

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265632	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Hickory Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Hickory Street Licking, MO 65542	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>26904</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure to complete Criminal Background Checks (CBC) for four of the ten sampled staff prior to hire and to check the Nurses Aide (NA) Registry for all new staff before the employment date to ensure they did not have a Federal Indicator (a marker given by the federal government to individuals who have committed abuse/neglect) for seven of the ten sampled staff. The facility census was 37.</p> <p>Review of the facility's policy titled, Abuse Prevention, dated September 2021, showed:</p> <ul style="list-style-type: none"> - Background checks will be done at the time of hire in accordance with the facility background check policy. Staff will not be hired who have been found guilty, or plead nolo contendere (a plea of no contest) of abuse, neglect, mistreatment of residents, or misappropriation of resident property by a court of law. Such determination will not be limited to residents but shall include any known abusive acts against others; - The nurse aide registry will be checked prior to employment, nurse aides will not be hired whose name is on any state abuse registry; - Verification of background checks and nurse aide registry checks will be maintained in the personnel file of each employee. <p>Review of the facility's policy titled, Criminal Background Checks Policy and Procedure, dated February 2022, showed:</p> <ul style="list-style-type: none"> - The facility shall perform criminal background checks on all employees hired after August 28, 1997; - After an employment application has been received by Administrations and it is determined the applicant will be offered employment, the designated facility employee will complete an online Criminal Background Request; - Print the request for the employee record. In addition, a copy of the disclosure of the applicant's rights under the Fair Credit Reporting Act shall be given to the applicant. Both requirements shall be completed the same day as the decision to hire, and prior to allowing any person contact with a resident. The responsibility for completing this requirement shall remain with the Administrator even if the task shall be delegated to a designee; <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The reply for Criminal Background Request will be emailed with a notice that there is no match or that a follow-up is being mailed, which will indicate a criminal history and this applicant shall not be started to work until such time as the Administrator, or designee, shall receive the response and determine whether or not the applicant is to be disqualified;</p> <p>- There will be no exceptions to this policy.</p> <p>1. Review of Employee B's personnel file showed:</p> <p>- A hire date of 09/26/23;</p> <p>- No documentation the CBC and the NA Registry was completed before the employee's hire date.</p> <p>2. Review of Employee C's personnel file showed:</p> <p>- A hire date of 12/12/23;</p> <p>- No documentation the CBC and the NA Registry was completed before the employee's hire date.</p> <p>3. Review of Employee D's personnel file showed:</p> <p>- A hire date of 12/29/24;</p> <p>- No documentation the CBC and the NA Registry was completed before the employee's hire date.</p> <p>4. Review of Employee E's personnel file showed:</p> <p>- A hired date of 12/12/22;</p> <p>- No documentation the NA Registry was was completed before the employee's hire date.</p> <p>5. Review of Employee F's personnel file showed:</p> <p>- A hire date of 01/02/24;</p> <p>- No documentation the NA Registry was completed before the employee's hire date.</p> <p>6. Record review of Employee G's personnel file showed:</p> <p>- A hire date of 2/1/24;</p> <p>- No documentation the NA Registry was completed before the employee's hire date.</p> <p>7. Review of Employee I's personnel file showed:</p> <p>- A hire date of 02/01/24;</p> <p>- No documentation the CBC and the NA Registry was completed before the employee's hire date</p> <p>(continued on next page)</p>

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 01/23/25 at 9:20 A.M., the Administrator said she would expect all new hires to be properly screened for the CBC. However she was unaware all staff needed the NA Registry completed. She thought only the nursing department staff needed the NA Registry checked.		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48532</p> <p>Based on interview and record review, the facility failed to implement an accurate baseline care plan (the minimum healthcare information necessary to properly care for a resident) upon admission with specific interventions for one resident (Resident #191) out of one sampled resident. The facility census was 37.</p> <p>Review of the facility's policy titled, Care Plans - Baseline, revised March 2022, showed:</p> <ul style="list-style-type: none"> - A baseline plan of care is developed for each resident within 48 hours of admission to meet the resident's immediate health and safety needs; - The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care; - The resident and/or representative are provided a written summary of the baseline care plan that includes, but not limited to: stated goals and objectives of the resident, summary of the resident's medications and dietary instructions, any services/treatments to be administered by the facility, and any updated information based on the details of the comprehensive care plan, as necessary; - Provision of the summary to the resident and/or resident representative is documented in the medical record. <p>1. Review of Resident #191's Physician Order Sheet (POS), dated January 2025, showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of unspecified atrial fibrillation (rapid, irregular heartbeats), chronic kidney disease, stage 4 (severe kidney damage), heart failure (when the heart does not pump or fill adequately), hypertension (high blood pressure), and diabetes mellitus (DM - a condition that affects the way the body processes blood sugar); - An order for wound care to a Stage II (a partial-thickness of dermis presenting as a shallow open ulcer) sacral (lower back and spine) wound every day, cleanse with wound cleanser, apply MediHoney (a type of wound dressing), cover with foam boarder dressing, dated 01/14/25. <p>Review of the resident's Baseline Care Plan, dated 01/15/25, showed:</p> <ul style="list-style-type: none"> - The Stage II sacral wound with interventions not addressed. <p>During an interview on 01/22/25 at 4:15 P.M., the Director of Nursing (DON) said a baseline care plan should include the resident's needs, such as a wound.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/22/25 at 4:50 P.M., the Administrator said a baseline care plan should be individualized and include the resident's immediate needs. It should be signed by the resident or representative. If the resident was unable to sign and did not have a representative, then two nurses should document it was reviewed with the resident.</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 implement a care plan with specific interventions to meet individual needs for four residents (Residents #4, #5, #12, and #38) out of 12 sampled residents. The facility census was 37.</p> <p>Review of the facility's policy titled, Care Plans - Comprehensive, revised September 2010, showed:</p> <ul style="list-style-type: none"> - An individualized comprehensive care plan that includes measurable timetables to meet the resident's medical, nursing, mental, and psychological needs is developed for each resident; - The facility's Care Planning/Interdisciplinary Team (IDT - a group of healthcare professionals from diverse fields who work in a coordinated effort toward a common goal for a resident), in coordination with the resident, his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident that identifies the highest functioning the resident may be expected to attain; - The comprehensive care plan is based on a thorough assessment that includes, but not limited to, the Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility staff); - Each resident's comprehensive care plan is designed to aid in preventing or reducing declines in the resident's functional status and/or functional levels; - Areas of concern that are triggered during the resident assessment are evaluated using specific assessment tools, including Care Area Assessments, before interventions are added to the care plan; - Assessments of residents are ongoing and care plans are revised as information about the resident's condition change. <p>1. Review of Resident #4's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), chronic respiratory failure (difficulty breathing due to lungs cannot get enough oxygen), gastrointestinal esophageal reflux disease (GERD - stomach acid being forced back into the throat region), diabetes mellitus (DM - a condition that affects the way the body processes blood sugar) and tobacco use. <p>Review of the resident's weights showed:</p> <ul style="list-style-type: none"> - On 07/03/24, the resident weighed 191.9 pounds (lbs.); - On 01/02/25, the resident weighed 169.6 lbs.; <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>- A significant weight loss of 11.62% within the last six months.</p> <p>Review of the resident's January 2025 Physician's Order Summary (POS), showed:</p> <ul style="list-style-type: none"> - An order for mirtazapine (an antidepressant also used as an appetite stimulant) 15 milligrams (mg) by mouth one time a day, dated 01/02/25; - An order for monthly weights, dated 07/15/24; - An order for a regular texture, regular/thin consistency diet, dated 07/08/24. <p>Review of the resident's Care Plan, dated 12/31/24, showed:</p> <ul style="list-style-type: none"> - Did not address the significant weight loss with specific interventions to meet the individual's needs. <p>2. Review of Resident's #5 medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of hypertension, diabetes mellitus, depression (a mental health condition that involves a prolonged low mood or loss of interest in activities), hemiplegia (a condition that causes weakness or paralysis on one side of the body), bipolar disease (a mental illness that causes changes in a person's mood, energy, activity levels, and concentration), an unstageable (a wound that is covered by dead tissue, making it impossible to determine the stage of the wound), and tobacco use. <p>Review of the resident's January 2025 POS showed:</p> <ul style="list-style-type: none"> - An order to cleanse the left buttock with house cleanser daily, dated 12/31/24; - An order for Santyl (a wound debridement) apply to the left buttock topically one time a day for wound treatment and ABD (a thick abdominal pad used for absorbency) pad to wound daily and as needed, dated 12/31/24. <p>Review of the resident's Care Plan, dated 11/23/24, showed:</p> <ul style="list-style-type: none"> - Did not address the wound with specific interventions to meet the individual's needs. <p>3. Review of Resident's #12 medical record, showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of diabetes mellitus, non-pressure chronic ulcer (wound) of the left heel, pulmonary embolism (a blood clot that blocks arteries in the lungs), epilepsy (recurrent, unprovoked seizures), cerebral infarction (stroke), malignant neoplasm of the bronchus or lung (lung cancer), and sepsis (systemic infection with life-threatening organ dysfunction). <p>Review of the resident's January 2025 POS showed:</p> <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>- An order for hydrocodone-acetaminophen (pain medication) 5-325 mg by mouth every 6 hours as needed for pain, dated 12/12/24;</p> <p>- An order for apixaban (an anticoagulant medication) 5 mg by mouth two times a day, dated 11/29/24.</p> <p>Review of the resident's Care Plan, dated 12/2/24, showed:</p> <p>- Did not address the pain management with specific interventions to meet individual needs;</p> <p>- Did not address the anticoagulant use with specific interventions to meet individual needs.</p> <p>4. Review of Resident #38's medical record, showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnoses of COPD, emphysema (difficulty breathing due to damaged airways in the lungs) and Parkinson's Disease (a disease of the central nervous system that affects movement, often including tremors).</p> <p>Review of the resident's weights showed:</p> <p>- For 12/05/24, the resident weighed 117.1 lbs.;</p> <p>- For 01/15/25, the resident weighed 104.9 lbs.;</p> <p>- A significant weight loss of 10.42% within the last 30 days.</p> <p>Review of the resident's January 2025 POS, showed:</p> <p>- An order for weekly weights, dated 12/04/24;</p> <p>- An order for a regular texture, regular/thin consistency diet, dated 12/04/24.</p> <p>Review of the resident's Care Plan, dated 12/31/24, showed:</p> <p>- Did not address the significant weight loss with specific interventions to meet the individual's needs.</p> <p>During an interview on 01/22/25 at 3:57 P.M., the Director of Nursing (DON) said she would expect the care plan to reflect the resident's individualized care needs.</p> <p>During an interview on 01/22/25 at 4:35 P.M., the Administrator said she would expect a resident with a weight loss, pressure ulcer, anticoagulant, or a pain concern to be addressed on the resident's care plan with specific interventions in place. This should be updated as needed to reflect the resident's current care needs.</p> <p>45872</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	48532		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on observation, interview, and record review, the facility failed to follow physician's orders for oxygen (O2) for two residents (Residents #3 and #14) out of three sampled residents and wound care for one resident (Resident #5) out of three sampled residents. The facility's census was 37.</p> <p>Review of the facility's policy titled, Oxygen Administration, dated October 2010, showed:</p> <ul style="list-style-type: none"> - The purpose of the procedure is to provide guidelines for safe oxygen administration; - Verify that there is a physician's order for this procedure; - Review the the physician's orders or facility's protocol for oxygen administration; - Review the resident's care plan to assess for any special needs of the resident; - While the resident is receiving oxygen therapy, assess for cyanosis (blue tone to the skin), hypoxia (low level of oxygen in the tissues), oxygen toxicity (lung damage that happens from breathing in too much extra or supplemental oxygen) and vital signs. <p>The facility did not provide a policy on following physician orders.</p> <p>1. Review of Resident #3's medical record, showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), chronic respiratory failure (difficulty breathing due to lungs cannot get enough oxygen), dependence on oxygen and tobacco use. <p>Review of the resident's January 2025 Physician Order Sheet (POS) showed:</p> <ul style="list-style-type: none"> - An order for O2 at 6 liter (L) per via nasal cannula (tubing used to provide O2 to people who need extra O2) continuous two times a day, dated 07/9/24; - An order to obtain saturation and pulse O2 (SPO2 - a measurement of the amount of O2 in a person's blood) as needed, dated 07/22/24; - An order for O2 tubing and humidifier change one time a day every Monday night shift and PRN (as needed), dated 07/09/24. <p>Review of the resident's January 2025 Medication Administration Record (MAR) showed:</p> <ul style="list-style-type: none"> - Resident received O2 at 6 L between 01/01/25 - 01/22/25. <p>Review of the resident's care plan, revised 11/10/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Administer O2 as ordered;</p> <p>- Monitor SPO2 as ordered and PRN.</p> <p>Observation on 01/20/25 at 10:19 A.M., showed the resident lay in bed watching television with the O2 concentrator in use at 8 L per nasal cannula.</p> <p>Observation on 01/20/25 at 2:19 P.M., showed the resident lay in bed playing a game on his/her phone with the O2 concentrator in use at 8 L per nasal cannula.</p> <p>Observation on 01/21/25 at 8:19 A.M., showed the resident lay in bed with his/her eyes closed and the O2 concentrator in use at 8 L per nasal cannula.</p> <p>Observation on 01/22/25 at 8:31 A.M., showed the resident lay in bed listening to music with the O2 concentrator in use at 8 L per nasal cannula.</p> <p>During an interview on 01/22/25 at 10:23 A.M., the resident said he/she asked a staff member to turn up his/her O2 concentrator a couple of weeks ago. The increase in the O2 helped him/her breathe better.</p> <p>2. Review of Resident's #5 medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnoses of hypertension, diabetes mellitus (DM - a condition that affects the way the body processes blood sugar), depression (a mental health condition that involves a prolonged low mood or loss of interest in activities), hemiplegia (a condition that causes weakness or paralysis on one side of the body), bipolar disease (a mental illness that causes changes in a person's mood, energy, activity levels, and concentration), an unstageable (a wound that is covered by dead tissue, making it impossible to determine the stage of the wound) and tobacco use.</p> <p>Review of the resident's January 2025 POS showed:</p> <p>- An order to cleanse the left buttock with house cleanser daily, dated 12/31/24;</p> <p>- An order for Santyl (a wound debridement) apply to the left buttock topically one time a day for wound treatment and ABD (a thick abdominal pad used for wound absorbency) pad to the wound daily and PRN, dated 12/31/24.</p> <p>Observation on 01/21/25 at 4:03 P.M., of the resident's wound care showed:</p> <p>- Licensed Practical Nurse (LPN) A cleaned the buttock with wound cleanser;</p> <p>- LPN A removed gloves, sanitized his/her hands, and put on gloves;</p> <p>- LPN A applied Santyl to a non-adherent (a non-stick dressing for wound coverage) dressing by dabbing the top of the Santyl tube on the dressing;</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- LPN A placed the dressing over the wound area;</p> <p>- LPN A secured the dressing with tape;</p> <p>- LPN A did not apply the Santyl to the resident's wound as ordered.</p> <p>During an interview on 1/23/25 at 11:40 A.M., LPN A said he/she would clean the area with wound cleanser, pat dry and apply Santyl to the non-adherent dressing. He/She had been doing this repetitively for three weeks and knew where to place the dressing after doing it so much.</p> <p>3. Review of Resident #14's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- Diagnoses of hypertension, diabetes mellitus, depression, COPD, and Parkinson's disease (a disease of the central nervous system that affects movement, often including tremors).</p> <p>Review of the resident's January 2025 POS showed:</p> <p>- An order for O2 at 6 L per via nasal cannula continuous two times a day, dated 07/11/24;</p> <p>- An order to obtain SPO2 PRN, dated 07/22/24;</p> <p>- An order for O2 tubing and humidifier change one time a day every Monday night shift and PRN, dated 07/15/24.</p> <p>Review of the resident's January 2025 MAR showed:</p> <p>- The resident received O2 at 6 L between 01/01/25 - 01/22/25.</p> <p>Observation on 01/21/25 at 9:25 A.M., showed the resident lay in bed with the O2 concentrator in use at 4 L per nasal cannula.</p> <p>Observation on 01/21/25 at 12:12 P.M., showed the resident sat in the dining room with the O2 concentrator in use at 4 L per nasal cannula.</p> <p>Observation on 01/22/25 at 10:40 A.M., showed the resident lay in bed with the O2 concentrator in use at 4 L per nasal cannula.</p> <p>During an interview on 01/21/25 at 9:26 A.M., the resident said he/she did not know what the setting on the O2 concentrator should be.</p> <p>During an interview on 01/23/25 at 12:02 P.M., the Director of Nursing (DON) said she would expect staff to follow the physician's orders as written. Santyl should be placed on the area of concern and never on the dressing. She would expect nursing staff to check the O2 concentrators to make sure a resident received the the prescribed O2 liter. She would expect nursing staff to check vital signs and contact the physician prior to any changes made related to the O2 level for a resident.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Hickory Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Hickory Street Licking, MO 65542	
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/22/25 at 4:33 P.M., the Administrator said she would expect physician's orders to be followed at all times related to wound care treatments and O2. She would expect nursing staff to check a resident with an O2 order to ensure it was at the prescribed liter of oxygen. She would expect nursing to follow up on a resident's request to increase his/her oxygen first by checking the resident's oxygen level and contacting the physician before making the change.</p> <p>45872</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</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 obtain a physician's order for a house supplement recommendation by the registered dietician (RD) and failed to ensure the RD completed a nutritional assessment due to significant weight loss for four residents (Residents #4, #24, #34 and #38) out of four sampled residents. The facility census was 37.</p> <p>Review of the facility's policy titled, Monthly Dietary Consultant Report, undated, showed:</p> <ul style="list-style-type: none"> - A report of RD activities shall be made in writing or completed electronically and provided to the facility in hard copy or electronic format at the close of each consultation; - The monthly consultant report is to: serve as a communication tool between consultations, provide documentation that a consultation was provided according to state and federal regulations, avoid verbal misunderstanding of RD recommendations and findings, assist the consultant in planning for future consultations, assist the Dining Service Manager in correcting areas of deficiency, and assist nursing staff in follow up with RD recommendations; - The Dietary Consultation Report Form documents the following: date and time of consultation, summary of important activities, residents receiving visitation and/or consultation with RD, resident nutritional assessment and consultation, meal service observation and findings, request for diet change and/or revision of resident's diet order, inspection on all equipment, personnel, systems, and miscellaneous items in the dining service department, recommendations on future action, progress on previous recommendations, in-service education conducted and/or provided, outside activities and telephone consultations, date of next consultation, may be used to identify problems or priority, and may be used to monitor food cost. <p>Review of the facility's policy titled, Nutritional Assessment, dated October 2017, showed:</p> <ul style="list-style-type: none"> - As part of the comprehensive assessment, a nutritional assessment, including current nutritional status and risk factors for impaired nutrition, shall be conducted for each resident; - The dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission (within current baseline assessment time frames) and as indicated by a change in condition that places the resident at risk for impaired nutrition; - As part of the comprehensive assessment, the nutritional assessment will be a systematic, multidisciplinary process that includes gathering and interpreting data and using that data to help define meaningful interventions for the resident at risk for or with impaired nutrition. <p>Review of the facility's policy titled, Weight Assessment and Intervention, dated March 2022, showed:</p> <ul style="list-style-type: none"> - Resident weights are monitored for undesirable or unintended weight loss or gain; <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Residents are weighed upon admission and at intervals established by the interdisciplinary team; - Any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation; - Unless notified of significant weight change, the dietitian will review the unit weight record monthly to follow individual weight trends over time; - The threshold for significant unplanned and undesired weight loss will be base on the following criteria: <ul style="list-style-type: none"> a. One month-5% weight loss is significant, greater than 5% is severe; b. Three months-7.6% weight loss is significant, greater than 7.5% is severe; c. Six months-10% weight loss is significant, greater than 10% is severe; - If the weight change is desirable, this is documented; - Undesirable weight change is evaluated by the treatment team whether or not the criteria for the significant weight change has been met; - The physician and the multidisciplinary team identify conditions and medications that may be causing anorexia (reduction in appetite and food intake), weight loss or increasing the risk of weight loss. <p>Review of the dietary department's House Supplement Resident List, dated 01/22/25, showed:</p> <ul style="list-style-type: none"> - Resident #4 received a house supplement for breakfast, lunch and supper; - Resident #24, Resident #34, and Resident #38 not on the list of house supplements. <p>1. Review of Resident #4's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), chronic respiratory failure (difficulty breathing due to lungs cannot get enough oxygen), gastrointestinal esophageal reflux disease (GERD - stomach acid being forced back into the throat region), diabetes mellitus (DM - a condition that affects the way the body processes blood sugar) and tobacco use. <p>Review of the resident's weights showed:</p> <ul style="list-style-type: none"> - On 07/03/24, 191.9 pounds (lbs.); - On 08/02/24, 187.1 lbs.; <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - On 09/03/24, 186.2 lbs.; - On 10/02/24, 194.5 lbs.; - On 12/25/24, 171.5 lbs.; - On 01/02/25, 169.6 lbs.; <p>- A severe weight loss of 11.62% within the last six months.</p> <p>Review of the resident's RD nutrition progress notes, dated 03/12/24 - 06/13/24, showed:</p> <ul style="list-style-type: none"> - A recommendation for house supplement three time a day (TID), dated 03/12/24; - A recommendation for house supplement TID, dated 06/13/24. <p>Review of the resident's January 2025 Physician's Order Summary (POS), showed:</p> <ul style="list-style-type: none"> - An order for mirtazapine (an antidepressant medication also used as an appetite stimulant) 15 milligrams (mg) by mouth one time a day, dated 01/02/25; - An order for a regular texture, regular/thin consistency diet, dated 07/18/24; - An order for monthly weights, dated 07/15/24; - No order for a house supplement TID. <p>Review of the resident's care plan, dated 12/31/24, showed:</p> <ul style="list-style-type: none"> - Unexpected/planned weight loss due to acute illness; - A goal to consume 75% of two of three meals a day; - Offer substitutes as requested or indicated. <p>Review of the resident's dietary card showed:</p> <ul style="list-style-type: none"> - Likes and dislikes; - A house supplement TID. <p>Observations on 01/20/25 at 12:27 P.M., 01/21/25 at 12:17 P.M., and 5:27 P.M., and 01/22/25 at 12:20 P.M., showed:</p> <ul style="list-style-type: none"> - Resident ate his/her meal in the main dining room with no house supplement provided. <p>During an interview on 01/22/25 at 2:37 P.M., the resident said he/she was supposed to get a house shake every meal, but didn't always get one.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #24's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of Alzheimer's disease (a progressive neurodegenerative disorder that affects memory, thinking and behavior), major depressive disorder (persistent feelings of sadness, hopelessness and loss of interest), anxiety (feelings of unease, worry, fear or apprehension), and paranoid personality disorder (extreme and long-term distrust of others). <p>Review of the resident's weights showed:</p> <ul style="list-style-type: none"> - On 11/08/24, 184.6 lbs.; - On 12/05/24, 173.3 lbs.; - A severe weight loss of 6.1% within the last 30 days. <p>Review of the resident's RD progress notes, dated 12/26/24, showed:</p> <ul style="list-style-type: none"> - A recommendation of a house supplement once daily, dated 12/26/24; - No documentation of nutrition assessment completed. <p>Review of the resident's January 2025 POS showed:</p> <ul style="list-style-type: none"> - An order for monthly weights, dated 07/11/24; - An order for a regular diet, regular texture, regular/thin consistency, dated 06/24/24; - No order for a house supplement daily. <p>Observations on 01/20/25 at 12:25 P.M., 01/21/25 at 12:12 P.M., and 5:25 P.M., and 01/22/25 at 12:22 P.M. showed:</p> <ul style="list-style-type: none"> - Resident ate his/her meal in the main dining room with no house supplement provided. <p>3. Review of Resident #34's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of hypertension and GERD. <p>Review of the resident's weights showed:</p> <ul style="list-style-type: none"> - On 07/03/24, 174.2 lbs.; - On 08/02/24, 173.9 lbs.; <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - On 09/03/24, 180.7 lbs.; - On 10/02/24, 177.6 lbs.; - On 11/05/24, 160.4 lbs.; - On 12/09/24, 158.3 lbs.; - On 01/02/25, 157.6 lbs.; - A weight loss of 9.5% within the last six months; - A severe weight loss of 11.2% within the last three months. <p>Review of the resident's RD progress notes, dated 11/29/24 - 12/26/24, showed:</p> <ul style="list-style-type: none"> - No recommendations for the visit, dated 11/29/24; - A recommendation for house supplement once daily, dated 12/26/24; - No documentation of a nutrition assessment completed. <p>Review of the resident's January 2025 POS showed:</p> <ul style="list-style-type: none"> - An order for weekly weights, dated 11/01/24; - No order for a house supplement daily; - An order for a regular diet, regular texture, regular/thin consistency, dated 07/04/24. <p>Observations on 01/20/25 at 12:25 P.M., 1/21/25 at 12:12 P.M., and 5:25 P.M., and 01/22/25 at 12:22 P.M. showed:</p> <ul style="list-style-type: none"> - Resident ate his/her meal in the main dining room with no house supplement provided. <p>During an interview on 01/22/25 at 12:30 P.M., the resident said he/she did not ever get a supplement.</p> <p>4. Review of Resident #38's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of COPD, emphysema (difficulty breathing due to damaged airways in the lungs) and Parkinson's disease (a disease of the central nervous system that affects movement, often including tremors). <p>Review of the resident's weights showed:</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - On 12/05/24, 117.1 lbs.; - On 12/09/24, 102.4 lbs.; - On 12/18/24, 101.7 lbs.; - On 12/23/24, 106.8 lbs.; - On 01/02/25, 104.6 lbs.; - On 01/09/25, 103.8 lbs.; - On 01/15/25, 104.9 lbs.; <p>- A severe weight loss of 10.42% within the last 30 days.</p> <p>Review of the resident's RD nutrition progress note, dated 12/23/24, showed:</p> <ul style="list-style-type: none"> - Weight down 10.3 lbs. since admission with an 8.8% significant weight loss; - A recommendation for house supplement BID. <p>Review of the resident's January 2025 POS showed:</p> <ul style="list-style-type: none"> - An order for weekly weights, dated 12/04/24; - An order for a regular texture, regular/thin consistency diet, dated 12/04/24; - No order for a house supplement BID. <p>Review of the resident's Care Plan, dated 12/10/24, showed:</p> <ul style="list-style-type: none"> - Did not address severe weight loss with specific interventions to meet the individual needs. <p>Review of the resident's dietary card showed:</p> <ul style="list-style-type: none"> - Likes and dislikes; - Did not address a house supplement BID. <p>Observations on 01/20/25 at 12:20 P.M. and 8:16 A.M., showed:</p> <ul style="list-style-type: none"> - Resident ate his/her meal in his/her room with no house supplement provided. <p>Observations on 01/21/25 at 12:24 P.M. and 12:04 P.M., showed:</p> <ul style="list-style-type: none"> - Resident ate his/her meal in the main dining room with no house supplement provided. <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/22/25 at 3:13 P.M., the resident said he/she had never received a shake at mealtimes since admission to the facility. He/She didn't remember the RD discussing a house shake.</p> <p>During an interview on 01/20/25 at 9:24 A.M., the Dietary Manager (DM) said he/she had spoken with the RD on the phone but never in person. The RD came to the facility after hours when the DM was gone and also came on the weekends when he/she was not working. He/She was notified of any dietary recommendations at the morning department head meetings.</p> <p>During an interview on 1/22/25 at 3:40 P.M., the Director of Nursing (DON) said she would think 24-48 hours turn around time for RD recommendations would be timely. She would like to see the RD at the facility during the day shift. The RD needed to see every resident and not just the ones that had weight loss. Recommendations were done by the RD and emailed to the Social Services Designee (SSD) and the Administrator. The Administrator forwarded the RD recommendations to the DON.</p> <p>During an interview on 01/22/25 at 4:33 P.M., the Administrator said she would expect a dietary recommendation from the RD to be addressed in a timely manner to ensure nutritional needs were being met and followed for the resident. She would like to see the RD in the building during the day shift more and not after hours or on weekends. The RD only saw residents that had a weight loss.</p> <p>The Administrator said she knew the facility had a problem with the RD only seeing the residents with weight loss and the recommendations.</p> <p>During an interview on 01/29/25 at 2:25 P.M., the RD said he/she did not assess every resident on a monthly basis, but was in the facility once monthly. He/She observed meals, assessed residents that triggered for weight loss, assessed new admissions, and resident's with significant changes. The RD said when he/she completed the monthly report, it was emailed to the Administrator. The nutrition assessments were completed annually, upon admission, with a significant change, and re-admissions.</p> <p>45872</p> <p>48532</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48532</p> <p>Based on interview and record review, the facility failed to ensure staff reconciled narcotics (a process that allows one staff to reconcile the exact narcotic inventory on hand with another staff) at each shift change for two out of two sampled medication carts. This practice had the potential to affect all residents. The facility census was 37.</p> <p>Review of the facility's policy, titled, Controlled Substances, revised November 2022, showed:</p> <ul style="list-style-type: none"> - Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up; - Nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory count; - The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the Director of Nursing (DON) services. <p>1. Review of the 100 Hall Certified Medication Technician (CMT) Narcotic Count Log for Controlled Substances on 01/22/25 at 9:45 A.M., showed:</p> <ul style="list-style-type: none"> - For the 5 A.M. - 11 P.M. shift on 10/02/24 - 11/11/24, the staff missed 80 out of 80 opportunities to reconcile the narcotics; - For the 11 P.M. - 5 A.M. shift on 11/18/24 - 12/16/24, the staff missed 39 out of 64 opportunities to reconcile the narcotics; - For the 11 P.M. - 8 A.M. shift on 12/16/24 - 01/15/25, the staff missed 22 out of 44 opportunities to reconcile the narcotics; - For the 5 A.M. - 5 A.M. shift on 01/06/25 - 01/19/25, the staff missed 18 out of 27 opportunities to reconcile the narcotics. <p>2. Review of the 200 Hall CMT Narcotic Count Log for Controlled Substances on 01/22/25 at 10:17 A.M., showed:</p> <ul style="list-style-type: none"> - For the 5 A.M. - 11 P.M. shift on 10/02/24 - 11/11/24, the staff missed 80 out of 80 opportunities to reconcile the narcotics; - For the 5 A.M. - 6 A.M. shift on 11/12/24 - 12/10/24, the staff missed 24 out of 60 opportunities to reconcile the narcotics; - For the 11 P.M. - 5 A.M. shift on 12/10/24 - 01/01/25, the staff missed 11 out of 54 opportunities to reconcile the narcotics; <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- For the 5 A.M. - 5 A.M. shift on 01/02/25 - 01/19/25, the staff missed 26 out of 35 opportunities to reconcile the narcotics.</p> <p>During an interview on 01/22/25 at 9:21 A.M., Licensed Practical Nurse (LPN) A said it should be the off-going staff and the on-coming staff completing the narcotic reconciliation and signing the Narcotic Count Log.</p> <p>During an interview on 01/22/25 at 4:04 P.M., the DON said two staff should reconcile the narcotic count on each shift.</p> <p>During an interview on 01/22/25 at 4:47 P.M., the Administrator said the narcotics should be reconciled with the off-going staff and the on-coming staff on each shift.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>26904</p> <p>Based on interview and record review, the facility failed to monitor the drug regimen for unnecessary medications by not ensuring the as needed (PRN) psychotropic (medications that affect a persons mental state) medication orders were limited to 14 days unless specific duration and clinical rationale were provided for one resident (Resident #18) out of five sampled residents and one resident (Resident #19) outside the sample. The facility failed to ensure a gradual dose reductions (GDR) was attempted for four residents (Residents #7, #14, #18 and #24) out of five sampled residents. The facility failed to ensure an appropriate diagnosis for the use of a psychotropic medication for one resident (Resident #24) out of five sampled residents. The facility census was 37.</p> <p>Review of the facility's policy titled, Tapering Medications and Gradual Drug Dose Reduction, revised July 2022, showed:</p> <ul style="list-style-type: none"> - Residents who use psychotropic medications shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue the use of such drugs; - The physician will order appropriate tapering of medications, as indicated. <p>Review of the facility's policy titled, Medication Regimen Review, revised May 2019, showed:</p> <ul style="list-style-type: none"> - The consultant pharmacist reviews the medication regimen of each resident at least monthly; - The consultant pharmacist performs a medication regimen review (MRR) for every resident in the facility receiving medication; - Medication regimen reviews are done upon admission (or as close to admission as possible) and at least monthly thereafter, or more frequently if indicated; - Within 24 hours of the MRR, the consultant pharmacist provides a written report to the attending physicians for each resident identified as having a non-life threatening medications irregularity. The report contains: the resident's name, the name of the medication, the identified irregularity, and the pharmacist's recommendation; - An irregularity refers to the use of a medication that is inconsistent with accepted pharmaceutical services standards of practice; is not supported by medical evidence; and/or impedes or interferes with achieving the intended outcomes of pharmaceutical services; - The consultant pharmacist provides the Director of Nursing (DON) services and the Medical Director with a written, signed and dated copy of all medication regimen reports. <p>The facility did not provide a PRN psychotropic medication policy.</p> <p>1. Review of Resident #7's January 2025 Physician Order Sheet (POS) showed:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Diagnoses of depression (a mental health condition that involves a prolonged low mood or loss of interest in activities) and psychotic disorder (a mental disorder characterized by a disconnection from reality); - An order for bupropion (an antidepressant medication) 100 milligram (mg) by mouth (PO) daily for psychotic disorder, dated 10/15/24; - An order for topiramate (a seizure medication) 50 mg PO twice daily for psychotic disorder, dated 10/04/24; - An order for divalproex (a seizure medication) 500 mg PO for psychotic disorder, dated 10/04/24. <p>Review of the resident's Pharmacy Consultant Report, dated 12/23/24, showed:</p> <ul style="list-style-type: none"> - A recommendation to change bupropion to 75 mg PO daily; - A recommendation to change topiramate to 25 mg PO daily; - A recommendation to change change divalproex to 375 mg PO daily; - No physician/prescriber signature and date; - The facility failed to address the pharmacy recommendations with the physician. <p>2. Review of Resident #8's January 2025 POS showed:</p> <ul style="list-style-type: none"> - Diagnoses of anxiety (persistent worry and fear about everyday situations), depression, post traumatic stress disorder (PTSD - psychological distress following a traumatic event), and history of falls; - An order for Valium (an antianxiety medication) 5 mg PO every 12 hours PRN for anxiety, revised 01/19/25, with no stop date; - An order for Depakote (used as a mood stabilizer) sprinkles 125 mg delayed release by mouth four times a day for mood stability, dated 11/21/24; - No standing order for labs while on chronic Depakote therapy. <p>Review of the resident's Pharmacy Consultant Reports, dated 07/30/24, 09/28/24, 11/19/24, and 01/16/25, showed:</p> <ul style="list-style-type: none"> - Recommendations to place a 14 day stop date on the medication Valium 5 mg PO every 12 hours PRN for anxiety; - Consider placing a standing order for labs while on chronic Depakote therapy if deemed to be clinically appropriate; <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - No documentation of a physical assessment and reason to continue or change the Valium medication; - No stop date for the Valium PRN order; - No physician/prescriber signature and date; - The facility failed to address the pharmacy recommendations with the physician. <p>Review of the resident's medical record showed:</p> <ul style="list-style-type: none"> - No documentation of a specific duration or clinical rationale provided by the physician for continuation of the PRN Valium medication order for longer than 14 days. <p>Review of the resident's Medication Administration Record (MAR) dated July 2024 - January 2025, showed:</p> <ul style="list-style-type: none"> - From 07/01/24 - 07/31/24, Valium 5 mg PO every 12 hours PRN for anxiety administered nine times; - From 08/01/24 - 08/31/24, Valium 5 mg PO every 12 hours PRN for anxiety administered 18 times; - From 09/01/24 - 09/30/24, Valium 5 mg PO every 12 hours PRN for anxiety administered 18 times; - From 10/01/24 - 10/31/24, Valium 5 mg PO every 12 hours PRN for anxiety administered 14 times; - From 11/01/24 - 11/30/24, Valium 5 mg PO every 12 hours PRN for anxiety administered eight times; - From 01/01/25 - 01/21/25, Valium 5 mg PO every 12 hours PRN for anxiety administered two times. <p>3. Review of Resident #14's January 2025 POS showed:</p> <ul style="list-style-type: none"> - Diagnoses of depression; - An order for Abilify (an antipsychotic medication) 5 mg by mouth one time daily for depression related to major depressive disorder (persistent feelings of sadness, hopelessness and loss of interest), dated 07/17/24; - An order for duloxetine (an antidepressant medication) 60 mg by mouth once daily for depression related to major depressive disorder, dated 07/17/24. <p>Review of the resident's Pharmacy Consultant Report, dated 07/30/24, showed:</p> <ul style="list-style-type: none"> - A recommendation to change the Abilify to 2.5 mg by mouth once daily; - A recommendation to change the duloxetine to 40 mg one by mouth once daily; - No physician/prescriber signature and date; <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The facility failed to address the pharmacy recommendations with the physician.</p> <p>4. Review of Resident #18's January 2025 medical record showed:</p> <p>- Diagnoses of delusional disorder (a mental illness that makes it hard to distinguish between reality and imagination), bipolar disorder, major depressive disorder, anxiety, Alzheimer's disease (a progressive neurodegenerative disorder that affects memory, thinking and behavior), visual hallucinations (seeing things that are not present in reality), and auditory hallucinations (sensory perceptions of hearing in the absence of external stimulus);</p> <p>- An order for clonazepam (an antianxiety medication) 0.5 mg by mouth every 12 hours PRN for anxiety, dated 10/27/24, with no stop date.</p> <p>Review of the resident's Pharmacy Consultant Report, dated 9/28/24, showed:</p> <p>- The pharmacist did not address the clonzaepam PRN order;</p> <p>- No stop date for the clonzaepam PRN order recommended by the pharmacist;</p> <p>- No documentation of a physical assessment and reason to continue or change the clonazepam medication.</p> <p>Review of the resident's medical record showed:</p> <p>- No documentation of a specific duration or clinical rationale provided by the physician for continuation of the clonazepam longer than the 14 days.</p> <p>Review of the resident's MAR, dated November 2024 - January 2025, showed:</p> <p>- Clonazepam 0.5 mg by mouth every 12 hours PRN for anxiety, dated 10/27/24;</p> <p>- Clonazepam PRN not administered 11/01/24 - 01/21/25.</p> <p>5. Review of Resident #19's January POS showed:</p> <p>- Diagnoses of anxiety, bipolar disorder (extreme mood swings or changes in energy, activity and concentration), and dementia (a group of conditions characterized by impairment of at least two brain functions);</p> <p>- An order for olanzapine (an antipsychotic medication) 5 mg PO every 8 hours PRN, dated 10/17/24.</p> <p>Review of the resident's Pharmacy Consultant Report, dated 12/23/24, showed:</p> <p>- A recommendation to place a 14 day stop date on the medication olanzapine 5 mg PO every 8 hours PRN or discontinue the olanzapine;</p> <p>- No stop date assigned;</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - No physician/prescriber signature and date; - The facility failed to address the pharmacy recommendations with the physician. <p>Review of the resident's medical record showed:</p> <ul style="list-style-type: none"> - No documentation of a specific duration or clinical rationale provided by the physician for the continuation of the PRN olanzapine medication for longer than 14 days. <p>Review of the resident's MAR dated October 2024 - January 2025, showed:</p> <ul style="list-style-type: none"> - An order for olanzapine 5 mg PO every 8 hours PRN, dated 10/17/24; - The olanzapine 5 mg PRN medication not administered between 10/01/24 - 12/31/24; - The olanzapine 5 mg PRN medication administered one time between 01/01/25 - 01/21/25. <p>6. Review of Resident #24's medical record showed:</p> <ul style="list-style-type: none"> - Diagnoses of Alzheimer's disease, major depressive disorder, anxiety, and paranoid personality disorder (extreme and long-term distrust of others); - An order for Zyprexa (an antipsychotic medication) 2.5 mg PO one time a day for anxiety, dated 07/17/24; - An order for Zyprexa 5 mg PO one time a day for anxiety, dated 07/17/24; - No documentation of an appropriate diagnosis for Zyprexa. <p>Review of the resident's Pharmacy Consultant Report, dated 08/14/24, showed:</p> <ul style="list-style-type: none"> - A recommendation to change the Zyprexa to 2.5 mg PO twice a day; - No physician/prescriber signature and date; - The facility failed to address the pharmacy recommendations with the physician. <p>During an interview on 01/22/25 at 4:35 P.M., the DON said the pharmacist reviewed the residents' medical records, made recommendations, the reports of irregularities were emailed to the DON and the Administrator, and they were given to the physicians when they were in the facility. She thought there was a system failure, due to these recommendations not getting completed as they should be.</p> <p>During an interview on 01/21/25 at 11:55 A.M., the DON said she would expect a 14 stop date to be ordered for PRN psychotropic medications.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/22/25 at 4:33 P.M., the Administrator said she would expect pharmacy recommendations to be addressed in a timely manner. She would expect a pharmacy recommendation be given to the physician for review, signed and dated within a reasonable time frame to ensure compliance, and follow up with GDR recommendations and PRN medications with the physicians.</p> <p>45872</p> <p>48532</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>26904</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement Enhance Barrier Precautions (EBP) during wound care for two residents (Resident #5 and #191) out of three sampled residents and one resident (Resident #12) outside the sample. The facility census was 37.</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, reviewed March 2024, showed:</p> <ul style="list-style-type: none"> - Enhanced barrier precautions are utilized to reduce the transmission of multi-drug resistant organisms (MDROs) to residents; - EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply; - Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: <ul style="list-style-type: none"> a. dressing; b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); h. wound care (any skin opening requiring a dressing); - EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. Wounds generally include chronic wounds (i.e., pressure ulcers, diabetic foot ulcers, venous stasis ulcers, and unhealed surgical wounds), not shorter-lasting wounds like skin breaks or skin tears; - Staff are trained in caring for residents on EBPs; - Signs are posted on the door or wall outside the resident room indicating the type of precautions and Personal Protective Equipment (PPE) required; - PPE is available outside of the resident rooms. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Observation on 01/21/25 at 4:03 P.M., of Resident #5's wound care showed:</p> <ul style="list-style-type: none"> - EBP signage not posted outside of the resident's room; - Licensed Practical Nurse (LPN) A did not put on an isolation gown, entered the resident's room, performed hand hygiene, and put on gloves; - LPN A cleaned the wound with wound cleanser; - LPN A removed the gloves, performed hand hygiene, and put on gloves; - LPN A applied Santyl (a wound debridement medication) to a non-adherent (a non-stick dressing for wound coverage) dressing by dabbing the top of the Santyl tube on the dressing; - LPN A placed the dressing over the wound area; - LPN A secured the dressing with tape; - LPN A removed the gloves, performed hand hygiene, and left the room. <p>During an interview on 01/23/24 at 11:40 A.M., LPN A said he/she should have put a gown on before entering the resident's room. He/She was not aware PPE was needed for this resident while doing care until after the care had been completed.</p> <p>2. Observation on 01/22/25 at 4:07 P.M., of Resident #12's wound care showed:</p> <ul style="list-style-type: none"> - EBP signage posted outside of the resident's room; - Registered Nurse (RN) L put on an isolation gown, entered the resident's room, performed hand hygiene, and put on gloves; - RN L performed wound care to the right and left heels; - RN L paused the wound care; didn't remove the isolation gown, gloves, or perform hand hygiene; and stepped out into the hallway with the isolation gown on to get help from another staff; - RN L entered the resident room with the same isolation gown and gloves, did not perform hand hygiene, and continued to complete the wound care; - RN L removed the isolation gown and the gloves, performed hand hygiene, and exited the resident's room. <p>During an interview on 01/22/25 at 4: 39 P.M., RN L said he/she should've removed the gloves and gown and performed hand hygiene prior to walking out into the hallway.</p> <p>3. Observation on 01/22/25 at 4:40 P.M., of Resident #191's wound care showed:</p> <ul style="list-style-type: none"> - EBP signage not posted outside the resident's room; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - RN L did not put on an isolation gown, entered the room, performed hand hygiene, and put on gloves; - RN L removed the saturated dressing from the resident's buttocks; - RN L performed hand hygiene and changed gloves; - RN L cleaned the bloody wound with wound cleanser, did not change gloves, and did not perform hand hygiene; - RN L applied MediHoney (topical wound ointment made from medical grade honey) to the foam border dressing, did not change gloves, and did not perform hand hygiene; - RN L applied the foam border dressing to the resident's wound; - RN L removed the gloves, performed hand hygiene, and exited the resident's room. <p>During an interview on 01/22/24 at 5:00 P.M., RN L said he/she was not aware a gown was needed for this resident while doing care. Glove changes with hand hygiene should be done anytime the gloves get visibly soiled.</p> <p>During an interview on 01/22/25 at 3:57 P.M., the Director of Nursing (DON) said she was not aware Resident #5 and #191 did not have EBP signage posted. Residents with wounds that were open and draining should have EBP implemented. Staff should be using gowns and gloves any time they were providing care to any resident on EBP. Staff should remove gowns and gloves prior to exiting the resident room if on EBP.</p> <p>48532</p>		