

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Atrium Place Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Redman Road Saint Louis, MO 63136	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>35394</p> <p>Based on observation, interview and record review, the facility failed to provide needed care and services to promote the healing of a foot wound for one resident sampled for wounds (Resident #3). The sample size was six. The census was 94.</p> <p>Review of the facility's Wound Treatment policy, revised 9/1/24, showed:</p> <ul style="list-style-type: none"> -Policy: To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders; -Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change; -In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in the absence of the treatment nurse; -Dressing changes may be provided outside the frequency parameters in certain situations: <ul style="list-style-type: none"> -Feces has seeped underneath the dressing; -The dressing has dislodged; -The dressing is soiled otherwise, or is wet; -Dressings will be applied in accordance with manufacturer recommendations; -Treatment decisions will be based on: Etiology of the wound: Pressure injuries will be differentiated from non-pressure ulcers, such as arterial, venous, diabetic, moisture or incontinence related skin damage; -Surgical; -Incidental (i.e. skin tear, medical adhesive related skin injury). <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Atypical (i.e. dermatological or cancerous lesion, pyoderma, calciphylaxis);</p> <p>-Characteristics of the wound: Pressure injury stage (or level of tissue destruction if not a pressure injury);</p> <p>-Size: including shape, depth, and presence of tunneling and/or undermining;</p> <p>-Volume and characteristics of exudate;</p> <p>-Presence of pain;</p> <p>-Presence of infection or need to address bacterial bioburden;</p> <p>-Condition of the tissue in the wound bed;</p> <p>-Condition of peri-wound skin;</p> <p>-Location of the wound;</p> <p>-Goals and preferences of the resident/representative;</p> <p>-Guidelines for dressing selection may be utilized in obtaining physician orders (see attached). The guidelines are to be used to assist in treatment decision making;</p> <p>-Due to unique needs and situations of individuals, the guidelines may not be appropriate for use in all circumstances;</p> <p>-The facility will follow specific physician orders for providing wound care;</p> <p>-Treatments will be documented on the Treatment Administration Record (TAR);</p> <p>-The effectiveness of treatments will be monitored through ongoing assessment of the wound. Considerations for needed modifications include: Lack of progression towards healing;</p> <p>-Changes in the characteristics of the wound;</p> <p>-Changes in the resident's goals and preferences, such as at end-of-life or in accordance with his/her rights.</p> <p>Review of the facility's Physician's Orders policy, revised 4/7/22, showed:</p> <p>-Policy: This facility shall use uniform guidelines for the ordering and following of medical provider orders;</p> <p>-Policy Explanation and Compliance Guidelines: Medications and/or Treatments should be administered only upon the signed order of a person lawfully authorized to prescribe;</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>-Verbal orders should be received only by licensed nurses, or pharmacists, and confirmed in writing by the medical provider, on the next visit to the facility;</p> <p>-Each medication and/or treatment order should be documented with the date, time, and signature of the person receiving the order;</p> <p>-If using electronic medication records, input the medication and/or treatment order according to the electronic health record (EHR) instructions and facility policy;</p> <p>-Call, fax, or electronically transmit the medication and/or treatment order to the provider pharmacy;</p> <p>-Validate newly prescribed medications and/or treatment is in the electronic (Medication Administration Record)MAR/TAR;</p> <p>-When a new order changes the dosage of a previously prescribed medication, discontinue the order as per the electronic software instructions and retype the new order;</p> <p>-Validate the new order is in the electronic MAR/TAR;</p> <p>-Notify resident's sponsor/family of new medication order;</p> <p>-Medical provider orders should be reviewed prior to administration of medication and/or treatment to validate the orders contains all required elements;</p> <p>-Staff should follow all valid medical provider orders timely unless there is an emergency which would temporarily delay the implementation of the order;</p> <p>-If an order does not contain all the required elements, staff should contact the ordering provider for clarification of the order prior to implementation of the order;</p> <p>-Handwritten order signed by the Medical provider: The charge nurse on duty at the time the order is received should note the order and enter it on the medical provider order sheet or electronic order format, if not written by the medical provider. If necessary, the order should be clarified before the medical provider leaves the nursing station, whenever possible;</p> <p>-Verbal Orders: The nurse should document an order by telephone or in person on the medical provider's order sheet or input into electronic record as per facility policy, transmit the appropriate copy to the pharmacy for dispensing, and place the signed copy on the designated page in the resident's medical records. Medical provider orders should be signed per state specific guidelines.</p> <p>Review of Resident #3's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 1/31/24, showed:</p> <p>-Usually understood and usually understands others;</p> <p>-Set up or clean up assistance for eating;</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>-Diagnoses included anemia (deficiency of red blood cells), atrial fibrillation (abnormal heart rhythm), coronary artery disease (damage in the heart's major blood vessels), heart failure, acid reflux, renal failure, diabetes, arthritis, and stroke;</p> <p>-Been on a scheduled pain medication regimen: Yes;</p> <p>-Received as needed (PRN) pain medications: Yes;</p> <p>-Received non-medication intervention for pain: Yes;</p> <p>-Pain presence: Yes;</p> <p>-Pain frequency: Yes;</p> <p>-Pain Effect on Sleep: Frequently;</p> <p>-Pain Interference with Therapy Activities: Frequently;</p> <p>-Pain Interference with Day to Day Activities: Frequently;</p> <p>-Pain Intensity: 8 out of 10;</p> <p>-At risk for pressure ulcers;</p> <p>-Does this resident have one or more unhealed pressure ulcer at Stage 1 or higher: Yes;</p> <p>-Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar: Three;</p> <p>-Number of these unstageable pressure ulcers that were present upon admission/reentry;</p> <p>-Enter the total number of venous and arterial ulcers present: one;</p> <p>-Diabetic foot ulcer: yes;</p> <p>-Skin and ulcer treatments: Pressure reducing device for chair;</p> <p>-Pressure reducing device for bed;</p> <p>-Turning/repositioning program;</p> <p>-Nutrition or hydration intervention to manage skin problems;</p> <p>-Pressure ulcer care;</p> <p>-Application of nonsurgical dressing (with or without topical medications) other than to feet;</p> <p>-Applications of ointments/medications other than to feet;</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>-Application of dressings to feet (with or without topical medications).</p> <p>Review of the resident's care plan, dated 2/14/24, showed:</p> <p>-Focus: Resident requires assist with activities of daily living related to blindness;</p> <p>-Goal: Residents Activities of Daily Living (ADL) status will improve through the review date;</p> <p>-Interventions: Encourage resident to participate to the fullest extent possible with each interaction. Encourage resident to use bell to call for assistance. Monitor for changes in status, notify interdisciplinary team as needed;</p> <p>-Focus: The resident has diabetes;</p> <p>-Goal: The resident will be free from any signs and symptoms of hyperglycemia (high blood sugar);</p> <p>-Interventions: Diabetes medication as ordered by doctor. Monitor/document for side effects and Effectiveness. Dietary consult for nutritional regimen and ongoing monitoring.</p> <p>-Monitor/document/report PRN compliance with diet and document any problems;</p> <p>-Focus: The resident has pain related to arthritis, depression, diabetic neuropathy;</p> <p>-Goal: The resident will display a decrease in behaviors of inadequate pain control: irritability, agitation, restlessness, grimacing, perspiring, hyperventilation, groaning, crying) through the review date;</p> <p>-Interventions: Administer analgesia as per orders. Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. Identify, record and treat resident's existing conditions which may increase pain and or discomfort (arthritis, neuropathies, cancer, osteoporosis, fractures, shingles, peripheral vascular disease, ulcers, contractures, parathesia related to stroke). Monitor/record/report to nurse loss of appetite, refusal to eat and weight loss. Monitor/record/report to Nurse resident complaints of pain or requests for pain treatment;</p> <p>-Focus: The resident has actual impairment to skin integrity. admitted with left shin open area, left great toe open area, and right shin open area;</p> <p>-Goal: The resident will have no complications related to the alteration of the skin integrity through the review date;</p> <p>-Interventions: Follow facility protocols for treatment of injury. Identify/document potential causative factors and eliminate/resolve where possible. Keep skin clean and dry. Use lotion on dry skin. Monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, signs and symptoms of infection, maceration etc. to physician. Weekly skin assessment done by a licensed nurse. Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations.</p> <p>Review of the resident's Physician's Orders Sheet (POS), dated April 2024, showed:</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>-An order, dated 3/18/24, cleanse right great toe with normal saline (NS), pat dry and swab toe with betadine (antiseptic used for skin disinfection), cover with 4x4 and dry dress. Wrap with Kerlix (sterile bandage roll) gauze and tape, every 48 hours for wound care;</p> <p>-Discontinued on 4/4/24.</p> <p>-An order, dated 4/4/24, to cleanse left plantar foot with NS, pat dry and apply Silver foam non-adhesive dressing (antimicrobial foam with silver and soft silicone for treating chronic and acute wounds) then Kerlix wrap and tape. Every day shift every other day for wound care.</p> <p>Review of the resident's MAR, dated April 2024, showed:</p> <p>-On 4/1/24 and 4/3/24, staff documented the treatment administration, cleanse right great toe with NS, pat dry and swab toe with betadine, cover with 4x4 and dry dress. Wrap with Kerlix gauze and tape, every 48 hours for Wound Care;</p> <p>-On 4/4/24 and 4/6/24, staff documented the treatment administration to cleanse left plantar foot with NS, pat dry and apply Silver foam non-adhesive dressing then Kerlix wrap and tape.</p> <p>Review of the resident's physician notes, dated 3/19/24, showed:</p> <p>-Provider orders: Wound #1: Foot, plantar, left;</p> <p>-Cleanse with normal saline as instructed, every other day;</p> <p>-Primary dressing: PolyMem Silver Non-Adhesive dressing (non-adhesive wound dressing designed to decrease wound pain and odor): every other day;</p> <p>-Secondary dressing: Kerlix 4.5 x 4.1, every other day;</p> <p>-Secondary dressing: Sponge Curity gauze 4 x 4, every other day.</p> <p>Review of the resident's weekly wound assessment, dated 3/29/24, showed:</p> <p>-Date of onset: 3/5/24;</p> <p>-admitted with wound;</p> <p>-Wound site: Bottom left foot;</p> <p>-Peeled skin from bottom of left foot;</p> <p>-Partial thickness;</p> <p>-Length: 3 centimeters (cm);</p> <p>-Width: 2.2 cm;</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>-Granulation: 50%;</p> <p>-Amount of drainage: small;</p> <p>-Type of drainage: serosanguineous;</p> <p>-Odor: no;</p> <p>-Wound edges: callous</p> <p>-Periwound tissue: other;</p> <p>-If other periwound tissue, please specify: friable;</p> <p>-Pain related to wound: yes;</p> <p>-Wound healing progression: stable;</p> <p>-Additional comments: continue treatment.</p> <p>Review of the resident's progress notes, dated 4/2/24 at 9:00 A.M., showed the resident was escorted to his/her podiatrist appointment by an aide. Resident voiced no complaints before leaving.</p> <p>Observation and interview on 4/7/24 at 1:30 P.M., showed the resident in his/her bed. The resident was covered with a blanket with his/her lower extremities outside of the blanket. The resident's legs appeared dry and cracked. He/She had a wrap on his/her left foot. The resident said he/she had an open sore on his/her foot. He/She was a diabetic. Wound care was not being completed. He/She had seen the podiatrist as recent as last week. It was the last time he/she received treatment to his/her foot. He/She rated his/her current pain a 7 out of 10.</p> <p>Observation and interview on 4/7/24 at 1:50 P.M., showed Licensed Practical Nurse (LPN) A entered the resident's room with the treatment cart. He/She confirmed the treatment orders to the foot. LPN A said the resident was a diabetic and had an active blister at the time he/she was admitted . The resident continued to pull the skin on the bottom of his/her foot. The resident confirmed that he/she picked the skin off the foot. LPN A removed the gauze wrap from the foot and showed a dressing dated 4/4/24, with LPN A's initials written on the dressing. LPN A confirmed the date on the dressing and said the that treatment was completed by him/her. The resident's heel had open blisters that were the size of two half dollars and red in color. LPN A sprayed the heel with normal saline. The resident yelled out and said it hurt when spray was used. LPN A applied the dressing, wrote the date and his/her initials, and wrapped gauze around the resident's foot. The resident said his/her foot felt good now and he/she just needed a pain pill. The resident said he/she also had neuropathy and received Lyrica (nerve pain medication) for it, but the pain medication was for his/her foot. He/She said his/her foot hurt. The resident was always tearing dead skin off his/her foot and peeled the live tissue. It caused all the pain.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/7/24 at 3:14 P.M., the Administrator said she expected staff to follow physician's orders. If there were blanks in the MARs and TARs, it was not done. Staff should not document an administration of medication or treatment if it was not done. Staff should not document it was completed because it was falsifying documents. The wound treatment was a physician's order. If the wound was not cleaned, it could not promote healing. It could get worse and increase risk of the resident having an infection.</p>

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>35394</p> <p>Based on interview and record review, the facility failed to provide pain management consistent with professional standards of practice, and care plan interventions related to pain for one of six sampled residents (Resident #3). The facility failed to timely administer pain medications in accordance with the physician's orders. Additionally, facility staff failed to follow up with resident pain medication to ensure availability for administration and failed to implement measures, including use of medication available in the facility starter kit/emergency drug kit, when the resident's pain medications were unavailable. The census was 94.</p> <p>Review of the Medication Reordering policy, dated 9/1/21, showed:</p> <ul style="list-style-type: none"> -It is the policy of this facility to accurately and safely provide or obtain pharmaceutical services including the provision of routine and emergency medications and biologicals in a timely manner to meet the needs of each resident; -The facility will utilize a systematic approach to provide or obtain routine and emergency medications and biologicals in order to meet the needs of each resident; -Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner; -Each time a nurse is administering medications and observes (6) or less doses left of one kind, that nurse will reorder the medication, time permitting; -In the event of new orders, the facility is allowed (24) hours to begin a medication unless otherwise specified by the physician; -For stat medications, a supply of medications typically used in emergency situations will be maintained in limited supply by the pharmacy in a portable, but sealed emergency box or container (may be used if applicable). <p>Review of the facility's Physician's Orders policy, revised 4/7/22, showed:</p> <ul style="list-style-type: none"> -Policy: This facility shall use uniform guidelines for the ordering and following of medical provider orders; -Policy Explanation and Compliance Guidelines: Medications and/or Treatments should be administered only upon the signed order of a person lawfully authorized to prescribe; -Verbal orders should be received only by licensed nurses, or pharmacists, and confirmed in writing by the medical provider, on the next visit to the facility; -Each medication and/or treatment order should be documented with the date, time, and signature of the person receiving the order; <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-If using electronic medication records, input the medication and/or treatment order according to the electronic health record (EHR) instructions and facility policy;</p> <p>-Call, fax, or electronically transmit the medication and/or treatment order to the provider pharmacy;</p> <p>-Validate newly prescribed medications and/or treatment is in the electronic Medication Administration Record (MAR)/Treatment Administration Record (TAR);</p> <p>-When a new order changes the dosage of a previously prescribed medication, discontinue the order as per the electronic software instructions and retype the new order;</p> <p>-Validate the new order is in the electronic MAR/TAR;</p> <p>-Notify resident's sponsor/family of new medication order;</p> <p>-Medical provider orders should be reviewed prior to administration of medication and/or treatment to validate the orders contains all required elements;</p> <p>-Staff should follow all valid medical provider orders timely unless there is an emergency which would temporarily delay the implementation of the order;</p> <p>-If an order does not contain all the required elements, staff should contact the ordering provider for clarification of the order prior to implementation of the order;</p> <p>-Handwritten Order Signed by the Medical provider: The charge nurse on duty at the time the order is received should note the order and enter it on the medical provider order sheet or electronic order format, if not written by the medical provider. If necessary, the order should be clarified before the medical provider leaves the nursing station, whenever possible;</p> <p>-Verbal Orders: The nurse should document an order by telephone or in person on the medical provider's order sheet or input into electronic record as per facility policy, transmit the appropriate copy to the pharmacy for dispensing, and place the signed copy on the designated page in the resident's medical records. Medical provider orders should be signed per state specific guidelines.</p> <p>Review of Resident #3's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 1/31/24 , showed:</p> <p>-Usually understood and usually understands others;</p> <p>-Set up or clean up assistance for eating;</p> <p>-Diagnoses included anemia (deficiency of red blood cells), atrial fibrillation (abnormal heart rhythm), coronary artery disease (damage in the heart's major blood vessels), heart failure, acid reflux, renal failure, diabetes, arthritis and stroke;</p> <p>-Been on a scheduled pain medication regimen: Yes;</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Received as needed (PRN) pain medications: Yes;</p> <p>-Received non-medication intervention for pain: Yes;</p> <p>-Pain presence: Yes;</p> <p>-Pain frequency: Yes;</p> <p>-Pain Effect on Sleep: Frequently;</p> <p>-Pain Interference with Therapy Activities: Frequently;</p> <p>-Pain Interference with Day to Day Activities: Frequently;</p> <p>-Pain Intensity: 8 out of 10;</p> <p>-At risk for pressure ulcers;</p> <p>-Does this resident have one or more unhealed pressure ulcer at Stage 1 or higher: Yes;</p> <p>-Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar: Three;</p> <p>-Number of these unstageable pressure ulcers that were present upon admission/reentry;</p> <p>-Enter the total number of venous and arterial ulcers present: one;</p> <p>-Diabetic foot ulcer: yes.</p> <p>Review of the resident's care plan, dated 2/14/24, showed:</p> <p>-Focus: Resident requires assist with activities of daily living related to blindness;</p> <p>-Goal: Resident's Activities of Daily Living (ADL) status will improve through the review date;</p> <p>-Interventions: Encourage resident to participate to the fullest extent possible with each interaction;</p> <p>-Encourage resident to use bell to call for assistance;</p> <p>-Monitor for changes in status, notify interdisciplinary team as needed;</p> <p>-Focus: The resident has diabetes;</p> <p>-Goal: The resident will be free from any signs and symptoms of hyperglycemia (high blood sugar);</p> <p>-Interventions: Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Atrium Place Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Redman Road Saint Louis, MO 63136	

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Dietary consult for nutritional regimen and ongoing monitoring;</p> <p>-Monitor/document/report PRN compliance with diet and document any problems;</p> <p>-Focus: The resident has pain related to arthritis, depression, diabetic neuropathy;</p> <p>-Goal: The resident will display a decrease in behaviors of inadequate pain control: irritability, agitation, restlessness, grimacing, perspiring, hyperventilation, groaning, crying through the review date;</p> <p>-Interventions: Administer analgesia (pain reliever) as per orders;</p> <p>-Anticipate the resident's need for pain relief and respond immediately to any complaint of pain;</p> <p>-Identify, record and treat resident's existing conditions which may increase pain and or discomfort.</p> <p>Review of the resident's MAR and progress notes, dated April 2024, showed the following physician orders and administration:</p> <p>-An order, dated 3/5/24, Acetaminophen Oral tablet 325 milligram (mg). Give two tablets by mouth every six hours as needed for pain: was not administered 4/1/24 through 4/7/24;</p> <p>-An order, dated 3/27/24, Oxycodone (opioid, treatment for severe pain) HCL Immediate Release (IR). Give 5 mg by mouth three times a day for pain, showed:</p> <p>-On 4/1/24:</p> <p>-At 6:00 A.M., documented administered;</p> <p>-At 2:00 P.M., medication unavailable. Review of the progress notes, dated 4/1/24 at 2:16 P.M., showed medication unavailable;</p> <p>-At 9:00 P.M., documented administered;</p> <p>-On 4/2/24:</p> <p>-At 6:00 A.M. and 2:00 P.M., documented administered;</p> <p>-At 9:00 P.M. staff documented resident was sleeping;</p> <p>-On 4/3/24:</p> <p>-At 6:00 A.M., blank;</p> <p>-At 2:00 P.M., Absent from home without meds;</p> <p>-At 9:00 P.M., documented administered;</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-On 4/4/24:</p> <p>-At 6:00 A.M. and 2:00 P.M., documented administered;</p> <p>-At 9:00 P.M., see progress notes. Review of the progress notes, dated 4/4/24 at 9:00 P.M., showed no documentation;</p> <p>-On 4/5/24:</p> <p>-At 6:00 A.M., 2:00 P.M. and 9:00 P.M., see progress notes. Review of the progress notes, 4/5/24 at 4:23 A.M., showed no documentation;</p> <p>-At 5:02 A.M., no documentation;</p> <p>-At 1:39 P.M., medication unavailable, phoned pharmacy;</p> <p>-At 10:12 P.M., reordered;</p> <p>-On 4/6/24:</p> <p>-At 6:00 A.M., 6:00 P.M., see progress notes. On 4/6/24 at 5:28 A.M., not available, awaiting from pharmacy;</p> <p>-At 2:00 P.M., documented administered;</p> <p>-At 9:00 P.M., blank;</p> <p>-On 4/7/24 at 6:00 A.M. and 2:00 P.M., see progress notes. On 4/7/24 at 7:04 A.M., not available, physician made aware. Pharmacy needs a script to refill</p> <p>-At 1:13 P.M., awaiting script.</p> <p>Observation and interview on 4/7/24 at 1:30 P.M., showed the resident in his/her bed. The resident was covered with a blanket with his/her lower extremities outside of the blanket. The resident's legs appeared dry and cracked. He/She had a wrap on his/her left foot. The resident said he/she had an open sore on his/her foot. He/She is a diabetic. He/she had not received Oxycodone. Staff said they did not have any Oxycodone and Tylenol was not offered to him/her. He/She had pain from his/her hip to the foot due to a previous stroke. He/She rated his/her current pain as a 7 out of 10.</p> <p>During an interview on 4/7/24 at 2:15 P.M., Licensed Practical Nurse (LPN) B said they were waiting for the script for Oxycodone. The pharmacy sent a fax to the physician on Friday. That was the last thing he/she heard. The resident may have an order for Tylenol, but he/she would have to ask for it because it is as needed. Tylenol is available in the facility. LPN B was unsure how long the resident has been out of the Oxycodone. He/She checked the narcotic book and it showed 3/28, but he/she wanted to check the electronic medical record.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/27/24 at 2:20 P.M., Regional Nurse C said the last time Oxycodone was administered was on 4/1/24. The resident receives Lyrica (medication for nerve pain) for pain as well. Regional Nurse C will call the pharmacy to see what was going on. It was documented that the pharmacy was notified. At 2:25 P.M., Regional Nurse C said once the physician signs the script, it is sent to the pharmacy, and the medications are delivered on the next run. The pharmacy was awaiting a script from the doctor. At 2:45 P.M., Regional Nurse C said the physician changed the Oxycodone order from as needed to scheduled. The pharmacy sent out what was available to the resident at the time, but there was not a new order for the script. The physician knew the pharmacy would contact him/her. The pharmacy said they tried to contact the physician, but there was no communication.</p> <p>During an interview on 4/7/24 at 3:14 P.M., the Administrator said she expected staff to follow physician's orders. If there are blanks in the MARs and TARs, it was not done. She expected it to take approximately 48 hours from the time the medication was ordered or changed, called out to the pharmacy and receive the medication. Pharmacy said the issue was with the script. The Administrator expected staff to notify the pharmacy and the physician. She expected the medication to be pulled from Pyxis (medication dispensing machine) if it were unavailable. She expected staff to re-order medications approximately five days before they run out of the medication. There should be no lapse in medications. She expected Tylenol to have been offered to the resident as well. The Administrator said the physician did not receive anything from the pharmacy and the pharmacy only had a fax number. Pharmacy has sent the script for the physician to sign.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35394</p> <p>Based on observation, interview and record review, the facility failed to ensure residents (Residents #1 and #3) received room trays with food that was palatable and at the required temperatures for safe consumption. The sample was six. The census was 94.</p> <p>Review of the facility's Record of Food Temperatures policy, dated 9/1/21, showed:</p> <ul style="list-style-type: none"> -Policy: It is the policy of this facility to record food temperatures daily to ensure food is at the proper serving temperature(s) before trays are assembled; -Policy Explanation and Compliance Guidelines: Food temperatures will be checked on all items prepared in the dietary department; -Hot foods will be held at 135 degrees Fahrenheit (F) or greater; -Hot foods will be stirred during holding to redistribute heat throughout the food product; -Food containers will be kept covered to retain heat and prevent environmental contaminants from entering the food; -Measure and record the temperatures for each food product and milk at all meals. Record temperature on temperature log; -When holding hot foods for service, food temperature should be measured when placing it on the steam table line; -If the food temperature falls into an unsafe range, immediately follow procedures for reheating previously cooked food; -Potentially hazardous food that is cooked and cooled must be reheated so that all parts of the food reach and internal temperature of 165 degrees F for at least 15 seconds before holding for hot service; -Ready-to-eat foods that require heating before consumption should be taken directly from a sealed container or an intact package from an approved food processing source and heated to at least 135 degrees F for holding for hot service; -No food will be served that does not meet the food code standard temperatures; -Food will not be cooked or reheated using the steam table because it does not bring food to the proper temperature within acceptable time frame; -Food temperatures will be verified using a thermometer which is both clean, sanitized and calibrated to ensure accuracy. <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 1/14/24 , showed:</p> <ul style="list-style-type: none"> -Understood and understands others; -Required set up or clean up assistance for eating; -Diagnoses included anemia, high blood pressure, acid reflux, paraplegia, and depression. <p>During an interview on 4/7/24 at 12:20 P.M., the resident said the food is cold. Breakfast was cold this morning. It is all the time.</p> <p>Observation on 4/7/24 at 12:37 P.M., showed the food cart arrived to the 700 unit. Staff left the cart at the front of the hall. At 12:40 P.M., staff arrived to the cart and began pouring beverages into cups for each tray. The Administrator started to assist with serving trays to resident rooms.</p> <p>Observation on 4/7/24 at 12:50 P.M., showed the resident was served his/her meal tray. He/She was served dressing, turkey and peas. The dressing was 122.7 degrees Fahrenheit (F), the turkey was 111.0 degrees F, and peas were 111.0 degrees F.</p> <p>2. Review of Resident #3's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Usually understood and usually understands others; -Required set up or clean up assistance for eating; -Diagnoses included anemia, atrial fibrillation (irregular heartbeat), coronary artery disease, heart failure, acid reflux, renal failure, diabetes, arthritis and stroke. <p>Observation and interview on 4/7/24 at 1:00 P.M., showed the resident eating his/her meal. He/She said lunch was cold. The food is always cold.</p> <p>3. During an interview on 4/7/24 at 12:52 P.M., the Administrator said she expected the temperature to be at least 120 degrees F.</p> <p>Review of the dietary temperature log, dated 4/7/24, showed:</p> <ul style="list-style-type: none"> -Regular entree had a temperature of 168 degrees F; -Mechanical soft entree showed a temperature of 168 degrees F; -Puree entree showed a temperature of 160 degrees F; -Alternate entree showed a temperature of 192 degrees F. <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. During an interview on 4/7/24 at 3:13 P.M., the Administrator said she expected staff to ensure the food is served hot. Nursing is responsible for passing the trays after dietary drops off the cart. They do not have a heated cart to transport trays, but they have a few nurse managers who assist with passing trays timely. She expected the food at be least 120 degrees or per policy.</p> <p>MO00234287</p>		