STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265694	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salt River Community Care	142 Shelby Plaza Road Shelbina, MO 63468

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36219 Based on observation, interview, and record review, the facility failed to ensure staff responded to call lights timely for four residents (Residents #1, #2, #3 and #4), in a review of seven sampled residents. Staff failed to accommodate the residents' needs for assistance, including assistance with toileting, which resulted in episodes of incontinence for four residents (Resident #1, #2, #3 and #4). The facility also failed to ensure one resident (Resident #6)'s call light was within reach which resulted in the resident not being able to call for staff assistance when he/she hadpain. Thee facility census was 59. The facility did not provide a policy regarding call light response time. 1. Review of the Residents' Council meeting notes dated 12/5/23 showed the following: -13 residents attended; -One resident said he/she had his/her light on for over an hour during supper and wanted to know why there wasn't someone on the floor answering lights; -One resident said his/her light has not been answered in a timely manner. He/she said sometimes it has been on for 30 minutes to an hour. Review of the Residents' Council meeting notes dated 1/2/24 showed the following: -11 residents attended; -One resident said his/her light has not been answered in a timely manner. He/She said sometimes it has been on for 30 minutes to an hour; -A couple of residents said that their call lights are not being answered in a timely manner. 2. Review of Resident #1's annual Minimum Data Set (MDS) a federally mandated assessment instrument, completed by facility staff, dated 1/11/24, showed the following: -The resident was cognitively intact; -He/She required moderate assistance by two or more staff for toileting; (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: 265694	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She required moderate assistance by two or more staff for transfers; -He/She used a wheelchair. Review of the resident's Face Sheet, undated, showed the resident's diagnoses included congestive heart failure, depression, osteoarthritis, muscle weakness, and history of methicillin-resistant staphylococcus aureus in the urine (MRSA) infection caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections. Review of the resident's care plan, updated on 1/17/24, showed the following: -He/She was continent of bowel and bladder but needed extensive assistance with toileting. -He/She would use his/her call light for staff to assist him/her with toileting. Review of the resident's call light logs, dated 12/01//23 through 02/20/24 showed the following: -On 12/11/23 at 4:51 P.M., 34 minutes; -On 12/15/23 at 7:34 A.M., 37 minutes; -On 12/16/23 at 7:13 P.M., 56 minutes; -On 12/22/23 at 8:25 P.M., 34 minutes; -On 12/25/23 at 7:34 A.M., 54 minutes; -On 12/25/23 at 7:53 P.M., 58 minutes; -On 12/29/23 at 9:50 A.M., 1 hour and 37 minutes; -On 12/31/23 at 11:20 A.M., 1 hour and 3 minutes; -On 01/06/24 at 7:39 A.M., 32 minutes; -On 01/08/24 at 10:43 P.M., 37 minutes; -On 01/17/24 at 6:40 P.M., 44 minutes; -On 01/20/24 at 8:09 A.M., 36 minutes; -On 02/10/24 at 7:09 P.M., 31 minutes; -On 02/11/24 at 7:27 P.M., 32 minutes; -On 02/12/24 at 7:02 P.M., 39 minutes; -On 0213/24 at 10:02 A.M., 40 minutes; (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 02/13/24 at 4:08 P.M., 46 minutes. During an interview on 02/20/24 at 08:43 A.M., the resident said the following: -He/She needs staff assistance to go to the bathroom; -He/She has had episodes of bladder incontinence in the past, due to waiting for staff to answer his/her call light. 3. Review of Resident # 2's quarterly MDS, dated [DATE], showed the following: -The resident was cognitively intact; -He/She Required maximum assistance from two or more staff members for transfers and toileting; -He/She was frequently incontinent of bowel and bladder; -He/She used wheelchair with moderate assistance Review of the resident's Face Sheet, undated, showed the resident's diagnosis included peripheral vascular disease, Parkinson's disease (movement disorder), chronic obstructive pulmonary disease, and a history of urinary tract infection. Review of the resident's care plan, updated 01/04/24, showed the following: -He/She was frequently incontinent but required maximum assistance for toileting; -He/She would use call light for assistance with toileting Review of the resident's call light logs, dated 12/20/23 through 02/20/24, showed the following: -On 12/13/23 at 12:40 P.M., 30 minutes; -On 12/15/23 at 12:32 P.M., 46 minutes; -On 12/16/23 at 6:02 P.M., 1 hour and 18 minutes; -On 12/18/23 at 8:10 A.M., 36 minutes; -On 12/23/23 at 12:50 P.M., 37 minutes; -On 12/29/23 at 12:15 P.M., 36 minutes; -On 01/04/24 at 11:07 P.M., 46 minutes; -On 01/06/24 at 3:36 P.M., 1 hour and 9 minutes; -On 01/06/24 at 6:41 P.M., 1 hour and 18 minutes; (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 01/10/24 at 12:48 P.M., 32 minutes; -On 01/12/24 at 12:20 P.M., 34 minutes; -On 01/15/24 at 5:52 P.M. 37 minutes; -On 01/22/24 at 6:47 P.M., 39 minutes; -On 01/24/24 at 8:59 P.M., 40 minutes -On 02/11/24 at 6:05 P.M., 41 minutes; -On 02/14/24 at 6:08 P.M., 52 minutes. During interview on 02/20/24 at 09:00 A.M., the resident said the following: -They need more staff after supper; -He/She needs assistance with getting up and transferring; -He/She has had bowel and bladder incontinence due to staff not answering his/her call light timely. 5. Review of Resident # 3's quarterly MDS, dated [DATE], showed the following: -The resident had mild cognitive impairment; -He/She required maximum assistance for transfers and toilet use; -He/She was occasionally incontinent of bladder and bowel; -He/She used wheelchair. Review of the resident's Face Sheet, undated, showed the resident's diagnosis included muscle weakness, hemiplegia, hemiparesis (paralysis on one side) following cerebral infarction, chronic obstructive pulmonary disease and depression. Review of the resident's care plan, last updated 02/15/24, showed the following: -The resident was occasionally incontinent of bladder and bowel; -He/She needed extensive staff assistance for transfers and toileting; -The staff were to keep the call light within the resident's reach. Review of the resident's call light logs, dated 12/01/23 through 02/20/24, showed the following: -On 12/01/23 at 8:11 P.M., 21 minutes; (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 12/03/23 at 4:09 P.M., 24 minutes; -On 12/03//23 at 5:43 P.M., 24 minutes; -On 12/05/23 at 5:43 A.M., 24 minutes; -On 12/18/23 at 2:56 P.M., 23 minutes; -On 01/02/24 at 4:24 P.M., 21 minutes; -On 01/04/24 at 2:59 P.M., 24 minutes; -On 01/17/24 at 12:24 P.M., 24 minutes; -On 01/18/24 at 11:16 A.M., 21 minutes; -On 02/01/24 at 8:41 P.M., 30 minutes; -On 02/06/24 at 7:27 A.M., 33 minutes; -On 02/11/24 at 2:01 P.M., 22 minutes. During an interview on 02/20/24 at 09:55 A.M., the resident said the following: -His/Her call light is on for more than fifteen minutes throughout the day; -He/She transferred without assistance because he/she could not wait any longer; -The resident had sat in his/her recliner all night; the recliner was urine soaked and had to be removed and deep cleaned. Staff did not check on him/her during the night. 6. Review of Resident #4's quarterly MDS dated [DATE] showed the following: -Cognitively intact; -Lower extremity limitation in functional range of motion on both sides; -Required partial/moderate assistance for toileting hygiene, sit-to-stand transfers, chair transfers and toilet transfers; -Used a wheelchair; -Always incontinent of urine; -Frequently incontinent of stool; -Diagnoses of diabetes and heart failure; (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Taking diuretic medication. Review of the resident's call light logs dated 12/1/23 through 1/7/24 showed the following: -On 12/1/23 at 4:13 P.M., 32 minutes 44 seconds; -On 12/2/23 at 1:07 P.M., 1 hour 21 minutes; -On 12/11/23 at 4:10 P.M., 51 minutes 42 seconds; -On 12/12/23 at 4:10 P.M., 44 minutes 56 seconds; -On 12/18/23 at 4:00 P.M., 49 minutes 7 seconds; -On 12/19/23 at 9:00 A.M., 57 minutes 26 seconds; -On 12/20/23 at 9:00 A.M., 47 minutes 23 seconds; -On 12/26/23 at 7:00 P.M., 55 minutes 41 seconds; -On 12/27/23 at 9:31 A.M., 40 minutes 1 second; -On 1/1/24 at 6:59 P.M., 46 minutes 16 seconds; -On 1/6/24 at 9:20 A.M., 1 hour 6 minutes; -On 1/7/24 at 8:38 A.M., 48 minutes 30 seconds; -On 1/7/24 at 7:02 P.M., 1 hour 23 minutes. Review of the resident's annual MDS dated [DATE] showed the following: -Cognitively intact; -Required partial/moderate assistance for toileting hygiene, sit-to-stand transfers, chair transfers and toilet transfers; -Used a wheelchair; -Occasionally incontinent of urine; -Diagnosis of urinary tract infection (UTI) in the last 30 days. Review of the resident's care plan dated 1/18/24 showed the following: -The resident is intermittently incontinent of bladder; -He/She needs extensive assistance with toileting; (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She takes a fluid pill which increases his/her urinary urgency and frequency. Review of the resident's call light logs dated 1/22/24 through 2/20/24 showed the following: -On 1/22/24 at 11:28 A.M., 53 minutes 41 seconds; -On 1/23/24 at 4:09 P.M., 53 minutes 25 seconds; -On 1/27/24 at 12:49 P.M., 52 minutes 20 seconds; -On 2/1/24 at 4:40 P.M., 48 minutes 7 seconds; -On 2/5/24 at 4:56 P.M., 40 minutes 21 seconds; -On 2/13/24 at 7:38 P.M., 59 minutes 58 seconds. During an interview on 2/20/24 at 8:40 A.M. the resident said following: -Sometimes it takes 30 minutes to an hour for staff to answer his/her call light; -He/She takes a water pill (diuretic); -30 minutes to an hour was too long when he/she has to go to the bathroom; -Sometimes he/she doesn't make it to the bathroom on time. 7. Review of Resident #5's quarterly MDS dated [DATE] showed the following: -Cognitively intact; -Lower extremity limitation in functional range of motion on both sides; -Used a wheelchair; -Dependent on staff for chair to bed transfer and toileting hygiene; -Occasionally incontinent of urine; -Diagnoses of heart failure and diabetes; -Weight 351 pounds; -Taking diuretic medication. Review of the resident's care plan dated 1/4/24 showed the following: -The resident has had both his/her lower limbs amputated due to diabetes; (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She needs extensive assist with activities of daily living (ADLs); -He/She uses the Hoyer lift (full body mechanical lift); -The resident is mostly continent of bowel and bladder, but he/she needs total assist with using a bed pan; -He/She will use his/her call light for staff to assist with toileting; Review of the resident's call light logs dated 1/30/24-2/8/24 showed the following: -On 1/31/24 at 8:46 A.M., 39 minutes 30 seconds; -On 2/2/24 at 8:28 A.M., 20 minutes 40 seconds; -On 2/2/24 at 6:51 A.M., 29 minutes 20 seconds. During an interview on 2/20/24 at 11:00 A.M. the resident said the following: -He/She needs staff to hold the urinal when he/she uses it; -He/She turns on the call light and if staff don't come promptly it's too late and he/she is incontinent; -He/She has been incontinent when waiting for staff to assist him/her with toileting and he/she doesn't like being incontinent. 8. Review of Resident #6's admission Minimum Data Set (MDS) dated [DATE] showed the following: -Cognitively intact; -Required partial to moderate assistance for toileting hygiene, sit to stand transfer, chair-bed to chair transfer and toilet transfer; -Required supervision or touching assistance for walking; -Used a wheelchair; -Always continent of bladder and bowel; -Diagnoses of hemiplegia/hemiparesis and depression; -Frequent pain; -Pain almost constantly affects sleep; -Pain intensity 9 (scale 0-10). (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's care plan revised 1/17/24 showed the following: -The resident has reported frequent chronic pain in his/her left hip and lower extremity; -He/She has interventions for pain. Administer or apply as needed and ordered; -He/She had a fall and broke his/her left hip. He/she is working with therapy; -He/She needs assistance with toileting and dressing; -He/She has weakness/deficits to his/her left side due to a stroke; -He/She has an unsteady gait; -Please keep his/her call light within reach; -He/She transfers with two staff members using a gait belt. During an interview on 2/20/24 at 9:51 A.M. the resident said the following: -A couple of nights ago he/she hurt so bad; -He/She reported his/her pain to the two night Certified Nurse Aides (CNAs) around 1:00 A.M.; -The two CNAs said they would tell the charge nurse about his/her complaints of pain but no one ever came; -The staff dropped his/her call light down on the floor and he/she couldn't reach the call light and call for help; -He/She told the staff around 1:00 A.M. that he/she was having pain, but he/she didn't receive any pain medication until day shift staff came on duty the next morning; -He/She couldn't call for help because he/she couldn't reach his/her call light; -The pain hurt real bad; -The resident was tearful during the interview. During an interview on 2/24/24 at 3:43 P.M. Nurse Aide (NA) I said the following: -The resident required assist of two and use of a gait belt for transfers and ambulation; -The resident had his/her call light on around 1:30-2:00 A.M.; -He/She and CNA J provided care to the resident and he/she left the room before CNA J; (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She did not know whether the resident had his/her call light within reach because he/she left the room first; -The resident complained of pain around 1:30-2:00 A.M. and he/she reported the resident's complaints to Certified Medication Technician (CMT) G; -He/She assisted the resident up out of bed the next morning (Monday morning); -The resident complained of pain that morning and he/she told the charge nurse; -That morning the resident acted like he/she was having pain because he/she was grimacing, and making pain like noises, his/her mood was different. During an interview on 2/22/24 at 9:50 A.M. CNA J said the following: -The resident has left side weakness, he/she can't use his/her left hand too much and he/she requires assist of 1-2 staff for all activities of daily living (ADLs); -During the night the resident used his/her call light, went to the bathroom and he/she and NA H assisted the resident back to bed; -He/She went into the resident's room around 6:30 A.M. the next morning and the resident told them he/she didn't have his/her call light from around 1:30 A.M. to that time; -As he/she was covering the resident up in bed the resident's call light might have slipped or he/she might have knocked the call light off onto the floor; -He/She usually lays the call light over the bedside table or clips the call light on the pillow but he/she guesses he/she didn't that night; -He/She does not enter the resident's room unless the resident pushes his/her call light. During an interview on 2/22/24 at 10:49 A.M. CMT G said the following: -The resident is continent; -The resident is not checked every two hours; -The resident is cognitively intact and is able to make his/her needs known to staff; -The resident should have his/her call light within reach at all times; -He/She is dependent on staff for ADL assistance; -No one reported to him/her that the resident had increased pain and requested pain medication that night. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/21/24 at 3:20 P.M. the Assistant Director of Nursing (ADON) said the following: -The resident told CNA J he/she was hurting, CNA J left his/her room and said he/she would tell the nurse and be right back. No one came into his/her room until day shift staff came on duty; -She was not aware the resident couldn't access his/her call light; -Call lights should be within reach at all times. During an interview on 02/20/24 at 1:16 P.M., Certified Medication Technician (CMT) A said the following: -The ideal time frame is to respond to call lights within five minutes. -If call lights continue to go off on other halls and they have time and adequate staff for their hall, they should respond to call lights going off on other halls. During an interview on 02/20/24 at 4:00 P.M., the director of nursing said the following: -She expected call light response time to be as soon as possible, realistically it will take a few minutes; -She was not sure if anyone is monitoring call light logs; -If the call light alert is on after 20 minutes it will ring to his/ her cell phone, then he/she calls the facility to check on why it is not being answered; -She was aware there were some lengthy call light response times, and have had a staff meeting to discuss; -She was not aware of residents in resident's council meeting complained of lengthy call light response times.

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 36219 Based on interview and record review, the facility failed to ensure staff transferred one resident (Resident #6), in a review of seven sampled residents, who required staff assistance and use of a gait belt (belt used to help safely transfer a person from a bed to a wheelchair, assist with sitting and standing, and ambulation). Both staff and the resident fell . The resident had a history of falls and a left hip fracture. The resident sustained a skin tear, muscle/ligament tears, and had increased pain after the fall. The facility census was 59. Review of the facility policy Gait Belt for Transfer dated 10/10/12 showed gait belts are provided to assist staff to safely transfer or ambulate residents. 1. Review of Resident #6's hospital discharge orders dated 12/8/23 showed the following: -Fracture of left hip; -Past medical history of stroke; -Discharge activity included non-weight bearing to left hand. Can use platform walker and bear weight on the forearm. 75% weight bearing to the left leg. Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/14/23 showed the following: -admitted to the facility 12/8/23; -Cognitively intact; -Required partial to moderate assistance for toileting hygiene, sit to stand transfer, chair-bed to chair transfer and toilet transfer; -Required supervision or touching assistance for walking; -Used a wheelchair; -Always continent of bladder and bowel; -Diagnoses of hemiplegia (one-sided paralysis)/hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) and depression; -Frequent pain; -Pain almost constantly affects sleep; -Pain intensity 9 (scale 0-10); (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	-History of fall in the last month prior to admission; -Had a fracture related to a fall in six months prior to admission. Review of the resident's progress notes dated 12/21/23 at 4:45 P.M. showed the following: -Called into resident's room by staff; -Witnessed resident and a staff member both on the ground; -Resident reported usual 5/10 left hip pain; -Rotation of left hip noted which resident reports has been normal since recent fracture and repair to left hip; -Resident had left elbow skin tear. Pressure applied. Steri-stips applied with non-adherent dressing and gauze wrap applied after bleeding was controlled. Review of the resident's fall incident report dated 12/21/23 at 5:16 P.M. showed range of motion (ROM): ROM painful/limited in lower extremity. Review of the resident's bilateral hip X-Ray results dated 12/21/23 showed the following: -Increasing pain of the left hip after recent fall, hip fracture repaired five weeks ago; -There is proximal distraction (separated by a gap) of the lesser trochanteric fragment from the previous hip fracture. Review of the resident's progress notes dated 12/22/23 at 9:25 A.M. showed X-Ray faxed to orthopedic physician's office. Review of the resident's physician orders dated 12/24/23 showed the following: -Non-weight bearing (NWB) left lower extremity (LLE); -Hoyer lift (full body mechanical lift); -MRI (magnetic resonance imaging)(medical imaging technique used in radiology to form pictures of the anatomy and the physiological processes inside the body) left hip; -Norco (narcotic pain medication) 5-325 milligrams (mg) three times daily. Review of the resident's progress notes dated 12/25/23 at 9:25 P.M. showed the resident requires extensive assist of two for transfers with Hoyer lift (mechanical lift) since hip injury. Review of the resident's care plan revised 1/17/24 showed the following: -The resident has reported frequent chronic pain in his/her left hip and lower extremity; (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salt River Community Care	142 Shelby Plaza Road Shelbina, MO 63468

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F 0689 Level of Harm - Actual harm Residents Affected - Few	-He/She has interventions for pain. Administer or apply as needed and ordered; -He/She had a fall and broke his/her left hip. He/she is working with therapy; -He/She needs assistance with toileting and dressing; -The resident scored as being a high risk for falls; -He/She has had falls in the last six month; -He/She has weakness/deficits to his/her left side due to a stroke; -He/She has an unsteady gait; -On 12/21/23 he/she was ambulating with staff and fell . Staff was not using a gait belt. Staff was educated on gait belt use and it's importance for both staff and his/her safety; -Please keep his/her call light within reach; -He/She transfers with two staff members using a gait belt. Review of the resident's MRI of the left hip dated 1/30/24, showed left gluteus minimus (smallest muscle of the glute) and medius (primary hip abductor) tendon partially torn with diffuse left gluteal muscle edema (swelling). Review of the resident's orthopedic physician's notes dated 2/6/24 showed the following: -Left lateral hip and iliotibial band (ITB) (a painful inflammation of the iliotibial band, a thick, tendon-like portion of a muscle that travels from the hip down the outer side of the thigh to the knee. Iliotibial band pain syndrome (ITBS) results in pain, aggravated by activity, that is usually felt on the outer side of the knee) pain after second fall; -Tender to palpation (TTP) over left hip fracture bolt and ITB; -Orders for ultrasound guided left greater trochanter (GT) (located at the top of the thighbone (femur) and is the most prominent and widest part of the hip) bursa (small fluid filled sacs found near joints) and gluteal tendon injection. During an interview on 2/20/24 at 9:51 A.M. the resident said the following: -When he/she was admitted to the facility he/she was walking with a walker and staff assist of one; -Currently he/she required staff assist of two for transfers and ambulation; -He/She has had a stroke, fell and broke his/her hip a few months ago and had a fall in December which has caused him/her increased pain; (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	-Certified Nurse Aide (CNA) H was walking him/her to the bathroom, he/she lost his/her balance and both he/she and CNA H fell in the bathroom; -He/She doesn't remember CNA H putting a belt around his/her waist when he/she fell in December; -He/She suffered torn ligaments and muscles from the fall in December; -He/She has had to return to the orthopedic physician and the plan is for him/her to receive a steroid injection in his/her left hip to hopefully help relieve the pain. If the injection does not work he/she will have to another surgery. During an interview on 2/20/24 at 4:50 P.M. CNA H said the following: -He/She walked the resident to the bathroom; -He/She stood behind the resident and held onto the sides of the resident's waist with his/her hands; -The resident lost his/her balance; -He/She tried to catch the resident and tripped over the resident's walker; -Both he/she and the resident fell ; -He/She did not use a gait belt; -He/She was supposed to use a gait belt. During an interview on 2/22/24 at 10:42 A.M. the MDS Coordinator said the following: -He/She was called to the resident's room the day he/she fell ; -CNA H and the resident both laid on the bathroom floor; -The resident told CNA H just to grab around his/her waist during the transfer and ambulation to the bathroom so no gait belt was used; -Since the fall the resident has been having increased pain and has required further testing; -The resident also sustained a skin tear to his/her arm during the fall. During an interview on 2/27/24 at 10:20 A.M. Physical Therapist K said the following: -The resident has experienced a muscle injury and increased pain after the 12/21/23 fall; -The resident also has a surgical issue in which the screw is sticking of the rod in the resident's hip which was probably jolted by the fall; (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	-She would have expected staff to use a gait belt for transfers and ambulation. During an interview on 2/22/24 at 4:04 P.M. the Director of Nursing (DON) said staff should use a gait belt for all transfers and ambulation needing hands-on staff assistance. Not using a gait belt for a resident that needs hands-on assistance for transfers and ambulation could increase a resident's risk for falls.

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F 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 36219 Based on interview and record review, the facility failed to ensure one resident (Resident #7). in a review of seven sampled residents, remained free of significant medication error. The resident had an order for a Fentanyl patch (a powerful opiod medication for pain control). The resident became nauseated and unresponsive requiring two doses of Narcan (a medication used to reverse opioid overdose) before becoming responsive again. The resident was then transferred to the hospital for evaluation where hospital records showed the resident had two Fentanyl (narcotic pain medication) patches on the resident's skin (the resident's physician order was for one patch). The facility census was 59. The facility did not provide a policy for following physician's orders. Review of www.drugs.com showed the following regarding Fentanyl patch usage: -Opioid medication can slow or stop breathing, and death may occur. Seek emergency medical attention if you have slow breathing with long pauses, blue colored lips, or if you are hard to wake up; -Remove the skin patch and call your physician at once if you have confusion, severe drowsiness, feeling like you might pass out; -Never use Fentanyl in larger amounts, or for longer than prescribed; -Wear the Fentanyl skin patch around the clock, removing and replacing the patch every 72 hours (3 days). Do not wear more than one patch at a time unless your physician has told you to. 1. Review of Resident #7's care plan dated 10/5/23 showed the following: -The resident reports having pain all over but mostly in his/her bilateral legs and feet; -The resident is diabetic and has neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet); -The resident has a pain patch that is applied and changed every three days. Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/1/23 showed the following: -Cognitively intact; -No acute mental status changes; -Diagnoses of heart failure and anxiety. Review of the resident's January 2024 physician's orders showed an order for Fentanyl 25 micrograms (mcg)/hour (hr) every 72 hours transdermal (through the skin) (start date 10/6/23). (continued on next page)

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F 0760 Level of Harm - Actual harm Residents Affected - Few	Review of the resident's January 2024 Medication Administration Record (MAR) dated 1/4/24 showed staff applied Fentanyl25 mcgg/hour transdermal patch. Review of the resident's January 2024 MAR showed no documentation regarding the removal of a Fentanyl patch on 1/4/24. Review of the resident's progress notes dated 1/5/24 at 10:57 A.M. showed the following: -This nurse and aide assisted the resident to the bathroom, transferring from wheelchair to toilet and back to his/her wheelchair, while propelling wheelchair to recliner, resident said I feel nauseous; -This nurse and aide again transferred the resident to the recliner; -After the resident sat in the recliner, resident had dazed look on his/her face, eyes open and unable to respond to nurse calling his/her name x 3; -Emergency Medical Services (EMS) and physician were notified via phone; -Family was present and agreed to send resident to the hospital. Review of the resident's progress notes dated 1/5/24 at 11:00 A.M. showed the following: -Resident went unresponsive upon his/her return transfer to recliner so event was witnessed; -Resident was leaned forward in chair with agonal gasps (when someone who is not getting enough oxygen is gasping for air); -The resident's teeth were falling out of his/her mouth and his/her lips were blue; -Resident sat back in chair; -Absence of vital signs while staff spoke loudly to the resident and did sternal rub (a commonly used method of assessing response to painful stimuli in assessing the neurological status of an individual); -After a period of apnea (breathing stops) lasting 25 seconds, resident gasped and opened eyes; -Physician notified with orders to remove Fentanyl patch and give a dose of Narcan; -Patch removed and 0.4 milligrams (mg) of Narcan administered; -Resident continued to dry heave; -Paramedic initiatedintravenouss (IV) (a soft, flexible tube placed inside a vein) while in the facility to administer IV Zofran (medication for nausea) and another dose of Narcan. (continued on next page)

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F 0760 Level of Harm - Actual harm Residents Affected - Few	Review of the resident's progress notes dated 1/6/24 at 12:11 A.M. showed the resident was admitted to the hospital with congestive heart failure and urinary tract infection (UTI). Review of the resident's hospital progress note dated 1/9/24 showed on presentation to the hospital, resident was noted to have two Fentanyl patches in place which was reversed with Narcan x 2. During an interview on 2/21/24 at 1:47 P.M. and 2/22/24 at 11:32 A.M. Licensed Practical Nurse (LPN) F said the following: -Staff had just taken the resident to the bathroom; -The resident was sitting in the recliner; -The resident had a blank look and went unresponsive; -He/She called for help, contacted the physician and gave the resident Narcan; -When staff were getting the resident ready to go to the hospital they pulled two Fentanyl patches off the resident. During an interview on 2/21/24 at 2:00 P.M. the paramedic said the following: -He/She was told in report by the facility staff that the resident's Fentanyl patch was removed; -He/She did not see a Fentanyl patch, but he/she did not examine the resident's chest or back; -The resident was alert but very drowsy during the ambulance ride. During an interview on 2/20/24 at 1:20 P.M. the resident's family member said the following: -The day the resident was transferred to the hospital the resident acted like he/she was drugged; -Hospital staff said the resident had two Fentanyl patches on when he/she arrived at the hospital. During an interview on 2/22/24 at 4:04 P.M. the Director of Nursing (DON) said the following: -She would expect staff to follow physician's orders; -If a resident had an order for one Fentanyl patch she would expect only one Fentanyl patch to be on the resident; -Having two Fentanyl patches on could increase the resident's risk of altered mental status/decreased responsiveness unless one of the patches was at the end of the three days then it would not be as potent. MO 231008

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36219 Based on interview and record review, the facility failed to ensure a licensed nursing home administrator was employed by the facility and was responsible for the management of the facility to ensure effective and efficient use of resources to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility census was 59. Review of the facility's undated job description for Job Title: Administrator showed the following: -General Statement of Duties: Responsible for the general health, welfare and safety of the residents, for maintaining sufficient personnel care of residents, and for keeping the facility in a clean and orderly condition at all times. Responsible for maintaining a cheerful homelike atmosphere;- -Supervision Received: Reports directly to the Board of Directors; -Supervision Exercised: Supervises all departments within the facility; Nursing Home Administrator Duties: This list may not include all duties assigned; but not be limited to: 1. Administer all functions of the Nursing Home following applicable laws and regulations; 2. To be the liaison officer between the Board of Directors, facility staff, residents, families, the community, physicians, and all other facilities or persons who have reason to do business with the facility; 3. Make decisions regarding the operation of the facility and to carry out the requirements of the Department of Health and Senior Services necessary to comply with current regulations; 4. To select all Department Heads and coordinate and provide leadership to each department and ensure that they work together effectively; 5. Be responsible for the selection and firing of personnel and arranging for consultation services as required so that the needs of residents are met; 6. To attend all board meetings and provide current resident census, employee and financial information; 7. To inform the board of any major repairs or expenses needed in the operation of the facility; 8. To prepare an annual budget and make recommendations to the Board regarding rate increases or changes needed to maintain the facility financially solvent and also prepare the board budget annually; 9. Maintain morale among staff; (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	10. Maintain high standards of resident care. 11. Establish written policies and procedures regarding all aspects of the operation of the facility and regarding the rights and responsibilities of the residents; 12. Maintain records and reports as required and submitting of records and reports as may be required by the Department of Health and Senior Services and other agencies; 16. Be responsible for residents receiving continuing medical supervision, medications, and treatments. 1. Observation on [DATE] at 8:50 A.M. in the facility's front foyer showed the following: -A black board with a list of the facility's department heads; -The List noted an Interim Administrator: Interim Administrator/Human Resources (HR) Director. During an interview on [DATE] at 10:17 A.M. the Dietary Manager said she goes to the Interim Administrator/HR Director for day-to-day issues. During an interview on [DATE] at 10:15 A.M. the Director of Nursing (DON) said the following: -She goes to the Interim Administrator/HR Director for day-to-day issues; -She discusses hospital referrals, problems with staff, open staffing positions, etc. with the Interim Administrator/HR Director; -She has only seen the facility Administrator once since she assumed the DON position at the end of [DATE]. During an interview on [DATE] at 8:54 A.M. and 10:40 A.M. the Interim Administrator/HR Director said the following: -She started as Interim Administrator last week; -The previous Administrator quit in [DATE]; -Corporate Staff K was at the facility September-[DATE]; -Corporate Staff L came in [DATE] and stayed until February 12, 2024; -The Administrator is in the facility ,d+[DATE] times/month; -She doesn't have an administrator's license; -Her administrator's license is expired; -The corporation asked her to fill in as Interim Administrator; (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The Administrator works for the corporation; -The facility is under a consulting agreement with the corporation; -Full time employee status is at least 30 hours a week; -The Administrator is employed by the corporation, not the facility; -The Administrator does not have an employee file; -She reports to the Corporate VP of Health Care Administration as she has been more involved in the facility. The Corporate VP of Health Care Administration is her day-to-day contact. During an interview on [DATE] at 2:30 P.M. the Corporate [NAME] President (VP) of Health Care Administration said the following: -She is not employed by the facility; -She is employed by the corporation; -The corporation is in an advisory agreement with the facility at this time; -She is currently interim administrator at another facility; -She tries to visit the facility ,d+[DATE] times/week; -The Interim Administrator/HR Director's title is HR director but she is currently sitting in as Interim Administrator; -She did not ask the Interim Administrator/HR Director to assume the role of Interim Administrator, she can't do that; -Only the facility's Board of Directors can appoint an Interim Administrator or Administrator. During an interview on [DATE] at 9:11 A.M. the Administrator said the following: -She is the corporation's Assistant [NAME] President of Operations; -On paper she is the facility's Administrator; -Her company is in a consulting agreement with the facility's Board of Directors; -She is not a paid employee of the facility; -She visits the facility every ,d+[DATE] days to meet the 30 day requirement; -The Corporate VP of Health Care Administration is coming to the facility on Mondays and Fridays; (continued on next page)

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