STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265620	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Care Center Inc	1108 Clarke Street DE Soto, MO 63020

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872 Based on observation, interview, and record review, the facility failed to provide a safe, clean and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 80. The facility did not provide a homelike environment policy. 1. Observations on 10/21/24 at 12:11 P.M.,10/22/24 at 10:41 A.M., and 10/23/24 at 10:54 A.M., of the screened-in designated smoking area showed: - Several dead insects and bird droppings lay on top of several two-by-four wood shelf supports; - A buildup of cigarette ashes in the cracks and crevices on the floor; - Scattered cigarette butts, leaves, and dirt lay on the floor; - A N95 (respiratory protective device) mask lay on the floor; - A broom lay against the brick column near the smoking receptacle. 2. Observations on 10/21/24 at 12:18 P.M., 10/22/24 at 10:53 A.M., and 10/23/24 at 10:59 A.M., showed several cigarettes butts lay on the ground located on the outside sitting area of the courtyard. 3. Observations on 10/21/24 at 12:46 P.M., and 10/22/24 at 10:59 A.M., of the 500 Hall showed: - Several areas of peeled wallpaper with exposed sheetrock on the right-side wall by the bed located near the window in room [ROOM NUMBER]; - A missing protective outlet covering with two cords plugged into an electric receptacle located on the left-side of the bed near the door located in room [ROOM NUMBER]; - Several areas of peeled paint and exposed sheetrock behind the headboard of the bed near the door and the bed near the window located in room [ROOM NUMBER]; (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265620	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 Clarke Street DE Soto, MO 63020	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- A three foot (ft.) area of peeled paint and exposed sheetrock located on the left-side of the heating/cooling unit by the bed located near the window in room [ROOM NUMBER]; - Several areas of peeled paint and exposed sheetrock located on the left-side wall beside the brown recliner located in room [ROOM NUMBER]; - Several areas of peeled paint and exposed sheetrock located on the right-side walls next to a flat screen television and near the bathroom door located in room [ROOM NUMBER]; - A large hole in the wall located behind the door upon the entrance of room [ROOM NUMBER]; - Several areas of peeled paint and exposed sheetrock located behind the headboard of the bed located near the window in room [ROOM NUMBER]. 4. Observations on 10/21/24 at 12:58 P.M., and 10/22/24 at 12:06 P.M., of the left-side of the Dining Room showed: - Several areas of dark scuff marks at the bottom and middle section of the wall located near the wall-mounted electric fly/insect trap; - Several areas of dark scuff marks on the bottom and middle section of the left-side wall located near the two wooden double doors; - Several areas of dark scuff marks on the bottom section of the right-side wall located near the two wooden double doors and the window facing the courtyard; - A large area of dark scuff marks on the bottom and middle section of the wall located below the thermostat; - A missing corner piece of trim with exposed discolored areas on the wall located near the thermostat and a facility layout sign. 5. Observations on 10/21/24 at 1:08 P.M., and 10/22/24 at 12:26 P.M., of the kitchen's Dish Return door showed a large hole with missing sheetrock and trim on the bottom left-side of the door frame. 6. Observations on 10/23/24 at 1:06 P.M., and 10/24/24 at 10:08 P.M., of the 300 hallway showed a build-up of 15 shoe-shaped black grime markings on a 20 ft. section of the tiled floor located between room [ROOM NUMBER] and the dining room entrance. 7. Observations on 10/24/24 at 9:17 A.M., of the Laundry Room, showed: - Several articles of cluttered and piled-up miscellaneous clothing; - A build-up of lint, grime, dirt and dust located behind the washing machine bay; - A large area of missing dry wall and peeled paint from water damage within the wall located behind the washers; (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- One yellow mop bucket filled with stagnant (inactive) dirty water located by the sink; - One five-gallon white bucket filled with soiled linens and dirty water located by the sink; - Miscellaneous trash located in the drainage basin (sink) area of the eye wash station. Review of the Maintenance Work Order Form binder, dated 08/23/24 - 10/22/24, showed no documentation of areas of concern addressed. During an interview on 10/23/24 at 2:42 P.M., Housekeeper A said he/she verbally told the maintenance person if there were any environmental issues in the facility. There was also a maintenance book at the nurse's station for staff to write down any issues found during rounds. He/She did not know who was responsible for cleaning and sweeping the designated smoke area and/or picking up the cigarette butts on the floor and the outside grounds. During an interview on 10/23/24 at 2:42 P.M., Kitchen Employee B said he/she would let the Dietary Manager know if there were any issues that needed to be addressed to maintenance for repair. He/She has not noticed any environmental issues such as scuff marks or holes on the dining room/kitchen walls to be reported or addressed. During an interview on 10/24/24 at 8:53 A.M., the Administrator said she would expect staff to write down any environmental concerns on the maintenance log to be addressed in a timely manner by the maintenance department. She would expect the designated smoke area to be free of cigarette butts and ashes, dead insects, bird droppings and other debris. She would also expect the outside sitting area in the courtyard be free of cigarette butts and debris. During an interview on 10/24/24 at 10:44 A.M., the Maintenance Supervisor (MS) said he/she would expect staff to write down any environmental issues on the maintenance log to be addressed in a timely manner. The floor technician was responsible for cleaning the screened-in designated smoke area, picking up cigarette butts, and maintaining the outside grounds to be free of debris once a week. During an interview on 10/24/24 at 12:02 P.M., Housekeeper E said there was a floor technician for the facility and he/she had been covering in the laundry department this week. Spot mopping was done sometimes.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904 Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing of a transfer or discharge to a hospital, including the reasons for transfer for four residents (Residents #7, #20, # 46 and #279) out of four sampled residents. The facility's census was 80. The facility did not provide a transfer/discharge policy. 1. Review of Resident #7's medical record showed: - The resident transferred to the hospital on 07/04/24, and was readmitted to the facility on [DATE]; - The resident transferred to the hospital on 08/17/24, and was readmitted to the facility on [DATE]; - No documentation of written notification to the resident and/or the resident's representative of the resident's transfer to the hospital on 07/04/24 and 08/17/24. 2. Review of Resident #20's medical record showed: - The resident transferred to the hospital on 06/07/24, and readmitted to the facility on [DATE]; - The resident transferred to the hospital on 09/10/24, and readmitted to the facility on [DATE]; - No documentation of written notification to the resident and/or the resident's representative of the resident's transfers to the hospital on 06/07/24 and 09/10/24. 3. Review of Resident #46's medical record showed: - The resident transferred to the hospital on 07/23/24, and readmitted to the facility on [DATE]; - The resident transferred to the hospital on 08/19/24, and readmitted to the facility on [DATE]; - The resident transferred to the hospital on 09/20/24, and readmitted to the facility on [DATE]; - No documentation of written notification to the resident and/or the resident's representative of the resident's transfers to the hospital on 07/23/24, 08/19/24 and 09/20/24. 4. Review of Resident #279's medical record showed: - The resident transferred to the hospital on 07/27/24, and was readmitted to the facility on [DATE]; (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The resident transferred to the hospital on 10/06/24, and was readmitted to the facility on [DATE]; - No documentation of written notification to the resident and/or the resident's representative of the resident's transfer to the hospital on 07/27/24 and 10/06/24. During an interview on 10/23/24 at 8:43 A.M., the Assistant Director of Nursing (ADON) said nursing should fill out a transfer/discharge form prior to a resident going to the hospital. A copy of the transfer/discharge form should be given to the Social Service Designee (SSD) and kept for documentation purposes. During an interview on 10/23/24 at 8:45 A.M., the Administrator said transfer/discharge forms were not completed and/or kept for documentation purposes. The SSD was responsible for keeping up with the transfer/discharge forms. During an interview on 10/23/24 at 3:00 P.M., the SSD said he/she had not been following up with the transfer/discharge forms for residents that were sent to the hospital and admitted . 46521 48532

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904 Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing of their bed hold policy at the time of transfer to the hospital for four residents (Residents #7, #20, #46, and #279) out of four sampled residents. The facility census was 80. The facility did not provide a bed hold policy. 1. Review of Resident #7's medical record showed: - The resident transferred to the hospital on 07/04/24, and readmitted to the facility on [DATE]; - The resident transferred to the hospital on 08/17/24, and readmitted to the facility on [DATE]; - No documentation the resident and/or the resident's representative was informed in writing of the facility's bed hold policy at the time of the transfers. 2. Review of Resident #20's medical record showed: - The resident transferred to the hospital on 06/07/24, and readmitted to the facility on [DATE]; - The resident transferred to the hospital on 09/10/24, and readmitted to the facility on [DATE]; - No documentation the resident and/or the resident's representative was informed in writing of the facility's bed hold policy at the time of the transfers. 3. Review of Resident #46's medical record showed: - The resident transferred to the hospital on 07/23/24, and readmitted to the facility on [DATE]; - The resident transferred to the hospital on 08/19/24, and readmitted to the facility on [DATE]; - The resident transferred to the hospital on 09/20/24, and readmitted to the facility on [DATE]; - No documentation the resident and/or the resident's representative was informed in writing of the facility's bed hold policy at the time of the transfers. 4. Review of Resident #279's medical record showed: - The resident transferred to the hospital on 07/27/24, and readmitted to the facility on [DATE]; - The resident transferred to the hospital on 10/06/24, and readmitted to the facility on [DATE]; (continued on next page)

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- No documentation the resident and/or the resident's representative was informed in writing of the facility's bed hold policy at the time of the transfers. During an interview on 10/23/24 8:43 A.M., the Assistant Director of Nursing (ADON) said nursing should be filling out a bed-hold policy form prior to a resident going to the hospital. A copy of the bed hold form should be given to the Social Service Designee (SSD) and kept for documentation purposes. During an interview on 10/23/24 8:45 A.M., the Administrator said the bed hold policy forms were not being completed by nursing and/or kept for documentation purposes. The SSD was responsible for keeping up with the bed hold policy forms. During an interview on 10/23/24 at 3:00 P.M., the SSD said he/she had not been following up with the bed hold policy forms for residents that were sent to the hospital. 46521 48532

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904 Based on observation, interview and record review, the facility failed to document the type, the stage, the measurements, and the characteristics of the facility acquired injury for two residents (Residents #38 and #46) out of two sampled residents. The facility census was 80. Review of the policy titled, Pressure Ulcer, Care and Prevention of, undated, showed: - The purpose of this policy is to prevent and treat further breakdown of pressure sores; - The nurse is responsible for carrying out the treatment as ordered by the attending physician and for implementing measure to prevent pressure ulcers; - Observe skin. Any persistent reddened area that remains after pressure is relieved is a high risk area to a pressure ulcer to begin. 1. Review of Resident #38's significant change Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by the facility staff, dated 08/24/24, showed: - admitted to the facility on [DATE]; - Severely impaired cognitive skills; - Impaired on one side on upper and lower extremity; - Dependent on staff for bathing, toileting and personal hygiene; - Required substantial to maximal assistance of staff for bed mobility; - Incontinent of bowel and bladder; - At risk for pressure ulcers; - Pressure reducing mattress for bed; - Pressure reducing cushion for chair; - Pressure ulcer care. Review of the resident's medical chart showed: - Diagnoses of atrial fibrillation (an irregular, often rapid heart rate that causes poor blood flow), hypertension (high blood pressure), cerebral vascular accident (CVA - stroke), and depression (a mental health condition that involves a prolonged low mood or loss of interest in activities). Review of the resident's Physician Order Sheets (POS), dated October 2024, showed: (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- No orders for skin care related to the resident's left buttock. Review of the resident's Braden (a tool used to assess a patient's risk of developing pressure ulcers) Scale, dated 8/28/24, showed: - The resident at moderate risk for skin breakdown. Review of the resident's care plan, dated 08/28/24, showed: - At risk for altered skin integrity related to limited mobility and incontinence. Review of the resident's nurses notes, dated 10/21/24 - 10/24/24, showed: - On 10/23/24, a skin assessment was done this afternoon with an open area to the left buttock, the physician's office notified, and a new order for skin prep (a procedure that involves cleansing the skin with an antiseptic to reduce the risk of infection) to the area twice daily until healed; - No documentation of the type, the stage, the measurements, and the characteristics of the injury to the resident's left buttock. Review of the resident's Weekly Skin Assessments showed: - On 10/02/24, the skin intact; - On 10/06/24, the skin intact; - On 10/14/24, redness to the buttock with barrier cream to the buttock; - On 10/14/24, skin intact with redness to the buttock; - On 10/23/24, skin prep to the left buttock twice daily to the small open area. Observation of the resident on 10/23/24 at 1:25 P.M., showed: - The resident had a small open injury to his/her left buttock. During an interview on 10/23/24 at 1:27 P.M., Certified Nurse Assistant (CNA) G and CNA I said the nurses applied some cream to the resident's bottom. CNA G and CNA I said today was the first time they had seen the injury to the resident's left buttock. During an interview on 10/23/24 at 1:30 P.M., Licensed Practical Nurse (LPN) F said the resident did not have a treatment to his/her bottom. LPN F said she did not know the resident had any open areas to his/her bottom until this afternoon. During an interview on 10/23/24 at 1:38 P.M., the Director of Nursing (DON) said the resident did not have a topical treatment to his/her buttocks. She had not assessed the resident's skin. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/23/24 at 2:35 P.M., the DON said the resident had an open area the size of a pencil eraser and she just now put an order in for skin prep to that area. During an interview on 10/24/24 at 8:40 A.M., the Assistant Director of Nursing (ADON) said the nurses were responsible for the weekly skin assessments. The nurses should be including the measurements when they complete the skin assessment. The CNA's should report anything unusual with the skin at the time they see it on any resident. The CNA's reported the resident's skin issue on 10/23/24. 2. Review of Resident #46's quarterly MDS, dated [DATE], showed: - admitted to the facility on [DATE]; - Severely impaired cognitive skills; - Dependent on staff for bathing, dressing, toileting, personal hygiene and bed mobility; - At risk for pressure ulcers; - Pressure reducing mattress for bed; - Pressure reducing cushion for chair; - No pressure ulcer and or other skin impairments. Review of the resident's medical record showed: - Diagnoses of anemia (lack of healthy red blood cells), coronary artery disease (CAD - damage or disease of the heart's major blood vessels), heart failure (when the heart muscle does not pump blood as well as it should), peripheral vascular disease (circulation disorder that affects blood vessels outside of the heart and brain, often those that supply the arms and legs) and hypertension. Review of the resident's POS, dated October 2024, showed: - An order to skin prep the bilateral heels and float, dated 07/31/24. Review of the resident's care plan, last updated 10/08/24, showed: - At risk for altered skin integrity related to limited mobility. Review of the resident's nurses' notes, dated 10/21/24 - 10/24/24, showed: - No documentation of any skin conditions with the type, the stage, the measurements, and the characteristics of an injury. Review of the resident's Braden Scale, dated 8/24/24, showed: - The resident at mild risk for skin breakdown. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's Weekly Skin Assessments showed: - On 10/03/24, the left heel was soft and the right heel had an unstageable wound; - On 10/11/24, heels soft and skin prep to the bilateral heels for protection; - On 10/18/24, firm heels. Observation of the resident on 10/24/24 at 9:45 A.M., showed: - The resident lay in his/her bed and his/her heels lay directly on the mattress; - The left heel with no skin issues. The right heel with an approximate nickel size eschar (dead tissue that forms over healthy skin) injury with peeling dry skin on the peri-wound (the skin surrounding a wound); - LPN C applied skin prep to both heels and did not float the heels; - Three blue heel protectors (pressure relieving, heel protective devices) and two small purple heel protectors lay in a chair in the resident's room. During an interview on 10/24/24 at 12:10 P.M., LPN F said he/she had been applying skin prep to the resident's heels for awhile, however he/she had not put the heel protectors on the resident's feet. During an interview on 10/24/24 at 12:17 P.M., Certified Medication Technician (CMT) J said he/she thought the heel protectors were the resident's. During an interview on 10/24/24 at 12:19 P.M., CNA K said the resident did not ever have the heel protectors on when staff got him/her up in the mornings, and staff did not put them on the resident when he/she was up out of the bed. During an interview on 10/24/24 at 1:19 P.M., the ADON said skin assessments should be completed weekly with measuring, staging, and descriptions to be included. During an interview on 10/24/23 at 1:22 P.M., the DON said the nurses, herself, and the ADON were responsible for the skin assessment to be completed and to be accurate. When the assessments were completed, they should be documented by the nurse with measurements and staging as well of any wounds.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46521 Based on interview and record review, the facility failed to provide documentation of communication between the facility and the dialysis (a process for removing waste and excess water from the blood) center for two residents (Residents #6 and #32) out of two sampled residents and one resident (Resident #11) outside the sample. The facility census was 80. Review of the facility's policy titled, Dialysis, Care of a Resident Receiving, undated, showed: - Care of the arteriovenous (AV) shunt/fistula/graft (a surgically created connection between an artery and a vein used for hemodialysis): keep the area clean and dry; feel for the thrill (a palpable murmur that feels like a ringing phone) sensation daily; inspect the access site for redness, swelling, or warmth; watch for bleeding after dialysis; monitor signs of infection; checking the thrill sensation; nurses will check the thrill daily and document daily, this will be documented on the resident's treatment record; at the AV site, feel for a pulse. The pulse is the blood flow through the access; if no thrill sensation is felt, notify the physician; - Communication between the facility and the dialysis unit: the Dialysis Communication Record will be sent with the resident on each dialysis visit; all care concerns in the last 24 hours will be addressed, including last medications given and facility contact person; the dialysis unit will complete the lower portion of the report to include weight prior to and after dialysis, any labs completed, medication given, follow up information and any new physicians' orders; the lower portion will be signed by the dialysis nurse and returned to the facility; these records will be maintained in the medical record. 1. Review of Resident #6's Physician's Order Sheet (POS), dated October 2024, showed: - admitted [DATE]; - An order for dialysis Tuesday, Thursday and Saturday, dated 03/11/19; - An order to check the shunt to the left upper extremity (LUE) for bruit (an audible vascular sound associated with turbulent blood flow) and thrill every shift, dated 11/27/18. Review of the resident's medical record showed: - Diagnoses of end stage renal disease (ESRD - when the kidneys are no longer able to work at a level needed for day-to-day life), dependence on renal dialysis, hypertension (high blood pressure), and anemia. Review of the resident's care plan, revised 03/07/24, showed: - The resident required dialysis; - At risk for complications related to renal failure (the kidneys lose the ability to remove waste and balance fluids); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265620	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 Clarke Street DE Soto, MO 63020	

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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Palpate for the thrill over the shunt site per order; - Dialysis Communication form on dialysis days. Dialysis nurses to fill out the bottom section and send back to the facility for review by the nurse; - Resident received dialysis every Tuesday, Thursday and Saturday. Review of the Dialysis Communication log, dated July 2024-October 2024, showed: - For July 2024, 13 missed out of 13 opportunities for the completion of the Dialysis Communication forms; - For August 2024, 14 missed out of 14 opportunities for the completion of the Dialysis Communication forms; - For September 2024, 12 missed out of 12 opportunities for the completion of the Dialysis Communication forms; - For October 2024, 10 missed out of 11 opportunities for the completion of the Dialysis Communication forms. 2. Review of Resident #11's POS, dated October 2024, showed: - admitted [DATE]; - An order for dialysis on Monday, Wednesday, and Friday, dated 10/05/22; - An order to check the AV fistula every shift, dated 10/05/22. Review of the resident's medical record showed: - Diagnoses of chronic kidney disease stage 3 (mild to moderate kidney damage), dependence on renal dialysis, hypertension, atherosclerotic heart disease of native coronary artery without angina (hardening of the arteries), atrial fibrillation (irregular heartbeat when the upper chambers beat too fast), and presence of cardiac pacemaker (an implanted device to monitor and regulate heart rate). Review of the resident's care plan, revised 10/16/24, showed: - The resident needed dialysis; - Feel for the thrill over the shunt site; - Listen for the bruit over the shunt site; - Communication form sent to dialysis. Dialysis nurses to fill out the bottom section and send back to the facility for review by the nurse; - Resident received dialysis every Monday, Wednesday and Friday. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Dialysis Communication log, dated July 2024-October 2024, showed: - For July 2024, 14 missed out of 14 opportunities for the completion of the Dialysis Communication forms; - For August 2024, 12 missed out of 12 opportunities for the completion of the Dialysis Communication forms; - For September 2024, 13 missed out of 13 opportunities for the completion of the Dialysis Communication forms; - For October 2024, 9 missed out of 10 opportunities for the completion of the Dialysis Communication forms. 3. Review of Resident #32's POS, dated October 2024, showed: - admitted [DATE]; - An order for dialysis Tuesday, Thursday and Saturday, dated 07/19/22; - An order to check the shunt to the LUE for the bruit and thrill every shift, dated 05/13/24. Review of the resident's medical record showed: - Diagnoses of chronic kidney disease, stage 4 (severe kidney damage) with ESRD dependence on renal dialysis, hypertension, and other acute kidney failure. Review of the resident's care plan, revised 08/09/24, showed: - The resident required dialysis; - All routine and baseline lab work will be drawn and monitored by the facility, any nonroutine lab work will be monitored by dialysis; - Communication form sent to dialysis with the resident. Dialysis to fill out the bottom section and send back to the facility for review by the nurse; - Monitor and report signs of localized infection; - Monitor and report signs of systemic infection. Review of the Dialysis Communication log, dated July 2024-October 2024, showed: - For July 2024, 13 missed out of 13 opportunities for the completion of the Dialysis Communication forms; - For August 2024, 14 missed out of 14 opportunities for the completion of the Dialysis Communication forms; (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- For September 2024, 12 missed out of 12 opportunities for the completion of the Dialysis Communication forms; - For October 2024, 8 missed out of 11 opportunities for the completion of the Dialysis Communication forms. During an interview on 10/22/24 at 4:17 P.M., Licensed Practical Nurse (LPN) F said the facility just started doing the dialysis communication logs again. During an interview on 10/22/24 at 4:20 P.M., the Assistant Director of Nursing (ADON) said all the dialysis communication documents were scanned into the residents' electronic medical records (EMR) when completed. The facility noticed they were not getting done and they were still not scanned into the EMR. During an interview on 10/22/24 at 4:24 P.M., the Director of Nursing (DON) said she was not aware of the time frame of when they noticed the dialysis communication logs were not being completed to when the new forms were implemented. During an interview on 10/23/24 at 2:01 P.M., Resident #32 said he/she went to dialysis and was there yesterday. The dialysis communication log was not sent with him/her to dialysis. He/she didn't remember the nursing staff at the facility checking for the thrill and bruit or checking the dressing when he/she returned from dialysis. During an interview on 10/23/24 at 4:01 P.M., Resident #6 said the facility did send a piece of paper for him/her to take to dialysis. The facility did not check for the thrill and bruit, but the staff did check the dressing. During an interview on 10/24/24 at 12:22 P.M., LPN F said the dialysis communication log was normally faxed to the front office when Resident #32 came back from dialysis. Resident #32 had bandages to be removed from the dialysis shunt site the next day. Nursing should check for the bruit and thrill every day. A nurse checked the dressing when Resident #32 came back from dialysis. 48532

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 45872 Based on interview and record review, the facility failed to conduct at least twelve hours of nurse aide in-service education per year and failed to provide the required annual competencies of Dementia Care (care of a resident with an impaired ability to remember, think, or make decisions) of two nurse aides sampled. The facility census was 80. The facility did not provide a nurse aide in-service education policy. Review of the facility assessment, revised September 2024, showed: - Required in-service training for nurse's aides: 1. Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; 2. Include dementia management training and resident abuse preventions training; 3. Address areas of weakness as determined by the facility assessment and address the special needs of residents to as determined by the facility staff; 4. For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. 1. Review of the facility's June 2023 through June 2024 in-service records, showed: - Certified Nurse Aide (CNA) C's hire date of 06/23/23; - CNA C attended nine hours and 30 minutes of in-services; - CNA C did not attend an annual competency in-service on Dementia Care. 2. Review of the facility's July 2023 through July 2024 in-service records, showed: - CNA D's hire date of 07/11/23; - CNA D attended seven hours of in-services; - CNA D did not attend an annual competency in-service on Dementia Care. During an interview on 10/24/2024 at 8:54 A.M., the Director of Nursing (DON) said nurse aid education training should include Dementia Care. Nurse aides should have 12 hours of education training to meet the annual in-service requirement. (continued on next page)

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/24/2024 at 8:56 A.M., the Administrator said nurse aid education training should include Dementia Care. Nurse aides should have 12 hours of education training to meet the annual in-service requirement.