a church nearby that met weekly.</p> <p>-The resident went to the first meeting and then said he/she wasn't going to it anymore because it was too religious.</p> <p>-He/She didn't ask him/her if he/she wanted to go to a different meeting.</p> <p>-He/She just took it as the resident didn't want to go at all.</p> <p>-He/She did not follow up with the resident on if he/she wanted to go to another AA meeting at a different place that was less religious.</p> <p>-They have a transportation van that could transport him/her.</p> <p>During an interview on 5/22/24 at 3:15 P.M., the SSD said the nursing staff put in an order as if the resident wanted to see the counselors, but he/she did not think they had seen the resident.</p> <p>During an interview on 5/22/24 at 3:18 P.M., the SSD said he/she looked it up and the resident had only been seen for psychotropic medication management and had not been seen for counseling.</p> <p>During an interview on 5/28/24 at 10:56 A.M., the Director of Nursing (DON) said:</p> <p>-The NP from the psychological services provider said he/she did charting in his/her system (and not the facility's).</p> <p>-They had not sent the facility any of the notes.</p> <p>-The DON thought the NP was documenting in the facility's electronic health records because he/she gave the NP access.</p> <p>During an interview on 5/28/24 at 1:29 PM, the Director of Nursing (DON) said:</p> <p>-One of the facility's employees was a recovering alcoholic and offered to take the resident to AA but the resident didn't want to go with that staff member.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-They did not think about documenting the resident's refusal to go with the staff member to an AA meeting since it was a personal thing for the employee.</p> <p>-The resident was hoping his/her previous provider appointments would count for some of the recovery requirements for the liver transplant program.</p> <p>-He/She just received those medical records today.</p> <p>-He/She glanced through the 138 pages and so far, the documentation was only about the resident's medical condition and nothing about his/her psychological diagnoses, addiction, or recovery.</p> <p>-The resident just needed to go to a different AA meeting.</p> <p>-He/She was not sure what to do about the resident's situation.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727</p> <p>Based on interview and record review, the facility failed to respond to the pharmacist's monthly medication regimen review (MRR) for two sampled residents (Resident #38, #8, and #18) out of five residents sampled for medication review and failed to follow a physician's order to have been evaluated and medication management for one sampled resident (Resident #18). The facility census was 49 residents.</p> <p>Review of the facility's undated policy titled Pharmacy Services showed it did not address the response to the pharmacist's monthly medication regimen review.</p> <p>1. Review of Resident #38's tracking forms showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's care plan dated 4/3/23 showed:</p> <p>--Some of the resident's diagnoses included:</p> <p>--Diabetes (a deficiency or complete lack of insulin secretion in the pancreas or resistance to insulin).</p> <p>--Major depressive disorder (depressed mood most of the day and a loss of interest in normal activities and relationships).</p> <p>--Anxiety disorder (an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure).</p> <p>--Bipolar disorder (extreme mood swings that include emotional highs (mania or hypomania) and lows (depression)).</p> <p>--He/she received psychotropic medications (any medication that affects brain activities associated with mental processes and behavior).</p> <p>--Instructions to consult with their pharmacy and physician to consider dosage reduction when clinically appropriate at least quarterly.</p> <p>Review of the resident's pharmacist's consultation notes showed:</p> <p>--A recommendation on 7/10/23 and 9/7/23 to see the completed MRR for information regarding cholesterol medication.</p> <p>--A recommendation on 10/11/23 to see the completed MRR for information regarding missing labs.</p> <p>--A recommendation on 11/14/23 to see the completed MRR for information regarding gradual dose reductions.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) dated 3/22/24 showed the following staff assessment of the resident:</p> <ul style="list-style-type: none"> -Some of the resident's diagnoses included high cholesterol, heart disease, diabetes, anxiety disorder, depression, and bipolar disorder. -Received antipsychotic (used to treat symptoms of psychosis such as delusions (for example, hearing voices), hallucinations, paranoia, or confused thoughts; to treat schizophrenia, severe depression, severe anxiety; to stabilize episodes of mania in people with Bipolar Disorder), antianxiety (medication to treat anxiety, antidepressant (medication used to treat clinical depression) and antiplatelet (It prevents platelets (a type of blood cell) from sticking together and forming a dangerous blood clot) medications. <p>Review of the resident's Physician's Order Sheet (POS) dated May 2024 showed:</p> <ul style="list-style-type: none"> -Some of the resident's physician's orders were for the treatment of anxiety, diabetes, major depressive disorder, high cholesterol and for the prevention of blood clots. -Some of the resident's lab orders included: <ul style="list-style-type: none"> --Quarterly Complete Blood Count (CBC - a test that gives information about blood cells) with differential (gives the percentages of the types of blood cells). --Comprehensive Metabolic Panel (CMP - a panel of labs that give information regarding the functioning of one's kidney, liver, electrolytes, acid/base balance and blood sugar and blood protein levels). --Thyroid-Stimulating Hormone (TSH - a blood test used to detect problems affecting the thyroid gland). --Lipid panel (blood test that measures the amount of cholesterol and other fats in one's blood). --25-hydroxy vitamin D (test to monitor vitamin D levels). --A1C (blood test that measures your average blood sugar levels over the past three months). <p>Review of the resident's medical record showed no MRR reports and no responses to the MRRs.</p> <p>During an interview on 5/22/24 at 1:33 P.M., the Assistant Director of Nursing (ADON) said the Director of Nursing (DON) oversaw the MRRs.</p> <p>During an interview on 5/28/24 at 1:29 PM, the DON said:</p> <ul style="list-style-type: none"> -He/She had been the DON for about three months. -The pharmacist wrote notes about the MRRs when they were completed. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Anew Healthcare Odessa		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Golf Street Odessa, MO 64076	
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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The MRRs were delivered from the pharmacy by courier at night to the facility.</p> <p>-The MRRs went to the physicians after they were received at the facility.</p> <p>-The MRRs were printed out for one of the physicians and emailed to the other physician.</p> <p>-The physicians should document a response to the MRR as to whether they agree with the recommendation or not.</p> <p>-There should be a response to the MRR within a week.</p> <p>-He/She oversaw the MRR process.</p> <p>-He/She would put the orders in the electronic health record based on the physicians' responses to the MRRs.</p> <p>-The paper MRRs should have been uploaded into the computer.</p> <p>-He/She had not been receiving the reports from the pharmacy.</p> <p>-Now the MRRs will be uploaded by him/her.</p> <p>50579</p> <p>2. Review of Resident #8's admission MDS, dated [DATE], showed:</p> <p>-An admitted [DATE].</p> <p>-Diagnoses of dementia with behavioral disturbance, depression, anxiety, high blood pressure, chronic kidney disease, underactive thyroid, and a seizure disorder.</p> <p>-The resident received an antipsychotic medication and an antidepressant medication daily.</p> <p>Review of the resident's care plan, dated 4/12/24, showed he/she:</p> <p>-Had impaired cognitive function related to dementia and staff were to monitor and document the side effects of medications and their effectiveness.</p> <p>-Used psychotropic medications but left the spaces indicating which psychotropic medications were used and the reason for use blank.</p> <p>-Had depression.</p> <p>Review of the resident's pharmacist consultation notes showed a recommendation on 4/27/24 to see completed MRR regarding the Lorazepam (a sedative used to treat anxiety) order.</p> <p>Review of the resident's physician orders dated May 2024 showed orders for:</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-An order for Lorazepam as needed (PRN) since 4/6/24 without a discontinue date.</p> <p>-Orders for medications used to treat depression, dementia, high blood pressure, high cholesterol and seizures.</p> <p>-No orders for labs or side effect monitoring.</p> <p>Review of the resident's medical record showed no MRR reports or responses to the pharmacist MRRs.</p> <p>39469</p> <p>3a. Review of Resident #18's Pharmacy Consult Note for the MRR dated 3/6/24 showed:</p> <p>-The resident had an active order for topical Voltaren Gel (Diclofenac Sodium an anti-inflammatory (reduces swelling) gel for arthritis pain.</p> <p>-There was no dosage indicated.</p> <p>-The typical application was two to four grams and the maximum total body dose of 1% gel should not exceed 32 grams per day.</p> <p>-Please clarify this order to ensure proper administration.</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed:</p> <p>-The resident was admitted to the facility on [DATE] with the following diagnoses:</p> <p>--Debility (a physical weakness resulting from an illness).</p> <p>--Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions).</p> <p>--Anxiety.</p> <p>--Depression.</p> <p>-He/She was on scheduled pain medications.</p> <p>-Occasionally pain affected his/her sleep.</p> <p>-He/She was moderately cognitively impaired.</p> <p>Review of the resident's POS dated May 2024 showed the following order:</p> <p>-Voltaren External Gel 1 % Topically(to the skin).</p> <p>-Apply to back of neck topically every four hours as needed for arthritis pain (swelling and tenderness in a joint).</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-There was no response to the Pharmacy note.</p> <p>-There was no amount of gel to be applied in the order.</p> <p>During an interview on 5/22/24 at 10:00 A.M. the DON said there was no documentation of the amount of Voltaren Gel to have been applied to the resident.</p> <p>During an interview on 5/24/24 at 1:10 P.M. the Assistant Director of Nursing (ADON) said:</p> <p>-The MRR should have been sent to the physician to clarify the Voltaren Gel order for the resident.</p> <p>-This was not done.</p> <p>-There was a glitch in the computer system.</p> <p>During an interview on 5/28/24 at 9:00 A.M. Licensed Practical Nurse (LPN) A said he/she did not know who was responsible for doing the medication reviews or ensuring there was a response from the physician, maybe the charge nurse.</p> <p>During an interview on 5/28/24 at 1:55 P.M. the DON said:</p> <p>-The request for the resident to be seen by psychiatric services was made.</p> <p>-They did not come.</p> <p>-SSD did not reach out to them to see why they had not come in two months.</p> <p>-SSD dropped the ball and he/she should have caught this.</p> <p>3b. Review of the resident's POS dated March 2024 showed the following order:</p> <p>-Refer to a psychiatric physician for psychological services and medication management for Mood Disorder and Anxiety one time only, dated 3/7/24.</p> <p>Review of the resident's medical record dated March 2024 to May 2024 showed there was no documentation in the resident's medical chart this was done.</p> <p>During an interview on 5/28/24 at 9:00 A.M. Licensed Practical Nurse (LPN) A said if there was an order for the resident to see an outside physician such as psych the Social Service Designee (SSD) should have made the appointment.</p> <p>4. During an interview on 5/24/24 at 1:10 P.M. the ADON said:</p> <p>-The DON was responsible for ensuring MRRs were done.</p> <p>-The MRR were not getting done currently.</p> <p>-The Pharmacy would send the recommendation to the DON.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She would have printed out the recommendation.</p> <p>-He/She should have ensured the physician saw the recommendation and addressed it.</p> <p>During an interview on 5/28/24 at 1:55 P.M. the DON said:</p> <p>-The MRRs should have been done for Residents #38, #8, and #18.</p> <p>-The Pharmacy sent the recommendations to him/her via courier at night.</p> <p>-He/She printed the recommendations out and sent them to the physician via telephone or email.</p> <p>-The physician was to have written their response to the recommendations on the paper.</p> <p>-He/She did not know what had happened to the recommendation.</p> <p>-The recommendation should have been addressed by the physician within a week for Residents #38, #8, and #18.</p> <p>-He/She was responsible to ensure the recommendations were addressed.</p> <p>-He/She would then put the physician's response into the computer.</p> <p>-The physician's response should have then been scanned into the computer.</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** 50579</p> <p>Based on interview and record review, the facility failed to ensure antipsychotic drugs (drugs that can be used to treat severe mental illness) were appropriately monitored and as needed (PRN) psychotropic drug (a drug that can affect emotions and behavior, used to treat psychiatric diseases) orders did not extend beyond 14 days without physician rationale for one sampled resident (Resident #8) of 5 residents reviewed for unnecessary medications. The facility census was 49 residents.</p> <p>An undated facility policy titled Behavior Assessment and Monitoring showed:</p> <p>-If a resident was being treated for problematic behavior or mood, the staff were to obtain and document ongoing reassessments of changes in the individual's behavior, mood and function.</p> <p>A policy regarding antipsychotic/psychotropic medication administration was requested on 5/24/24 but was not provided at the time of exit.</p> <p>1. Review of Resident #8's admission Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning), dated 4/12/24, showed:</p> <p>-An admitted [DATE].</p> <p>-Diagnoses of dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) with behavioral disturbance (behaviors that consistently break the rules, disrupt the lives of those around them and defy authority), depression (a common and serious medical illness that negatively affects how you feel, the way you think and how you act), and anxiety (a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome).</p> <p>-The resident was severely cognitively impaired.</p> <p>-The resident exhibited no documented behaviors.</p> <p>-The resident received an antipsychotic medication on a daily basis.</p> <p>Review of the resident's care plan, dated 4/12/24, showed the resident:</p> <p>-Had impaired cognitive function related to dementia and staff were to monitor and document the side effects of medications and their effectiveness.</p> <p>-Used psychotropic medications, but left the spaces indicating which psychotropic medications were used and the reason for use blank.</p> <p>-Had depression.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Physician Orders dated May 2024 showed orders for:</p> <ul style="list-style-type: none"> -Quetiapine (an antipsychotic used to treat major depressive disorder that can cause major adverse effects) 25 milligrams (mg) by mouth once daily with an indication the medication was for dementia, starting on 4/6/24. -Lorazepam (a sedative used to treat anxiety) 1 mg by mouth PRN every four hours for agitation/restlessness, starting on 4/6/24. -An order that instructed staff to Monitor for the following target behaviors with the specify section left blank and Medications with the specify section left blank. The order further instructed staff to mark yes or no and document any behavior in the resident progress notes. -No orders for monitoring adverse effects of either medication were present. <p>Review of the Medication Administration Record (MAR) and Treatment Administration Records (TAR) dated 4/6/24 to 5/28/24, showed:</p> <ul style="list-style-type: none"> -The resident was given 25 mg of Quetiapine daily. -Behaviors were documented as NO each shift from 4/6/24 to 5/7/24 with the exception of no documentation being provided for the night shift on 4/20/24, 5/1/24 and 5/7/24. -Beginning 5/8/24, behavior monitoring documentation changed to a check mark instead of yes or no for behaviors, with missing documentation for night shift on 5/9/24, 5/21/24, 5/22/24, and 5/23/24. -No documentation of antipsychotic or psychotropic adverse effects were present. -Staff did not administer the Lorazepam to the resident. <p>During an interview on 5/24/24 at 10:26 A.M., Registered Nurse (RN) A said:</p> <ul style="list-style-type: none"> -Resident #8's antipsychotic monitoring including symptoms and behaviors should have been located in the TAR. -There should have been per shift monitoring for behaviors and antipsychotic side effects. -No symptom monitoring had been done on Resident #8. -The behavior monitoring lacked any specific behaviors to look for and appeared to be a template that someone had not completed. -He/She did not know of Resident #8 to have any behaviors. <p>During an interview on 5/28/24 at 1:44 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -The Lorazepam order should have been discontinued after 14 days and a new order entered if needed. <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>-Residents on antipsychotic medications should have received daily monitoring for behaviors and medication side effects.</p> <p>-The nurse on duty would have been responsible for completing those tasks.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>22727</p> <p>Based on interview and record review, the facility failed to hold insulin per physician's orders for one supplemental resident (Resident #38) out of five residents sampled for medication review. The facility census was 49 residents.</p> <p>The facility did not have a policy regarding this citation.</p> <p>1. Review of Resident #38's care plan dated 4/3/23 showed:</p> <p>-The resident had a diagnosis of diabetes (a deficiency or complete lack of insulin secretion in the pancreas or resistance to insulin).</p> <p>-Instructions to administer medication for diabetes as ordered.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff for care planning) dated 3/22/24 showed the following assessment of the resident:</p> <p>-Had a diagnosis of diabetes.</p> <p>-Received insulin (a hormone that lowers the level of glucose (a type of sugar) in the blood) shots seven days out of the last seven days.</p> <p>Review of the resident's Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated April 2024 showed:</p> <p>-A physician's order for Trulicity (an injectable diabetes medicine that helps control blood glucose levels) 1.5 milligrams (mg)/0.5 milliliters (ml), inject one dose subcutaneously (beneath the skin) in the morning every Saturday was administered every Saturday in April 2024.</p> <p>-A physician's order for Invokana (an oral diabetes medicine that helps control blood glucose levels) 300 milligrams (mg) in the morning for diabetes was administered every day in April 2024.</p> <p>-A physician's order for Metformin (used to keep blood glucose at a normal level) 500 mg, one tablet twice a day for diabetes was administered every day in April 2024 at 6:00 A.M. and 4:00 P.M.</p> <p>-A physician's order for Lantus (a long-acting insulin used to treat diabetes) 100 units(u)/ml, inject 10 units subcutaneously in the morning for diabetes was administered every day in April 2024 at 6:00 A.M.</p> <p>-A physician's order dated 3/28/24 for Novolog (rapid-acting insulin) 100 units/ml, inject five units subcutaneously three times a day for diabetes, hold if blood glucose was less than 150.</p> <p>-The resident's Novolog was administered when his/her blood glucose was less than 150 at the following times:</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--On 4/1/24 at dinner, the resident's blood glucose was 118.</p> <p>--On 4/5/24 at dinner, the resident's blood glucose was 119.</p> <p>--On 4/6/24 at dinner, the resident's blood glucose was 128.</p> <p>--On 4/7/24 at noon, the resident's blood glucose was 142.</p> <p>--On 4/9/24 in the A.M., the resident's blood glucose was 132.</p> <p>--On 4/9/24 at dinner, the resident's blood glucose was 116.</p> <p>--On 4/11/24 at dinner, the resident's blood glucose was 102.</p> <p>--On 4/13/24 in the A.M., the resident's blood glucose was 137.</p> <p>--On 4/15/24 in the A.M., the resident's blood glucose was 146.</p> <p>--On 4/17/24 in the A.M., the resident's blood glucose was 145.</p> <p>--On 4/19/24 at noon, the resident's blood glucose was 142.</p> <p>--On 4/26/24 in the A.M., the resident's blood glucose was 144.</p> <p>--On 4/30/24 in the A.M., the resident's blood glucose was 147.</p> <p>--On 4/30/24 at noon, the resident's blood glucose was 144.</p> <p>Review of the resident's MAR and TAR dated May 2024 (through 5/23/24) showed:</p> <p>-A physician's order for Trulicity 1.5 mg/0.5 ml, inject one dose subcutaneously in the morning every Saturday was administered twice in May through 5/23/24.</p> <p>-A physician's order for Invokana 300 mg in the morning for diabetes was administered every day through 5/23/24.</p> <p>-A physician's order for Metformin 500 mg, one tablet twice a day for diabetes was administered every day 5/23/24 6:00 A.M.</p> <p>-A physician's order for Lantus 100 u/ml, inject 10 units subcutaneously in the morning for diabetes was administered every day in April 2024 at 6:00 A.M. through 5/23/24.</p> <p>-A physician's order dated 3/28/24 for Novolog 100 units/ml, inject five units subcutaneously three times a day for diabetes, hold if blood glucose is less than 150.</p> <p>-The resident's Novolog was administered when his/her blood glucose was less than 150 at the following times (through 5/23/24):</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--On 5/4/24 at noon, the resident's blood glucose was 114.</p> <p>--On 5/4/24 at dinner, the resident's blood glucose was 143.</p> <p>--On 5/7/24 in the A.M., the residents' blood glucose was 149.</p> <p>--On 5/13/24 in the A.M., the resident's blood glucose was 145.</p> <p>--On 5/19/24 in the A.M., the resident's blood glucose was 112.</p> <p>--On 5/19/24 at noon, the resident's blood glucose was 119.</p> <p>--On 5/19/24 at dinner, the resident's blood glucose was 114.</p> <p>--On 5/20/24 in the A.M., the resident's blood glucose was 112.</p> <p>During an interview on 5/23/24 at 2:54 P.M., Licensed Practical Nurse (LPN) A said when medications were outside of administration parameters, they should have gone into the administration record in the electronic health record, selected the number that indicated it was outside of administration parameters and not administered the medication.</p> <p>During an interview on 5/28/24 at 1:29 PM, the Director of Nursing (DON) said:</p> <p>-The nursing staff needed to follow physician's orders.</p> <p>-If the resident's blood glucose was out of parameters, the nursing staff should not have administered the medication.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>22727</p> <p>Based on observation, interview, and record review, the facility failed to observe the resident take his/her medications for one supplemental resident (Resident #37), who had not been assessed for self-administration of medications and did not have a physician's order for self-administration of medications, failed to ensure two medications carts were locked when staff was not using them. The facility census was 49 residents.</p> <p>Review of the facility's policy titled Resident self-administration of medication dated February 2023 showed:</p> <ul style="list-style-type: none"> -The interdisciplinary team should determine if self-administration is clinically appropriate for the resident and consider the following: --The medications were appropriate and safe for self-administration. --The resident's physical capacity to swallow without difficulty. --The resident's cognitive status, including their ability to correctly name their medications and know what they were being taken for. --The resident's capability to follow directions and tell time to know when medications need to be taken. --The resident's comprehension of instructions for the medications they are taking. <p>-The results of the interdisciplinary team assessment are recorded on the medication self-administration assessment form.</p> <p>No policy regarding keeping medication carts locked was provided by the time of exit.</p> <p>1. Review of Resident #37's dashboard tab showed:</p> <ul style="list-style-type: none"> -The resident resided at the facility for about one and a half years. -Some of the resident's diagnoses included pain, hypothyroidism (below normal function of the thyroid gland which regulates metabolism), dementia (a progressive mental disorder characterized by memory problems, impaired reasoning and personality changes), and hypertension (high blood pressure). <p>Review of the resident's medical records showed no self-administration of medications assessment.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) dated 5/10/24 showed the following assessment of the resident:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Anew Healthcare Odessa		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Golf Street Odessa, MO 64076	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Cognitively intact.</p> <p>-Had impaired range of motion in both upper extremities.</p> <p>-Used a wheelchair.</p> <p>-Was independent with most self-cares.</p> <p>-Some of his/her diagnoses included high blood pressure, low blood pressure, and dementia.</p> <p>Review of the resident's care plan dated 5/3/24 showed:</p> <p>-The resident had pain from arthritis and gout (a form of arthritis usually starting in the big toe).</p> <p>-The resident had impaired cognitive function or impaired thought processes related to dementia.</p> <p>-Instructions to administer medications as ordered.</p> <p>Observation on 5/20/24 at 7:16 A.M. showed a medicine cup containing multiple pills was on the resident's overbed table in his/her room.</p> <p>Review of the resident's Physician's Order Sheet (POS) dated May 2024 (on 5/23/24 at 8:34 A.M.) showed:</p> <p>-The resident had no order for self-administration of medications.</p> <p>-Physician's orders for medications for pain, hypothyroidism, high blood pressure, and dementia to be administered in the morning.</p> <p>During an interview on 5/23/24 at 2:54 P.M., Licensed Practical Nurse (LPN) A said:</p> <p>-The resident liked to take his/her medications at his/her own pace.</p> <p>-The resident was particular about how he/she took his/her medications.</p> <p>-The resident liked to dump his/her medications on his/her bed or bedside table.</p> <p>-The resident liked to line the pills out and count them.</p> <p>-It took around 30 minutes to wait for the resident to do all of that and that was probably why the resident's medications were left for the resident to take without staff watching him/her.</p> <p>During an interview on 5/28/24 at 9:21 A.M., the resident said:</p> <p>-He/She could not really see out of one of his/her eyes.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She preferred to receive his/her medication in the dining room so he/she could lay his/her pills out easier on the dining room table to look at all of them.</p> <p>-When they gave his/her medications in his/her room, it's hard to see some of the white pills on the white bedspread.</p> <p>-He/She thought the staff usually stayed and watched him/her take his/her medicine.</p> <p>During an interview on 5/28/24 at 1:29 PM, the Director of Nursing (DON) said the resident should not have been left with his/her medications without staff being present and observing him/her.</p> <p>39469</p> <p>2. Observation on 5/20/24 at 7:30 A.M. showed:</p> <p>-The medication cart marked Diabetic was unlocked.</p> <p>-The cart contained the resident's Insulin (medication used to decrease blood sugar).</p> <p>-One resident passed by the unlocked medication cart within two feet of the cart.</p> <p>-There was no nurse in the area of the unlocked medication cart.</p> <p>Observation on 5/20/24 at 10:10 A.M. showed:</p> <p>-The medication cart marked Diabetic was unlocked.</p> <p>-There were two male residents sitting within two feet of the cart.</p> <p>-There was no nurse in the area of the unlocked medication cart.</p> <p>During an interview on 5/28/24 at 8:46 A.M. Certified Medication Technician (CMT) A said:</p> <p>-Medication carts should have been locked if staff were not in front of it.</p> <p>-There were residents who were not in their right mind and might try to take something out of the cart if it was not locked.</p> <p>During an interview on 5/28/24 at 9:55 A.M. the Assistant Director of Nursing (ADON) said:</p> <p>-The medication carts should have always been locked if staff were not actively using it.</p> <p>-The person who used the medication cart was responsible to have kept it locked.</p> <p>-The charge nurse was ultimately responsible for ensuring that the medication carts were kept locked if staff was not using it.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She would look at the medication carts when he/she walked down the hall to ensure they were locked.</p> <p>During an interview on 5/28/24 at 1:15 P.M. the DON said:</p> <ul style="list-style-type: none"> -The medication carts should have been locked unless the nurse was actively passing medications. -The nurse or CMT should have been in direct observation of the medication cart if it was unlocked. -The nurse or CMT who had been using the medication cart was responsible for ensuring it was locked. -The DON and ADON had done spot checks to ensure the carts were locked when not in use.

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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>38452</p> <p>Based on observation and interview, the facility failed to retain operable thermometers in all refrigerators and/or freezers to confirm adequate temperature ranges; failed to ensure food preparation items were kept in a sanitary condition; and failed to maintain plastic plate covers in good order to avoid food safety hazards (cross-contamination), in accordance with State of Missouri rules and regulations, established national guidelines, and professional standards for food service safety. These deficient practices had the potential to affect all residents, visitors, volunteers, and staff who ate food from the kitchen. The facility's census was 49 residents with a licensed capacity for 60 residents at the time of the survey.</p> <p>1. Observation on 5/22/24 between 9:25 A.M. and 10:06 A.M. during the initial kitchen inspection, showed the following:</p> <ul style="list-style-type: none"> -There was a blue handled metal pan on the bottom shelf of a metal pot/pan rack that had heavy black residue on the inside rim about 1-2 inches (in.) down from the upper edge. -No thermometer was found in the walk-in freezer. -Three maroon plate warmer covers with chipped edges were in a dishwasher rack ready for the dishwasher machine. <p>Observation on 5/22/24 at 12:22 P.M. in the Conference Room showed a test lunch plate of grilled chicken over Caesar salad, pasta salad, and a breadstick was covered with a blue plate warmer lid that was chipped around the bottom edge around the full circumference.</p> <p>Observation on 5/23/24 at 8:33 A.M. during the follow-up kitchen inspection showed the following:</p> <ul style="list-style-type: none"> -The blue handled metal pan with heavy black residue was still on the bottom shelf of the pot/pan storage rack. -No thermometer was found in the walk-in freezer. <p>Observation on 5/23/24 at 12:16 P.M. in the Conference Room showed a test lunch plate of beef tips and mushrooms on noodles and buttered carrots was covered with a maroon plate warmer lid that was heavily chipped around the bottom edge.</p> <p>During an interview on 5/24/24 at 10:13 A.M. the Dietary Manager (DM) said the following:</p> <ul style="list-style-type: none"> -He/She would expect food to be free of foreign substances. -All refrigerators and freezers should have thermometers in them. -Depending on how dirty metal pots and pans were the dietary staff hand wash, rinse, and sanitize them. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Damaged rubber or plastic kitchen items were recorded that they were being discarded and they buy new ones.</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50579</p> <p>Based on interview and record review, the facility administration failed to pay debts to vendors, including the utility company and fire sprinkler service, resulting in a failure to ensure its resources were used effectively and efficiently in order to promote the wellbeing of each resident and provide necessary goods and services. This had the potential to affect all residents and staff at the facility. The facility census was 49 residents.</p> <p>The facility had not provided any policies regarding payment of vendors at the time of exit.</p> <p>The facility did not have a policy for the Administrator's duties.</p> <p>Review of the facility's Job Description for the Administrator dated 2022 showed:</p> <ul style="list-style-type: none"> -The purpose was to lead, guide, and direct the operations of the healthcare facility in accordance with local, state, and federal regulations, standards and establish facility policies and procedures to provide appropriate care and services to residents. -Plans, develops, organizes, implements, evaluates and directs the overall operation of the facility as well as its programs and activities, in accordance with current state and federal laws and regulations. -Develops and implements processes and systems in conjunction with the Business Office Manager that maintain the fiscal health of the facility. -Leads in conjunction with the Business Office Manager, weekly or bi-monthly budget compliance meeting to ensure financial goals were met. -Reviews and interprets monthly financial statements and provides relevant information to the governing board. <p>1. Review of an invoice from the facility's imaging vendor (x-ray), dated 4/30/24 showed past due amounts that included previous balances due on:</p> <ul style="list-style-type: none"> -11/30/23 of \$987.07 -12/31/23 of \$334.62 -1/31/24 of \$659.34 -2/29/24 of \$832.30 -3/31/24 of \$560.00 <p>--Totaling \$3,373.33 past due.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>---A payment receipt dated 5/24/24 (after surveyors started the annual survey on 5/20/24) of the past due amount was provided .</p> <p>2. Review of the facility's food vendor showed:</p> <p>-A past due invoice was not provided.</p> <p>-A payment receipt dated 5/24/24 (after surveyors started the annual survey on 5/20/24) showed the past due amount of \$10,184.78 was paid to make the account current.</p> <p>3. Review of the facility's respiratory supply vendor showed:</p> <p>-Past due invoice was not provided.</p> <p>-A payment receipt made on 5/24/24 (after surveyors started the annual survey on 5/20/24) that stated the past due amount of \$6,705.60 was paid.</p> <p>-NOTE: The receipt also indicated the past due amount was corporate wide and included the facility.</p> <p>4. Review of an invoice from the facility's utility supplier (water, electric, sewer), dated 4/30/24 showed:</p> <p>-A due date of 5/15/24.</p> <p>-The invoice also indicted that any bill not paid by 5:00 P.M. on the 20th of the month would result in the cut-off of utilities the following business day.</p> <p>-Three payment receipts dated 5/24/24 (after surveyors started the annual survey on 5/20/24)were provided to cover the past due amount of \$6,644.46.</p> <p>5. Review of an unpaid past due invoice from the facility's fire sprinkler vendor dated 2/23/24 showed:</p> <p>-The invoice was received from the vendor.</p> <p>-A due date of 3/24/24, in the amount of \$5,284.48.</p> <p>-No payment receipts were available for review.</p> <p>6. Review of an unpaid past due invoice from the facility's fire safety vendor, dated 1/13/24 showed:</p> <p>-The invoice was received from the vendor.</p> <p>-A due date of 2/12/24, in the amount of \$1,205.00.</p> <p>-No payment receipts were available for review.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>7. Review of an unpaid past due invoice from Chemical Company B, dated 9/8/23 to 2/23/24 showed:</p> <ul style="list-style-type: none"> -The invoice was received from the vendor. -Past due balance in the amount of \$46,480.77. -No payment receipts were available for review. <p>During an interview on 5/28/24 at 11:22 A.M., an Account Receivable Representative for the facility's previous chemical supply company (Chemical Company-B) said:</p> <ul style="list-style-type: none"> -The past due balance of \$46,480.77 was for all corporate locations combined, including this facility. -The corporate account was placed on a credit hold, and services were ended on 2/21/24. <p>Observation on 5/21/24 at 12:15 P.M. showed:</p> <ul style="list-style-type: none"> -Laundry detergent was pumped by hand from a 5-gallon bucket. -Ecolab Laundry Built detergent was being used to launder clothes. -No other additive was put into the washing machine to wash items. -No automated detergent pumps were present in the laundry room. <p>During an interview on 5/21/24 at 12:15 P.M., Laundry Aide (LA)-A said:</p> <ul style="list-style-type: none"> -Laundry staff were not sure how much detergent should be used when washing laundry. -Laundry staff used six fluid ounces of laundry detergent for each 60-pound load of laundry. -His/her boss wouldn't let laundry staff touch the bleach because it was dangerous. -Towels, washcloths, and white linens were washed twice because the staff were unable to wash the items with bleach. <p>During an interview on 5/21/24 at 2:11 P.M., the Laundry Supervisor said:</p> <ul style="list-style-type: none"> -Chemical Company B removed the pumps from the wall that supplied detergent, softener, and bleach to the washing machines. -The facility was not using bleach or softener because the washing machines were designed to call for the chemicals and pump them in automatically and the staff did not know how much chemical to use or when to place it into the machine. -The staff used instructions from a bucket of [NAME] detergent to determine how much Ecolab detergent to put into the washing machine. <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The [NAME] bucket had instructions to use six fluid ounces for each 100-pound load of laundry, so the staff put six fluid ounces of Ecolab detergent in the machine for a 60-pound load of laundry.</p> <p>-He/she did not know how much Ecolab detergent was supposed to be used as the Ecolab bucket did not have instructions for manual dispensing of the detergent.</p> <p>-The facility has switched chemicals often, leaving staff unsure of how much chemical they should use for each brand.</p> <p>39469</p> <p>8A. During an interview on 5/21/24 at 10:20 A.M. Floor Technician A said:</p> <p>-The current company had taken over the facility on 1/1/23.</p> <p>-He/She had done the ordering of supplies for the facility.</p> <p>-They were buying them from a local supplier for cash.</p> <p>-The Corporation had been notified that Chemical Company B was going to pull their laundry pumps (a measuring device for chemicals) due to nonpayment, that ran \$1800-2000 each for the industrial washing machines which did 60 pounds of laundry.</p> <p>-The pump would set the calibration on chemicals, the laundry soap, the bleach and the softener which were used in the industrial laundry machines.</p> <p>-At the current time there was no bleach going into the laundry.</p> <p>-Company B had notified everyone they were taking out their pumps, which have been gone for a month now.</p> <p>-When he/she asked the Corporate Project Manager about what to do when the company pulled out the laundry pumps he/she was told to use a measuring cup and dip the detergent out of a five gallon bucket.</p> <p>-Two times he/she had to get petty cash from the Business office to buy supplies at a local store to get dish soap for the kitchen and laundry soap for the laundry.</p> <p>-He/She refused to go to the dollar store to buy Dawn dish soap to put in the industrial dishwasher.</p> <p>-They have no labels for spray bottles used for cleaning.</p> <p>-They had to put cleaning chemicals in other bottles from the previous supply company and write on tape what was in the bottle.</p> <p>-The corporation did not give Safety Data Sheets (SDS for the instructions for the cleaning supplies).</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The Corporation said the SDS had been ordered.</p> <p>-He/She had asked them again about three weeks ago for the SDS sheets and had still not received them.</p> <p>8B. During an interview on 5/21/24 at 10:20 A.M. Floor Technician A said:</p> <p>-In February 2024 for about a month the laboratory company would not come into the facility to draw labs (laboratory blood draws) on the residents because they had not been paid.</p> <p>-The residents who needed lab draws were sent out to hospital or the nurses drew the blood samples and took the labs to the hospital.</p> <p>During an interview on 5/21/24 at 11:10 A.M. the Medical Director said:</p> <p>-He/she didn't know the lab had not been paid.</p> <p>-It was not acceptable to have the nurses do the lab draws or take the residents to the hospital for lab draws.</p> <p>-He/she should have been notified if labs weren't done.</p> <p>-If there was a serious lab that was not drawn, it would have been concerning to him/her.</p> <p>-He/she was not not aware of any of his/her residents being behind on labs.</p> <p>8C. During an interview on 5/21/24 at 10:20 A.M. Floor Technician A said:</p> <p>-The trash was supposed to have been picked up on Monday and Friday.</p> <p>-There were three or four times in the last year the trash wasn't picked up due to non payment.</p> <p>9. During an interview on 5/28/24 at 1:15 P.m. the Director of Nursing (DON) said:</p> <p>-He/She did the supply ordering.</p> <p>-The Administrator was responsible for paying the bills.</p> <p>-The Administrator would send the bills to the Corporate.</p> <p>-They were behind on paying the bills.</p> <p>-He/She had been at the facility for the last two months and they have not had any issues with suppliers not sending supplies due to non payment.</p> <p>10. During an interview on 5/24/24 at 11:48 A.M., the Administrator said:</p> <p>-He/she was aware of some overdue balances with vendors but was unsure of amounts.</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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38452</p> <p>Based on observation, interview, and record review, the facility failed to establish a comprehensive infection prevention and control program designed to help prevent the development and transmission of Legionella (A [NAME] of pathogenic Gram-negative bacteria that includes the species L. pneumophila, causing legionellosis, all illnesses caused by Legionell, including a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever) and/or other water-borne pathogens (a bacterium, virus, or other microorganism that can cause disease), and failed to provide documented assessments for such an outbreak with accepted response protocols, in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines. This deficient practice had the potential to affect all residents, visitors, volunteers, and staff who resided, visited, used, or worked in the facility; the facility failed to properly screen and follow their policies for tuberculosis (TB-a communicable disease that affects especially the lungs, that is characterized by fever, cough, difficulty in breathing, abnormal lung tissue and function) for five sampled residents (Residents #8, #10, #25, #30 and #44) out of five residents sampled and for eight out of 10 new employees sampled for TB screening; the facility failed to ensure staff was following infection control practices during medication pass by not cleansing their hands between administering medications to residents for two supplemental residents, (Resident #1 and #6); failed to cap an Intravenous line (IV -a medical technique that administers fluids, medications, and nutrients directly into a person's vein) after disconnecting it during a medication administration for one sampled resident, (Resident #9); failed to lay wound care supplies on a clean barrier for one sampled resident, (Resident #30); failed to cleanse scissors before or after opening an envelope containing medication for one sampled resident (Resident #30); failed to ensure a Wound VAC (- a vacuum assisted closure of a wound is a type of therapy to help wounds heal) was not sitting on the floor while in use for one sampled resident, (Resident #9); and failed to follow Enhanced Barrier Precautions (EBP - A Centers for Medicare and Medicaid (CMS) guideline for residents with chronic wounds or indwelling medical devices during high-contact resident care activities) guidelines for two sampled residents (Resident #30, and #9). The facility census was 49 residents with a licensed capacity for 60 residents at the time of the survey.</p> <p>Review of the facility's policy titled Employee TB Testing dated 2023 showed:</p> <ul style="list-style-type: none"> -All new employees were to undergo pre-placement screening for TB. -All new staff would receive two TB skin tests (TST) given two weeks apart. -All initial and follow-up TB tests were to be administered and interpreted 48-72 hour later. <p>Review of the facility's policy titled Resident Screening for TB dated 2024 showed:</p> <ul style="list-style-type: none"> -All residents would receive TB screening and testing. -Two Mantoux PPD (skin tests used to diagnose silent (hidden/dormant) TB infection) skin tests would be given two weeks apart. -All initial and follow-up TSTs would be administered and interpreted in 48 to 72 hours by a trained healthcare provider. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Anew Healthcare Odessa		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Golf Street Odessa, MO 64076	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Nursing staff were responsible for initial and repeat resident screening and documentation of results.</p> <p>Hand washing policy was not provided by the time of exit.</p> <p>EBP policy was not provided by the time of exit.</p> <p>Wound VAC policy was not provided by the time of exit.</p> <p>Review of the Center for Disease Control (CDC) Guideline, Enhanced Barrier Precautions dated May 20, 2024 showed:</p> <p>-Required the use of gown and gloves only for high-contact resident care activities.</p> <p>-Adherence to other recommended infection prevention practices including performing hand hygiene, cleaning and disinfection of environmental surfaces and resident care equipment, proper handling of indwelling medical devices, and care of wounds was also critical.</p> <p>Review of the facility's policy Infection Prevention and Control Program dated June 2023 showed:</p> <p>-The community Infection Prevention and Control Program was designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>-The program covered all residents, staff, contractors, consultants, volunteers, visitors and others who provide care and services to residents on behalf of the facility.</p> <p>-The Infection Control Committee was established to provide the oversight of the program.</p> <p>-The community program would have followed an accepted national standards, example CDC.</p> <p>1. Observation on 5/22/24 at 9:37 A.M. during the initial kitchen Life Safety Code (LSC) inspection showed a three-sink area, a dish-washing machine area, a hand-washing sink, and an ice machine.</p> <p>Observation on 5/22/24 between 1:39 P.M. and 3:47 P.M. during the initial facility LSC room-to-room inspections with the Maintenance Supervisor (MS) showed the following:</p> <p>-There was a facility-wide fire sprinkler system.</p> <p>-There was a laundry room with commercial clothes washers, a hot water heater, a water softener tank, and a room where the public water main entered the building.</p> <p>-There were at least 28 resident rooms with sinks and bathrooms, two bathhouses, a Beauty Shop, and a janitor's closet with a mop hopper sink.</p> <p>Review of the facility's water-borne pathogen prevention program in a binder entitled, Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings, last reviewed on 4/25/24 and provided by the MS, showed the following:</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 - Many</p>	<p>-There was no facility-specific risk management plan assessment that considered all elements of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) industry standard #188.</p> <p>-There was no infection prevention program or plan to deal with outbreaks of Legionella and/or other waterborne pathogens.</p> <p>-There was a facility map showing water flow and a diagram showing possible stagnation locations throughout the facility, but no assessments of each location's individual potential risk level.</p> <p>-Other than PH levels, there were no facility-specific testing protocols for or public water utility reports on any chemicals contained in the water, with a method of continued monitoring for them at this facility.</p> <p>During an interview on 5/24/24 at 2:28 P.M., the MS said that he/she was educated on Legionella program requirements by reading about it in the mid-2010's and watching a tutorial on a computer.</p> <p>During an interview on 5/28/24 at 8:56 A.M., the Administrator said that he/she had been educated on Legionella program requirements by looking at their policy.</p> <p>22727</p> <p>2. Review of Resident #10's entry tracking record showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's immunization tab showed:</p> <p>-The resident's first-step TST was administered on 4/12/24 and there was no read date.</p> <p>-The resident's second-step TST was administered on 4/24/24 and there was no read date.</p> <p>Review of the resident's Medication Administration Record (MAR) dated April 2024 showed no administration or reading of any TSTs.</p> <p>Review of the resident's Treatment Administration Record (TAR) dated April 2024 showed:</p> <p>-A physician's order dated with a start date of 4/5/24 to administer a TST.</p> <p>-4/5/24 to 4/8/24 were left blank for TST administration.</p> <p>-The TST was documented as not completed and referred to a nurse's note on 4/9/24.</p> <p>-A physician's order dated with a start date of 4/10/24 to administer the first TST.</p> <p>-The TST administration on 4/10/24 was left blank.</p> <p>-The TST was documented as administered on 4/11/24.</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 - Many</p>	<p>-The TST on 4/11/24 was not documented as being read.</p> <p>-A physician's order dated with a start date of 4/24/24 to administer a TST.</p> <p>-It was documented that the TST was administered on 4/24/24.</p> <p>-The TST on 4/24/24 was not documented as being read.</p> <p>Review of the resident's nurses' notes showed no notes regarding the resident's TST on 4/9/24 or any other dates.</p> <p>Review of the resident's MARs and TARs dated May 2024 showed no administration or reading of any TSTs.</p> <p>3. Review of Resident #44's entry tracking record showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's immunization tab showed no TSTs.</p> <p>Review of the resident's MARs and TARs dated February 2024 showed no TSTs.</p> <p>Review of the resident's assessments and tracking forms showed the resident discharged with return anticipated on 3/11/24 and the resident returned to the facility on [DATE].</p> <p>Review of the resident's MARs and TARs dated March 2024 showed:</p> <p>-A physician's order dated with a start date of 3/11/24 to administer a TST.</p> <p>-The TST was not administered, and the order was held 3/11/24 to 3/26/24.</p> <p>-A physician's order to read the TST administered on 3/11/24 (which was documented as not being administered) was left blank on 3/27/24.</p> <p>Review of the resident's MARs and TARs dated April 2024 and May 2024 showed no documentation of a TST administered or read.</p> <p>4. Review of Resident #25's entry tracking record showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's MAR and TAR dated November 2023 showed a physician's order dated 11/21/23 to administer a TST was left blank as not administered.</p> <p>Review of the resident's immunization tab showed:</p> <p>-The resident's first-step TST was administered on 11/22/23 and there was no read date.</p> <p>-The resident's second-step TST was administered on 12/5/23 and there was no read date.</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 - Many</p>	<p>-Employee E was hired on 3/14/24.</p> <p>-Employee F was hired on 3/25/24.</p> <p>-Employee G was hired on 5/5/24.</p> <p>-Employee J was hired on 2/6/24.</p> <p>Review of the above employees' TB tracking sheet showed:</p> <p>-Employee A did not have a second TST.</p> <p>-Employee B's first TST was administered on 3/11/24 and read on 3/14/24.</p> <p>-Employee B's second TST was administered on 4/22/24 and read on 4/25/24 (over two weeks late from first TST).</p> <p>-Employee C's first test was administered on 3/6/4 (one day late) and read on 3/9/24.</p> <p>-Employee D's first TST was administered on 4/19/24 (three days late) and read on 4/21/24.</p> <p>-Employee D did not have a second TST.</p> <p>-Employee E's first TST was administered on 3/12/24 and read on 3/15/24 (one day after hire date).</p> <p>-Employee E's second TST was administered on 4/24/24 and read on 4/27/24 (almost three weeks late).</p> <p>-Employee F's first TST was administered on 3/23/24 and read on 3/25/24.</p> <p>-Employee F's second TST was administered on 4/23/24 and read on 4/26/24 (approximately two weeks late).</p> <p>-Employee G's first TST was administered on 4/19/24 and read on 4/23/24 (read one day late).</p> <p>-Employee G did not have a second TST.</p> <p>-Employee J's first TST was administered on 2/24/24 (18 days after hire) and read 2/26/24 (20 days after hire).</p> <p>8. During an interview on 5/24/24 at 1:43 P.M., Registered Nurse (RN) A said:</p> <p>-The nurses administered the TB tests to the residents on admission.</p> <p>-They did a second step within two weeks of admission.</p> <p>-The TB tests were entered as an order.</p> <p>-The order was a standing admission order they can choose.</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 - Many</p>	<p>-The nurse should chart the lot information, the expiration date, and other information needed under the immunization tab.</p> <p>-The order for the TB test on admission triggers what day the results should be read.</p> <p>-He/She was not sure if they could document the date the TB test was administered and read.</p> <p>-He/She usually documented a nurse's note.</p> <p>-The immunization tab does not have a place for the read date of the TB test.</p> <p>During an interview on 5/28/24 at 1:29 PM, the Director of Nursing (DON) said:</p> <p>-The admitting nurse should do the initial TST on the day the resident was admitted .</p> <p>-The TST administration and reading should be put in as an order.</p> <p>-The TSTs should be read 48-72 hours after they were administered.</p> <p>-The second TST should be done 14-21 days after the first TST.</p> <p>9. During an interview on 5/28/24 at 9:46 A.M., the Assistant DON (ADON) said:</p> <p>-They were supposed to do the employees' first TST before working on the floor.</p> <p>-The second TST was supposed to be administered one to two weeks later.</p> <p>-Any nurse could give the employees their first TST.</p> <p>-He/She told the staff to come back within 48-72 hours and have a nurse read the TST results.</p> <p>-The employee TB screening was a paper process.</p> <p>-They had a bulletin board in the medication room that they hang the first TST on, so it was there to be read.</p> <p>-They asked the employees to wait until the first TST was read before working.</p> <p>-He/She's been responsible for the employee TB screening process since the middle of February 2024.</p> <p>-Every month at the beginning of the month, he/she looked in his/her book that all the employee TB screening paperwork was in, so he/she knew when the employees needed their second TST.</p> <p>During an interview on 5/28/24 at 1:29 PM, the DON said:</p> <p>-Any nurse could administer and read a new employee's TST.</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 - Many</p>	<p>-When he/she hired someone, he/she told them to do the first TST, put it on their bulletin board in the medication room for whoever could read it in 48-72 hours.</p> <p>-The ADON kept track of the TB forms.</p> <p>-The second TST should be done 14-21 days after the first TST.</p> <p>-The ADON kept track of when the employees should have their second TST.</p> <p>-The second TST was the same process as the first TST.</p> <p>39469</p> <p>10a. Review of Resident #9's face sheet showed he/she was admitted to the facility on [DATE] readmitted on [DATE], with the following diagnoses:</p> <p>-Infection following a procedure, deep incisional surgical site, dated 3/29/24.</p> <p>-Sepsis (a life threatening complication of an infection), dated 5/14/24.</p> <p>-Aftercare following joint replacement surgery, dated 3/29/24.</p> <p>Review of the resident's Five Day Minimum Data Set (MDS- a federally mandated assessment tool completed by the facility for care planning) dated 5/19/24 showed:</p> <p>-He/She was cognitively intact.</p> <p>-He/She had a catheter (a tube inserted into the bladder for urinary drainage).</p> <p>-He/She was always incontinent of urine and stool.</p> <p>-He/She had a wound infection.</p> <p>-He/She had a surgical wound.</p> <p>-He/She had medication other than to feet.</p> <p>-He/She was on an antibiotic (medication used to fight bacteria).</p> <p>-He/She was on IV antibiotics.</p> <p>-He/She had a peripheral IV (a plastic conduit across the skin into a peripheral vein).</p> <p>-He/She had surgical wound care.</p> <p>Review of the resident's care plan dated 5/20/24 showed:</p> <p>-Staff was to provide pericare after each incontinent episode.</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 - Many</p>	<p>12. Review Resident #6's Annual MDS assessment dated [DATE] showed a diagnosis of Hypertension (high blood pressure).</p> <p>Observation on 5/22/24 at 8:09 A.M. of the resident's medication pass with Licensed Practical Nurse (LPN) A showed:</p> <ul style="list-style-type: none"> -He/She did not cleanse his/her hands before entering the resident's room. -He/She took the resident's vital signs, blood pressure 156/65 for administering Metoprolol (used to treat high blood pressure). -He/She administered Metoprolol 50 mg Extended Release (ER) to the resident. -He/She did not cleanse his/her hands after assisting the resident with his/her medications. <p>13. During an interview on 5/22/24 at 8:30 A.M. LPN A said:</p> <ul style="list-style-type: none"> -He/She should have cleansed his/her hands before starting medication pass. -He/She should have cleansed his/her hands after giving Residents #1 and #6 their medication. -He/She had forgot to clean his/her hands. <p>14. Review of Resident #30's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Peripheral Vascular Disease (PVD -a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). -A history of falling. <p>Review of the resident's Admission MDS assessment dated [DATE] showed:</p> <ul style="list-style-type: none"> -He/She was severely cognitively impaired. -He/She had PVD. -He/She had a Stage 1 or greater pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) which was unhealed. -There were two pressure ulcers present upon admission. <p>Review of the resident's care plan dated 5/2/24 showed:</p> <ul style="list-style-type: none"> -He/She had pressure ulcers. -Staff was to follow the facility policies for treatment of skin breakdown. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Anew Healthcare Odessa		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Golf Street Odessa, MO 64076	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the resident's Physician's Order Sheet dated May 2024 showed the following order:</p> <ul style="list-style-type: none"> -Treatment for buttock wound; -Cleanse wound bed and apply xeroform (a sterile, fine mesh gauze with petrolatum, which was non adherent to a wound site) to slough (nonviable yellow, tan, gray, green or brown tissue; usually moist, can be soft, stringy and mucinous in texture. Slough may be adherent to the base of the wound or present in clumps throughout the wound bed) area. -Cover with border gauze (a low adherent layer to protect the wound surface) or foam dressing. -Change daily and as needed, dated 4/16/24. <p>Observation on 5/23/24 at 1:45 P.M. of the resident's wound care with RN A and LPN A showed:</p> <ul style="list-style-type: none"> -RN A and LPN A entered the resident's room without donning PPE. -There were no signs on the door for EBP. -There was no PPE available in the hall or the resident's room. -RN A did not clean or place a barrier on the bedside tray table to put wound supplies on. -LPN A placed the gauze on the resident's pillow that he/she was laying on. -The resident had a skin tear on his/her arm about one inch by eight inches with steri strips. -The resident had a pressure wound on his/her buttock. -The pressure wound was healing it was a stage 2. -The wound measured 1/2 inch by 1 inch with a reddened area of three inches around the wound. -LPN A handed the gauze from the resident's pillow to RN A to clean the wound. -RN A did not clean the scissors before cutting open the package for Xerofoam. -RN A dressed the wound per physician's order. -RN A did not clean the scissors after opening the package. -RN A put the scissors back in the drawer of the medication cart. <p>During an interview on 5/23/24 at 2:00 P.M. LPN A said:</p> <ul style="list-style-type: none"> -The facility had not provided education on EBP. -This was the first he/she had heard of it. <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 - Many</p>	<p>-He/She should not have laid the gauze on the resident's pillow.</p> <p>-RN A should have sanitized or put a barrier on the bedside tray table before setting the wound supplies on it.</p> <p>-RN A should have cleaned the scissors before and after opening medicated gauze.</p> <p>During an interview on 5/23/24 at 2:10 P.M. RN A said:</p> <p>-The facility had not provided education on EBP to him/her.</p> <p>-He/She had been at the facility about two months.</p> <p>-EBP was used at his/her previous job and he/she had wondered why the facility was not using it here.</p> <p>-He/She should have cleaned or used a barrier before laying out the wound supplies on the bedside tray table.</p> <p>-He/She did not have any bleach wipes on the treatment cart.</p> <p>-LPN A should not have laid the gauze on the resident's pillow.</p> <p>-He/She should have sanitized the scissors before and after cutting open the medication envelope.</p> <p>15. During an interview on 5/28/24 at 8:46 A.M. Certified Medication Technician (CMT) A said:</p> <p>-Resident #9's wound VAC should have been hung by the strap on the bed or the wheel chair.</p> <p>-It should not have been sitting on the floor.</p> <p>-Any staff who entered the room was responsible for ensuring the wound VAC was not on the floor.</p> <p>-He/She had not been provided education on the use of a wound VAC.</p> <p>-Staff should have washed their hands before they started Resident #1's and #6's medication pass.</p> <p>-Staff should have washed their hands between each resident during medication pass.</p> <p>-The facility was just now giving staff education on EBP.</p> <p>During an interview on 5/28/24 at 9:00 A.M. LPN A said:</p> <p>-Resident #9's wound VAC should not have been sitting on the floor it should have been hanging from it's strap on the bed frame.</p> <p>-Staff should have washed their hands before and after giving Resident #1 and #6 their medications.</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 - Many</p>	<p>-The facility was now providing education on EBP.</p> <p>-EBP should have happened any time a resident had open wounds, a catheter, dressing changes or personal cares.</p> <p>-There were a lot of the residents who should have been on EBP.</p> <p>-The staff should have passed on who was on EBP during report.</p> <p>-The facility was not using EBP.</p> <p>-He/She should not have laid the gauze on the Resident #30's pillow during wound care, he/she was just not thinking.</p> <p>-There should have been a barrier on Resident #30's bedside tray table for the wound care supplies.</p> <p>-Resident #9's IV tubing should never have been laid on the bed, it should have been capped to keep it clean.</p> <p>-The Infection Preventionalist or Director of Nursing (DON) should have been ensuring infection control was maintained.</p> <p>During an interview on 5/28/24 at 9:55 A.M. the Assistant Director of Nursing/Infection Preventionalist said:</p> <p>-Resident #9's wound VAC should not have been on the floor.</p> <p>-It had a strap and should have been hanging on the bed frame.</p> <p>-Education about using the wound VAC was provided at the time the resident came to the facility but maybe not to anyone who was hired since then.</p> <p>-Staff should have washed their hands before and after administering medications to Resident #1 and #6.</p> <p>-There should have been a clean surface and a barrier to lay the wound supplies on for Resident #30's wound care.</p> <p>-Wound supplies should not have been on the resident's pillow during Resident #30's wound care.</p> <p>-The nurse should have cleaned the scissors before and after use with an alcohol pad or bleach wipes.</p> <p>-The nurse should have capped the IV tubing and not laid it on the bed.</p> <p>-The nurse should have thrown the whole IV set up out and started with a clean IV tubing.</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 - Many</p>	<p>-EBP means you should have worn gloves and a gown to keep the resident from catching anything that you might have.</p> <p>-They knew about the new EBP policies in April but just had not rolled it out yet.</p> <p>-There were a lot of residents who should have been on EBP;</p> <p>-There were 11 residents with wounds.</p> <p>-There were six residents with catheters.</p> <p>-There was one resident with an ostomy (a life saving procedure that allows bodily waste to pass through a surgically created stoma (hole) on the abdomen into a pouch or ostomy bag).</p> <p>-Staff should have been updated with this information during shift change.</p> <p>-He/She was responsible for EBP education and just did not have it in place.</p> <p>-He/She was responsible for spot checks on infection control.</p> <p>During an interview on 5/28/24 at 1:15 the DON said:</p> <p>-Resident #9's wound VAC should never have been on the floor.</p> <p>-The wound VAC had a strap and it should have been hung up by the strap on the bed frame.</p> <p>-Wound VAC education was provided to staff when the resident first came to the facility.</p> <p>-Staff were expected to wash their hands before and after administering medications to all residents including RESident #1 and #6.</p> <p>-He/She did not know if the facility had a skills fair in the last year to brush up on infection control as he/she had only been at the facility maybe two months.</p> <p>-EBP was used as an extra protection for residents who have catheters, wounds, or open areas on their skin such as IVs.</p> <p>-He/She did not think it went into affect at this time.</p> <p>-The ADON who was the Infection Preventionist should have got information about EBP from the CDC and was responsible for ensuring it had been implemented.</p> <p>-The nurse should have had a barrier to put wound care supplies on during Resident #30's wound care.</p> <p>-Scissors should have been cleaned before and after opening anything.</p> <p>-The nurse should have changed out Resident #9's IV tubing not laid it on the bed.</p>		