

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Estates of Perryville, Llc, The		STREET ADDRESS, CITY, STATE, ZIP CODE 430 North West Street Perryville, MO 63775	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>46555</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, and comfortable homelike environment. This had the potential to affect all residents. The facility's census was 115.</p> <p>Review of the facility's policy, Maintenance Repair Policy, dated 08/24/24, showed:</p> <ul style="list-style-type: none"> - All team members are orientated to the Maintenance Work Order log located at each nurses' station; - Any team member can complete the Maintenance Work Order; - Maintenance personnel shall address routine maintenance work orders throughout the day, within 24 hours, or the next business day; - Emergency work orders shall be addressed upon notification; - In the event a work order has not been addressed within the timeframe specified, any team member will contact the Maintenance Director; - A log of these work orders shall be retained by the Maintenance Director; - In the event the Maintenance Director is unavailable, all concerns should be directed to the Administrator. <p>Observations on 12/01/24 at 1:30 P.M. of the main entrance common area showed an overwhelming urine odor.</p> <p>Observation on 12/01/24 at 4:55 P.M. showed numerous brown stains on ceiling tiles on C hall near the nurses station and fire doors.</p> <p>Observations on 12/01/24 at 5:00 P.M. of the D hall common area showed:</p> <ul style="list-style-type: none"> - A missing ceiling tile with exposed wires by the exit to the men's unit; <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Eight missing ceiling tiles over the nurse's station showing exposed wires and duct work; - Large brown stains on the remaining ceiling tiles over the nurse's station; - Dirt and debris in the large vented tiles in the corner of the ceiling opposite of the door to the men's unit; - [NAME] stains and chipped tiles throughout the common area ceiling in unit D. <p>During an interview on 12/01/24 at 4:53 P.M., Resident #30 said he/she has lived here three years and the owner won't fix the leaking roof. Staff have to put buckets in the hall to catch the water.</p> <p>During an interview on 12/01/24 at 5:15 P.M., Resident #8 said it bothered him/her that there were missing ceiling tiles and exposed wires in the common area of unit D.</p> <p>During an interview on 12/02/24 at 3:27 P.M., the Maintenance Director said the facility will be getting a new roof hopefully before the end of this week. He/she had not replaced the tiles yet because he/she wanted to wait until the new roof is installed.</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator said they are in the process of getting a new roof and they planned to replace the ceiling tiles once the new roof is installed.</p> <p>Complaint #MO00245882</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on observation, interview, and record review, the facility failed to ensure two residents (Resident #12 and #96) were free from physical abuse when one resident (Resident #27) struck Resident #12 on the right side of the face and later that day, struck Resident #96 in the face. The facility's census was 137.</p> <p>Review of the facility's Abuse, Neglect and Exploitation Policy, updated 04/08/24, showed:</p> <ul style="list-style-type: none"> - Each resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment and involuntary seclusion; - Resident must not be subject to abuse by anyone, including but not limited to facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident family members, legal guardians, friends or other individuals; - Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish; - Physical Abuse includes, but is not limited to hitting, slapping, pinching and kicking; - When suspicion or reports of abuse, neglect or exploitation, it must be communicated to the facility's Administrator, Department Head, or Supervisor, and the Administrator and/or designee must initiate an investigation; - Once the resident is cared for and initial reporting has occurred, an investigation should be conducted including interviewing the involved resident, interview witnesses separately, document investigation chronologically; - The facility will make efforts to protect any and all residents after alleged abuse, neglect, and/or exploitation. <p>1. Review of Resident #27's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of epilepsy (seizure disorder), hallucinations and schizoaffective disorder; - Cognitively intact; - Supervision with ADLs. <p>Review of Resident #27's Care Plan showed:</p> <ul style="list-style-type: none"> - Lives in supervised environment; <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Independent of ADLs with supervision; - Behaviors of physical aggression, altered mental status after seizure activity, poor impulse control; - Legal guardian. <p>Review of Resident #27's Preadmission Screening and Resident Review (PASRR) Level II, dated 02/22/20, showed:</p> <ul style="list-style-type: none"> - Psychiatric assessment history of schizoaffective disorder (bipolar type), impulse control and anxiety; - Needs can be met in nursing facility. <p>Review of Resident #27's Progress Notes showed:</p> <ul style="list-style-type: none"> - On 11/27/24 at 9:31 A.M., reported that Resident #12 was sitting in a chair, in the hall outside of the nurse's station; - Resident #27 approached resident and struck him/her to the right side of his/her face/head; - Residents were separated and evaluated for injuries; - On 11/27/24 at 3:30 P.M., reported to nurse by personnel providing 1:1 supervision to Resident #27, that Resident #27 was ambulating down hall; - Resident #96 witnessed speaking to himself/herself, which agitated Resident #27; - Resident #27 struck Resident #96 in mouth; - Residents were separated and assessed for injuries. No injuries noted; - Resident #27's 1:1 personnel remained with him/her; - Provider, guardian notified and new orders to send for psychiatric evaluation; - Resident #27 departed facility willingly with police escort and emergency medical services. <p>Review of written statement on 11/27/24 from Certified Nursing Assistant (CNA) M showed:</p> <ul style="list-style-type: none"> - Resident #27 was walking toward activity room and saw Resident #96 sitting in corner, talking to himself/herself and making hand gestures; - Resident #27 ran up to Resident #96, punched him/her in the face; - CNA M yelled for nurse who arrived promptly. <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #12's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of schizoaffective disorder (a combination of symptoms of schizophrenia and mood disorder, such as depression or bipolar disorder (a disorder associated with episodes of mood swings from depressive lows to manic highs), and symptoms may include delusions, hallucinations, depressed episodes, and manic periods of high) and dementia (thinking and social symptoms that interfere with daily functioning); - Cognitively intact; - Supervision with activities of daily living (ADLs). <p>Review of Resident #12's Care Plan showed:</p> <ul style="list-style-type: none"> - Needs 24 hour oversight due to poor sight and judgment; - Supervision with ADLs; - Has a legal guardian. <p>Observation on 12/01/24 at 7:50 P.M. showed Resident #12 with a fist-sized bruise on his/her right lower cheek/jaw area.</p> <p>Review of Resident #12's Progress Notes showed:</p> <ul style="list-style-type: none"> - On 11/27/24 at 8:55 A.M., Resident #12 was sitting in the hall in a chair outside of the nurses' office; - Resident #27 went up to Resident #12 and struck him/her on right side of his face and head; - Scratch mark noted to Resident #12's right upper lip; - Resident #12 reported 8/10 pain; - Providers, administration, and guardians notified; - Order obtained to send out for further evaluation. <p>Review of Resident #12's hospital record showed:</p> <ul style="list-style-type: none"> - On 11/27/24 at 9:58 A.M., family notified of hospital visit and plan of care; - Resident #12 refused diagnostic imaging; - diagnosed with contusion (bruise) to face and injury of head; <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Continue current medications.</p> <p>Review of the investigation for Resident #12 and #27, dated 11/27/24 at 9:00 A.M., showed:</p> <ul style="list-style-type: none"> - Resident #12 was sitting in hallway on secured B hall when Resident #27 overheard Resident #12 speaking loudly to self; - Resident #27 thought Resident #12 was yelling at him/her, so he/she struck him/her; - Both residents were sent out for evaluation and medical clearance; - Resident #12 returned with no new orders, and neurological checks were started for 72 hours; - Resident #27 placed 1:1; - Care plans updated and responsible parties notified. <p>Review of written statement from Certified Medication Technician (CMT) P, dated 11/27/24, showed:</p> <ul style="list-style-type: none"> - Resident #12 was sitting outside of nurses station; - Resident #27 struck Resident #12 on the right side of his/her face; - Both residents were sent out separately to hospital for check up. <p>3. Review of Resident #96's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of bipolar disorder, schizophrenia, delirium (serious disturbance in mental abilities that results in confused thinking and reduced awareness in surroundings) and paranoid personality disorder (a disorder characterized by paranoia, suspiciousness and mistrust of others); - Significantly impaired cognitively; - Supervision with ADLs. <p>Review of Resident #96's Care Plan showed:</p> <ul style="list-style-type: none"> - Lives in supervised environment; - Independent of ADLs with supervision; - Behaviors of paranoid delusions and threatened physical violence to other resident. <p>Review of Resident #96's PASRR Level II, dated 06/16/23, showed:</p> <ul style="list-style-type: none"> - Psychiatric assessment history of paranoid schizophrenia, psychotic disorder, bipolar disorder; <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Needs can be met in nursing facility. <p>Review of Resident #96's progress notes showed:</p> <ul style="list-style-type: none"> - On 11/27/24 at 5:26 P.M., (late entry), reported that Resident #96 was struck by Resident #27; - Resident #96 refused hospital and vital signs; - No injuries noted during assessment; - Guardian, provider and administration notified. <p>Review of the investigation for Resident #27 and Resident #96, dated 11/27/24 at 3:30 P.M., showed:</p> <ul style="list-style-type: none"> - Resident #96 was sitting in dayroom on secured B hall; - Resident #27 was walking down hall with his/her 1:1; - Resident #96 was waving hands in the air as Resident #27 walked by and Resident #27 hit Resident #96 in the face; - Staff immediately separated both residents; - Resident #96 refused to be assessed or go to hospital, however, neuro checks were started; - Nurses noted no injuries to either resident; - Resident #27 was sent to hospital for evaluation and later transferred to another hospital for further psych evaluation; - Resident #27 to be placed 1:1 for 96 hours upon return due to aggressive behaviors; - Both residents' responsible parties notified and care plans updated; - Resident #27 had not returned during the survey and licensure process. <p>During an interview on 12/03/24 at 3:34 P.M., the Administrator said the facility does monthly in-services with staff to educate how to deal with residents and their behaviors. The facility has two nurse practitioners that come to the facility and they try to staff the same staff members in the units because of rapport.</p> <p>During an interview on 12/05/24 at 11:29 A.M., the Administrator said the Environmental Aides (EAs), have the same behavior training as the rest of staff as far as de-escalation. The EAs are 1:1 due to behaviors or elopement risks. Staff have mandatory in-services twice a month (7th and 27th) on pay day. Staff have to come in and pick up their check and do not receive it until after the in-service has been completed.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/06/24 at 11:09 A.M., Certified Medication Technician (CMT) P verified his/her statement as it had been written for the investigation and said staff are trained to separate residents when an altercation/behavior occurs, report to the nurse and transfer out as needed. He/She could visibly see a small cut on Resident #12. It bled a little, so the resident was cleaned up and sent to the hospital for evaluation.</p> <p>During an interview on 12/06/24 at 12:16 P.M., Licensed Practical Nurse (LPN) N said Resident #27 is normally shy and stays in his/her room and to himself/herself. Resident #12 was hit so quick, and then it was over. It was very random. Resident #12 was sent out to the hospital for evaluation, but had refused all scans. The resident had a bruise to his/her right lower face that showed up later.</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator and Director of Nursing said they would expect residents to be free from abuse. The facility had educated staff, had social service workers on each hall, and provided one on one for residents having issues.</p> <p>Complaint #MO00245812</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on interview and record review, the facility failed to notify the ombudsman of all transfers to the hospital and failed to notify the resident and/or the resident's representative in writing of a transfer or discharge to a hospital, including the reasons for transfer for ten residents (Resident #8, #12, #15, #23, #26, #33, #35, #95, #111, and #315) out of 23 sampled residents and two residents (Resident #27 and #216) outside the sample. The facility's census was 115.</p> <p>Review of the facility's policy, Admission, Transfer and Discharge, revised 08/24/24, showed:</p> <ul style="list-style-type: none"> - The facility may transfer or discharge the resident in compliance with facility standards and are as follows, but not limited to: the resident's welfare and needs cannot be met in the facility, the health or safety of individuals in the facility would otherwise be endangered, if the resident's health has improved sufficiently so the resident no longer needs the facility's services, or if the resident fails to pay any charges when due; - The facility policy does not address the process of notifying responsible parties of transfer notices or notification of the Ombudsman. <p>Review of the facility's form, Notice of Transfer or Discharge of Nursing Home Resident, undated, showed:</p> <ul style="list-style-type: none"> - This nursing facility will take the following steps to ensure a safe and orderly transfer or discharge from the facility (Please check below all that apply): Resident was provided with explanation as to why they were being transferred to the hospital; Copies of resident's Advanced Directives, Face Sheet, Physician's Orders, and any additional documents; Resident was educated about method of transport to the hospital - Facility staff escort or Ambulance; Bed hold policy has been reviewed with/provided to the resident and a copy will be mailed to the resident's legal representative, if applicable, at the time of transfer/discharge from the facility; - Copy to be sent with resident upon transfer or discharge; - Copy to be mailed to legal representative by Social Services. <p>1. Review of Resident #8's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 02/24/24, 02/25/24, 04/24/24, 05/02/24, 05/27/24, 07/13/24, 08/01/24, 08/21/24, 08/27/24, 08/30/24, 09/19/24, 10/01/24, 10/15/24, 10/17/24, 10/24/24, and 11/28/24; - No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer; <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Hospital transfers on 02/24/24, 02/25/24, 05/02/24, 05/27/24, 07/13/24, 08/27/24, 08/30/24, 09/19/24, 10/17/24, and 11/28/24 not included on the monthly list sent to the ombudsman.</p> <p>2. Review of Resident #12's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 08/28/24 and returned to the facility on [DATE]; - The resident transferred to the hospital on 09/03/24 and returned to the facility on [DATE]; - The resident transferred to the hospital on 09/21/24 and returned to the facility on [DATE]; - No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer. <p>3. Review of Resident #15's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 09/05/24 and returned to the facility the same day; - The resident transferred to the hospital on 09/24/24 and returned to the facility the same day; - The resident transferred to the hospital on 10/26/24 and returned to the facility the same day; - No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer; - Hospital transfers on 09/05/24, 09/24/24, and 10/26/24 not included on the monthly list sent to the ombudsman. <p>4. Review of Resident #23's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 05/25/24 and returned to the facility on [DATE]; - The resident transferred to the hospital on 06/01/24 and returned to the facility on [DATE]; - The resident transferred to the hospital on 06/25/24 and returned to the facility on [DATE]; - The resident transferred to the hospital on 10/16/24 and returned to the facility on [DATE]; - No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer; <p>(continued on next page)</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Hospital transfers on 06/01/24, 06/25/24, and 10/16/24 not included on the monthly list sent to the ombudsman.</p> <p>5. Review of Resident #26's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- The resident transferred to the hospital on 02/06/24 and returned to the facility the same day;</p> <p>- No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer;</p> <p>- Hospital transfer on 02/06/24 not included on the monthly list sent to the ombudsman.</p> <p>6. Review of Resident #27's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- The resident transferred to the hospital on 01/19/24, 04/24/24, 07/9/24, 07/26/24, 07/29/24, 08/18/24, 08/25/24, 09/24/24, 11/01/24, 11/18/24, 11/27/24 and 12/01/24;</p> <p>- No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer;</p> <p>- Hospital transfers on 01/19/24, 04/24/24, 07/09/24, 07/29/24, 08/18/24, 08/25/24, 09/24/24, 11/01/24, and 11/18/24 not included on the monthly list sent to the ombudsman.</p> <p>7. Review of Resident #33's medical record showed:</p> <p>-The resident transferred to the hospital on 06/03/24 and returned to the facility on [DATE];</p> <p>-The resident transferred to the hospital on 07/23/24 and returned to the facility on [DATE];</p> <p>- No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer.</p> <p>8. Review of Resident #35's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- The resident transferred to the hospital on 05/01/24, 06/01/24, 07/06/24, 07/23/24, 07/29/24, 08/23/24, 09/15/24, 09/20/24, 09/22/24, 10/23/24, 10/27/24, 11/05/24, 11/06/24;</p> <p>- No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer;</p> <p>- Hospital transfers on 05/01/24, 06/01/24, 07/06/24, 07/23/24, 07/29/24, 08/23/24, 09/15/24, 09/20/24, 10/23/24, 10/27/24, and 11/05/24 not included on the monthly list sent to the ombudsman.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Estates of Perryville, Llc, The		STREET ADDRESS, CITY, STATE, ZIP CODE 430 North West Street Perryville, MO 63775	

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>9. Review of Resident #95's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 09/01/24 and returned to facility on 09/04/24; - No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer. <p>10. Review of Resident #111's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 10/17/24 and returned to the facility the same day; - No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer; - Hospital transfer on 10/17/24 not on monthly list sent to the ombudsman. <p>11. Review of Resident #216's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 12/01/24 and returned to the facility on [DATE]; - No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer. <p>12. Review of Resident #315's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 11/30/24 and returned the same day; - No documentation that the resident's representative was informed in writing of the transfer/discharge to a hospital at the time of transfer; - Hospital transfer on 11/30/24 not included on the monthly list sent to the ombudsman. <p>During an interview on 12/05/24 at 10:17 A.M., Resident #27's guardian said the facility would call and tell him/her when a resident is being sent out. He/She would sign a transfer form if they would have received it, but he/she had only been giving verbal consent.</p> <p>During an interview on 12/05/24 at 10:27 A.M., Resident #8's guardian said he/she is on the phone daily with the facility about Resident #8. The facility will notify him/her by phone any time Resident #8 is sent out to the hospital. However, he/she does not ever receive written notification regarding Resident #8's hospital transfers.</p> <p>(continued on next page)</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/04/24 at 2:18 P.M., the Administrator said she doesn't have any proof that transfer notifications were sent out to public administrators, guardians, responsible parties, or emergency contacts.</p> <p>During an interview on 12/05/24 at 10:36 AM, Resident #95's deputy public administrator said transfers and discharges are verbal notification. He/She does not receive written documentation from this facility.</p> <p>During an interview on 12/05/24 at 2:10 P.M., the Administrator said that the Ombudsman is notified via fax monthly of all discharges from the facility.</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator and Director of Nursing (DON) said that they would expect all residents that are discharged , including emergency room (ER) visits, to have a transfer form filled out completely, signed, and sent to the responsible party and ombudsman.</p> <p>During an interview on 12/11/24 at 2:03 P.M., the Admissions Director said she checks with the nurses every morning to see which residents have been in and out and she does her morning census. She has master copies of the Notice of Transfer that she keeps at the nurses' stations and it has the bed hold policy on the back. When the residents go out, the nurses just have to give them to her and she keeps them in a binder. It's the nurses' job to notify families, guardians, or public administrators. Once a month, she faxes a list to the ombudsman's office. She does not send ER transfers on the list, only residents who have been discharged completely, or overnights, those residents who have been out overnight. She said someone at the ombudsman's office told her a couple years ago not to include residents who go to the ER on the list.</p> <p>46555</p> <p>49754</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on interview and record review, the facility failed to provide written information to the resident and/or the resident's representative of the facility's bed hold policy at the time of transfer to the hospital for nine residents (Resident #12, #15, #17, #23, #26, #33, #95, #111, and #315) out of 23 sampled residents, and three residents (Resident #5, #84, and #216) outside the sample. The facility's census was 115.</p> <p>Review of the facility's policy titled, Bed Hold Policy, undated, showed:</p> <ul style="list-style-type: none"> - It is the policy of this facility to notify the resident/responsible party of the bed hold policy. This notification shall be given on admission to the facility, at the time of transfer to the hospital and at the time of non-covered therapeutic leave; - The facility agrees to allow the resident to return to the facility at any time during the bed hold period, provided the facility can meet the resident's needs; - According to state regulations, a resident agreeing to the bed hold policies will have their bed held up to 10 days. Bed hold is voluntary; if a resident chooses to not hold their bed and their bed is not available when they choose to return to the facility and wants to be readmitted, the resident's name will be placed on a waiting list for the next available bed. <p>Review of the facility's form, Notice of Transfer or Discharge of Nursing Home Resident, undated, showed:</p> <ul style="list-style-type: none"> - This nursing facility will take the following steps to ensure a safe and orderly transfer or discharge from the facility: Bed hold policy has been reviewed with/provided to the resident and a copy will be mailed to the resident's legal representative, if applicable, at the time of transfer/discharge from the facility. <p>1. Review of Resident #5's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 08/01/24 and returned to the facility on [DATE]; - No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>2. Review of Resident #12's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 08/28/24 and returned to the facility on [DATE]; <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - The resident transferred to the hospital on 09/03/24 and returned to the facility on [DATE]; - The resident transferred to the hospital on 09/21/24 and returned to the facility on [DATE]; - No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>3. Review of Resident #15's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 09/05/24 and returned to the facility the same day; - The resident transferred to the hospital on 09/24/24 and returned to the facility the same day; - The resident transferred to the hospital on 10/26/24 and returned to the facility the same day; - No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>4. Review of Resident #17's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - The resident transferred to the hospital on 06/08/24 and returned to the facility on [DATE]; - The resident transferred to the hospital on 07/01/24 and returned to the facility on [DATE]; - The resident transferred to the hospital on 08/16/24 and returned to the facility on [DATE]; - No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>5. Review of Resident #23's medical record showed:</p> <ul style="list-style-type: none"> -The resident transferred to the hospital on 05/25/24 and returned to the facility on [DATE]; -The resident transferred to the hospital on 06/01/24 and returned to the facility on [DATE]; -The resident transferred to the hospital on 06/25/24 and returned to the facility on [DATE]; -The resident transferred to the hospital on 10/16/24 and returned to the facility on [DATE]. - No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>6. Review of Resident #26's medical record showed:</p> <p>(continued on next page)</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- admitted on [DATE];</p> <p>- The resident transferred to the hospital on 02/06/24 and returned to the facility the same day;</p> <p>- No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer.</p> <p>7. Review of Resident #33's medical record showed:</p> <p>-The resident transferred to the hospital on 06/03/24 and returned to the facility on [DATE];</p> <p>- The resident transferred to the hospital on 07/23/24 and returned to the facility on [DATE];</p> <p>- No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer.</p> <p>8. Review of Resident # 84's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- The resident was transferred to the hospital on 11/30/24 and returned to the facility the same day;</p> <p>- The resident was transferred to the hospital on 12/03/24 and returned to the facility the same day;</p> <p>- No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer.</p> <p>9. Review of Resident #95's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- The resident transferred to the hospital on 09/01/24 and returned to facility on 09/04/24;</p> <p>- No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer.</p> <p>10. Review of Resident #111's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- The resident transferred to the hospital on 10/17/24 and returned to the facility the same day;</p> <p>- No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer.</p> <p>11. Review of Resident #216's medical record showed:</p> <p>(continued on next page)</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- admitted on [DATE];</p> <p>- The resident transferred to the hospital on 12/01/24 and returned to the facility on [DATE];</p> <p>- No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer.</p> <p>12. Review of Resident #315's medical record showed:</p> <p>- admitted on [DATE];</p> <p>- The resident transferred to the hospital on 11/30/24 and returned to the facility the same day;</p> <p>- No documentation that the resident or the resident's representative was informed in writing of the facility's bed hold policy at the time of transfer.</p> <p>During an interview on 12/04/24 at 2:18 P.M., the Administrator said she doesn't have any proof that bed hold policies were sent out to public administrators, guardians, responsible parties, or emergency contacts.</p> <p>During an interview on 12/05/24 at 10:36 AM, Resident #95's deputy public administrator said transfers and discharges are verbal. He/She does not receive written documentation from this facility.</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator and Director of Nursing (DON) said they would expect all residents that are discharged , including emergency room (ER) visits, to have a bed hold/transfer form filled out completely, signed, and sent to the responsible party and Ombudsman.</p> <p>During an interview on 12/11/24 at 2:03 P.M., the Admissions Director said she checks with the nurses every morning to see which residents have been in and out and she does her morning census. She has master copies of the Notice of Transfer that she keeps at the nurses' stations and it has the bed hold policy on the back. When the residents go out, the nurses just have to give them to her and she keeps them in a binder. It's the nurses' job to notify families, guardians, or public administrators.</p> <p>46555</p> <p>49754</p>

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46555</p> <p>Based on interview and record review, the facility failed to complete a significant change Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility) assessment for two residents (Resident #33 and Resident #57) out of 23 sampled residents and one resident (Resident #113) outside the sample. The facility's census was 115.</p> <p>Review of the facility's policy titled, MDS Policy, revised 08/02/24, showed:</p> <ul style="list-style-type: none"> - Purpose: In Medicare, MDS stands for Minimum Data Set. It's a federally mandated process that involves a standardized assessment of each resident's health and functional capabilities in nursing homes certified by Medicare and Medicaid. The MDS assists nursing home staff identify health issues and potential problems, strengths, and preferences for residents. The assessment is completed electronically and transmitted to the state; - Procedure: The Resident Assessment Instrument (RAI) Manual serves as the policy by which the facility follows the process of completing MDS assessments. <p>Review of the RAI Manual, revised October 2024, showed:</p> <ul style="list-style-type: none"> - A significant change in status (SCSA) is required to be performed when a terminally ill resident enrolls in a hospice program (Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home. The ARD must be within 14 days from the effective date of the hospice election (which can be the same or later than the date of the hospice election statement, but not earlier than). An SCSA must be performed regardless of whether an assessment was recently conducted on the resident; - An SCSA is required to be performed when a resident is receiving hospice services and then decides to discontinue those services (known as revoking of hospice care). The Assessment Reference Date (ARD) must be within 14 days from one of the following: 1) the effective date of the hospice election revocation (which can be the same or later than the date of the hospice election revocation statement, but not earlier than); 2) the expiration date of the certification of terminal illness; or 3) the date of the physician's or medical director's order stating the resident is no longer terminally ill; - The ARD must be less than or equal to 14 days after the Interdisciplinary Team (IDT)'s determination that the criteria for a significant change in status assessment (SCSA) are met (determination date + 14 calendar days); - The MDS completion date (item Z0500B) must be no later than 14 days from the ARD (ARD + 14 calendar days) and no later than 14 days after the determination that the criteria for a SCSA were met. <p>1. Review of Resident #33's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE] to hospice services; <p>(continued on next page)</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The facility failed to complete a significant change MDS assessment within 14 days of hospice admission.</p> <p>2. Review of Resident #57's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE] to hospice services; - The facility failed to complete a significant change MDS assessment within 14 days of hospice admission; - A discharge date of [DATE] from hospice services; - The facility failed to complete a significant change MDS assessment within 14 days of the hospice discharge. <p>3. Review of Resident #113's medical record showed:</p> <ul style="list-style-type: none"> - A discharge date of [DATE] from hospice services; - The facility failed to complete a significant change MDS assessment within 14 days of the hospice discharge; - An admitted [DATE] to hospice services; - The facility failed to complete a significant change MDS assessment within 14 days of hospice admission; - A discharge date of [DATE] from hospice services; - The facility failed to complete a significant change MDS assessment within 14 days of the hospice discharge; - An admitted [DATE] to hospice services; - The facility failed to complete a significant change MDS assessment within 14 days of hospice admission. <p>During an interview on 12/05/24 at 11:18 A.M., the Administrator said they do not have an MDS Coordinator on site. The facility uses a contracted company. The facility sends the contracted company daily reports and they attend weekly meetings virtually. The Director of Nursing (DON) and Assistant Director of Nursing (ADON) do the assessments and lay eyes on the residents, then send the information to the contracted company for completion of the MDS assessments.</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator and DON said they would expect a significant change MDS to be completed per the RAI Manual.</p> <p>49754</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49754</p> <p>Based on interview and record review, the facility failed to update and revise care plans with specific interventions to meet individual needs for six residents (Resident #9, #23, #33, #56, #57 and #87) out of 23 sampled residents. The facility's census was 115.</p> <p>Review of the facility's policy titled, Care Plan Policy, reviewed 08/24/24, showed:</p> <ul style="list-style-type: none"> - A care plan shall be used in developing the resident's daily care routine and will be available to the team for review to ensure the best person-centered care is provided to our residents; - A comprehensive care plan will be generated through collaboration with the interdisciplinary team (IT), resident and responsible party, to be completed by the 21st day of admission; - The care plan will reflect a problem, goal and interventions to guide the IT team to assist the resident in achieving the desired outcome for a specific problem; - When goals and objectives are not achieved, the resident's medical record will be updated and the care plan will be modified accordingly; - The care plan will be reviewed quarterly and updated as needed. <p>1. Review of Resident's #9's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of noninfective gastroenteritis and colitis (inflammation of the stomach or intestines, not caused by infection), placement of ostomy (medical device that collects waste from a surgically diverted system), and chronic viral hepatitis C (liver inflammation and damage caused by infection with hepatitis C virus.) <p>Review of the resident's care plan, initiated 04/20/22, showed the care plan did not address the resident's ostomy.</p> <p>2. Review of Resident #23's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of chronic obstructive pulmonary disease (COPD - condition caused by damage to the lungs, making it hard to breathe), schizoaffective disorder (mental health condition that can cause hallucinations and delusions with mood disorder), unspecified dementia (condition in which a person loses their ability to think, remember, learn, make decisions and solve problems), and Parkinson's disease (a progressive brain disorder that causes problems with movement, mental health issues and other health concerns); <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Order to admit to hospice services on 08/05/24.</p> <p>Review of the resident's smoking assessment, dated 11/12/24, showed the resident does not utilize tobacco.</p> <p>During an interview on 12/02/24 at 1:30 P.M., Resident #23 said he/she used tobacco pouches.</p> <p>Review of the resident's care plan, initiated 06/07/22, showed:</p> <ul style="list-style-type: none"> - Resident care planned to use nicotine patches to facilitate smoking cessation; - Care plan did not address the use of tobacco pouches or hospice services. <p>3. Review of Resident #33's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of schizoaffective disorder, COPD, and Parkinson's disease; <p>- Order to admit to hospice services on 09/12/24.</p> <p>Review of the resident's care plan, initiated 04/04/20, showed the care plan did not address hospice services.</p> <p>4. Review of Resident #56's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of secondary Parkinsonism (tremors, stiffness, slow movements caused by underlying medical condition or external factors), Alzheimer's/dementia (decline in mental abilities that impact daily life), and severe protein calorie malnutrition (critical deficiency in both protein and calories in the diet, leading to significant muscle wasting, loss of body fat and impaired bodily functions); <p>- Order for a pureed diet with thin liquids, dated 07/09/24.</p> <p>Review of the resident's care plan, start date 04/05/24, showed:</p> <ul style="list-style-type: none"> - Regular diet; - Care plan did not address diet change to pureed diet with thin liquids on 07/09/24. <p>5. Review of Resident #57's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Diagnoses of muscle wasting and atrophy (loss of muscle tissue and strength), retention of urine (difficulty urinating and emptying the bladder), and Alzheimer's disease (decline in mental abilities that impact daily life);</p> <p>- No Physician's order to admit or discharge from hospice services;</p> <p>- No Physician's order for foley catheter (a tube inserted into the bladder to drain urine);</p> <p>- No Physician's order to change foley catheter.</p> <p>Review of the resident's care plan, initiated 05/01/23, showed:</p> <p>- Care plan did not address the resident's foley catheter;</p> <p>- Did not address the resident was receiving hospice services; admitted to hospice services on 05/10/24 and discontinued hospice services 10/08/24 per Administrator.</p> <p>6. Review of Resident #87's medical record showed:</p> <p>- An admitted [DATE];</p> <p>- Diagnoses of Parkinson's disease, encephalopathy (a broad term for any brain disease that alters brain function or structure), and schizophrenia (a serious mental illness that affects how a person thinks, feels and behaves);</p> <p>- Order to admit to hospice services on 11/07/24.</p> <p>Review of the resident's care plan, initiated 10/18/22, showed care plan did not address hospice services.</p> <p>During an interview on 12/05/24 at 11:51 A.M., the Corporate Nurse/Infection Preventionist (IP) said that a contract company updates the care plans, along with Social Services and the Director of Nursing (DON).</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator and DON said they would expect care plans to be accurate and reflect the current condition of the resident and that care plans should be revised as needed.</p> <p>49879</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>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46460</p> <p>Based on observation, interview, and record review, the facility failed to follow physician's orders for four residents (Resident #8, #15, #20, and #57) out of 23 sampled residents and one resident (Resident #5) outside the sample. The facility's census was 115.</p> <p>Review of the facility's policy titled, Physician Orders, updated 08/24/24, showed:</p> <ul style="list-style-type: none"> - The purpose of this policy is to ensure our residents receive the care prescribed by their physician; - Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Medication Technicians (CMTs) are expected to review orders prior to administering medications and/or performing a treatment; - The RNs, LPNs, and CMTs are to follow the orders as written. <p>Review of the facility's document titled, Scale/Weights Action Timeline, undated, showed on September 11, 2024, temporary scales purchased. All non-wheelchair bound residents weighed.</p> <p>1. Review of Resident #5's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of schizoaffective disorder (a condition including schizophrenia and other mood disorder) and anxiety disorder (a mental health condition characterized by excessive and persistent worry, fear, and nervousness that can interfere with daily life.) <p>Review of the resident's Physician's Order Sheet (POS), dated 12/06/24, showed:</p> <ul style="list-style-type: none"> - Order for daily blood pressures, starting on 08/06/24; - No documented blood pressures for 102 out of 124 days. <p>2. Review of Resident #8's POS, dated 12/06/24, showed:</p> <ul style="list-style-type: none"> - Check monthly weights and record; - Lithium Carbonate Oral Capsule (a mood stabilizer) 600 milligram (mg), started 01/04/24 and discontinued 08/27/24; - Lithium Carbonate Oral Capsule 600 mg started 08/28/24 and discontinued 10/29/24; - Lab Draw Lithium Level Every 6 months (183 Days) started 03/31/24 and discontinued 08/27/24; - Lab Draw Lithium Level Every 6 months (183 Days) started 08/27/24 with no end date. <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>Review of the resident's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of type 2 diabetes (a condition where the body has trouble controlling blood sugar), major depressive disorder (mental health disorder with persistent depressed mood), and undifferentiated somatoform disorder (physical symptoms can't be explained causing loss of appetite, fatigue and gastrointestinal problems); - No lab draw for lithium levels during the ten months the resident was on lithium. <p>Review of the Monthly Weight Report, dated 12/01/24, showed no weight for the month of September and October.</p> <p>3. Review of Resident #15's POS, dated 12/06/24, showed:</p> <ul style="list-style-type: none"> - Order for Complete Metabolic Profile (CMP - a routine blood test that measures several key substances in the body to assess overall health and detect potential medical conditions) and Complete Blood Count (CBC - a routine blood test that provides information about the various cells in the blood) every three months, dated 10/07/23 with a start date of 03/20/24; - Order to check vital signs and weights monthly and record, dated 04/23/21. <p>Review of the resident's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of bipolar disorder (a mental illness that causes extreme shifts in mood, energy, activity, and concentration) and hyperlipidemia (abnormally high levels of fats in the blood); - CMP and CBC not drawn until 05/06/24, then again on 09/25/24, and 09/30/24. <p>Review of the resident's Prescriber Recommendation, dated 10/21/24, showed:</p> <ul style="list-style-type: none"> - Resident is receiving carbamazepine (CBZ - a medication to treat seizures, nerve pain, and bipolar disorder) and atorvastatin (cholesterol medication) and has not had a lipid panel or CBC level drawn; - Order carbamazepine level now and every six months thereafter and lipid panel now and annually; - Order for labs not in chart and no lab work provided. <p>Review of the Monthly Weight Report, dated 12/01/24, showed no weight for the month of October.</p> <p>4. Review of Resident #20's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; <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>- Diagnoses of type II diabetes mellitus and schizophrenia (a chronic mental illness characterized by significant disruptions in thought processes, perceptions, emotions, and social interactions.)</p> <p>Review of the resident's POS, dated 12/04/24, showed:</p> <ul style="list-style-type: none"> - Order to check Hemoglobin A1C every three months, dated 09/07/23; - Order to check vital signs and weights monthly and record, dated 08/09/22. <p>Review of the resident's lab results showed:</p> <ul style="list-style-type: none"> - Hemoglobin A1C labs drawn on 03/13/24 and 07/12/24; - No Hemoglobin A1C labs drawn prior to 03/13/24 or since 07/12/24. <p>Review of the Monthly Weight Report, dated 12/01/24, showed no weight for the month of October.</p> <p>Review of the resident's Medication Regimen Review (MRR) Prescriber Recommendation, dated 11/15/24, showed:</p> <ul style="list-style-type: none"> - Resident is receiving oxcarbazepine (seizure medication), paliperidone (antipsychotic medication), metformin (diabetes medication), atorvastatin (cholesterol medication), and levothyroxine (thyroid medication) and has not had labs evaluated; - CMP and CBC now and every six months thereafter and lipid panel (a blood test that measures the levels of various fats in the bloodstream) and TSH (a blood test that measures the level of thyroid-stimulating hormone in the bloodstream) now and annually thereafter; - Verbal Order (VO) documented with staff initials beside it. <p>Review of the resident's medical record showed:</p> <ul style="list-style-type: none"> - No order for CMP, CBC, lipid panel, or TSH labs; - No lab results documented. <p>5. Review of Resident 57's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of muscle wasting and atrophy (loss of muscle mass and strength), Alzheimer's disease (brain disorder that causes a gradual decline in memory and thinking skills, leading to the inability to do everyday tasks), and retention of urine (a condition where a person is unable to empty their bladder.) <p>Review of the resident's POS, dated 12/04/24, 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>	<ul style="list-style-type: none"> - No order to admit to hospice services. Resident was admitted to hospice on 05/10/24 per Administrator; - Foley catheter (a tube inserted into the bladder to drain urine) care every shift; order dated 10/17/24-12/04/24. Foley discontinued on this date; - No order to change foley catheter. <p>Observation of Resident #57 showed:</p> <ul style="list-style-type: none"> - On 12/02/24 at 9:30 A.M., the resident lay in his/her bed with a foley catheter attached to the side of the bed; - On 12/03/24 at 11:00 A.M., the resident lay in his/her bed with a foley catheter attached to the side of the bed. <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator and Director of Nursing (DON) said they would expect residents to have orders for special programs and treatments, and for the physician's orders to be followed. They would expect residents with a catheter to have orders to change the catheter.</p> <p>46555</p> <p>49754</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46460</p> <p>Based on interview and record review, the facility failed to provide an ongoing program of activities to meet the interests and physical, mental, and psychosocial well-being of each resident. This practice affected three residents (Resident #8, #15, and #111) out of 23 sampled residents and four residents (Resident #5, #67, #82, and #102) outside the sample, and had the potential to affect all residents in the facility. The facility's census was 115.</p> <p>Review of the facility's Activities Policy, reviewed 08/24/24, showed:</p> <ul style="list-style-type: none"> - The purpose is to ensure that all residents of the facility have access to meaningful and engaging activities that enhance their quality of life, meet individual needs, and comply with state and federal regulations, including the Centers for Medicare & Medicaid Services (CMS) regulations; - The facility is committed to providing a comprehensive, person-centered activity program that promotes physical, mental, emotional, and social well-being for all residents. Activities will be designed to respect the residents' preferences, abilities, and cultural backgrounds while fostering community engagement and a sense of purpose. Activities will have an interdisciplinary approach which includes the staff, resident, family, and friends; - An initial Activity Assessment for each resident will be completed within seven days of admission, with change in condition, and annually; - Assessment will take into consideration the residents' physical abilities, cognitive status, interests, cultural backgrounds, and past hobbies; - A personalized care plan will include their preferences and activity goals; - A variety of activities will be provided addressing different domains: physical, cognitive, social, emotional/spiritual; - Activities will be adapted for residents with specific needs, including those with dementia, limited mobility, etc. Special accommodations will be made for any resident who requires assistance and/or special accommodations to attend a group activity; - For residents who prefer not to attend group activities, a 1:1 activity program will be developed with the resident to meet their needs; - Residents have the right to choose which activities to participate in. <p>Review of the Resident Council Meeting Minutes, dated November 2024, showed residents suggested doing more karaoke, cookie decorating, and using clay.</p> <p>Review of the facility's 2024 Activity Calendars showed:</p> <ul style="list-style-type: none"> - The September activities calendar had no activities scheduled on the weekends; <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - The November activities calendar only had activities scheduled on the first weekend; - The December activities calendar only had weekend activities scheduled on 12/01, 12/14, and 12/15. <p>1. Review of Resident #5's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of schizoaffective disorder (a condition including schizophrenia and other mood disorder) and anxiety disorder (a mental health condition characterized by excessive and persistent worry, fear, and nervousness that can interfere with daily life.) <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility staff), dated 12/22/23, showed:</p> <ul style="list-style-type: none"> - Vision adequate with corrective lenses; - Moderate cognitive impairment; - Very important activities included being around animals such as pets and getting fresh air when the weather is good; - Somewhat important activities included music and doing things with groups of people and doing his/her favorite activities. <p>Review of the resident's care plan, revised 03/15/24, showed:</p> <ul style="list-style-type: none"> - Resident says he/she has impaired visual function related to he/she thinks he/she can not see out of his/her left eye and is supposed to wear glasses; - Remind the resident to wear glasses when up. Ensure resident is wearing glasses which are clean free from scratches and in good repair. Report any damage to nurse/family; - Resident will show no decline in visual function through the review date; - Does not address activities. <p>During an interview on 12/02/24 at 10:05 A.M., Resident #5 said he/she does not attend the activities because he/she is blind and there are none for him/her. The facility was going to get him/her some books on tape, but he/she didn't know when that was going to happen. He/she has no activities to meet his/her needs on the care plan.</p> <p>2. Review of Resident #8's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Diagnoses of schizophrenia (a chronic mental illness characterized by significant disruptions in thought processes, perceptions, emotions, and social interactions) and borderline personality disorder (a mental disorder characterized by unstable moods, behavior, and relationships.)</p> <p>Review of the resident's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - No cognitive impairment; - Somewhat important activities included books, newspapers, magazines, music, and doing things with groups of people; - Somewhat important to do his/her favorite activities. <p>Review of the resident's care plan, revised 04/24/24, showed:</p> <ul style="list-style-type: none"> - Resident enjoys singing, coloring, and walking; - Resident will attend activities during the scheduled times, will complete 1:1 activities with social services if needed, and will do activities that he/she enjoys; - Resident will do activities that he/she enjoys through next review. <p>During an interview on 12/01/24 at 5:15 P.M., Resident #8 said there was an entire week in November when activities were not provided due to the person in charge being off work. Sometimes the residents on the locked unit aren't able to do the activities on the calendar because the activity will be held out in the main area. The facility does not plan enough for them to do and sometimes what is listed on the calendars will be canceled with no replacement activities held.</p> <p>3. Review of Resident #15's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of schizoaffective disorder and mild intellectual abilities. <p>Review of the resident's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - No cognitive impairment; - Very important activities included music, animals such as pets, doing things with groups of people, getting fresh air when the weather is good, and doing his/her favorite activities; - Somewhat important activities included participating in religious services. <p>Review of the resident's care plan, revised 05/16/24, showed:</p> <ul style="list-style-type: none"> - Resident likes to listen to country music; <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident will attend Social Services groups and activities when frustrated to help get his/her mind off of things.</p> <p>During an interview on 12/02/24 at 3:33 P.M., Resident #15 said that there are no activities for younger residents and nothing to do on the weekends.</p> <p>4. Review of Resident #67's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of legal blindness and type II diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar.) <p>Review of the resident's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Vision severely impaired; - Moderate cognitive impairment; - Very important activities included music, doing his/her favorite activities, and getting fresh air when the weather is good; - Somewhat important activities included keeping up with the news and doing things with groups of people. <p>Review of the resident's care plan, revised 08/18/23, showed:</p> <ul style="list-style-type: none"> - Resident likes to play bingo with assist from staff and enjoys fresh air; - Preferred activity is bingo; - Invite and remind resident of scheduled activities; - Resident may need assistance/escort to activity functions; - Resident may need assistance with activities of daily living (ADLs) as required during the activity; - Resident will maintain involvement in cognitive stimulation, social activities as desired through review date. <p>During an interview on 12/01/24 at 4:45 P.M., Resident #67 said he/she would like more outside time other than smoke times. He/she is blind and says all he/she does is lay in his/her bed and listen to the TV because there isn't anything else to do. He/she will occasionally play bingo, but would prefer more age-appropriate activities.</p> <p>5. Review of Resident #82's medical record showed:</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- An admitted [DATE];</p> <p>- Diagnoses of schizoaffective disorder and borderline personality disorder.</p> <p>Review of the resident's annual MDS, dated [DATE], showed:</p> <p>- Very important activities included music, doing things with groups of people, getting fresh air when the weather is good, and doing his/her favorite activities;</p> <p>- Somewhat important activities included books, newspapers, magazines, being around animals such as pets, and participating in religious services.</p> <p>Review of the resident's care plan, revised 03/06/24, showed:</p> <p>- Resident participates in all activities;</p> <p>- Invite the resident to scheduled activities;</p> <p>- Provide schedule of daily tasks/activities;</p> <p>- Resident will attend/participate in activities of choice three to five times weekly by next review date.</p> <p>During an interview on 12/01/24 at 5:49 P.M., Resident #82 said there's nothing to do on the weekends. All we can do is play bingo. There's nothing for the younger residents to do.</p> <p>6. Review of Resident #102's medical record showed:</p> <p>- An admitted [DATE];</p> <p>- Diagnoses of schizoaffective disorder and bipolar disorder.</p> <p>Review of the resident's admission MDS, dated [DATE], showed:</p> <p>- No cognitive impairment;</p> <p>- Very important activities included books, newspapers, magazines, music, doing things with groups of people, doing his/her favorite activities, getting fresh air when the weather is good, and participating in religious services;</p> <p>- Somewhat important activities included being around animals such as pets and keeping up with the news.</p> <p>Review of the resident's care plan, revised 05/16/24, showed:</p> <p>- Resident experiences suspicious and isolated behaviors, isolated himself/herself in his/her room while in the hospital and believes people are setting out to harm him/her. He/She is isolative and defensive, and does not share information openly;</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Encourage the resident to attend activities and social services groups; - When in an isolative mood, invite the resident out to activities/socials. Invite the resident to socialize in small groups with familiar faces; - Encourage the resident to participate in activities of choice. Facilitate attendance as required; - Resident will show evidence of adjustment to nursing home by eating in dining room, attending some activities, through next review date. <p>During an interview on 12/02/24 at 3:43 P.M., Resident #102 said there is not much to do at the facility, so he/she sleeps a lot to pass the day.</p> <p>7. Review of Resident #111's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of schizoaffective disorder and bipolar disorder. <p>Review of the resident's care plan, revised 10/10/24, showed:</p> <ul style="list-style-type: none"> - Create a homelike environment for the resident; - Encourage the resident to attend activities and groups; - Resident will be satisfied with his living environment throughout the review period. <p>Review of the resident's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - No cognitive impairment; - Very important activities included books, magazines, newspapers, music, doing his/her favorite activities, and getting fresh air when the weather is good; - Somewhat important activities included doing things with groups of people. <p>During an interview on 12/03/24 at 12:53 P.M., Resident #111 said there's nothing to do here. He/She stays in his/her room and keeps to himself/herself. He/She does have a few books to read.</p> <p>During an interview on 12/06/24 at 1:00 P.M., the Activities Director said there are no activities for residents with special needs or sensory issues. If a bedbound resident asks, then the activity director will do one-on-one activities with him/her. Activities should be on residents' care plans, but he/she has only been in the current role for one and a half months and is behind on getting those entered. A Social Services Designee is typically the one to enter activity preferences into the MDS.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/06/24 at 3:45 P.M., the Administrator and Director of Nursing (DON) said they would expect there to be activities available for all residents, including those with special needs, accommodations, and interests and activities available on weekends.</p> <p>46555</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46460</p> <p>Based on interview and record review, the facility failed to attempt a gradual dose reduction (GDR) or contraindication for a GDR for two residents (Resident #15 and #20) out of 23 sampled residents. This failure had the potential to keep any resident on a psychoactive medication from receiving the lowest possible dosage of medication due to not monitoring if a medication is treating the target symptom. The facility's census was 115.</p> <p>The facility did not provide a policy regarding GDRs.</p> <p>1. Review of Resident #15's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of paranoid schizophrenia (a type of schizophrenia characterized by persistent delusions and hallucinations, primarily involving themes of persecution, mistrust, and conspiracy), anxiety disorder (excessive and uncontrollable feelings of fear or worry that interfere with daily life), attention-deficit/hyperactivity disorder (ADHD - a chronic condition including attention difficulty, hyperactivity, and impulsiveness), major depressive disorder (MDD - persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), and bipolar disorder (a mental illness that causes extreme shifts in mood, energy, activity, and concentration); - An order for perphenazine 8 mg, three times a day, related to paranoid schizophrenia, dated 05/17/23; - An order for risperidone 1 mg, two tablets twice a day, related to ADHD, dated 08/30/22; - An order for sertraline 100 mg, two tablets once a day, related to MDD, dated 04/24/21; - An order for clonazepam 1 mg, one tablet every morning and bedtime, related to anxiety disorder, dated 06/28/24; - An order for carbamazepine 300 milligrams (mg), one capsule twice a day, related to bipolar disorder, dated 03/18/24; - An order for hydroxyzine 50 mg, three times a day, related to anxiety disorder, dated 12/04/23; - Behavior notes showed no behaviors documented since 09/24/24; - No documentation of GDRs attempted; - No documentation of contraindication of medication adjustments. <p>Review of the pharmacist's progress notes 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>	<p>- On 11/18/24, medication regimen review (MRR) completed. Recommendations are documented in a separate, written report;</p> <p>- On 10/22/24, medication regimen review completed. Recommendations are documented in a separate, written report.</p> <p>Review of the Medication Regimen Review Prescriber Recommendation, dated 11/17/24, showed:</p> <p>- The resident is receiving perphenazine 8 mg three times a day for schizoaffective disorder, risperidone 2 mg two times a day for schizoaffective disorder, sertraline 200 mg one time a day for MDD, clonazepam 1 mg twice daily for anxiety, carbamazepine 300 mg two times a day for mood stabilizer, and hydroxyzine 50 mg three times daily for anxiety;</p> <p>- Please consider one of the following: Will attempt a GDR, GDR for other psychotropic medications ordered is contraindicated; A brief note including patient behaviors that support the continued use of this regimen and why a GDR would be likely to impair the resident's function, increase distressed behavior, or exacerbate an underlying medical or psychiatric disorder; patient is stable and has improved functioning with the current dosages of medications. Dosage reductions would be detrimental. The benefits of a reduction do not outweigh the risks and is clinically contraindicated;</p> <p>- No response from the physician.</p> <p>The facility did not provide the Medication Regimen Review Prescriber Recommendation from October or documentation that the physician had addressed it.</p> <p>Observation on 12/01/24 at 5:41 P.M. showed Resident #15 very tearful and crying.</p> <p>During an interview on 12/01/24 at 5:41 P.M., Resident #15 said he/she thinks other residents are against him/her and says everybody hates him/her and wants him/her to go back to the locked unit. By the end of the interview, the resident stopped crying and was happy.</p> <p>2. Review of Resident #20's medical record showed:</p> <p>- An admitted [DATE];</p> <p>- Diagnoses of MDD, bipolar disorder, paranoid schizophrenia, and insomnia (inability to sleep);</p> <p>- An order for paliperidone 234 mg, inject 1.5 milliliters (ml) every 28 days, related to bipolar disorder, dated 10/01/24;</p> <p>- An order for lithium 300 mg, one tablet three times a day, related to paranoid schizophrenia, dated 05/01/24;</p> <p>- An order for venlafaxine 150 mg, one tablet once a day, related to MDD, dated 08/09/22;</p> <p>- An order for oxcarbazepine 150 mg, one tablet every morning and at bedtime, related to bipolar disorder, dated 08/08/24;</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>- An order for trazodone 100 mg, one tablet at bedtime, related to insomnia, dated 05/14/24;</p> <p>- Behavior notes showed no behaviors documented since 03/18/24;</p> <p>- No documentation of GDRs attempted for venlafaxine and trazodone;</p> <p>- No documentation of contraindication of medication adjustments.</p> <p>Review of the pharmacist's progress notes showed:</p> <p>- On 11/18/24, medication regimen review completed. Recommendations are documented in a separate, written report;</p> <p>- On 09/19/24, medication regimen review completed. Recommendations are documented in a separate, written report.</p> <p>Review of the Prescriber Recommendations Pending a Response from the 09/18/24 MRR and dated 11/18/24, showed:</p> <p>- The resident is receiving paliperidone 234 mg every 28 days for bipolar disorder, lithium 300 mg three times a day (reduced 05/01/24), venlafaxine 150 mg once daily for depression, oxcarbazepine 150 mg twice daily for bipolar disorder (reduced 08/08/24), and trazodone 100 mg at bedtime for insomnia;</p> <p>- Please consider one of the following: Will attempt a GDR, GDR for other psychotropic medications ordered is contraindicated; A brief note including patient behaviors that support the continued use of this regimen and why a GDR would be likely to impair the resident's function, increase distressed behavior, or exacerbate an underlying medical or psychiatric disorder; patient is stable and has improved functioning with the current dosages of medications. Dosage reductions would be detrimental. The benefits of a reduction do not outweigh the risks and is clinically contraindicated; current signs/symptoms are clinically significant enough to warrant the continuation of medication therapy as this is affecting their quality of life. Benefits of this medication regimen has shown clinical benefit with improvement of signs/symptoms that have been distressing to patient;</p> <p>- No response from the physician.</p> <p>The facility did not provide the Medication Regimen Review Prescriber Recommendation from September or documentation that the physician had addressed it.</p> <p>Observation of Resident #20 on 12/01/24 at 4:44 P.M. showed the resident sat in bed watching TV.</p> <p>During an interview on 12/06/24 at 11:30 A.M., the Assistant Director of Nursing (ADON) said she used to be in charge of Medication Regimen Reviews and Gradual Dose Reductions (GDRs), but the Director of Nursing (DON) who started in June took them over. Normally, she would get an email from the pharmacist with the recommendations and she would sort them out by medical doctor or psychiatric doctor. Then the doctor should write his/her response on the recommendation with what they want and sign them. She would do some by email and some she would have the doctors address when they do rounds.</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 12/06/24 at 11:51 A.M., the DON said she's in charge of MRRs and GDRs now. She will send them out, meaning email them out to the practitioners. They should respond sooner rather than later with their recommendations.</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator, DON, and ADON said they would expect GDRs to be attempted on all psychotropics at least twice in two separate quarters the first year and annually after that.</p> <p>During a telephone interview on 12/19/24 at 10:07 A.M., the consultant pharmacist said he/she will send the medication regimen reviews and a tracking sheet to the facility on a monthly basis. The Administrator, Medical Director, DON, regional nurse, and floor nurses all get a copy of it. He/She would expect there to be attempted GDRs at least twice in the first year and annually after that. The goal is to get a timely physician response on whether to attempt a GDR or a contraindication as to why there should be no GDR, but he/she has noticed there has been a hold up lately in getting those responses. He/She has spoken with the DON, so he/she is hopeful they will address the problem in the near future.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>46460</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to provide palatable, attractive food at safe and appetizing temperatures. This deficient practice affected two residents (Resident #111 and #315) out of 23 sampled residents and three residents (Residents #61, #77, and #83) outside the sample and had the potential to affect all residents in the facility. The facility's census was 115.</p> <p>The facility did not provide a food temperature policy.</p> <p>Observation of the lunch meal on 12/03/24 at 1:15 P.M. showed:</p> <ul style="list-style-type: none"> - Macaroni salad with a temperature of 60 degrees Fahrenheit (F); - Pears with a temperature of 55 degrees F; - Deviled egg with a temperature of 51 degrees F; - Tomato with a temperature of 58 degrees F. <p>Review of the steam table temperature logs for October and November showed:</p> <ul style="list-style-type: none"> - No logs provided for the month of October; - Logs provided for November did not have dates listed, so the Dietary Manager (DM) listed November dates at the top of the logs. <p>During an interview on 12/01/24 at 4:56 P.M., Resident #83 said the food is getting better, but it's horrible and unappealing.</p> <p>During an interview on 12/01/24 at 5:33 P.M., Resident #77 said sometimes food, like pasta, isn't hot like it should be.</p> <p>During an interview on 12/02/24 at 9:48 A.M., Resident #61 said the food is up and down. We'll get one week of good food and two weeks of bad food.</p> <p>During an interview on 12/02/24 at 9:53 A.M., Resident #315 said the food is not good.</p> <p>During an interview on 12/03/24 at 12:54 P.M., Resident #111 said the food is not edible and he/she orders most of his/her meals out.</p> <p>During an interview on 12/05/24 at 2:36 P.M., the DM said he/she would expect cold foods to have a temperature at 41 degrees or below when it is served to resident. He/She would expect all temperature logs to be completed per regulation.</p> <p>(continued on next page)</p>		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/06/24 at 3:45 P.M., the Administrator said she would expect cold food to be served at a temperature of 41 degrees or below with temperature logs completed. 46555

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46555</p> <p>Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. These practices had the potential to affect all residents who are served food from the kitchen. The facility's census was 115.</p> <p>Review of the facility's Handwashing policy, undated, showed:</p> <ul style="list-style-type: none"> - Staff will wash hands as frequently as needed throughout the day following proper hand washing procedures; - Wash hands and exposed portions of arms immediately before engaging in food preparation; - When to wash hands: after handling garbage or garbage cans, dirty trays or dishes, or anything soiled; as often as necessary during food preparation to remove soil/contamination, and to prevent cross contamination when changing tasks; any time a contaminated surface is touched; - Staff is educated on the importance of hand washing and retrained and reminded as necessary on the above guidelines; - To ensure safe and proper food handling during food preparation and service, the food code states that food items should not be handled with bare hands; - Handwashing per guidelines should occur between each task; - Gloves should be worn if handling food is necessary. Extra caution should be taken when multiple tasks are being completed; - Gloves should be removed when changing or walking away from specific tasks and hands should then be washed per guidelines. <p>The facility did not provide a policy regarding food storage.</p> <p>Observations on 12/01/24 at 7:15 P.M. of the kitchen showed:</p> <ul style="list-style-type: none"> - Dirt, debris, and trash throughout the floor; - Pile of empty boxes near the kitchen door; - Two large round trash cans with no lids on them; - Black carbon buildup on stove top and oven; - Black carbon and debris buildup inside the convection oven; <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> - Approximately two dozen live cockroaches inside the stove top oven; - Two missing knobs on front of the stove top; - Black carbon buildup on skillets, pots, pans, and cooking sheets; - A small cockroach crawling up the wall near the coffee maker; - Debris on countertops throughout the kitchen. <p>Observation on 12/01/24 at 7:20 P.M. of the dry goods storage area showed:</p> <ul style="list-style-type: none"> - A large dented can of solid packed apples on the can storage rack; - Dirt and debris throughout the floor. <p>Observation on 12/01/24 at 7:22 P.M. of the refrigerator showed:</p> <ul style="list-style-type: none"> - A tray containing small sealed cups of salad dressing, undated and unlabeled; - An unsealed bag of sandwiches. <p>Observation on 12/03/24 at 11:50 A.M. of the kitchen showed:</p> <ul style="list-style-type: none"> - Dietary Aide F in the kitchen without a hairnet; - Dirt, debris, and trash throughout the floor; - Debris on countertops throughout the kitchen; - Black carbon buildup on stove top and oven; - Black carbon and debris buildup inside the convection oven; - Two missing knobs on front of the stove top; - Black carbon buildup on skillets, pots, pans, and cooking sheets; - A pair of stained, torn oven mitts sitting on the counter near the oven with a live cockroach crawling on them; - An opened container of peanut butter with an expiration date of 11/27/24; - Two opened containers of jelly in a squeeze bottle that said refrigerate after opening stored on the lower cabinet behind the stove top oven. <p>Observation on 12/03/24 at 11:52 A.M. of the dry goods storage area showed:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> - Dirt and debris throughout the floor; - Two dead cockroaches in the floor; - A large dented can of chocolate flavored syrup in the can storage rack; - Two five gallon containers of Sunburst Chemical sitting in the floor. <p>Observation on 12/03/24 at 12:12 P.M. of the lunch meal service showed:</p> <ul style="list-style-type: none"> - Dietary Aide H served trays to residents in the main dining room and did not sanitize in between serving residents; - Dietary Aide I touched multiple dirty surfaces, including pans, serving station, scoops and plastic wrap and then touched clean plates, including the center of the plates and residents' food while wearing the same soiled gloves; - Dietary Aide C touched multiple dirty surfaces including pans, serving station, scoops, plastic wrap, and a dirty trash can lid and then touched residents' food and the inside sections of divided plates while wearing the same soiled gloves; - A dead cockroach smashed in the lid of the water reservoir on the coffee maker that staff were using to serve residents coffee; - Dietary Aides F and G touched the ice scoop to the inside and rims of residents' personal cups, which residents had been using throughout the day; - Dietary Aides F and G put the ice scoop into the ice bucket to store between refilling residents' cups; - Dietary Aides F and G touched the drink pitchers to the rims of residents' personal cups, which residents had been using throughout the day when they were filling each resident's cup for the lunch meal; - Dietary Aides F and G did not wear gloves or sanitize their hands during the entire lunch meal service. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 12/05/24 at 2:36 P.M., the Dietary Manager (DM) said he/she would expect the kitchen to be free from pests. The facility has had an ongoing issue with cockroaches, but he/she knows there is a new company that is coming to spray for them. He/She doesn't know who the pest control company is, but knows they typically spray once a month. He/She would expect staff to wear hairnets in the kitchen and to sanitize their hands and change their gloves after touching something dirty and before touching food or assisting residents. He/She would expect all temperature logs to be completed per regulation. He/She would expect food requiring refrigeration to be stored in the refrigerator and all foods to be stored in appropriately-sealed containers or packages with dates and labels on them. He/She would expect the kitchen and equipment to be free from dirt, debris, and black carbon buildup. It is very challenging to get the buildup off the equipment. Dented cans are taken out of the can storage rack to be sent back to the food company. He/She would expect items past their best by date to be discarded and the dry goods storage area to be free from chemicals.</p> <p>During an interview on 12/05/24 at 2:52 P.M., Dietary Aide C said he/she should change gloves or sanitize hands when touching anything that's not food and when touching surfaces. Cockroaches have been an issue and they spray, but he/she guessed it's not working.</p> <p>During an interview on 12/05/24 at 2:59 P.M., Dietary Aide I said cockroaches have been an issue in the facility. He/She should change gloves between dirty to clean surfaces and he/she should wash his/her hands before putting on new gloves. He/She should wear a hairnet in the kitchen.</p> <p>During an interview on 12/06/24 at 11:36 A.M., Dietary Aide G said he/she has seen cockroaches in the facility and they have been an ongoing issue. He/She knows the facility has someone that comes to spray for them, but he/she still sees them. He/She should sanitize his/her hands every time he/she touches something unsanitary. He/She will wear gloves, but do not change them every time and the facility does not train them to sanitize between the residents. He/She should wear a hairnet when in the kitchen. The ice scoop and pitchers should not touch the resident's cups when staff serve drinks.</p> <p>During an interview on 12/05/24 at 3:45 P.M., the Maintenance Director said there is a book for pest control for employees to note issues with pests, and the company will look at it when they get to the facility to spray each month. The facility recently started using a different pest control company, who comes once a month unless they call for extra services. He/She did not have the pest control book because the pest control company took it with them when they came last Tuesday. The company sprayed and put out tamper-proof traps on their last visit.</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator and Director of Nursing (DON) said they would expect the facility to be free from pests. They would expect staff to change gloves or sanitize their hands between dirty to clean, to change dirty gloves before touching items, the residents, or resident food. They would expect hairnets to be worn in the kitchen, the kitchen and equipment to clean and free from carbon buildup, dirt and debris, refrigerated items to be stored in the refrigerator, food to stored in appropriately-sealed containers and dated and labeled, items past the best by date to be discarded, and the dry goods storage area to be free from chemicals.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Estates of Perryville, Llc, The		STREET ADDRESS, CITY, STATE, ZIP CODE 430 North West Street Perryville, MO 63775	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection control practices to prevent the development and transmission of infection during perineal (peri) care (cleaning the genital and anal areas of the body) for two residents (Resident #4 and #66) outside the sample. The facility failed to implement enhanced barrier precautions (EBP) during perineal and wound care for one resident (Resident #6) out of 23 sampled residents and failed in the prevention of communicable disease in regard to tuberculosis (TB-a communicable disease that affects the lungs and is characterized by fever, cough and difficulty breathing) screening/testing of two residents (Resident # 8 and #23) out of five sampled residents. The facility's census was 115.</p> <p>Review of the Centers for Medicare & Medicaid Services (CMS) memorandum QSO-24-08-NH, dated 03/20/24, showed:</p> <ul style="list-style-type: none"> - CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards; - EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status; - The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control; - EBP refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) that employs targeted gown and glove use during high contact resident care activities; - EBP are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing; - EBP are indicated for residents with any of the following: Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply or wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO; - EBP should be used for any residents who meet the above criteria, wherever they reside in the facility; - For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line (a thin flexible tube that is inserted into a large vein to provide medications, fluids, and blood) urinary catheter (a flexible tube inserted into the bladder to drain urine), feeding tube, tracheostomy/ventilator (surgical opening in the neck used to provide airway for breathing) and wound care (any skin opening requiring a dressing). <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 - Some</p>	<p>Review of the facility's Infection Control Policy, reviewed 10/24/24, showed:</p> <ul style="list-style-type: none"> - Standard/Universal Precautions used to prevent contact with blood or other potentially infectious material, and will be utilized by facility personnel; - Hand hygiene refers to washing with soap or alcohol based hand rubs that do not require water; - Hands shall be washed with soap and water when visibly soiled with dirt, body fluids, blood or after direct or indirect contact with such, and before eating and after using restroom; - In absence of visible soiling of hands, alcohol based rubs are preferred for hand hygiene; - Wash hands after removing gloves; - Wear gloves when direct contact with blood, body fluids, mucus membranes, non-intact skin and other potentially infected material is anticipated; - Change gloves as necessary, during care of a resident to prevent cross-contamination from one body site to another; - Do not reuse gloves; - Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, before going to another resident, and wash hands or use alcohol based rub immediately to avoid transfer of micro organisms to other residents or environment; - Do not wear gloves from one resident to another or walking down hallway; - Wear a mask and eye protection or face shield to protect eyes, nose and mouth during procedures and resident care activities that are likely to generate splashes or sprays; - Wear a gown to protect skin and prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions that may cause soiling; - Remove soiled gown as promptly as possible and perform hand hygiene prior to leaving room; - EBP not addressed in the Infection Control policy. <p>Review of the facility's Peri-Care policy, reviewed 08/24/24, showed:</p> <ul style="list-style-type: none"> - It is the practice of this facility to provide perineal care to all incontinent residents as needed and during routine bath time in order to promote cleanliness and comfort, prevent infection to the extent possible, and to prevent and assess for skin breakdown; - Peri-care will be completed when a resident is incontinent, soiled, during routine bath time, and as needed; <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 - Some</p>	<p>- The policy did not address hand hygiene or glove use during peri-care.</p> <p>Review of the facility's Handwashing policy, undated, showed:</p> <ul style="list-style-type: none"> - Staff will wash hands as frequently as needed throughout the day following proper hand washing procedures; - When to wash hands: to prevent cross contamination when changing tasks or any time a contaminated surface is touched; - Staff is educated on the importance of hand washing and retrained and reminded as necessary on the above guidelines; - Handwashing per guidelines should occur between each task; - Gloves should be removed when changing or walking away from specific tasks and hands should then be washed per guidelines. <p>Review of the facility's document, Your Five Moments for Hand Hygiene, undated, showed:</p> <ul style="list-style-type: none"> - The World Health Organization (WHO) recommends that medical professionals should clean their hands before touching a patient, before clean procedures, after body fluid exposure/risk, after touching a patient, and after touching patient surroundings. <p>Review of the facility's TB Testing Policy, reviewed 08/25/24, showed:</p> <ul style="list-style-type: none"> - In order to minimize the risk of resident acquiring, transmitting, or experiencing complications from tuberculosis, the facility will screen residents upon admission and annually; - Upon admission, each resident will have a two-step TB test administered and read per protocol; - Annually, each resident will be screened for TB, and the Director of Nursing (DON) and physician will be notified of any questions answered affirmative. <p>1. Observation on 12/05/24 at 12:50 P.M. of Resident #6's peri and wound care showed:</p> <ul style="list-style-type: none"> - Certified Nursing Assistant (CNA) L and CNA M washed hands and gloved; - CNA L and CNA M removed the resident's wet brief and CNA L cleaned the front peri area wearing only gloves; - CNA M rolled resident to his/her left side, and held in place for CNA L to clean buttocks; - CNA L, with the same soiled gloves, cleaned the resident's buttocks with a clean wipe; - Licensed Practical Nurse (LPN) N washed hands, then cleaned wound on the resident's buttock and placed dressing, wearing only gloves; <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 - Some</p>	<ul style="list-style-type: none"> - LPN N removed gloves and sanitized hands before leaving room; - CNA L, CNA M, and LPN N did not wear a gown for the duration of peri care and wound care; - Resident #6 did not have an EBP sign on his/her door or EBP supplies available outside or near his/her door. <p>During an interview on 12/05/24 at 2:35 P.M., LPN N said EBP should be used for wound precautions, to prevent spread of MRDOs. EBP should be worn when transferring and toileting residents with catheters, central lines, and tube feedings. Staff should wear gloves, gowns, and goggles/masks for wound care, depending on the wound. The facility has carts with the EBP supplies in different locations and EBP should have been worn during Resident #6's care.</p> <p>During an interview on 12/05/24 at 2:54 P.M., CNA L said EBP would include gowns and gloves and are kept in the clean supply or med supply room. CNA L said he/she should have worn EBP during Resident #6's care.</p> <p>During an interview on 12/05/24 at 2:54 P.M., CNA M said EBP would be worn if someone had something infectious, and the facility would let staff know. There was not anything in place like that for Resident #6 and, at that time, he/she was unaware of any resident in the facility placed on EBP.</p> <p>2. Observation on 12/05/24 at 1:20 P.M. of Resident #4's peri care showed:</p> <ul style="list-style-type: none"> - CNA O donned gloves without performing hand hygiene and moved the resident's bedside table; - CNA K brought in washcloths and a towel, put them on the sink, and donned gloves without performing hand hygiene; - CNA K and CNA O transferred the resident from wheelchair to bed via mechanical lift; - CNA K took the lift into the hall and attempted to spray it with an alcohol bottle zip tied to the lift, but said the bottle wasn't spraying very well, so he/she put the bottle back; - CNA K removed gloves, washed hands, donned gloves, obtained trash liners from his/her pocket and handed them to CNA O; - CNA O spread out two liners on the bed; - CNA K and CNA O removed the resident's soaked brief and pulled it out from under the resident as they both rolled the resident. CNA K put the wet brief into the trash liner that CNA O held open; - CNA K opened the nightstand drawer with the same soiled gloves and obtained a bottle of peri wash; - CNA K turned on the faucet at the sink with the same soiled gloves, wet the washcloth with water, sprayed peri wash onto the washcloth, and set the washcloth and peri wash bottle on the nightstand; <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 - Some</p>	<ul style="list-style-type: none"> - CNA K removed the lift pad from under the resident, put the lift pad and bed pad in the trash liner that CNA O held open; - CNA K wiped the resident's front peri area with the same washcloth folding it over with each use, then used a dry towel on the resident's peri area without changing gloves or performing hand hygiene; - CNA K and CNA O, with the same soiled gloves, rolled the resident side to side and both cleaned the resident's buttocks with a new washcloth sprayed with peri wash and dried with a new towel then disposed of washcloth and towel in trash liner on bed; - CNA K opened the nightstand drawer to obtain barrier cream, removed gloves, washed hands for approximately three seconds, while CNA O touched gloves in glove dispenser hanging on the wall, still wearing the same soiled gloves; - CNA O removed gloves, did not perform hand hygiene and, with bare hands, handed a new pair of gloves to CNA K to don; - CNA O retrieved new gloves for himself/herself from the glove dispenser on the wall and donned gloves; - CNA K applied barrier cream to the resident's buttocks, removed gloves, washed hands for approximately three seconds, and donned new gloves; - CNA K picked up the soiled bags from the bed, set them on the floor, then covered the resident with a blanket; - CNA K removed gloves, picked up trash bags from floor with bare hands, then set the bags back down on the floor, washed hands, and picked up the trash bags again; - CNA O removed gloves, washed hands and exited room; - CNA K put trash in soiled utility room and washed hands in the employee restroom by the nurses' station. <p>During an interview on 12/05/24 at 1:50 P.M., CNA K said he/she would wash hands before care, in between, and if the resident is both wet and had a bowel movement, he/she would wash hands and change gloves before cleaning up the bowel movement, then wash hands before leaving the room. He/She would sanitize when out of the resident's room after care. He/She would try to not touch other things in the room with dirty hands. CNA O said he/she agreed with what CNA K said.</p> <p>3. Observation on 12/05/24 at 1:57 P.M. of peri care for Resident #66 showed:</p> <ul style="list-style-type: none"> - CNA K washed hands in the resident's room and donned gloves; - CNA O obtained clean gloves, put them in his/her pocket, washed his/her hands, then took gloves from pocket and donned them; <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 - Some</p>	<ul style="list-style-type: none"> - CNA K and CNA O transferred the resident from the wheelchair to the bed with a gait belt (a device used for assistance with transfers and walking); - CNA K removed the resident's pants and soaked brief as CNA O laid trash liners on the bed; - Without changing gloves or performing hand hygiene, CNA K laid a clean brief on the bed; - CNA O picked up the clean brief and set it on the wheelchair with same gloves used to hold bags open for CNA K to place the resident's soiled clothing and brief; - CNA K removed gloves, washed hands, sprayed washcloths with peri wash, handed a washcloth to CNA O, who wiped the resident's front peri area, folding the cloth with each wipe, and dried the resident with a clean towel; - CNA O assisted the resident to roll and, with the same washcloth and wearing the same soiled gloves, wiped bowel movement six times, folding the washcloth over each time, then disposed of the washcloth in the trash liner CNA K held; - Wearing the same soiled gloves and with a clean, dry towel, CNA O dried the resident's buttocks, picked up the clean brief from the resident's wheelchair, and put it on the resident while CNA K held the soiled bag; - CNA K and CNA O removed gloves. CNA K washed hands while CNA O did not; - The resident removed his/her socks, handed them to CNA O, who put the socks in the resident's wheelchair next to the bed. CNA O then covered the resident with a blanket; - CNA O did not wash hands prior to leaving the room. <p>4. Review of Resident #8's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - First-step TB test given on 01/04/24, read on 01/08/24, one day late, with results of 0 millimeters (mm); - Second-step TB test given on 01/19/24, read on 01/22/24, results of 0 mm. <p>During an interview on 12/05/24 at 4:26 P.M., the DON said the results of Resident #8's first step had been read a day late.</p> <p>5. Review of Resident #23's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - A TB screening, dated 08/12/24, indicated further instructions needed due to resident had prolonged cough; <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 - Some</p>	<p>- No documentation of further instruction requested or orders for further testing.</p> <p>During an interview on 12/05/24 at 4:21 P.M., the DON said she would expect at minimum for a resident that did not have a passing annual screening to at least have a chest X-ray, but this occurred before her time.</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator and DON said they would expect staff to change gloves or sanitize their hands between dirty to clean and to change dirty gloves before touching items or the residents. They would expect staff to use EBP when a resident has wounds, tracheostomies (a surgical procedure that creates an opening in the windpipe and inserts a tube to provide an airway), peg tubes (a thin, flexible tube inserted through the skin of the abdomen directly into the stomach used for food, fluids, or medication), or communicable diseases. The EBP PPE is to be stored somewhere close to resident rooms or the nurse's station where staff can easily access it. They would expect TB tests to be read per regulation and residents with a positive TB screening to have the physician notified and a chest X-ray completed.</p> <p>46555</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>46555</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program. This had the potential to affect all residents in the facility. The facility's census was 115.</p> <p>Review of the facility's policy, Pest Control, dated 08/24/24, showed:</p> <ul style="list-style-type: none"> - This facility will ensure the facility remains clean and free from pests; - Daily cleaning of facility will be maintained; - Monthly contracted pest control company will treat inside and outside of facility; - Entry points to facility will be kept in good repair; - Residents will be provided bags for their snacks they keep in their rooms. <p>Observation of the kitchen on 12/01/24 at 7:17 P.M. showed:</p> <ul style="list-style-type: none"> - Approximately two dozen live cockroaches in the oven that scattered when the oven door was opened; - A live cockroach crawling up the wall near the coffee maker. <p>Observation of the kitchen on 12/03/24 at 11:50 P.M. showed:</p> <ul style="list-style-type: none"> - A live cockroach on a pair of oven mitts lying on a shelf next to the oven; - Multiple live cockroaches inside the oven; - A dead cockroach in the floor to the right of the oven. <p>Observation of the dry goods storage room on 12/03/24 at 11:53 A.M. showed a dead cockroach in front of the walk-in refrigerator.</p> <p>Observation of the main dining room serving area on 12/03/24 at 12:12 P.M. showed:</p> <ul style="list-style-type: none"> - A dead cockroach smashed between the lid and top of the water reservoir area on the coffee maker the staff were using to serve residents coffee; - Multiple mouse droppings throughout the serving counter cabinets and drawers; - A dead insect in the steam table well. <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of the nursing office on locked portion of B hall on 12/05/2024 at 11:55 A.M. showed a small cockroach crawling on the floor out from under the desk.</p> <p>During an interview on 12/05/24 at 2:36 P.M., the Dietary Manager (DM) said he/she would expect the kitchen to be free from pests. They have had an on going issue with cockroaches. He/She doesn't know who the pest control company is, but knows they typically spray once a month.</p> <p>During an interview on 12/05/24 at 2:52 P.M., Dietary Aide C said cockroaches have been an ongoing issue. He/she knows someone comes to spray for them, but he/she guesses it has not been working.</p> <p>During an interview on 12/05/24 at 2:59 P.M., Dietary Aide I said cockroaches have been an issue in the facility.</p> <p>During an interview on 12/06/24 at 11:36 A.M., Dietary Aide G said he/she has seen cockroaches in the facility and they have been an ongoing issue. He/she knows the facility has someone that comes to spray for them, but he/she still sees them.</p> <p>During an interview on 12/05/24 at 3:45 P.M., the Maintenance Director said there is a book for pest control for employees to note issues with pests, and the company will look at it when they get to the facility to spray each month. The facility recently started using a different pest control company, who comes once a month unless they call for extra services. He/she did not have the pest control book because the pest control company took it with them when they came last Tuesday. The company sprayed and put out tamper-proof traps on their last visit.</p> <p>During an interview on 12/06/24 at 3:45 P.M., the Administrator said he/she would expect the facility to be free from pests.</p>