

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265609	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Malden		STREET ADDRESS, CITY, STATE, ZIP CODE 1209 Stokelan Malden, MO 63863	

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 0572</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>45872</p> <p>Based on observation, interview and record review, the facility failed to ensure residents were informed of resident rights and responsibilities information verbally and in writing. The facility census was 38.</p> <p>Review of the facility's policy titled, Protecting, Promoting and Ensuring Resident Rights - Facility Responsibility, undated, showed:</p> <ul style="list-style-type: none"> - Each resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside this facility. This facility promotes and protects the exercise of all resident's rights; - Residents will be informed of the resident rights in writing upon admission. This may be accomplished by giving them a copy of the Resident Rights or the Resident Handbook; - The list of resident rights will be available for residents to review at any time. This facility also posts resident rights at the following location(s); - The policy did not address the location(s) of the list of resident rights and/or posting. <p>Observation made on all days of the survey, 06/17/24 through 6/20/24, of the 100 Hall, 200 Hall, 300 Hall, dining room and front lobby, showed no large print texts of the facility's resident rights and responsibilities.</p> <p>During a resident council meeting on 06/19/24 at 3:25 P.M., four residents present said they were not aware of any resident rights reading material and/or posters in the facility. They do not remember anyone going over resident rights with them while at the facility or upon admission.</p> <p>During an interview on 06/19/24 at 3:27 P.M., the resident council president said there used to be a resident rights poster on the wall in the dining room, but it has been gone for a while. The Activity Director (AD) goes over resident rights topics, but not at every resident council meeting.</p> <p>During an interview on 06/20/24 at 9:08 A.M., the AD said he/she has not noticed a resident rights poster in the facility since her employment in February 2023. AD said a resident rights poster will be requested and placed in the facility for residents to view at anytime.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0572</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 06/20/24 at 10:48 A.M., the Administrator said she would expect a resident rights poster be available for residents to view at his/her leisure. There are paper copies on a table next to her office in the front lobby.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872</p> <p>Based on observation, record review and interview the facility failed to maintain a safe, clean, comfortable and homelike environment. This deficient practice had the potential to affect all residents at the facility. The facility census was 38.</p> <p>Review of the facility's policy titled, Safe Environment, undated, showed:</p> <ul style="list-style-type: none"> - A safe, clean, comfortable and homelike environment environment, allowing the resident to use his or her personal belongings to the extent possible; - This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. <p>Observations made on 06/18/24 at 12:22 P.M. and 06/20/24 at 8:52 A.M., of the 100 hall and unit, showed:</p> <ul style="list-style-type: none"> - Several areas of exposed sheetrock and peeled paint on the right side wall by bed 1 in resident room [ROOM NUMBER]; - Several areas of exposed sheetrock, peeled paint and scuff marks on the left side wall by the air conditioner/heating unit near bed 2 in resident room [ROOM NUMBER]; - A 3-1/2 foot (ft.) x 5 inches (in.) of missing flooring at the entrance of resident room [ROOM NUMBER]; - A missing hand rail between resident room [ROOM NUMBER] and resident room [ROOM NUMBER]; - An 18 in. x 12 in. area of the ceiling with exposed sheetrock over bed 2 in resident room [ROOM NUMBER]; - Several areas of exposed sheetrock and peeled paint between the two windows in the unit dining room; - Several areas of exposed sheetrock, peeled paint and scuff marks on the wall with the large butterfly canvas picture in the unit dining room; - Three light fixtures with no protective covering in the unit hallway. <p>Review of the maintenance log, dated 05/02/24 to 06/01/24, showed no documentation of the areas of concern addressed.</p> <p>During an interview on 06/20/24 at 9:27 A.M., Housekeeper C said any environmental concerns are reported to maintenance or written down on the maintenance log located at the nurse's station.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/20/24 at 9:44 A.M., Housekeeper D said he/she writes any environmental concern on a piece of paper and is given to maintenance to repair or fix. He/She has not seen anything recently to report to maintenance as an environmental concern.</p> <p>During an interview on 06/20/24 at 10:32 A.M., the Maintenance Supervisor (MS) said staff should be writing down any environmental concerns on the maintenance repair log. MS said it is hard to remember what needs to be fixed when he/she is told in passing. MS said daily rounds are done and in the process of fixing the things he/she has been made aware of on the maintenance log. MS has been in the maintenance supervisory position since April.</p> <p>During an interview on 06/20/24 at 10:37 A.M., the Administrator said she would expect staff to write down any environmental concern that needed to be addressed in a timely manner on the maintenance repair log located at the nurse's station.</p>		

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>45872</p> <p>Based on interview and record review, the facility failed to send monthly transfer logs to the representative of the Office of the State Long-Term Care (LTC) Ombudsman (a program that advocates for residents, provides information and help resolve problems) in a timely manner. The facility's census was 38.</p> <p>Review of the facility's policy titled, Transfer and Discharge, Voluntary - Notification of State LTC Ombudsman, undated, showed:</p> <ul style="list-style-type: none"> - Provide State LTC Ombudsman with notification of voluntary resident transfers and discharge from this facility as required by guidance in F623; also to provide added protection to residents from being appropriately discharged , provide residents with access to an advocate who can inform them of their options and rights, and to ensure that the Office of State LTC Ombudsman is aware of the facility practices and activities related to transfers and discharges; - Written notice to the State LTC Ombudsman when a resident is voluntarily discharged from the facility or has a transfer/emergency admission to the hospital can be sent as a list of residents monthly. <p>Review of the monthly transfer logs, dated December 2023 through May 2024, showed:</p> <ul style="list-style-type: none"> - December 2023 transfer log not submitted with a sent confirmation; - January 2024 and February 2024 transfer logs not submitted with a sent confirmation. <p>During an interview 06/12/24 at 9:41 A.M., the Regional LTC Ombudsman said he/she did not receive the facility's monthly transfer logs for the year 2023 or the beginning months of year 2024.</p> <p>During an interview on 06/18/24 at 3:08 P.M., the Social Service Director (SSD) said he/she only had faxed confirmations for March, April and May 2024. Monthly transfer logs should be sent to the ombudsman on a monthly basis, in a timely manner with a confirmation it has been sent.</p> <p>During an interview on 06/20/24 at 12:05 A.M., the Administrator said she would expect the designee responsible for sending the facility's transfers logs to the LTC Ombudsman to submit reports on a monthly basis, in a timely manner with proof of sent confirmation.</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>45872</p> <p>Based on observation, interview and record review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessments, a federally mandated assessment tool to be completed by the facility staff, for one resident (Resident #8) out of 12 sampled residents. The facility census was 38.</p> <p>Review of the facility's policy titled, Resident Assessment, undated, showed:</p> <ul style="list-style-type: none"> - This facility conducts initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity; - The comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, uses the resident assessment instrument (RAI - a means of ensuring that residents receive the highest quality of care and can maintain the highest quality of life) specified by the Centers for Medicare and Medicaid (CMS, the federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, and the federally facilitated Marketplace); - Within 14 days after this facility completes a resident's assessment, this facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System including an annual assessment. <p>1. Review of Resident #8's medical record showed:</p> <ul style="list-style-type: none"> - The brief interview for mental status (BIMS) (a test used to get a quick snapshot of how well the resident is functioning cognitively), score of 15, indicated the resident to be cognitively intact; - No documentation of a urinary tract infection (UTI, an infection that occurs when bacteria enters and grows in the urinary tract). <p>Review of the resident's annual MDS assessment, dated 04/07/24, showed section I2300 marked for urinary tract infection in the last 30 days.</p> <p>Review of the facility's CMS 802 Matrix (a tool used to identify pertinent care categories), dated 06/17/24, showed resident marked for a UTI.</p> <p>During an interview on 06/19/24 at 10:02 A.M., the resident said he/she has not had a UTI since last year in 2023 and it was treated with medication.</p> <p>During an interview on 06/19/24 at 10:50 A.M., the MDS Coordinator (MDSC) said he/she has only been in the position for three weeks and works at another facility. He/She is currently reviewing resident soft charts and has found discrepancies. If a resident does not have a urinary tract infection and is not being treated with an antibiotic, it should not be marked on the resident assessment.</p> <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>During an interview on 06/19/24 at 10:58 A.M., the Director of Nursing (DON) said the resident had a UTI and a physician order for Cefdnir (an antibiotic for bacterial infections) which was completed back in July 2023. The resident assessment should not have been marked for a UTI in the last 30 days on the annual MDS or indicated on the CMS 802 Matrix. This will be addressed with the MDSC.</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** 26904</p> <p>Based on observation, interview and record review, the facility failed to develop a care plan with specific interventions to meet individual needs of two residents (Residents #1 and #35) out of 12 sampled residents. The facility census was 38.</p> <p>Review of the facility's policy titled, Comprehensive Care Plans, not dated, showed:</p> <ul style="list-style-type: none"> - The purpose of this policy is each resident will have a person-centered comprehensive care plan developed and implemented to meet his/her preferences and goals and address the resident's medical, physical, mental, and psychosocial needs. - Measurable objectives and timeframes to meet the resident's medical, nursing and mental/psychosocial needs that are identified in the comprehensive assessment utilizing the Resident Assessment Instrument (RAI) process; - The comprehensive care plan will be reviewed and revised, based on changing goals, preferences and needs of the resident and in response to current interventions, by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. <p>1. Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of dementia (a group of thinking and social symptoms that interferes with daily functioning) and paranoid schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly, out of touch with reality, disorganized speech or behavior). <p>Review of the resident's care plan, revised 06/07/24, showed</p> <ul style="list-style-type: none"> - The resident smoked; - No individualized interventions for smoking. <p>Observations showed:</p> <ul style="list-style-type: none"> - On 06/17/24 at 10:20 A.M., the resident sat outside in a designated smoking area, wearing a protective apron, with staff supervision; - On 06/18/24 at 3:30 P.M., the resident sat outside in a designated smoking area, wearing a protective apron, with staff supervision. <p>2. Review of Resident # 35's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; <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>- Diagnosis of cerebral palsy (a group of neurological disorders that affect the brain and nervous system, causing lifelong impairments in movement and coordination) and anxiety (a feeling of worry, nervousness or unease about an imminent event or something with an uncertain outcome).</p> <p>Review of the resident's care plan, revised 06/10/24 , showed</p> <ul style="list-style-type: none"> - The resident smoked; - No individualized interventions for smoking. <p>Observations showed:</p> <ul style="list-style-type: none"> - On 06/17/24 at 10:40 A.M., the resident sat outside in a designated smoking area, wearing a protective apron, with staff supervision; - On 06/18/24 at 10:36 A.M., the resident sat outside in a designated smoking area, wearing a protective apron, with staff supervision; - On 06/19/24 at 10:25 A.M., the resident sat outside in a designated smoking area, wearing a protective apron, with staff supervision. <p>During an interview on 06/18/24 at 1:01 P.M., the resident said he/she wears the apron when he/she smokes.</p> <p>During an interview on 06/20/24 at 11:37 A.M., the Director of Nursing (DON) said any resident that smokes and has an apron/protector should be included on the care plan. The DON said the resident has worn the protector since he/she has been in this facility.</p> <p>During an interview on 06/20/24 at 12:20 P.M., the Clinical Liaison said if a resident smokes then it should be on the care plan with interventions in place.</p> <p>45872</p> <p>48532</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48532</p> <p>Based on observation, interview and record review, the facility failed to appropriately assess the use of bed rails, review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to using bed rails and appropriately plan care for one resident (Resident #34) out of 12 sampled residents. The facility census was 38.</p> <p>Review of the facility's policy titled, Restraints-Physical-Side Rails, not dated, showed:</p> <ul style="list-style-type: none"> - Assess resident's need for restraint use; - Obtain physician's order for restraint; - Develop or review resident care plan for type of restraint, reason for use, alternate methods to be used and method application; - Determine the type of side rails to be used; - Determine the medical symptoms to be treated with the side rails; - Involve the resident and the resident's representative in planning for side rail use. Many residents request to have side rails up when in bed to improve bed mobility and provide a feeling of safety; <p>1. Review of Resident #34's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of chronic obstructive pulmonary disease (COPD- A group of lung diseases that block airflow and make it difficult to breathe), falls, severe protein calorie malnutrition (a nutritional status in which reduced availability of nutrients leads to changes in body composition and function); - No documentation of any attempts made with alternative methods prior to bed rail use; - No documentation of an informed consent signed explaining the risks and benefits for the bed rail use; - No documentation of a bed rail assessment completed. <p>Review of the resident's quarterly Minimal Data Set (MDS-a federally mandated assessment completed by the facility), dated 03/24/24, showed:</p> <ul style="list-style-type: none"> - Requires substantial assistance with bed mobility; <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- No bed rail use.</p> <p>Review of the resident's care plan, dated 06/03/24, showed the use of bed rails not addressed.</p> <p>Observation of the resident on 06/17/24 at 10:22 A.M. and 06/18/24 at 12:17 P.M., showed quarter bed rails on right and left side of bed with left side of bed up against the wall closest to the door.</p> <p>During an interview on 06/17/24 at 10:22 A.M., the resident said he/she uses the bed rails to get in and out of bed.</p> <p>During an interview on 06/19/24 at 4:12 P.M., LPN J said the resident uses the bed rails for bed mobility and to get in and out of bed. He/she said the resident's bed was from hospice and it came with the bed rails. The charge nurse should have completed an assessment for the use of the side rails.</p> <p>During an interview on 06/20/24 at 11:30 A.M., the Director of Nursing (DON) said side rail assessments should be completed upon admission and quarterly. She said the charge nurse is responsible for completing the assessment.</p> <p>During an interview on 06/20/24 at 12:00 P.M., the Administrator said the charge nurse starts the bed rail assessment, should notify DON and update MDS (Minimal Data Set) Coordinator. She said bed rail assessments should be completed upon admission, when the need arises and quarterly.</p>

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<p>F 0803</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>26904</p> <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation and interview, the facility failed to post daily menus and a list of available substitutions for residents to reference. The facility census was 38.</p> <p>Review of the facility's policy titled, Menu Posting and Display, undated, showed:</p> <ul style="list-style-type: none"> - All menus for the current week are clearly posted and dated to adequately document meals that are to be served and to guide staff assisting with the meal service; - The dated menu for the current week is posted in areas easily accessible to residents and families. <p>Observations on 06/17/24 at 9:58 A.M., 06/18/24 at 8:45 A.M. and 06/19/24 at 10:05 A.M., of the main dining room and the unit dining room, showed:</p> <ul style="list-style-type: none"> - No daily menus posted; - No list of available substitutions. <p>During an interview on 06/18/24 at 12:15 P.M., Activity Director (AD) said he/she has never seen daily lunch menus posted. AD said he/she had been employed since February 2024.</p> <p>During a resident council meeting on 06/19/24 at 3:18 P.M., four residents present said daily menus were not posted in the dining room. He/She said posted menus would be nice to reference in case something changed on the menu. It would also be nice to have a list of substitutions to reference in case he/she wants to change his/her meal choice.</p> <p>During an interview at 06/19/24 at 3:27 P.M., the resident council president said there was a cabinet in the dining room with three sections that used to have daily menus posted for breakfast, lunch and supper. It has been a while since daily menus have been posted in the dining room.</p> <p>During an interview on 06/20/24 at 10:02 A.M., the Dietary Manager (DM) said there should be daily menus placed in the designated area located in the dining rooms for referencing. There should also be a list of available substitutions posted for resident choices.</p> <p>During an interview on 06/20/24 at 11:02 A.M., the Administrator said she would expect food menus be posted daily in the dining rooms for residents to view and available substitutions should be posted as well.</p> <p>45872</p> <p>48532</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on interview and record review, the facility failed to provide food of the resident's preferences, and failed to document likes and dislikes on the meal cards for three residents (Residents #18, #34, and #38) out of 12 sampled residents and one resident (Resident #37) outside the sample. The facility census was 38.</p> <p>Review of the facility's policy, titled, Resident's Food Likes and Dislikes, not dated showed:</p> <ul style="list-style-type: none"> - A dietary assessment will determine the resident's food likes and dislikes; - On admission, or within 24 hours after the resident's admission, the Dietary Manager will interview the resident to determine the resident's food likes and dislikes; - A written record will be maintained of the resident's likes and dislikes. - Residents will be consulted periodically to determine if any changes need to be made in order to meet the resident's needs. <p>1. Review of Resident #18's medical record showed:</p> <ul style="list-style-type: none"> - Diagnoses of anemia (a condition when blood produces a lower-than-normal amount of healthy red blood cells), hypertension (HTN) (high blood pressure), diabetes (a disease that occurs when the body has too much blood sugar), Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), and depression (a common and serious mental health condition that can affect how people think, feel, and act). <p>During an interview on 06/18/24 at 12:30 P.M., the resident said he/she did not like spaghetti and had asked for chicken strips and fries for lunch. He/She said, I just tell them what I want.</p> <p>Review of the resident's meal card showed no dislikes documented.</p> <p>2. Review of Resident #34's medical record showed:</p> <ul style="list-style-type: none"> - Diagnoses of anemia and chronic obstructive pulmonary disease (COPD) (a chronic lung disease that makes it difficult to breathe). <p>Review of the resident's quarterly MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> - A BIMS score of 15 out of 15, indicated the resident to be cognitively intact; - Independent for eating, hygiene, dressing and transfers. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265609	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Aspire Senior Living Malden		STREET ADDRESS, CITY, STATE, ZIP CODE 1209 Stokelan Malden, MO 63863	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/17/24 at 10:22 A.M., the resident said he/she does not like white gravy and the kitchen staff continue to put it on his/her plate. The resident said he/she has asked the staff several times for it not to be served to him/her. He/she said that card means nothing, just this morning they served it on the plate again.</p> <p>Review of the resident's meal card showed white gravy documented under the dislikes.</p> <p>3. Review of Resident #38's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of heart failure (a heart condition when the heart does not pump like it should). <p>Review of the resident's admission MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> - A BIMS score to be 14 out of 15, indicated the resident to be cognitively intact; - Independent for eating. <p>Observation on 06/17/24 at 12:26 P.M. noon meal plate served to the resident showed sliced ham, steamed broccoli, stuffing, roll, pears with cool whip and tea to drink.</p> <p>During an interview on 05/17/24 at 12:45 P.M., the resident said he/she takes medications and cannot have green vegetables. The resident said, they served me broccoli again today and I have told the kitchen staff before about it. He/she said his/her dislikes are coffee and fruit punch.</p> <p>Review of the resident's meal card showed no dislikes or the resident cannot have green vegetables documented.</p> <p>4. Review of Resident #37's medical record showed:</p> <ul style="list-style-type: none"> - Diagnoses of diabetes and cardiorespiratory conditions (serious disorders that affect the heart and lungs). <p>Review of the resident's quarterly MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> - A BIMS score to be 13 out of 15, indicated the resident to be cognitively intact; - Independent with all Activities of Daily Living (ADL's). <p>During an interview on 05/19/24 at 12:35 P.M., the resident said he/she does not like eggs of any kind. He/She said staff has been told numerous times no eggs for him/her.</p> <p>Review of the resident's meal card showed no dislikes documented.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview 06/20/24 11:05 A.M., the dietary manager (DM) said she is responsible for assessing residents upon admission for their likes and dislikes. She said she would document the resident's likes and dislikes on their individualized dietary cards. The DM said if she is notified of a change, then the dietary card is updated at that time, and the residents are assessed periodically for changes.</p> <p>During an interview on 06/20/24 at 11:33 A.M., the Director of Nursing (DON) said the dietary department is responsible for the resident's meal card documentation and the assessment should be done right away upon admission. He/She said the dietary department needs to be talking to the resident's about their likes and dislikes.</p> <p>During an interview on 06/20/24 at 12:20 P.M., the Administrator said the dietary department should be speaking with the resident's upon admission and documenting their likes and dislikes on the dietary card and serving the resident's their preferences. She also said the card should be updated as the resident's choices change.</p>

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<p>F 0925</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to control the fly population in the facility. This deficient practice had the potential to affect all residents. The facility census was 38.</p> <p>Review of the facility's policy titled, Pest Control Program, dated 04/01/24, showed:</p> <ul style="list-style-type: none"> - It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents; - Facility will maintain a report system of issues that may arise in between scheduled visits with the outside pest service and treat as indicated; - Facility will utilize a variety of methods in controlling certain seasonal pests, i.e. flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations. <p>Observations on 06/17/24 at 10:45 A.M., of resident room [ROOM NUMBER], showed:</p> <ul style="list-style-type: none"> - Three flies laid on a bedpad on top of bed 1; - Several flies laid on a comforter on top of bed 2. <p>Observations on 06/18/24 at 12:22 P.M., of resident room [ROOM NUMBER], showed:</p> <ul style="list-style-type: none"> - Two flies laid on a bedside table beside bed 1; - Two flies laid on a bedpad on top of bed 1; - Several flies laid on a comforter on top of bed 2. <p>Observations on 6/19/24 at 11:48 A.M., showed Certified Nursing Assistant (CNA) E walked with a fly swatter in his/her hand and swatted at flies on the 100 unit hall.</p> <p>Observations on 06/20/24 at 8:58 A.M. showed:</p> <ul style="list-style-type: none"> - Resident #16 sat in his/her recliner asleep while a fly laid on his/her forehead; - Two flies laid on the right armrest of his/her recliner. <p>Observations on 06/20/24 at 9:04 A.M. showed two flies buzzed in the 100 unit hallway.</p> <p>Observations on 06/20/24 at 9:40 A.M. showed two flies laid on the outer covering of the clean linen cart.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Observations on 06/20/24 at 10:22 A.M., showed Housekeeper C walked with a fly swatter in his/her hand and swatted at flies on the 100 hall.</p> <p>Review of the maintenance log, dated 05/02/24 to 06/01/24, showed no documentation regarding pest control issues.</p> <p>Review of the pest control inspection reports, dated April 2024 and May 2024, showed no issues with pest control in residential areas of the facility.</p> <p>During an interview on 06/20/24 at 9:33 A.M., Resident #8 said there are flies in his/her room, but they are not as bad this week.</p> <p>During an interview on 06/20/24 at 9:40 A.M., CNA F said flies have been an issue on the 100 hall and unit. There are two fly swatters available that he/she used to kill the flies. Maintenance has been told about the fly concern.</p> <p>During an interview on 06/20/24 at 9:44 A.M., Housekeeper D said any environmental concerns are reported to maintenance or written down on the maintenance log located at the nurse's station. He/she has seen flies in the facility, but has not reported it because the staff kill them.</p> <p>During an interview on 06/20/24 at 10:32 A.M., the Maintenance Supervisor (MS) said staff should be writing down any environmental concerns like pest control issues. MS said he/she has been in the position since April and the facility just got a new pest control vendor in the last couple of months.</p> <p>During an interview on 06/20/24 at 10:37 A.M., the Administrator said she would expect staff to write down any environmental concerns such as pest control issues and let maintenance know in a timely manner to address the concern.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>26904</p> <p>Based on interview and record review, the facility failed to conduct at least twelve hours of nurse aide in-service education per year. This affected two Certified Nurse Assistants (CNA) A and CNA B out of two sampled CNA's. The facility's census was 38.</p> <p>Review of the facility's policy titled, Nurse Aide Regular In-Service Training,, dated 01/30/24 showed:</p> <ul style="list-style-type: none"> - The facility's in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. <p>1. Review of the in-service record for CNA A showed:</p> <ul style="list-style-type: none"> - A hire date of 01/24/23; - A total of eight hours and 25 minutes of annual in-service training for January 2023 through January 2024; - Less than twelve hours of in-service education for January 2023 through January 2024. <p>2. Review of the in-service record for CNA B showed:</p> <ul style="list-style-type: none"> - A hire date of 05/13/23; - A total of 7 hours and 45 minutes of annual in-service training for May 2023 through May 2024; - Less than twelve hours of in-service education for May 2023 through May 2024. <p>During an interview on 6/19/24 at 8:00 A.M., the Clinical Liaison said the facility does the in-services face to face and cannot get the employees to attend the in-services at times. She said the CNA's should have at least 12 hours of annual in-service training.</p>