

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Amberwood Estates Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5303 Bermuda Drive Normandy, MO 63121	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>46970</p> <p>Based on observation, interview and record review, the facility failed to maintain dignity and provide personal privacy for Resident #71, when staff did not place a cover over the resident's half full catheter drainage bag that was visible from the hallway through the resident's open room door. The sample was 21. The census was 87.</p> <p>Review of the facility's Resident Rights policy, revised 9/1/22, showed:</p> <ul style="list-style-type: none"> -Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; -Respect and dignity. The resident has a right to be treated with respect and dignity; -Privacy and confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records; -Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. <p>Review of Resident #71's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/24/23, showed:</p> <ul style="list-style-type: none"> -Cognitively intact; -Used a wheelchair; -Toileting hygiene - dependent; -Diagnoses included depression, anxiety disorder (Intense, excessive, and persistent worry and fear about everyday situations), paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease). <p>Review of the resident's physician orders, showed:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Suprapubic catheter (a sterile tube inserted into the bladder through the abdominal wall to drain urine) indication: neurogenic bladder;</p> <p>-Irrigate urinary catheter with 30 - 50 milliliter (ml) sterile water or normal saline as required;</p> <p>-Suprapubic care and check catheter anchor placement to prevent excessive tension on the catheter. Keep tubing free of kinks and positioned below level of bladder every shift and as needed.</p> <p>Review of the resident's care plan, in use at the time of the survey, showed:</p> <p>-Focus: Resident has an indwelling suprapubic catheter;</p> <p>-Goal: Resident will be/remain free from catheter related trauma through review date;</p> <p>-Interventions/Tasks: Ensure catheter bag is covered to maintain dignity of resident.</p> <p>Observation on 4/14/24 at 11:08 A.M., showed the catheter bag not covered.</p> <p>Observation on 4/14/24 at 12:41 P.M., showed the catheter bag not covered.</p> <p>Observation on 4/15/24 at 11:32 A.M., showed the catheter bag not covered.</p> <p>Observation on 4/15/24 at 3:58 P.M., showed the catheter bag not covered.</p> <p>Observation on 4/16/24 at 9:44 A.M., showed the catheter bag not covered.</p> <p>During an interview on 4/16/24 at 9:44 A.M., Licensed Practical Nurse (LPN) A said catheters should be covered with a privacy bag and the resident's catheter had a cover on it. Nurse A looked inside the resident's room and saw the catheter not covered. He/She said the catheter should always be covered and he/she would make sure to put one on.</p> <p>During an interview on 4/16/24 at 11:50 A.M., LPN B said the resident's catheter should have had a privacy cover.</p> <p>During an interview on 4/18/24 at 11:14 A.M., LPN Nurse C said residents have the right to be treated with dignity and respect and the resident's catheter should have been covered. He/She expected staff to follow the resident's care plan and cover the catheter.</p> <p>During an interview on 4/18/24 at 1:02 P.M., the Regional Nursing Consultant said the resident's catheter should have a cover and she expected staff to have covered the catheter and follow the resident's care plan.</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>37681</p> <p>Based on observation, interview and record review, the facility failed to promote and facilitate self-determination for residents who were dependent on staff for transfer assistance by failing to ensure residents were out of bed daily, in accordance with resident preferences. The facility also failed to provide showers/baths per resident preferences. This affected one of 21 sampled residents and members of the resident council (Resident #71). The census was 87.</p> <p>Review of the facility's Resident Rights policy, reviewed/revised 9/1/22, showed:</p> <ul style="list-style-type: none"> -The facility will ensure that all staff members are educated on the rights of residents and the responsibility of the facility to properly care for its residents; -Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; -Exercise of rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States; -Respect and dignity. The resident has a right to be treated with respect and dignity, including: <ul style="list-style-type: none"> -The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would endanger the health or safety of the resident or other residents; -Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to: <ul style="list-style-type: none"> -The resident has a right to choose activities, schedules (including sleeping and waking times); -The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident; -The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility; -Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. <p>1. Review of Resident #71's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/24/23, showed:</p> <ul style="list-style-type: none"> -admitted : 12/12/23; -No cognitive impairment; <p>(continued on next page)</p>

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Wheelchair for mobility;</p> <p>-Toileting hygiene - dependent;</p> <p>-Diagnoses included depression, anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations) and paraplegia, (paralysis of the legs and lower body, typically caused by spinal injury or disease).</p> <p>Review of the resident's physician orders, showed:</p> <p>-May participate in activities as tolerated.</p> <p>Review of the resident's care plan, in use at the time of the survey, showed:</p> <p>-Focus: Resident has an activities of daily living (ADL) self-care self-care performance deficit. He/She required total care from staff related to ADL care;</p> <p>-Goal: Resident needs will be met through the review dated;</p> <p>-Interventions/Tasks: Bed mobility - the resident requires extensive assistance by 2 staff to turn and reposition in bed;</p> <p>-Personal hygiene: The resident is totally dependent on 2 staff for personal hygiene and oral care;</p> <p>-Resident requires mechanical lift with 2 staff assistance for transfers;</p> <p>-Resident is totally dependent on 2 staff for transferring.</p> <p>Observation on 4/14/24 at 11:08 A.M., showed the resident in bed. During an interview, the resident said he/she had only been out of bed twice since coming to the facility. Certified Nurse's Aide (CNA) D and one other staff asked if he/she wanted to get out of bed, but they were the only ones and he/she felt annoyed that staff wouldn't get him/her up out of bed. He/She said they're fucked up here, so whatever.</p> <p>During an interview on 4/16/24 at 9:35 A.M., the Director of Rehab said the resident had no restrictions related to getting out of bed.</p> <p>During an interview on 4/16/24 at 9:44 A.M., Licensed Practical Nurse (LPN) A said residents should be able to get up when they wanted to.</p> <p>During an interview on 4/16/24 at 11:50 A.M., LPN B said he/she would assist residents if they asked him/her to get up. Residents should be able to get up if/when they wanted to.</p> <p>Observation on 4/17/24 at 9:31 A.M., showed the resident in bed, eyes open. During an interview at that time, the resident said he/she wanted to get out of bed, but no staff had come to his/her room yet.</p> <p>Observation on 4/17/24 at 9:37 A.M., showed most of the residents on 500 division still in bed.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/17/24 at 9:40 A.M., showed the resident lying on his/her right side, facing the door. He/She looked sad and shook his/her head no, when asked if staff had come yet to get him/her up out of bed.</p> <p>During an interview on 4/17/24 at 10:47 A.M., the resident said he/she was still waiting on someone to come and get him/her out of bed.</p> <p>During an interview on 4/18/24 at 11:14 A.M., Nurse C said he/she expected staff to get Resident #71 and any other residents up who wanted to be up, but there was usually only one CNA on the floor and that person would have to find someone to help them. They are short staffed all the time.</p> <p>During an interview on 4/18/24 at 1:02 P.M., the Regional Nurse Consultant said she expected staff to get Resident #71 and other residents up if they wanted to get up and expected staff to go get another person to help.</p> <p>2. During an interview on 4/16/24 at 10:12 A.M., five residents, who the facility identified as alert and oriented, attended the group meeting. Five of five residents said they were not offered at least two showers per week. When they asked for showers, they were told it was not their shower day. One resident required a mechanical lift to transfer from the bed to the wheelchair. The resident said he/she wanted to get up and out of bed daily, but was told because they did not have any help, he/she would not be able to get out of bed. This has happened at least four times per week.</p> <p>During an interview on 4/18/24 at 10:41 A.M., CNA L said they try to get residents up and out of bed daily, but it did not always happen. If residents required a mechanical lift for transfers, two staff members were needed. If they were short staffed, the resident would have to wait, or sometimes, they were not able to get them out of bed. Residents were to receive at least two showers per week. If they were short staffed, residents may not receive two showers per week.</p> <p>During an interview on 4/18/24 at 11:09 A.M., LPN C said residents were supposed to receive at least two showers per week and should be up and out of bed daily. This did not always happen because they were short staffed.</p> <p>3. During an interview on 4/18/24 at 1:02 P.M., the Administrator, Director of Nursing (DON) and Regional Nurse Consultant (RNC) said residents should receive at least two showers per week and should be up and out of bed daily.</p> <p>45083</p> <p>46970</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37672</p> <p>Based on observation, interview and record review, the facility failed to ensure a functional bathroom toilet for one resident (Resident #50). The resident's bathroom toilet did not function for 4 out of 5 days of the survey. The resident had to use the shower room down the hallway. The facility also failed to ensure functional resident bathroom lights for two residents (Residents #71 and #72) and call light for one resident (Resident #36) on the 500 hallway as well as a comfortable water sink temperature and pressure. The census was 87.</p> <p>Review of the Environmental Quality Policy, revised 9/1/21 showed:</p> <ul style="list-style-type: none"> -Policy: the facility shall be equipped and maintained to provide a safe, functional, sanitary and comfortable environment for residents; -Explanation and compliance guidelines: <ul style="list-style-type: none"> -Maintain all essential mechanical, electrical and patient care equipment in safe operating condition; -Identify areas of possible entrapment by conducting regular inspections on all bed frames, mattresses and bed rails. These inspections will be part of the facility's routine maintenance program; -Each resident will functional equipment. -The facility must provide each resident with: <ul style="list-style-type: none"> -A nurse call system in the resident's room and toilet/bathing facilities, which relays the call directly to a staff member or to a centralized staff work areas. <p>Review of the facility's Resident Rights policy, reviewed/revised 9/1/22, showed:</p> <ul style="list-style-type: none"> -The facility will ensure that all staff members are educated on the rights of residents and the responsibility of the facility to properly care for its residents; -Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; -Exercise of rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States; -Respect and dignity. The resident has the right to be treated with respect and dignity, including: <ul style="list-style-type: none"> -The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would endanger the health or safety of the resident or other residents; <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>1. Review of Resident #50's medical record, showed:</p> <p>-admitted : 4/1/24;</p> <p>-Able to make needs and wants known;</p> <p>-Diagnoses included: heart failure, end stage kidney disease (ESRD, the kidneys fail to properly function), hepatitis C (liver disease) and pulmonary disease;</p> <p>-Dependent on staff for personal hygiene needs;</p> <p>-Able to transfer self with assistance.</p> <p>During an observation and interview on 4/15/24 at 7:45 A.M., the resident said the room toilet had been backed up since he/she admitted into the facility. He/She could not use the bathroom in his/her private room. He/She had to go down to the front of the hallway to access the shower room and use the toilet. He/She had told staff about the room toilet, and it had not been repaired. Observation of the in-room bathroom, showed in the toilet, a dark brown substance in the toilet and toilet paper floating on the surface.</p> <p>Observation on 4/16/24 at 9:10 A.M. and 2:42 P.M., and on 4/17/24 at 9:32 A.M. and 12:56 P.M., showed the resident's bathroom toilet remained clogged.</p> <p>2. Review of Resident #71's medical record, showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included: depression, anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations) and paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease);</p> <p>-Dependent on staff for toileting and mobility.</p> <p>Review of the physician order sheet, showed:</p> <p>-May participate in activities as tolerated.</p> <p>Review of the care plan, in use at the time of the survey, showed:</p> <p>-Focus: the resident has an activities of daily living (ADL) self-care performance deficit and requires total care from staff;</p> <p>-Goal: needs will be met;</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Interventions/Tasks: Bed mobility - requires extensive assistance by 2 staff to turn and reposition in the bed;</p> <p>-Personal hygiene: totally dependent on 2 staff for personal hygiene and oral care;</p> <p>-Transfers: requires a mechanical lift with 2 staff assistance for all transfers.</p> <p>During an interview on 4/14/24 at 11:08 A.M., the resident said the light in his/her bathroom wasn't working and the water at the sink was cold. He/She did not use it.</p> <p>During an interview on 4/15/24 at 4:18 P.M., Certified Nurse Aide (CNA) G said the hot water issue had been going on since he/she got here.</p> <p>Observation on 4/15/24 at 9:32 A.M., showed the water temperature in the resident's bathroom sink was 77.5 degrees Fahrenheit (F) and the bathroom was dark due to the light not working. The resident who shared the bathroom said the water was always cold.</p> <p>Observation on 4/17/24 at 9:31 A.M., showed the water temperature measured 77 degrees (F).</p> <p>3. Review of Resident #85's medical record, showed:</p> <p>-Cognitively intact;</p> <p>-Staff provide verbal cues or touching/steadying assistance to maintain hygiene needs;</p> <p>-Ambulates independently.</p> <p>Observation on 4/14/24 at 12:31 P.M., showed the water pressure in the resident's sink was low and caused a very small stream of water to come from the faucet.</p> <p>Observation on 4/15/24 at 9:38 A.M., showed low water pressure in the resident's sink.</p> <p>4. Review of Resident #72's medical record, showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included depression and high blood pressure;</p> <p>-No functional limitations in range of motion and used a wheelchair for mobility.</p> <p>During an interview on 4/14/24 at 11:45 A.M., the resident said the toilet was clogged up. Observation showed feces inside the toilet and bathroom light was very dim.</p> <p>Observation on 4/15/24 at 9:36 A.M., showed the bathroom sink drained slowly. During an interview, the resident said not to let the water run too long because the sink would overflow.</p> <p>During an interview on 4/16/24 at 9:50 A.M., the resident said the toilet was still broken and the bathroom light was very dim. Observation showed feces inside the toilet and bathroom light was dim.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Review of Resident #36's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -No cognitive impairment; -ADL-dependent; -Wheelchair for mobility; -Diagnoses included anemia, depression and anxiety disorder. <p>Review of the resident's physician orders, showed:</p> <ul style="list-style-type: none"> -Activity level as tolerated; -Ensure bilateral lower extremities (BLE) heels are elevated while in bed. <p>Review of the resident's current care plan, showed:</p> <ul style="list-style-type: none"> -Focus: The resident has limited physical mobility related to contractures, stroke and weakness; -Goal: The resident will remain free of complications related to immobility, including contractures, skin-breakdown, through the next review date; -Interventions: Provide gentle range of motion as tolerated with daily care. <p>Observation on 4/15/24 at 4:37 P.M., showed the resident yelled out for help repeatedly. The resident's door was closed. During an interview, the resident said he/she wanted to be turned and pressed his/her call light, but no one came. Observation showed the call light not activated outside the resident's door.</p> <p>During an interview on 4/16/24 at 11:58 A.M., CNA I said the residents can turn their call light on but the lights were janky and didn't work sometimes.</p> <p>6. During an interview on 4/17/24 at 10:06 A.M., the Maintenance Director said he did not conduct equipment inspections but checked the staff maintenance log binder if staff reported broken equipment. He said if a resident reported broken equipment, he would check. He was unaware the maintenance department needed to inspect equipment. He expected all call lights to be functional, and staff to immediately report any broken essential resident care items including the call lights. He expected the housekeeping staff and nursing staff to be in resident rooms daily and report if resident rooms needed repair. Each nurses station held a maintenance binder. Staff are expected to notify him immediately to repair clogged toilets. Staff should document non-emergent work orders in the maintenance binders. He checks the binders multiple times a week. He was unaware of the resident's clogged toilet. Resident toilets should be functional.</p> <p>7. During an interview on 4/18/24 at 1:02 P.M., the Regional Nurse Consultant said she expected resident room lights to be in working condition and the water temperatures to be at the appropriate sink temperature. The Maintenance Director should keep a maintenance log, used to inspect and maintain all resident rooms and patient care equipment in functional condition.</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>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** 37681</p> <p>Based on interview and record review, the facility failed to ensure a resident's right to be free from abuse was not violated when residents were involved in a physical resident to resident altercation (Residents #3 and #76), resulting in one of the involved residents (Resident #3) being struck in the face, causing an injury. The sample size was 21. The census was 87.</p> <p>Review of the facility's Abuse, Neglect and Exploitation policy, revised 8/22/22, showed:</p> <p>-Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property;</p> <p>-Definitions:</p> <p>-Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting in physical harm, pain or mental anguish, which can include staff to resident and certain resident to resident altercations;</p> <p>-Physical abuse includes, but is not limited to hitting, slapping, punching, biting and kicking;</p> <p>-Prevention of Abuse, Neglect and Exploitation;</p> <p>-The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect and misappropriation of resident property, and exploitation that achieves;</p> <p>-Identifying, correcting and intervening in situations in which abuse, neglect and misappropriation is more likely to occur with the deployment of trained and qualified, registered, licensed and certified staff on each shift in sufficient numbers to meet the needs of the residents and assure that the staff assigned have knowledge of the individual residents' care needs and behavioral symptoms;</p> <p>-Identification of Abuse, Neglect and Exploitation;</p> <p>-The facility will have written procedures to assist staff in identifying the different types of abuse. This includes staff to resident abuse and certain resident to resident altercations;</p> <p>-Protection of Resident;</p> <p>-The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse during and after the investigation. Examples include but are not limited to;</p> <p>-Responding immediately to protect the alleged victim and integrity of the investigation;</p> <p>-Increased supervision of the alleged victim and resident.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Amberwood Estates Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5303 Bermuda Drive Normandy, MO 63121	
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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>Review of Resident #3's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/1/24, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -No behaviors; -Uses a wheelchair independently; -Diagnoses included renal disease, depression and asthma. <p>Review of the resident's care plan, updated 4/12/24, showed:</p> <ul style="list-style-type: none"> -Focus: The resident had an altercation with another resident on 4/10/24 and was struck with a cane. He/She sustained a skin tear to the forehead; -Goal: The resident will verbalize understanding of need to control verbally abusive behavior through the review date; -Interventions: Residents immediately separated. The resident was sent to the emergency room per his/her request for evaluation and treatment. <p>Review of Resident #76's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -No behaviors; -Ambulates independently; -Diagnoses included a stroke. <p>Review of the resident's care plan, updated 4/12/24, showed:</p> <ul style="list-style-type: none"> -Focus: The resident has the potential to be verbally and physically aggressive related to poor impulse control. On 4/10/24, the resident had an altercation. He/She threw his/her cane and struck another resident; -Goal: The resident will not harm self or other through the review date and will seek out staff when agitation occurs through the review date; -Interventions: Residents immediately separated and monitored for aggression. When the resident becomes agitated, intervene before agitation escalates. <p>During an interview on 4/17/24 at approximately 11:30 A.M., Resident #76 said people were always coming in and out of his/her room and was irritated by this. He/She pointed in the direction of Resident #3's room and said, (He/She) came in my room and I had to make (him/her) leave.</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>Review of the facility's investigation, dated 4/10/24, showed:</p> <ul style="list-style-type: none"> -Resident #76 is alert and oriented to self with some confusion. According to his/her most recent MDS, the resident has short/long-term memory impairment; -Resident #3 is alert and oriented to self. According to his/her most recent MDS, the resident has short-long-term memory impairment; <p>-On 4/10/24 at approximately 6:35 P.M., as the charge nurse was exiting another resident's room, he/she observed Resident #3 with blood on his/her forehead. The nurse asked the resident what happened. Resident #3 said, (He/She) hit me. The nurse asked the resident who hit him/her, and the resident replied, (Resident #76). Resident #76 was standing near the doorway of his/her room and stated, I didn't hit (him/her), (he/she) ran into it. Resident #76 was referring to his/her cane. The charge nurse separated the residents and instructed the other charge nurse to call the Social Services Director to report the incident. The charge nurse completed pain and skin assessments on Resident #3 and noted a small laceration to the forehead and applied pressure to the area. The physician, Administrator, resident representatives and Director of Nursing (DON) were made aware of the incident. The physician gave orders to send Resident #3 to the emergency room for further evaluation of head laceration and to send Resident #76 to the emergency room for further psychiatric evaluation;</p> <p>-Upon completion of the investigation, the incident was substantiated. In an interview with Resident #3, he/she stated, I got hit because (Resident #76) was just running (his/her) mouth and wanted to start an argument. I was in the wrong place at the wrong time. Resident #76 was standing in the doorway of his/her room and stated, I didn't hit (him/her). (He/She) ran into it. I was twirling my cane and (he/she) got too close. Both residents remain at the facility at baseline. Both deny any further issues. As a result of the investigation, the following interventions have been put in place;</p> <ul style="list-style-type: none"> -One on one as needed with both residents; -Monitor Resident #3 for signs of fearfulness; -Monitor Resident #76 for signs of aggression; -Activities to offer diversional activities for both residents; -Medication review for both residents; -Update care plan. <p>Review of Resident #3's hospital After Visit summary, dated 4/10/24, showed a computed tomography (CT, a medical imaging technique used to obtain detailed internal images of the body) scan of the head is negative for intracranial (head) injury.</p> <p>During an interview on 4/15/24 at 2:31 P.M., Certified Nursing Assistant (CNA) M said he/she normally worked with both residents. He/She was not present when the incident occurred, but saw a bruise on Resident #3's forehead and asked what happened. The resident said he/she was hit by another resident. The residents had no prior conflict. The CNA was not aware the resident got into an altercation with Resident #76. Resident #76 could become verbally aggressive.</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 4/18/24 at 10:41 A.M., CNA L said he/she was familiar with both residents. Resident #3 was not physically aggressive towards other residents. Resident #76 was known to become verbally aggressive. The two residents never had an altercation between the two in the past. He/She was told to monitor residents for aggressive behavior.</p> <p>During an interview on 4/17/24 at 9:02 A.M., the Social Services Director (SSD) said although she did not witness the altercation, staff notified her immediately and she began her investigation. The residents were separated, law enforcement was notified and staff were told to monitor both residents. She did not have the chance to conduct an in-service immediately following the incident because it happened so fast. Resident #76 has a court date related to the incident on 6/4/24. Resident #76 can be aggressive and mouthy.</p> <p>During an interview on 4/18/24 at 1:02 P.M., the Administrator, DON and Regional Nurse Consultant said residents should be free from abuse.</p> <p>MO00234498</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37672</p> <p>Based on observation, interview and record review, the facility failed to ensure residents who required assistance with activities of daily living (ADL) care received showers in accordance with their personal needs for eight (Residents #19, #17, #15, #51, #35, #78, #39 and #50) of 21 sampled residents. The census was 87.</p> <p>Review of the facility's Resident Showers Policy, dated 9/1/21, showed:</p> <ul style="list-style-type: none"> -Policy: It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice; -Policy Explanation and Compliance Guidelines; -Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety; -Partial baths may be given between regular showers as per facility policy. <p>1. Review of Resident #19's care plan, revised 3/28/24, showed:</p> <ul style="list-style-type: none"> -Focus: The resident has an ADL self-care performance deficit limited mobility. He/She depends on staff for ADLs; -Goal: Staff to anticipate and meet needs daily; -Interventions: Assist resident with ADLs as indicated. <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/30/24, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -No behaviors; -Dependent on staff for oral hygiene, toileting hygiene and shower/baths. Helper does all of the effort; -Diagnoses included anemia, stroke, dementia, seizures and depression. <p>Review of the resident's medical record, showed no shower sheets.</p> <p>Observation on 4/14/24 at 11:22 A.M., 4/15/24 at 8:02 A.M., 4/16/24 at 8:12 A.M. and 4/17/24 at 9:33 A.M., showed the resident lay in bed on his/her back. The resident's right hand was contracted. When asked to open his/her right hand, the resident's nails were dirty and long. The resident's hair and facial hair were disheveled and unkempt.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/17/24 at 11:09 A.M., showed the resident lay in bed on his/her back. The resident's hair and facial hair were disheveled and unkempt. The resident emitted a scent of urine. When asked if the resident received a shower recently, the resident shook his/her head no.</p> <p>During observation and interview on 4/17/24 at 11:15 A.M., the resident's fitted sheet had dried blood stains behind his/her head, and under the right arm. Licensed Practical Nurse (LPN) N said the resident had rashes in the head and arms that he/she scratched but had no active bleeding. He/She said the resident just needed to be cleaned up. When LPN N removed the resident's socks, a significant amount of peeled skin flakes came out of the socks and from the resident's feet. The resident's incontinence brief was wet and had stool smears. There was a strong urine odor. LPN N fastened the dirty brief back and said he/she would inform the Certified Nursing Assistant (CNA) because he/she was going to lunch.</p> <p>During an interview on 4/17/24 at 11:56 A.M. and 4/18/24 at 10:41 A.M., CNA L said he/she was going to get the resident cleaned and changed. LPN N did not inform him/her the resident needed to be changed. The resident should not have had to wait to be changed. The resident would not refuse showers or baths. Residents were supposed to receive three showers per week and should be well groomed daily. A bed bath should be provided daily. Residents were not receiving three showers per week, plus a bed bath due to staffing issues.</p> <p>During an interview on 4/17/24 at 2:28 P.M., the Regional Nurse Consultant (RNC) said they did not have any shower sheets for the resident.</p> <p>2. Review of Resident #17's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Cognitively intact; -No behaviors; -Required substantial/maximal assistance with toileting hygiene and showers/baths. Helper does more than half the effort; -Diagnoses included septicemia (blood poisoning), hepatitis, dementia and depression. <p>Review of the resident's care plan, revised 8/8/23, showed:</p> <ul style="list-style-type: none"> -Focus: The resident has an ADL self-care performance deficit; -Goal: The resident will improve current level of function through the review date; -Interventions: The resident is extensive assist of one staff to provide bath/shower as necessary. <p>Review of the resident's medical record, showed no shower sheets.</p> <p>During an observation and interview on 4/14/24 at 11:17 A.M., the resident lay in bed watching television. The resident's nails were long and dirty. He/She said he/she had not received a shower or bed bath in over a month. He/She said he/she would not refuse a shower or bed bath.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/16/24 at 8:18 A.M., 4/17/24 at 8:17 A.M., and 4/18/24 at 8:13 A.M., showed the resident lay on his/her back in his/her room. The resident's nails were long and dirty and he/she emitted a strong scent of urine.</p> <p>During an interview on 4/17/24 at 2:28 P.M., the RNC said they did not have any shower sheets for the resident.</p> <p>During an interview on 4/18/24 at 10:41 A.M., CNA L said residents were supposed to receive three showers per week. He/She was not sure if the resident received showers but when he/she was assigned to the resident, he/she offered showers. The resident sometimes refused care.</p> <p>3. Review of Resident #15's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Cognitively intact; -No behaviors; -Required substantial/maximal assistance with showers/baths. Dependent on staff for toileting hygiene. Helper does all of the effort; -Diagnoses included wound infection and respiratory failure. <p>Review of the resident's care plan, revised 1/30/24, showed:</p> <ul style="list-style-type: none"> -Focus: The resident has an ADL self-care performance deficit; -Goal: The resident will improve current level of function through the review date; -Interventions: The resident is extensive assist of one staff to provide bath/shower as necessary. <p>Review of the resident's Skin Monitoring: Comprehensive CNA Shower review, showed showers received on 2/6/24, 2/15/24 and 2/23/24.</p> <p>During an interview on 4/14/24 at approximately 11:30 A.M., the resident said he/she had been at the facility since January and had not had a shower. He/She received bed baths if CNA L was assigned to him/her. Staff often left him/her soiled and he/she wants out of the facility.</p> <p>During an interview on 4/18/24 at 10:41 A.M., CNA L said the resident was supposed to receive three showers per week. The resident would not refuse services, but was particular about whom he/she allowed to care for him/her. When he/she worked with the resident, he/she provided bed baths.</p> <p>4. Review of Resident #51's medical record, showed:</p> <ul style="list-style-type: none"> -readmitted : 3/10/24; -Does not resist care and no behaviors; <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Needs full staff assistance with showers and bathing;</p> <p>-Diagnoses included cognitive communication deficit, depression, heart failure and vascular disease.</p> <p>During observation and interview on 4/16/24 at 11:10 A.M. and 4/17/24 at 2:00 P.M., the resident said he/she had not received a shower since he/she had been at the facility. Staff provided a bed bath, but he/she preferred a shower. When he/she asked for a shower, staff offered a bed bath. The resident said a shower would feel good and his/her hair need to be washed. The resident's hair appeared greasy and he/she had long, ragged nails with a dark substance under the nail bed.</p> <p>During an interview on 4/17/24 at 2:28 P.M., the RNC said they did not have any shower sheets for the resident.</p> <p>5. Review of Resident #35's medical record, showed:</p> <p>-Able to make needs and wants known;</p> <p>-Does not resist care and no behaviors;</p> <p>-Requires full staff assistance for all care needs;</p> <p>-Diagnoses included: stroke, lung disease, heart failure, and vascular disease.</p> <p>During an observation and interview on 4/15/24 at 7:46 A.M., the resident said he/she had not had a shower for several weeks. Staff provided a bed bath occasionally and he/she wanted a shower. When he/she received a bed bath, staff used wipes and he/she did not feel clean. The resident had long fingernails and dry flaky skin.</p> <p>During an interview on 4/17/24 at 12:15 P.M., the resident said staff provided a bed bath last night and used wet wipes. He/She was wiped down as staff provided care. He/She requested a shower. Staff did not provide a shower.</p> <p>During an interview on 4/17/24 at 2:28 P.M., the RNC said they did not have any shower sheets for the resident.</p> <p>6. Review of Resident #78's medical record, showed:</p> <p>-admitted : 8/18/23;</p> <p>-Able to make needs and wants known;</p> <p>-Does not resist care and no behaviors;</p> <p>-Staff provide moderate assistance for bathing;</p> <p>-Diagnoses included diabetes, asthma and seizure history</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 4/15/24 at 10:55 A.M., the resident said he/she had not received a shower for several weeks. Staff provided a bed bath or used wet wipes during care. He/she had requested a shower multiple times. The resident had stringy hair, flaky skin to the lower legs and wore a stained shirt.</p> <p>During an interview on 4/17/24 at 2:28 P.M., the RNC said they did not have any shower sheets for the resident.</p> <p>7. Review of Resident #39's medical record, showed:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Able to make needs and wants known; -Does not resist care and no behaviors; -Staff provide moderate assistance with bathing; -Diagnoses included diabetes, paralysis, lung disease and stroke. <p>During an observation and interview on 4/15/24 at 7:44 A.M., the resident said he/she wanted a shower. The staff only provided a bed bath or a wipe down with wet wipes. His/Her hair felt gross and he/she wanted his/her hair washed. He/She had not had a shower for over a month. There is not enough staff to provide a shower. The resident's hair appeared unkempt, stringy and oily.</p> <p>During an interview on 4/17/24 at 2:28 P.M., the RNC said they did not have any shower sheets for the resident.</p> <p>During an interview on 4/17/24 at 3:15 P.M., the resident said he/she received a bed bath. Staff used a wet washcloth to wipe him/her off. He/She requested a shower and staff told him/her there were not enough staff to provide showers and give care to other residents. His/Her hair had not been washed.</p> <p>8. Review of Resident #50's medical record, showed:</p> <ul style="list-style-type: none"> -admitted : 3/22/24; -Able to make needs and wants known; -Does not resist care and no behaviors; -Staff provide moderate assistance with bathing; -Diagnoses included heart failure, lung disease, and end stage renal disease. <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37672</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident who was a risk to develop skin injury, did not develop skin impairment (Resident #41). The staff failed to report the skin impairment to the nurse when discovered. On 4/18/24, the facility wound nurse assessed the areas and implemented wound care treatments to the skin impairments. The sample was 21. The census was 87.</p> <p>Review of the wound treatment management policy, revised 9/1/22, showed:</p> <ul style="list-style-type: none"> -Policy: promote wound healing of various types of wounds; -Guidelines: <ul style="list-style-type: none"> -Wound treatments will be provided in accordance with physician orders, including the cleansing methods, type of dressing and frequency of dressing change; -In the absence of treatment orders, the nurse will notify the physician to obtain treatment orders. <p>Review of the facility wound report, dated 1/1/24-4/15/24, showed the resident was not listed on the report.</p> <p>Review of Resident #41's medical record, showed:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included diabetes, asthma, morbid obesity, neuromuscular bladder dysfunction, high blood pressure and history of urinary tract infection. <p>Review of the physician order sheet, showed:</p> <ul style="list-style-type: none"> -An order, dated 2/14/24: apply barrier cream as needed to redness or excoriation after incontinent episodes. Aides may apply; -An order, dated 2/14/24: wound consult as needed. <p>Review of the physician dermatology clinic note, dated 3/5/24, showed:</p> <ul style="list-style-type: none"> -Alert, and able to make needs and wants known; -Skin: erythema with exfoliative changes over the buttocks, bilateral medial (toward the midline) thighs and inguinal creases with a linear fissure present at the superior gluteal cleft; -Plan: continue Hibiclens (topical antibacterial cleanser) to areas. <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the care plan, updated 3/29/24, showed:</p> <ul style="list-style-type: none"> -Focus: the resident has bowel incontinence; -Goal: remain free from skin breakdown; -Interventions: staff use incontinence products such as pull ups, staff clean groin area well and report changes to the nurse. <p>Review of the weekly skin assessment, dated 4/16/24, showed:</p> <ul style="list-style-type: none"> -No new orders; -No new wounds identified during the skin check. <p>During observation and an interview on 4/15/24 at 8:22 A.M., the resident lay in bed on his/her back. The resident said he/she had open areas to his/her buttock. He/She is incontinent of bowel and his/her catheter leaked occasionally. The Certified Nurse Aides (CNAs) apply a cream onto his/her buttocks with care.</p> <p>During an observation and interview on 4/17/24 at 1:20 P.M., the resident lay in bed. Certified Nurse Aide (CNA) F said he/she worked with the resident frequently. The resident had open areas to his/her bottom from moisture. Aides were instructed to apply barrier ointment to the areas. CNA F provided care to the resident. Noted to the resident's right big toe to the left side of the toenail, was a dried blood scabbed area and also a long open area to the front of the right thigh, approximately 3 inches long. CNA F turned the resident onto his/her side and exposed the resident's buttocks. The back of both thighs, noted to have multiple areas of open skin. The left lower buttock had an open area approximately the size of a dime. The incontinence bed pad was noted to have multiple areas of drainage. CNA F said the resident slides down in the bed, sweats and can refuse to be repositioned at times. CNA F said he/she would tell the nurse know about the areas. He/She assumed the nurse knew about the skin areas.</p> <p>Review of the progress notes on 4/17/24 at 3:11 P.M., and 4/18/24 at 7:46 A.M., showed no documentation regarding the resident's skin areas.</p> <p>During an observation and interview on 4/18/24 at 8:15 A.M., the resident lay in bed and the wound care nurse prepared to conduct the skin assessment. Upon assessment the following areas were observed and measured by the wound care nurse:</p> <ul style="list-style-type: none"> -The posterior (back) of the right thigh: 6.5 centimeters (cm) long (L) x 9.0 cm wide (W) x 0.1 cm depth (D). Light serosanguineous (thin, watery and slightly yellow) drainage at a Stage II (skin breaks open, wears away and usually painful and tender), multiple areas of shearing (when forces are applied to the skin tissue, causing the tissue to move in opposite directions); -The left posterior thigh: 23.0 cm L x 11.0 cm W x 0.2 cm D. Light serosanguineous drainage. Skin is a Stage II, multiple areas of shearing noted; <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The left great toe, appeared swollen and tender to the touch. To the left of the nail, a dried bloody scab. The wound nurse used a warm, wet washcloth and removed the bloody scab to visualize the skin. The resident said he/she had pain to the left toe. The wound nurse said the toe appeared to be an ingrown toenail. She will apply triple antibiotic ointment (TAO, a topical antibiotic used to treat skin infections). She would let the facility's Social Service department the resident needed to be seen by the podiatrist. The wound nurse cleaned the open areas to the posterior thighs and applied a large silicone dressing over each posterior thigh. The wound nurse said the resident also had moisture associated skin damage (MASD, inflammation and skin erosion due to prolonged exposure to sweat, feces and urine) and dry flaky skin to the feet and legs. The wound nurse said she had been the facility's wound nurse for approximately 2 weeks. Aides are expected to report all changes in skin condition to the charge nurse. The nurse should immediately conduct a skin assessment and notify the physician for orders. If she is onsite at the facility, the nurses should tell her and she will conduct the skin assessment, obtain measurements, notify the physician, and obtain orders. She had not been notified of any of the resident's skin issues. She should have been notified. The resident is at risk to develop pressure injuries and additional worsening of the excoriation. The aides can apply barrier cream with every incontinence episode. She will notify the physician and place the resident on the wound physician visit list. The resident also needs to be turned and repositioned frequently. Weekly skin assessments are completed by the nurse and should be accurate and reflect the resident's current skin condition.</p> <p>During an interview on 4/18/24 at 7:50 A.M., Licensed Practical Nurse (LPN) K said he/she worked the day shift on 4/17/24 with CNA F. CNA F did not report any skin changes to him/her. Aides are expected to report changes in skin condition to the nurse immediately. The nurse would conduct a skin assessment, notify the wound nurse if she is at the facility, document the wound and call the physician for orders. The resident is at risk to develop skin impairment. The resident's weekly skin assessment should reflect the current condition of the resident's skin.</p> <p>During an interview on 4/18/24 at 12:44 P.M., the resident said his/her buttock and the back of his/her thighs felt better since the wound nurse applied the foam dressing. The wound nurse told him/her the physician had been notified and the resident will be seen by the wound care physician. The Social Worker also scheduled him/her to be seen by the podiatrist about his/her big toe.</p> <p>During an interview on 4/18/24 at 1:00 P.M., the Regional Nurse Consultant said the aides are expected to report changes in a resident's skin immediately to the nurse. The nurse should conduct a skin assessment, document, notify the wound nurse, and call the physician. The weekly skin assessment should reflect the resident's current skin condition. Residents at risk to develop skin impairment should be repositioned. Weekly skin assessments should reflect the resident's current skin condition.</p> <p>MO00230697</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37672</p> <p>37681</p> <p>Based on observation, interview and record review, the facility failed to ensure residents with limited mobility received appropriate services, equipment and assistance to maintain or improve mobility for two of 21 sampled residents (Residents #19 and #35). The sample was 21. The census was 87.</p> <p>Review of the facility's Restorative Nursing Program, revised 9/1/21, showed:</p> <p>-Policy: It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level;</p> <p>-Definition:</p> <p>-Restorative Nursing Program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focused on achieving and maintaining optimal physical, mental and psychosocial functioning;</p> <p>-Policy Explanation and Compliance Guidelines:</p> <p>-Nursing personnel are trained on basic, or maintenance nursing care that does not require the use of a qualified therapist or licensed nurse oversight. This training may include, but is not limited to;</p> <p>-Maintaining proper positioning and body alignment;</p> <p>-Assisting residents in adjustments to their disabilities and use of any assistive devices;</p> <p>-Assisting residents with range of motion exercised, performing passive range of motion for residents who lack active range of motion ability;</p> <p>-All residents will receive maintenance nursing services as described above, as needed by Certified Nursing Assistants (CNAs);</p> <p>-Residents, as identified during the comprehensive assessment process, will receive services from restorative aides when they are assessed to have a need for restorative nursing services. These services may include:</p> <p>-Passive or active range of motion;</p> <p>-Splint or brace assistance;</p> <p>-Bed mobility training and skill practice;</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Training and skill practice in transfers and walking, dressing and grooming;</p> <p>-The restorative nurse is responsible for maintaining a current list of residents who require restorative nursing services, and for ensuring that all elements of each resident's program are implemented;</p> <p>-Restorative aides will implement the plan for a designated length of time, performing the activities and documenting on the Restorative Aide Documentation Form.</p> <p>1. Review of Resident #19's physician orders, viewed on 4/15/24 at 5:14 P.M., showed an order, dated 1/17/23, for Occupational Therapy (OT) to evaluate and treat right hand splint.</p> <p>Review of the resident's care plan, revised 10/3/22, showed:</p> <p>-Focus: The resident has an activity of daily living (ADL) self-care performance deficit limited mobility;</p> <p>-Goal: Staff to anticipate and meet needs daily;</p> <p>-Interventions: Assist with ADL as needed. Mechanical lift of two staff for transfers;</p> <p>-No information regarding restorative nursing.</p> <p>Review of the resident's Referral to Restorative form, dated 1/11/24, showed:</p> <p>-discharged from OT to restorative for passive range of motion and splint/brace;</p> <p>-Current functional status: Right upper extremities elbow and hand contracture;</p> <p>-Recommendations: Perform passive range of motion and prolonged stretching to right upper extremities. Don right upper elbow extension splint for four to six hours and remove;</p> <p>-Goals: To maintain joint integrity and prevent progression of patient's current contractures.</p> <p>Review of the resident's quarterly Minimum Data Set, (MDS) a federally mandated assessment instrument completed by facility staff, dated 3/30/24, showed:</p> <p>-Severe cognitive impairment;</p> <p>-No behaviors;</p> <p>-Required substantial/maximal assistance for rolling left and right;</p> <p>-Dependent on staff for all transfers;</p> <p>-Diagnoses included anemia, stroke and seizures;</p> <p>-Received OT from 11/28/23 through 1/11/24;</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Restorative therapy received zero out of seven days.</p> <p>Review of the resident's medical record, showed no documentation of restorative services.</p> <p>Observation on 4/14/24 at 11:22 A.M., 4/15/24 at 8:02 A.M., 4/16/24 at 8:12 A.M. and 4/17/24 at 9:33 A.M., showed the resident lay in bed on his/her back. The resident's right hand was contracted. No splint/brace was observed on the resident.</p> <p>During an interview on 4/17/24 at 9:30 A.M., CNA M said residents received restorative daily and CNA I was one of the restorative aides. He/She was not sure if the resident received restorative and was not sure if he/she was to have on a splint.</p> <p>During an interview on 4/17/24 at 9:33 A.M., CNA I said the resident was supposed to receive restorative daily and wear a splint on his/her right hand.</p> <p>During an interview on 4/17/24 at 9:39 A.M., CNA L said he/she was not sure if the resident received restorative therapy. He/She had not seen the resident receiving any restorative therapy. He/She had not observed the resident wearing a splint. The restorative aides will provide services, but they were often pulled to the floor to provide care because they were short staffed.</p> <p>Observation on 4/17/24 at 11:09 A.M., showed the resident lay in bed on his/her back. The resident had a splint on his/her right hand. When asked if the resident wore the splint previously, the resident shook his/her head no. When asked if this was the first time the resident had on the splint, he/she nodded yes.</p> <p>During an interview on 4/17/24 at 11:15 A.M., CNA I said the resident had on his/her splint today but was supposed to wear it daily for four to six hours. His/Her right hand was contracted, and he/she was also supposed to receive range of motion daily. The resident was referred on 1/11/24. CNA I was pulled to the floor and had not performed any restorative services since Sunday, 4/14/24. Prior to 4/14/24, he/she did not have any documentation on services provided to the resident. He/She only documents weights and vitals. The therapy department follows up on resident progress.</p> <p>2. Review of Resident #35's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Able to make needs and wants known; -No behaviors, does not reject care; -Staff provide full care needs; -Diagnoses included heart failure, vascular disease, stroke and paralysis; -Received no restorative therapy. <p>Review of the care plan, revised on 3/19/24, showed:</p> <ul style="list-style-type: none"> -Focus: the resident has contractures to both upper and lower limbs; <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Goal: minimize worsening of his/her contractures;</p> <p>-Interventions: therapy working with splinting, stretching and support;</p> <p>-Focus: the resident has paralysis with contractures and limited range of motion;</p> <p>-Goal: maintain optimal status and quality of life imposed by paralysis;</p> <p>-Interventions: staff monitor, document and report any new worsening contractures. Pain management and therapy evaluation and treatment.</p> <p>Review of the referral to restorative form, dated 3/25/24, showed:</p> <p>-Discharge: from physical therapy to restorative therapy, use splint/brace;</p> <p>-Current functional status: dependent with all mobility;</p> <p>-Recommendations: apply right knee extension splint, wear three or more hours a day;</p> <p>-Precautions: at high risk to develop skin injury;</p> <p>-Training provided to restorative therapy aide and completed on 4/10/24.</p> <p>During an observation and interview on 4/15/24 at 8:09 A.M., the resident lay in bed. The resident said he/she had been discharged from therapy for some time. He/She had contractures to the legs and arms. He/She had not received any restorative therapy. The restorative therapy aides worked the floor and no therapy had been provided. Staff had not applied the splint to his/her right knee for several weeks.</p> <p>During observation and interview on 4/16/24 at 9:19 A.M., 2:22 P.M., 4/17/24 at 10:10 A.M., and 3:12 P.M., and 4/18/24 at 12:10 P.M., and 2:52 P.M., the resident did not have on the recommended right knee splint. The resident said the staff had not applied the splint.</p> <p>3. During an interview on 4/18/24 at 11:09 A.M., Licensed Practical Nurse (LPN) C said the facility had been short on staff. Residents were supposed to receive restorative services, but the restorative aides were often pulled to the floor to provide care.</p> <p>4. During an interview on 4/18/24 at 11:59 A.M., the Director of Rehabilitation said she was familiar with Residents #19 and #35, and both were referred to the restorative nursing program. Restorative was not consistent. The Director of Nursing (DON) was responsible for the program and the facility had not had a stable DON in a few months. If residents were supposed to receive restorative services, she expected the services to be completed. She also expected the services to be documented in the resident's medical record. The restorative aides often get pulled to work the floor and cannot provide services consistently.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5. During an interview on 4/18/24 at 1:02 P.M., the Regional Nurse Consultant (RNC), DON and Administrator said the facility's restorative nursing program was lacking. They currently did not have a restorative nurse. The restorative aides were often pulled to the floor, so residents had not received consistent restorative therapy. They expected the services to be provided.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37672</p> <p>Based on observation, interview and record review, the facility failed to ensure a bed rail assessment and fall assessments with new interventions were completed for one resident and failed to follow the facility's bed maintenance and inspection policy (Resident #71). The facility also failed to ensure safe Hoyer (mechanical lift) transfers for three of three Hoyer transfer observations (Residents #7, #35 and #15). The facility failed to ensure smoking assessments were completed for two sampled residents (Residents #11 and #4). In addition, staff failed to respond timely to an exit door alarm sounding. The sample was 21. The census was 87.</p> <p>Review of the incident and accident policy, revised 9/1/22, showed:</p> <ul style="list-style-type: none"> -Policy: staff to report, investigate and review any accidents or incidents that occur or allegedly occur on the facility property and may involve or allegedly involve a resident; -Definitions: Accident: any unexpected or unintentional incident, which results or may result in injury or illness to a resident; -Explanation: <ul style="list-style-type: none"> -Assuring that appropriate and immediate interventions are implemented and corrective actions are taken to prevent recurrences and improve the management of resident care; -Conducting root cause analysis to ascertain causative/contributing factors as part of the quality assurance performance improvement (QAPI) to avoid further occurrences; -Alert risk management and/or administration of occurrences that could result in claims or further reporting requirements; -Compliance guidelines: <ul style="list-style-type: none"> -Incident/accident reports are part of the facility's performance improvement process and are confidential quality assurances information; -Licensed staff will report incidents/accidents and assist with completion of any investigative information to identify root causes; -The following incident/accidents require an incident/accident report: falls, equipment malfunction, observed accidents/incidents, and resident injuries due to staff handling; -In the event of an incident of accident, immediate assistance will be provided; -Any injuries will be assessed by the nurse or practitioner and the individual will not be moved and first aid provided; <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The supervisor will be notified of the incident/accident;</p> <p>-The nurse will notify the resident's practitioner to inform them of the incident/accident and report any injuries or findings and obtain orders if indicated;</p> <p>-The resident's representative will be notified of the incident and any orders;</p> <p>-The nurse will enter the incident/accident information into the appropriate from/system within 24 hours of occurrence and will document pertinent information;</p> <p>-Documentation should include the date, time, nature of the incident, location, initial findings, immediate interventions, notifications and orders obtained or follow-up interventions;</p> <p>-If an incident/accident was witnessed by other people, the supervisor will obtain written documentation of the event by those that witnessed it and submit the documentation to the Director of Nursing (DON) and/or the Administrator.</p> <p>Review of the elopement policy, revised 9/1/22, showed:</p> <p>-Policy: the facility ensures that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision;</p> <p>-Explanation and guidelines:</p> <p>-The facility is equipped with door locks/alarms to help avoid elopements;</p> <p>-Alarms are not a replacement for necessary supervision. Staff are to be vigilant in responding to alarms in a timely manner.</p> <p>Review of the safe resident handling/transfer policy, implemented 9/1/21, showed:</p> <p>-Policy: to ensure that residents are handled and transferred safely to prevent of minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe;</p> <p>-Explanation: all residents require safe handling when transferred to prevent or minimize the risk for injury to themselves;</p> <p>-Guidelines:</p> <p>-Mechanical lift equipment will be used based on the resident's needs to prevent manual lifting;</p> <p>-The staff will inspect the equipment prior to use to ensure functionality and will alert maintenance if the equipment is not functioning properly;</p> <p>-Two staff members must be utilized when transferring residents with a mechanical lift;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff will be educated on the use of safe handling/transfer practices to include use of mechanical lift devices upon hire, annually and as the need arises or changes in equipment occur;</p> <p>-Staff must demonstrate competency in the use of mechanical lifts prior to use and annually with documentation of that competency.</p> <p>Review of the resident smoking policy, revised 8/1/22, showed:</p> <p>-Policy: provide a safe and healthy environment for residents including safety as related to smoking. Safety protections apply to smoking and non-smoking residents;</p> <p>-Explanation and compliance guidelines:</p> <p>-Smoking is prohibited in all areas except for the designated smoking areas;</p> <p>-Residents who smoke will be further assessed, using the smoking assessment, to determine whether or not supervision is required for smoking or if a resident is safe to smoke at all;</p> <p>-Any resident who is deemed safe to smoke, with or without supervision, will be allow to smoke in designated smoking areas at designated times;</p> <p>-Smoking materials will be maintained by nursing staff.</p> <p>Review of the facility's Resident Environmental Quality policy, dated 9/1/21, showed:</p> <p>-Policy: It is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe functional, sanitary and comfortable environment for residents, staff and the public;</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>-The facility shall:</p> <p>-Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition;</p> <p>-Identify areas of possible entrapment by conducting regular inspections on all bed frames, mattresses, and bed rails. These inspections will be part of the facility's routine maintenance program.</p> <p>1. Review of Resident #71's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/24/23, showed;</p> <p>-Cognitively intact, able to make needs and wants known;</p> <p>-Used a wheelchair for mobility;</p> <p>-Full staff care needed for toileting and hygiene needs;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Amberwood Estates Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5303 Bermuda Drive Normandy, MO 63121	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnoses included depression, anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations), and paraplegia (inability to use areas of the body);</p> <p>Review of the electronic physician order sheets (ePOS), showed:</p> <p>-An order, dated 12/14/23: the resident to have quarter bed rails for bed mobility;</p> <p>-Eliquis (blood thinner) 5 milligram (mg) once daily.</p> <p>Review of the care plan, in use at the time of the survey, showed:</p> <p>-Focus: The resident is on anticoagulant (blood thinner).</p> <p>-Goal: The resident will be free from discomfort or adverse reactions related to anticoagulant use;</p> <p>-Interventions/Tasks: staff provide a daily skin inspection and report abnormalities to the nurse;</p> <p>-Focus: The resident has an ADL (activity of daily living) self-care performance deficit. He/She requires total care from staff related to ADL care;</p> <p>-Goal: The resident's needs will be met through the review date;</p> <p>-Interventions/Tasks:</p> <p>-Bed Mobility: The resident requires extensive assistance by two staff to turn and repositioning in the bed;</p> <p>-The resident is totally dependent on two staff for personal hygiene and oral care;</p> <p>-The resident requires mechanical lift with two staff assistance for transfers;</p> <p>-No identification of a side rail on the care plan.</p> <p>Review of progress note, dated 12/14/23, showed:</p> <p>-At 9:25 P.M., staff summoned this nurse to the resident's room. Observed resident tangled in multiple cords around his/her bilateral lower extremities, partly still on the bed, upper torso/face in a supine position on the floor. When asked what happened, resident said, every time I lean to the right, I fall. When asked if resident was reaching for something, he/she repeated the same response repeatedly;</p> <p>-At 11:34 P.M., the resident's family is here, upset with two other people, stating no one ever called me. That's ok I will call in the morning because they were aware on the resident's first day that (he/she) needed a side rail.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a progress note, dated 12/15/23 at 6:53 A.M., showed the resident observed on the floor next to his/her bed, face down. The resident said he/she rolled out of bed. The bed is against the wall. The family is very upset that the resident called and informed him/her of fall before the nurse could. The nurse was doing the assessment and writing up incident report.</p> <p>Review of a progress note, dated 12/22/23 at 11:50 A.M., showed the resident requires total assistance with ADL care, extensive assistance with bed mobility. A Hoyer lift is required for transfers;</p> <p>Review of a progress note, dated 2/11/24 at 11:34 A.M., showed the nurse was called to the resident's room and observed the resident sitting on his/her buttocks on the floor at bedside with a Certified Nurse Aide (CNA) present. The resident and the CNA stated the resident had slid to floor from the air mattress and was lowered to the floor with assistance of the CNA.</p> <p>Review of the resident's progress note, dated 3/5/24 at 4:00 P.M., showed the resident found on the floor in his/her room. He/She was talking on the phone when he/she fell . The CNA notified this nurse that resident was on the floor. Four staff assisted and a mechanical lift to put the resident back in the bed. When asked about pain and injury, he/she responded that his/her shoulder hurt.</p> <p>Review of the progress note, dated 4/14/24 at 3:00 P.M., showed this writer was assisting the CNA with personal hygiene. The resident was lying on his/her side and rolled out of the bed. Range of motion (ROM) in all extremities are within normal limits. The resident denies pain, the noted incident was witnessed. The resident did not hit his/her head. The physician, family, and ADON (Assistant Director of Nursing) were notified.</p> <p>Observation on 4/14/24 at 11:08 A.M., showed CNA D in the resident's room, pulling him/her up in bed alone. The head of the resident bed was tilted down towards the floor. CNA D walked from one side of the head of the bed to the other side and used the draw sheet to pull the resident up in bed, little by little. The bedrail on the left was down and pulled away from the bed. During an interview at that time, the resident said the side rail was broken, was never fixed from his/her last fall, and he/she was supposed to have two staff people helping him/her with care, bed mobility and transfers. His/Her family was afraid to leave because no one would help him/her. A family member in the resident's room said there was not enough staff at the facility and staff were supposed to check on the resident every two hours. He/She fell out of bed recently and was on the phone with a family member who got him/her help before the staff came to his/her room.</p> <p>Observation on 4/14/24 at 12:41 P.M., showed the resident had fallen out of the bed. He/She lay on his/her right side, naked on the floor. CNA D was the only staff member in the resident's room. The resident's suprapubic catheter had been pulled out during the fall, the drainage bag remained attached to the bed frame and the internal balloon appeared inflated. CNA D said the resident needed a bigger bed and the left bedrail was broken. He/She said the facility was short staffed. The resident said he/she wasn't hurt and falling at the facility was normal for him/her.</p> <p>During an interview on 4/15/24 at 4:05 P.M., LPN C said CNA I left for the day, and he/she was the only nurse for 300, 400 and 500 halls. The facility was frequently short staffed. Today had been challenging because he/she had to pass medications on 300, 400 and 500 hallways. Previously the 400 and 500 halls had independent residents, now there were residents that required more heavy care needs. He/She said it took 2 staff to use the mechanical lift and if a resident wanted to get up or needed help, he/she would have to go find another staff person to help him/her.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/15/24 at 4:18 P.M., CNA G said it took two staff members to use the mechanical lift and there were not enough staff to lift residents and to provided the required two staff assistance to those residents who needed it.</p> <p>Observation on 4/15/24 at 4:37 P.M., showed no staff on 500 hall available to hear a resident yell for help. LPN C was the only staff member on 500 hall. He/She was in another resident's room passing medication. Upon entering the yelling resident's room, he/she said they wanted to be repositioned in bed.</p> <p>During an interview on 4/16/24 at 11:58 A.M., CNA I said it was normal to only have one staff on 400/500 hall. He/She said residents could put the call light on but the call lights were janky and did not work at times.</p> <p>During an interview on 4/18/24 at 1:02 P.M., the Regional Nursing Consultant said she expected there to be two staff providing care for residents who had been care planned for that and for staff to follow the physician orders. She expected Resident #71 to have been assessed for bedrails and expected the bedrails on his/her bed to have been working. She expected the Maintenance Director to complete bed inspections and follow the facility's bed maintenance policy.</p> <p>2. Review of Resident #7's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Mild cognitive impairment; -No behaviors; -Total staff dependence for transfers; -Diagnoses included renal disease, anemia, diabetes, dementia and paraplegia. <p>Review of the resident's care plan, revised 4/14/24, showed:</p> <ul style="list-style-type: none"> -Focus: Full body lift. Requires the use of full body lift for transfers; -Goal: The resident will have no complications using the full body lift to next evaluation; -Interventions: Staff to support resident's body and legs during full body lift transfer; -Focus: The resident has an ADL self-care performance deficit; -Goal: The resident will improve current level of function through the review date; -Interventions: The resident requires a mechanical lift with two staff assistance for transfers. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/14/24 at 10:58 A.M., showed CNA L and CNA D entered the resident's room with the mechanical lift. CNA L attached the mechanical lift sling to the lift and adjusted the resident while the resident lay in bed. The resident's wheelchair was close to the window of the resident's room. CNA D stood behind the resident's wheelchair. CNA L operated the lift and lifted the resident above the mattress and pulled the lift away from the bed. The resident swung suspended in air as CNA L guided the lift towards the resident's wheelchair. No staff held the resident as he/she was suspended in the air. CNA D pushed the wheelchair in the direction of the resident as CNA L positioned the resident into the wheelchair.</p> <p>3. Review of Resident #15's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Cognitively intact; -No behaviors; -Dependent on staff for all transfers; -Diagnoses included wound infection, diabetes and respiratory failure. <p>Review of the resident's care plan, revised 1/30/24, showed:</p> <ul style="list-style-type: none"> -Focus: The resident has an ADL self-care performance deficit; -Goal: The resident will improve current level of function through the review date; -Interventions: The resident requires a mechanical lift with two staff for assistance for transfers. <p>Observation on 4/17/24 at 10:42 A.M., showed CNA F and CNA L in the resident's room with the mechanical lift. CNA L attached the mechanical lift sling to the lift and adjusted the resident while the resident lay in bed. CNA F stood behind the resident's wheelchair. CNA L operated the lift and lifted the resident above the mattress and pulled the lift away from the bed. The resident swung suspended in air as CNA L guided the lift towards the resident's wheelchair. As the resident was suspended in the air, the lift began to malfunction and CNA L adjusted the battery while the resident remained in the air. CNA F held on to the resident's wheelchair. CNA L began to guide the resident towards the wheelchair, the lift began to malfunction again. CNA L adjusted the battery as CNA F moved from behind the wheelchair and placed his/her hands on the back of the resident's sling and began to assist in guiding the resident to the wheelchair. The resident was placed in the wheelchair and CNA L adjusted the resident into the wheelchair.</p> <p>During an interview on 4/18/24 at 11:09 A.M., LPN C said two staff were required to operate the mechanical lift. The staff should be side by side when transferring a resident. One aide should guide the lift while the other should have their hand on the resident. It was not appropriate for one staff to be behind the wheelchair as the other was guiding. Staff should also ensure the mechanical lift was operating properly before placing a resident into the lift. Residents should not be dangling or suspended in air for an extended amount of time during a transfer.</p> <p>4. Review of Resident #35's annual MDS, dated [DATE], showed:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Able to make needs and wants known;</p> <p>-No behaviors, does not reject care;</p> <p>-Staff provide full care needs;</p> <p>-Staff provide full transfer assistance;</p> <p>-Diagnoses included: heart failure, vascular disease, stroke and paralysis.</p> <p>Review of the care plan, revised on 12/21/23, showed:</p> <p>-Focus: the resident has a self care deficit related to deficiency in mobility and difficulty in using upper and lower extremities;</p> <p>-Goal: the resident will maintain current level of function;</p> <p>-Interventions: Transfers- the resident requires a mechanical lift (Hoyer) with two staff assistance for transfers.</p> <p>During an observation and interview on 4/16/24 11:53 AM, the resident lay in bed. CNAs E, F and G entered the room with the Hoyer lift. CNA G and F attached the Hoyer sling to the lift. CNA G operated the lift. CNA F walked to the wheelchair and held onto the wheelchair. CNA G lifted the resident above the mattress and pulled the lift away from the bed. CNA E removed the soiled linens from the bed. The resident swung suspended over the floor. No staff held onto the resident. CNA G pushed the resident over the wheelchair and CNA F pulled on the back of the sling to position the resident into his/her wheelchair. CNA G and F said Hoyer lifts should be completed with two staff. The resident should not swing over the floor without the wheelchair underneath the resident.</p> <p>During an interview on 12:43 PM the resident said he/she did not feel safe swinging over the floor. The aides should have stopped his/her swinging over the floor, and he/she would have felt safer. It was scary for him/her to swing in the lift, he/she was concerned about falling.</p> <p>During an interview on 4/18/24 at 1:02 P.M., the Regional Nurse Consultant, DON and Administrator said they expected two staff to transfer a resident using a mechanical lift. Both staff should participate in the transfer and the equipment should be in working condition prior to the transfer.</p> <p>5. Review of Resident #11's quarterly MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-No behaviors, does not reject care;</p> <p>-No impairment on upper extremities, impairment on both lower extremities related to amputation;</p> <p>-Wheelchair for mobility device;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Partial/moderate assistance in oral hygiene and upper body dressing, set-up or clean-up assistance in eating, dependent in toileting and lower body dressing, substantial/maximal assistance in shower/bath;</p> <p>-Diagnoses included heart disease, neurogenic bladder (lacks bladder control due to brain, spinal cord or nerve problems), diabetes and schizophrenia (a serious mental disorder in which people interpret reality abnormally).</p> <p>Review of the Smoking Assessment, dated 4/14/24, showed:</p> <p>-Smokes 1-2 times per day, during the afternoon and evenings;</p> <p>-Can light own cigarettes;</p> <p>-No adaptive equipment;</p> <p>-Need the facility to store lighter and cigarettes.</p> <p>During observation and interview on 4/15/24 at 9:41 A.M., the resident had a lighter secured in a lanyard and worn around his/her neck, and pack of cigarettes on the overbed table. The resident said he/she smokes any time of the day before 7:00 P.M. He/She said the smoking materials were given by his/her family. He/She said the facility was aware and allowed the cigarettes and lighter in the room.</p> <p>Observations on 4/16/24 at 8:58 A.M. and 4/17/24 at 8:42 A.M., showed the resident continued to have the lighter hung around his/her neck.</p> <p>6. Review of Resident #4's quarterly MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-No behaviors, does not reject care;</p> <p>-No impairment on upper extremities, impairment on both lower extremities;</p> <p>-Wheelchair for mobility device;</p> <p>-Supervision or touching assistance in eating, oral hygiene, and upper body dressing, substantial/maximal assistance in shower/bat and lower body dressing, dependent in toileting and putting on and taking off footwear;</p> <p>-Diagnoses included anemia, high blood pressure, neurogenic bladder, high cholesterol, paraplegia, Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination) and depression.</p> <p>Review of the resident's Smoking Assessment, dated 4/16/24, showed:</p> <p>-Smokes 2-5 per day, morning, afternoon, evenings, and nights;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Can light own cigarettes;</p> <p>-No adaptive equipment;</p> <p>-Need the facility to store lighter and cigarettes.</p> <p>During observation and interview on 4/14/24 at 11:28 A.M., the resident had a pack of cigarettes in the room. He/She did not have a lighter in his possession. He/She said the facility was aware of the cigarettes kept in the room. The activity staff kept the lighters and some of the cigarettes.</p> <p>During an interview 4/18/24 at 12:30 P.M., the Social Worker (SW) said Smoking Assessments were to be completed by either SW, DON or ADON. The assessment should be specific based on resident's condition. No smoking materials should be kept in residents' possession. Activities staff should store smoking materials safely and provide them to the residents as needed or requested. The SW said the residents' families provide smoking materials to the residents without notifying the facility. He/She confiscated smoking materials if observed in a resident's possession.</p> <p>7. Observation and interview on 4/17/24 at 9:37 A.M., showed the 100 hallway fire egress door sounding with a screecher noise at end of the hallway. LPN K stood at the nurse medication cart and passed medications. He/She did not respond to the door sounding. LPN K verified the 100 hallway egress door screeched loudly and no staff responded to the alarm. LPN K said the door frequently sounded on windy days, when the wind triggered the door. LPN K exited the door and looked around both sides of the building and re-entered the building. LPN K said he/she did not see any residents outside and when staff heard a door alarm sounding, all staff on the hallway should respond by conducting a resident head count. LPN K said he/she would notify the Maintenance Director of the door sounding. The door alarm continued to sound until at 9:53 A.M., and no staff were observed to conduct a resident head count.</p> <p>During an observation and interview on 4/17/24 at 9:53 A.M., the Maintenance Director repaired the touch keypad on the wall at the door. The Maintenance Director said the door had been malfunctioning for a month. He had received new parts to fix the door but had been too busy to repair the door.</p> <p>During and interview on 4/17/24 at 10:40 A.M., Certified Medication Technician (CMT) J said if the door alarm went off, staff was supposed to find out what door the alarm was coming from, go and look to see if any residents went out the door, report to the receptionist and have them call a Code Pink (missing resident alert). He/She said do a head count. The code status was located on the back of his/her badge.</p> <p>During an interview on 4/18/24 at 10:43 A.M., Housekeeper H said he/she had been cleaning rooms on the 100 hallway since 8:00 A.M., that morning. He/She heard the door alarm sounding for around 10 minutes this morning. He/She had worked at the facility approximately four months and had not been trained on how to respond to a door alarm. He/She had not seen any staff conducting a head count as he/she worked in the hallway. He/She had not observed any residents exit the door.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/17/24 at 10:43 A.M., CNA M said he/she worked on the 200 hall and did not hear an alarmed door in 100 hall. He/She said if a door alarms, he/she would immediately check the door for any possible resident elopements. He/She would notify the floor nurse since the nurses keeps the keys to the doors to reset the alarm. CNA M said there were no exit-seeking residents on 200 hall. Most residents on the hall were total care and were unable to independently exit the facility.</p> <p>During an interview on 4/17/24 at 10:45 A.M., CNA I said they didn't have anyone who would leave but if the door alarm went off, they were supposed to look to see if anyone got out, do a head count, and call a Code Pink.</p> <p>During an interview on 4/18/24 at 10:50 A.M., CNA F said he/she worked on the 100 hallway that morning. He/She was in resident rooms when the door alarm sounded. He/She had not been instructed to conduct a resident head count on his/her hallway. The door frequently sounded from the wind. He/She assumed other staff conducted a resident head count search.</p> <p>During an interview on 4/18/24 at 11:22 A.M., the Regional Nurse Consultant and the Administrator said the 100 hallway fire egress door had been malfunctioning. The wind had caused enough pressure to force a release of the door. If the door alarm screeches or is triggered, staff are expected to immediately conduct a facility resident head count, report the head count to the Charge Nurse, DON and Administrator and the accuracy of the count will be verified. The 100 hallway door had been repaired by the Maintenance Director a few hours ago. All of the facility residents were accounted for and it was likely the wind that had caused the door to trigger.</p> <p>37681</p> <p>45083</p> <p>46970</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>37672</p> <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident who received routine dialysis treatment had physician orders in place and consistent communication with the dialysis provider. This affected one of three residents sampled for dialysis review (Resident #50). The census was 87.</p> <p>Review of the hemodialysis (a treatment given to filter waste products from the kidneys) policy, revised 9/1/22, showed:</p> <ul style="list-style-type: none"> -Policy: the facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders and the care plan for those receiving dialysis; -Purpose: the facility will assure each resident receives care and services for the provision of hemodialysis including: <ul style="list-style-type: none"> -On-going assessment of the resident's condition and monitoring for complications before and after dialysis treatments; -On-going communication and collaboration with the dialysis facility regarding dialysis care and services; -Guidelines: <ul style="list-style-type: none"> -The facility will coordinate and collaborate with the dialysis provider to assure that: <ul style="list-style-type: none"> -The resident's needs related to dialysis treatments are met; -Documentation requirements are met to assure that treatments are provided as ordered by the physician and dialysis team and ongoing communication and collaboration for the development and implementation of the dialysis care plan; -The nurse will communicate to dialysis facility via telephone or written format, such as the dialysis communication form that will include, but not limited to medication administration, physician treatment orders, dialysis treatment provided and resident's response, any dialysis adverse reactions and recommendations, changes and/or declines in condition unrelated to dialysis; -The facility will ensure that the physician orders for dialysis and/or medical record include: the access for dialysis and location, the dialysis schedule, the nephrology (doctor that specializes in kidney disease) name and number, transportation arrangements to and from the facility, any medication administration or hold prior to dialysis treatments and any fluid restrictions; <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Amberwood Estates Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5303 Bermuda Drive Normandy, MO 63121	

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The nurse will ensure the dialysis access site is checked before and after dialysis treatments and every shift for patency by auscultating for a bruit (an audible vascular sound associated with turbulent blood flow) and palpating for a thrill (an abnormal vibration that is felt on the skin overlying a loud cardiac murmur or an arteriovenous fistula). If absent, the nurse will immediately notify the attending physician, dialysis facility and nephrologist;</p> <p>-Residents with external dialysis catheters will be assessed every shift to ensure that the catheter dressing is intact and not soiled. Change the dressing to the site only per the dialysis facility's directions.</p> <p>Review of Resident #50's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, showed:</p> <p>-admitted : 3/20/24;</p> <p>-Cognitively intact, able to make needs and wants known;</p> <p>-Diagnoses included heart failure, end stage renal disease (ESRD, kidney failure) and lung disease.</p> <p>Review of the care plan, revised on 3/25/24, showed:</p> <p>-Focus: the resident received dialysis for renal failure. The dialysis provider address, and contact information provided;</p> <p>-Goal: the resident will have immediate intervention should any signs/symptoms of complications occur, he/she will have minimized complication risk and no complications from dialysis;</p> <p>-Interventions: auscultate bruit and palpate thrill to the shunt site every shift, check and change dressing daily as ordered, monitor any signs and symptoms of renal insufficiency such as change in level of alertness, skin turgor and changes in heart rate and lung sounds, provide a sack lunch for dialysis days.</p> <p>Review of the Physician Order Sheet (POS) from 4/15/24 through 4/18/24, showed no dialysis orders, dialysis provider, monitoring of the dialysis access site or transportation information.</p> <p>During an interview on 4/15/24 at 9:51 A.M., the resident said he/she attended dialysis for several years. The facility organized transportation to and from dialysis treatments and he/she attended treatments three times a week. The facility staff do not provide communication forms and do not assess the dialysis access site before or after treatment. He/She had not missed any dialysis treatments.</p> <p>Review of the medical record, on 4/16/24 at 3:06 P.M., showed no dialysis communication forms between the facility and the dialysis site. The facility had no dialysis contract specific to the resident.</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 1:00 P.M., the Regional Nurse Consultant said she completed an audit several weeks ago regarding dialysis orders. The resident was admitted after the audit and the dialysis orders were missed on the POS. The resident attended dialysis treatments three times a week and the Charge Nurse should have caught the missing dialysis order. Dialysis communication forms should be sent with and returned with the resident following each treatment. If the communication form is not returned with the resident, the nurse should call the dialysis site for a report, and then document in the record. Nurses should check the resident's access site for bleeding and bruit and thrill.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45083</p> <p>Based on observation, interview and record review, the facility failed to maintain appropriate and competent staffing to adequately provide resident care and meet resident needs, including the Residents #71, #39, #50 and #19. This had the potential to affect all residents who resided at the facility. The sample was 21. The census was 87.</p> <p>Review of the facility's Nursing Services and Sufficient Staff Policy, dated 9/1/21, showed:</p> <ul style="list-style-type: none"> -Policy: It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident; -The facility's census, acuity and diagnoses of the resident population will be considered based on the facility assessment; -The facility will supply services by sufficient numbers of each of the following personnel types on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans; -Except when waived, licensed nurses; -Other nursing personnel, including but not limited to nurse aides; -Except when waived, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty; -The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for resident's needs as identified through resident assessments and described in the plan of care; -Providing care includes, but is not limited to, assessing, evaluating, planning and implementing resident care plans and responding to resident's needs; -The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care; -Except when waived, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week; -The Director of Nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. <p>1. Review of the facility's Facility Assessment, dated 3/29/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> -Resident Acuity Affecting Licensed Nurses; -Respiratory treatments - 11; -Mental health - 46; -High risk or intravenous/intramuscular injections (IV/IM) medications/infusions - 1; -Dialysis care - 5; -Ostomy (a surgically created opening in the abdominal wall that allows the intestines to drain out the surface of the abdomen) care - 3; -Hospice care - 8; -Isolation - 1; -Wound care - 9; -Tube feedings - 3; -Resident Acuity Affecting Nurse Aides; -Assistance provided with dressing - 57; -Assistance provided with bathing - 86; -Assistance provided with transfers - 55; -Assistance provided with eating - 15; -Assistance provided with toileting - 58; -Assistance provided with mobility - 9; -Assistance provided with splints/braces - 6; -Information about staffing patterns; -Registered Nurse Hours per Resident Day (HPRD) - 8-16 hours; -Licensed Nurse HPRD - 16-24 hours; -Nurse Aide HPRD - 90-120 hours; -Total Nursing HPRD - 112- 160 hours; -Total Nursing HPRD - varied with acuity level and census; <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Total Nursing Aides HPRD - 90-120 hours based on census;</p> <p>-Individual staff assignments are determined in order to promote continuity of care for residents within and across the assignments in the following ways: Staff are assigned to the same residents units whenever possible for continuity of care, accountability, and the comfort of the resident. Changes are made to meet the demands of the facility, resident and family request and scheduling needs. Also, the number of admissions and changing needs of resident's acuity plays a factor in staff assignments and coordination.</p> <p>2. Review of Resident #71's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/24/23, showed:</p> <p>-No cognitive impairment;</p> <p>-Wheelchair for mobility;</p> <p>-Dependent for toileting hygiene;</p> <p>-Diagnoses included depression, anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations), paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease).</p> <p>Review of the resident's care plan, in use at the time of the survey, showed:</p> <p>-Focus: The resident is on anticoagulant (blood thinner).</p> <p>-Goal: The resident will be free from discomfort or adverse reactions related to anticoagulant use;</p> <p>-Interventions/Tasks: Daily skin inspection. Report abnormalities to the nurse; Labs as ordered. Report abnormal lab results to the Medical Doctor;</p> <p>-Focus: The resident has an Activity of Daily Living (ADL) self-care performance deficit. He/She requires total care from staff related to ADL care;</p> <p>-Goal: The resident's needs will be met through the review date;</p> <p>-Interventions/Tasks:</p> <p>-Bed Mobility: The resident requires extensive assistance by two staff to turn and repositioning in bed;</p> <p>-The resident is totally dependent on two staff for personal hygiene and oral care;</p> <p>-The resident requires mechanical lift with two staff assistance for transfers.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/14/24 at 11:08 A.M., showed Certified Nurse Aide (CNA) D in the resident's room, pulling him/her up in bed alone. The head of the resident's bed was tilted towards the floor. CNA D walked from one side of the head of the bed to the other and used a draw sheet to pull the resident up in bed, little by little. The bedrail on the left side was down and pulled away from the bed. During an interview, the resident said the rail was broken, was never fixed from his/her last fall, and he/she was supposed to have two people helping him/her all the time. His/Her family was afraid to leave because no one would help him/her. A family member in the resident's room said there was not enough staff and staff was supposed to check on the resident every two hours but had not done that. There were a lot of cars on the parking lot today but that wasn't normal. The resident fell out of bed recently and was on the phone with a family member who got him/her help before the staff came to his/her room.</p> <p>During an interview on 4/15/24 at 4:05 P.M., Licensed Practical Nurse (LPN) C said CNA I left for the day, and he/she was the only nurse for 300/400/500 halls. The facility was short staffed all the time and today had been challenging because he/she had to pass medication on 300 hall and then go to 400/500 hall to pass medication. It would be better if there had been a Certified Medication Technician (CMT) scheduled. 400/500 hall was for independent residents but now there were residents on this side that must be taken care of. The facility wanted a medication technician on this side. There are 20 plus residents between 400/500 halls for one aide and one nurse. He/She said it took two staff to use the mechanical lift and if a resident wanted to get up or needed help, he/she would have to go find another staff person to help him/her.</p> <p>During an interview on 4/15/24 at 4:18 P.M., CNA G said it took 2 staff to use the mechanical lift and there wasn't enough staff.</p> <p>Observation on 4/15/24 at 4:37 P.M., showed no staff on 500 hall available to hear a resident yell for help. LPN C was the only staff on 500 hall. He/She was in another resident's room passing medication. Upon entering the yelling resident's room, he/she said they wanted to be repositioned in bed.</p> <p>During an interview on 4/16/24 at 11:58 A.M., CNA I said it was normal to only have one staff on 400/500 hall.</p> <p>3. Review of Resident #39's medical record, showed:</p> <ul style="list-style-type: none"> -Able to make needs and wants known; -Does not resist care and no behaviors; -Staff provide moderate assistance with bathing; -Diagnoses included diabetes, paralysis, lung disease and stroke. <p>During an observation and interview on 4/15/24 at 7:44 A.M., the resident said he/she wanted a shower. The staff only provided a bed bath or a wipe down with wet wipes. His/Her hair felt gross and he/she wanted his/her hair washed. He/She had not had a shower for over a month. There is not enough staff to provide a shower. The resident's hair appeared unkempt, stringy and oily.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/17/24 at 3:15 P.M., the resident said he/she received a bed bath. Staff used a wet washcloth to wipe him/her off. He/She requested a shower and staff told him/her there were not enough staff to provide showers and give care to other residents. His/Her hair had not been washed.</p> <p>4. Review of Resident #50's medical record, showed:</p> <ul style="list-style-type: none"> -Able to make needs and wants known; -Does not resist care and no behaviors; -Staff provide moderate assistance with bathing; -Diagnoses included heart failure, lung disease, and end stage renal disease. <p>During an observation and interview on 4/15/24 at 7:45 A.M., the resident said he/she had not received a shower in over a month. The staff are very busy and at times will wipe him/her down with a wet wipe or washcloth. He/She would like a shower twice a week. There were not enough staff to give a shower instead of a wipe down.</p> <p>5. Review of Resident #19's care plan, revised 3/28/24, showed:</p> <ul style="list-style-type: none"> -Focus: The resident has an ADL self-care performance deficit limited mobility. He/She depends on staff for ADLs; -Goal: Staff to anticipate and meet needs daily; -Interventions: Assist resident with ADLs as indicated. <p>Review of the resident's quarterly MDS, dated [DATE], showed;</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -No behaviors; -Dependent on staff for oral hygiene, toileting hygiene and shower/baths. Helper does all of the effort; -Diagnoses included anemia, stroke, dementia, seizures and depression. <p>Observation on 4/17/24 at 11:09 A.M., showed the resident lay in bed on his/her back. The resident's hair and beard were disheveled and unkempt. The resident emitted a scent of urine. When asked if the resident received a shower recently, the resident shook his/her head no.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/17/24 at 11:56 A.M. and 4/18/24 at 10:41 A.M., CNA L said he/she was going to get the resident cleaned and changed. LPN N did not inform him/her the resident needed to be changed. The resident should not have had to wait to be changed. The resident would not refuse showers or baths. Residents were supposed to receive three showers per week and should be well groomed daily. A bed bath should be provided daily. Residents were not receiving three showers per week, plus a bed bath due to staffing issues. On 4/17/24, CNA L said he/she was the only aide in the 300 hall. There were with 26 residents in the hall.</p> <p>6. During an interview on 4/18/24 at 1:02 P.M., the Regional Nursing Consultant said she expected there to be two staff providing care for residents who had been care planned for that and to follow the physician orders. She expected staff to provide showers or baths as scheduled and as needed. The Regional Nursing Consultant said the facility based staffing on acuity and never scheduled below fire code.</p> <p>MO00234441</p> <p>MO00224191</p> <p>MO00224087</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>45083</p> <p>Based on observation, interview and record review, the facility failed to post the Nurse Staffing Information on a daily basis to include the total number and the actual hours worked for both licensed and unlicensed staff, per shift and the total facility census. The census was 87.</p> <p>Review of the facility's Nurse Staffing Posting Information, implemented on 9/1/21, showed:</p> <ul style="list-style-type: none"> -Policy: It is the policy of this facility to make staffing information readily available in a readable format to residents and visitors at any given time; -The Daily Staffing Sheet will be posted on a daily basis and will contain the following information: <ul style="list-style-type: none"> -Facility name; -The current date; -Facility's current resident census; -The total number and the actual hours worked by the following categories of licensed and unlicensed staff directly responsible for resident care per shift; <ul style="list-style-type: none"> -Registered Nurses; -Licensed Practical Nurses/Licensed Vocational Nurses; -Certified Nurse Aides; -The facility will post the Daily Staffing Sheet at the beginning of each shift. -The information posted will be: <ul style="list-style-type: none"> -Presented in a clear and readable format; -In a prominent place readily accessible to residents and visitors; -A copy of the schedule will be available to all supervisors to ensure the information posted is up-to date and current; -The information shall reflect staff absences on that shift due to callouts and illness. After the start of each shift, actual hours will be updated to reflect such; -Staffing shall include all nursing staff who are paid by the facility (including contract staff). Any staff not paid for by the facility, such as hospice staff or individuals hired by families, shall not be included; <p>(continued on next page)</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>-Nursing schedules and posting information will be maintained in the Human Resources Department for review for at least 18 months or according to state law, whichever is greater;</p> <p>-The facility will, upon oral or written request, make the nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>Observation on 4/15/24 at approximately 8:30 A.M., at the left side of the facility's main entrance, showed two sheets of Nurse Staffing information, dated 4/8 and 4/10. The sheets were pinned to a cork board placed in the corner of the main doorway, approximately 6 feet or higher from the ground.</p> <p>Observation on 4/18/24 at 12:35 P.M., showed no Nurse Staffing posted on the same location where the two sheets were previously observed.</p> <p>During an interview on 4/18/24 at 1:01 P.M., the Regional Nurse Consultant (RNC) said the Nurse Staffing Information was updated and posted. RNC was unable to show and provide the information. She expected staff to post the Nurse Staffing Information according to their policy.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>46970</p> <p>Based on interview and record review, the facility failed to notify the attending physician about the pharmacy medication regimen review recommendation and the action taken or not taken to address the recommendations (Resident #71). The sample was 21. The census was 87.</p> <p>Review of the facility's Medication Reconciliation policy, dated 9/1/21, showed:</p> <ul style="list-style-type: none"> -Policy: This facility reconciles medication frequently throughout a resident's stay to ensure that the resident is free of any significant medication errors, and that the facility's medication error rate is less than 5 percent; -Policy Explanation and Compliance Guidelines: -Monthly Processes: -Provide pharmacy consultant access to all medication reason and records for completion of pharmacy services activities; -Respond to any medication irregularities reported by pharmacy consultant within relevant time frames. <p>Review of Resident #71's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/24/23, showed:</p> <ul style="list-style-type: none"> -No cognitive impairment; -Diagnoses included depression, anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations) and paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease). <p>Review of the resident's physician orders, in use at the time of the survey, showed:</p> <ul style="list-style-type: none"> -Novolin N FlexPen (Insulin Pen Intermediate-Long-Acting) subcutaneous (under the skin) suspension pen-injector 100 unit/milliliter. Inject 40 unit subcutaneously in the afternoon for diabetes before dinner and inject 40 unit subcutaneously at bedtime for diabetes; -Humalog KwikPen (insulin pen) subcutaneous solution pen-injector 100 unit/milliliter. Inject 8 unit subcutaneously before meals for diabetes. <p>Review of the resident's care plan, in use at the time of the survey, showed:</p> <ul style="list-style-type: none"> -Focus: The resident is on anticoagulant (blood thinner). -Goal: The resident will be free from discomfort or adverse reactions related to anticoagulant use; <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Interventions/Tasks: Daily skin inspection. Report abnormalities to the nurse; Labs as ordered. Report abnormal lab results to the Medical Doctor.</p> <p>Review of the resident's pharmacy review note to attending physician/prescriber, undated, showed:</p> <p>-Recommend the following lab: HgA1C (glucose test) now for a baseline, then every 6 months secondary to insulin therapy.</p> <p>Review of the resident's progress note, dated 2/25/24 at 5:42 P.M., showed Medication Regimen Review. See report for any irregularities.</p> <p>Review of the resident's medical record, showed no documentation of physician notification of the pharmacy recommendations and no HgA1C completed.</p> <p>During an interview on 4/18/24 at 1:02 P.M., the Regional Nursing Consultant said she expected nursing to notify the physician of the pharmacy medication regimen review recommendations and follow any orders given by the physician.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Amberwood Estates Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5303 Bermuda Drive Normandy, MO 63121	

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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** 37681</p> <p>Based on interview and record review, the facility failed to ensure a gradual dose reduction was attempted or documented as contraindicated for two of 21 sampled residents who received psychotropic medications (Resident #19 and #17). The census was 87.</p> <p>Review of the facility's Medical Provider Orders policy, revised 4/7/22, showed:</p> <ul style="list-style-type: none"> -Policy: This facility shall use uniform guidelines for the ordering and following of medical provider orders; -Policy Explanation and Compliance Guidelines; -Verbal orders should be received only by licensed nurses, or pharmacists, and confirmed in writing by the medical provider on the next visit to the facility; -Documentation of Medication and/or Treatment Orders; -When a new order changes the dosage of a previously prescribed medication, discontinue the order as per the electronic software instructions and retype the new order; -Following of Medication and/or Treatment Orders; -Medical provider orders should be reviewed prior to administration of medication and/or treatment to validate the orders contain all required elements. <p>1. Review of Resident #19's April, 2024 Physician's Order Sheet (POS), showed an order, dated 9/23/22 for Sertraline HCl Tablets (antidepressant), 25 milligrams (mg) one time per day.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/30/24, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -No behaviors; -Diagnoses included dementia, depression and bipolar (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration). <p>Review of the resident's care plan, in use during the survey, showed:</p> <ul style="list-style-type: none"> -Focus: The resident uses antidepressant medication related to depression; <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>-Goal: The resident will be free from discomfort or adverse reactions related to antidepressant therapy through the review date;</p> <p>-Interventions: Administer antidepressant medications as ordered by the physician.</p> <p>Review of the resident's progress note, dated 3/31/24 at 9:58 A.M., showed medication regimen review. See report for any irregularities.</p> <p>Review of the resident's Note to Attending Physician/Prescriber, dated 3/31/24, showed:</p> <p>-Consider a gradual dose reduction: Sertraline 25 mg one times daily;</p> <p>-Condition stable. Will attempt dose reduction to Setraline 25 mg one-half tablet (12.5 mg) daily: Not checked;</p> <p>-Patient is currently stable. Dose reduction is contraindicated because benefits outweigh risk, and a reduction is likely to impair the resident's function and/or cause psychiatric instability: Not checked;</p> <p>-Condition is not well controlled/stable and a reduction is likely to impair the resident's function and/or cause psychiatric instability: Not checked.</p> <p>-The form was not signed by the physician/prescriber.</p> <p>2. Review of Resident #17's April 2024 POS, showed an order, dated 6/1/23 for Quetiapine Fumarate (antipsychotic) tablet, 25 mg one time daily.</p> <p>Review of the resident's progress note, dated 2/25/24 at 5:37 P.M., showed medication regimen review. See report for any irregularities;</p> <p>Review of the resident's Note to Attending Physician/Prescriber, dated 2/25/24, showed:</p> <p>-Consider a gradual dose reduction: Quetiapine 25 mg one times daily;</p> <p>-Condition stable. Will attempt dose reduction to Quetiapine 25 mg one-half tablet (12.5 mg) daily-Not checked;</p> <p>-Patient is currently stable. Does reduction is contraindicated because benefits outweigh risk, and a reduction is likely to impair the resident's function and/or cause psychiatric instability: Not checked;</p> <p>-Condition is not well controlled/stable and a reduction is likely to impair the resident's function and/or cause psychiatric instability: Not checked.</p> <p>-The form was not signed by the physician/prescriber.</p> <p>Review of the resident's quarterly MDS, dated [DATE], 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>-Cognitively intact;</p> <p>-No behaviors;</p> <p>-Diagnoses included depression and dementia.</p> <p>Review of the resident's care plan, revised 4/27/23, showed:</p> <p>-Focus: The resident uses psychotropic medications;</p> <p>-Goal: The resident will be free of psychotropic drug related complications through review date;</p> <p>-Interventions: Consult with pharmacy, medical doctor to consider dosage reduction when clinically appropriate at least quarterly.</p> <p>3. During an interview on 4/18/24 at 1:02 P.M., the Regional Nurse Consultant said they had not attempted any gradual dose reductions for Residents #17 or #19. The facility just hired a Director of Nursing, who started on 4/14/24. She expected a gradual dose reduction to have been followed up on.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45083</p> <p>Based on observation, interview and record review, the facility failed to ensure drugs and biologicals were labeled and stored in accordance with acceptable standards of practice. The facility identified eight medication/treatment carts and two medication rooms. Four of the eight carts and two medication rooms were checked for medication storage. Issues were found in one medication room, three medication carts and one treatment cart. Multiple bottles of over the counter (OTC) medications, and ointment tubes were opened, undated and expired. The refrigerator in one medication room that stored unopened insulin pens was placed on top of another refrigerator, unsteady and leaned sideways. The thermometer was stuck in the freezer and no temperature log sheet was observed. The census was 87.</p> <p>Review of the facility's Medication Storage Policy, revised 9/1/21, showed:</p> <ul style="list-style-type: none"> -Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security; -All drugs and biologicals will be stored in locked compartments (i.e., medication carts cabinets, drawers, refrigerators, medication rooms) under proper temperature controls; -Only authorized personnel will have access to the keys to locked compartments; -During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart; -Medications to be administered by mouth are stored separately from other formulations (i.e., eye drops, ear drops, injectables); -All medications requiring refrigeration are stored in refrigerators located in the pharmacy and at each medication room; -Temperatures are maintained within 36-46 degrees Fahrenheit. Charts are kept on each refrigerator and temperature levels are recorded daily by the charge nurse or other designee; -In the event that a refrigerator is malfunctioning, the person discovering the malfunction must promptly report such finding to Maintenance Department for emergency repair; -In the event that emergency repairs cannot be made timely, temporary or emergency space is available in the pharmacy refrigerator or the refrigerators located at each medication room; -The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed. <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Observation of the medication cart in Hall 300 on 4/16/24 at approximately 12:00 P.M., showed the following opened OTC medication bottles:</p> <ul style="list-style-type: none"> -Stool Softener (used for constipation), dated 12/2/22, expired 6/2023; -Mucus Relief Guaifenesin (helps to clear mucus or phlegm), dated 12/3/22, expired 4/2023; -Aspirin (treat mild to moderate pain, inflammation or arthritis) 325 milligrams (mg), undated, expired 2/2024; -Omeprazole (reduces stomach acid), undated, expired 3/2024; <p>During an interview on 4/16/24 at approximately 12:05 P.M., Licensed Practical Nurse (LPN) B said expired medications are to be removed from the medication carts and given to the Assistant Director of Nursing (ADON).</p> <p>2. Observation of the medication cart in Hall 100 on 4/17/24 at 9:33 A.M., showed the following opened OTC medication bottles:</p> <ul style="list-style-type: none"> -Aspirin 325 mg, dated 2/18/23, expired 4/2023; -Vitamin D3 10 mcg, dated 3/1/23, expired 9/2023; -Vitamin B12 100 microgram (mcg), dated 12/22/21, expired 4/2023; -Loratadine (treats allergy symptoms and hives) 10 mg, undated, expired 1/2024; -Calcium with D3 (treats low blood calcium levels)10 mcg, dated 6/20/22, expired 1/2023; -Iron (treats low red blood cells) 65 mg, dated 3/1/23, expired 3/2024; -Simethicone (treats extra gas in the stomach) 125 mg, dated 4/22/22, expired 2/2023; -Cetirizine (treats allergy symptoms) 10 mg, undated, expired 10/2023. <p>3. Observation of the treatment cart in Hall 400-500 on 4/17/24 at 10:06 A.M., showed the following opened tubes of medications in the first drawer:</p> <ul style="list-style-type: none"> -Nitro-Bid ointment (treats chest pain) 2%, opened 5/1/22, expired 4/4/23; -Ammonium lactate cream (treats dry, scaly skin conditions), undated, expiration date not visible; -Desonide Ointment (helps relieve redness, itching, swelling, or other discomfort caused by skin conditions) 0.05%, undated, expired 4/3/23; <p>Observation of the third drawer, showed the following opened OTC bottles of medications:</p> <ul style="list-style-type: none"> -Ferric X-150 (treats or prevents low iron blood levels) 150 mg, dated 3/15/23, expired 3/2024; <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Vitamin B complex, dated 3/16/22, expired 11/2023;</p> <p>-Iron tablets, 65 mg, dated 3/20/23, expired 3/2024;</p> <p>-Geri-Dryl (treats allergy symptoms) 25 mg, dated 1/23, expired 2/2024;</p> <p>-Acidophilus Probiotic (treats vaginal inflammation), undated, expired 3/2024;</p> <p>-Geri-Kot (treats constipation) 8.6 mg, dated 1/23, expired 3/2024;</p> <p>Observation of the same drawer, showed an unopened Jevity 1.2 cal (fiber-fortified therapeutic nutrition that provides complete, balanced nutrition for long- or short-term tube feeding) 1000 milliliters (ml), expired 2/1/2024.</p> <p>4. Observation of the medication cart in Hall 400-500 on 4/17/24 at 1:06 P.M., showed multiple opened OTC medication bottles in the top drawer. All medications were undated, expiration dates were within current date.</p> <p>5. Observation and interview on 4/17/24 at 1:12 P.M., showed the refrigerator in the medication room of the Hall 400-500, that stored unopened insulin pens, was placed on top of another refrigerator, unsteady and leaned sideways. The thermometer was stuck in the freezer. No temperature chart or log sheet was observed in the room. There were multiple opened OTC medication bottles on the countertop. Certified Medication Technician (CMT) J said those medications were duplicates to the ones in the cart. Some staff might have taken extra bottles from central supply or from other carts. CMT J was aware of the undated OTC medications in the cart. He/She said the medications should be dated upon opening. He/She said nurses and CMTs were being changed around so there were no consistencies in maintaining and organizing the medication carts and rooms. He/She continued to use the undated medications as long as they are not expired. He/She discarded the medications once they expired.</p> <p>6. During an interview on 4/18/24 at 8:29 A.M., the ADON said she tried to organize the medications and discard the expired ones properly. She said the night shift nurse was responsible for maintaining and keeping the refrigerator temperature record. The record or log sheet should be attached in the refrigerator doors in both medication rooms. She said Hall 400-500 medication room had its temperature log sheet. The ADON was unable to provide a copy of the Hall 400-500 log sheet.</p> <p>7. During an interview on 4/18/24 at 1:01 P.M., the Regional Nurse Consultant said she expected the staff to date medications when opened. She also expected staff to check expiration dates prior to administering medications to the residents and destroy or discard expired medications per facility's protocol. The staff should follow the manufacturer's instructions if the opened medications were undated but not expired.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>45083</p> <p>Based on observation, interview and record review, the facility failed to ensure medical records were accurately documented in accordance with acceptable professional standards of practice when staff documented administration of a medication for one resident (Resident #38), when the medication was not available. The census was 87.</p> <p>Review of the facility's Medication Administration Policy, reviewed/revised 9/1/22, showed:</p> <ul style="list-style-type: none"> -Policy: Medications are administered by licensed nursed or other staff who are legally authorized to do so in this state, as ordered by the physician in accordance with the professional standards of practice, in a manner to prevent contamination or infection; -Review Medication Administration Record (MAR) to identify medication to administered; -Administer medication as ordered in accordance with manufacture specifications; -Sign MAR after administered. <p>Review of Resident #38's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/28/24, showed:</p> <ul style="list-style-type: none"> -Cognitively intact; -Diagnoses included anemia (low levels of healthy red blood cells), high blood pressure, ulcerative colitis (chronic, inflammatory bowel disease that causes inflammation in the digestive tract), kidney disease, diabetes, high cholesterol, stroke, seizures and depression. <p>Review of the resident's electronic Physician Order Sheet (ePOS), dated 4/5/24, showed, Linzess (Linactolide, drug used to treat irritable bowel syndrome with constipation and chronic constipation with no known cause), oral capsule 290 microgram (mcg). Give one capsule by mouth in the morning every Monday, Wednesday and Friday for constipation.</p> <p>Observation on 4/17/24 at 9:12 A.M., showed no Linzess on the Hall 100 medication cart. Licensed Practical Nurse (LPN) K said he/she would put a hold on the medication and call the pharmacy to re-order the medication. LPN K continued to administer the other morning dose medications to the resident. He/She notified the resident that one medication needed to be ordered from pharmacy and would administer as soon as available.</p> <p>During an interview on 4/17/24 at 12:59 P.M., LPN K said he/she did not get a chance to call the pharmacy, but the medication was taken out from the facility's emergency kit (e-kit).</p> <p>Review of the facility's e-kit's Inventory Replenishment Report showed no Linzess oral capsule medication listed.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's MAR, showed a check mark and LPN K's initial indicating the medication was administered on 4/17/24 at 9:00 A.M.</p> <p>During an interview on 4/18/24 at 9:04 A.M., the pharmacist said the medication was refilled on 4/17/24 at approximately 11:00 P.M. He/She said the pharmacy only delivers by demand or does not provide auto-delivery to the facility. The pharmacist said Linzess medication cannot be removed from its original container and was not included in the list of medications stocked in the e-kit.</p> <p>During an interview on 4/18/24 at 11:09 A.M., the Assistant Director of Nursing (ADON) said if medications were not available, staff should check the e-kit and call the pharmacy. He/She said if the MAR was checked with staff's initials, it indicated medications were given.</p> <p>During an interview on 4/18/24 at 1:01 P.M., the Regional Nurse Consultant (RNC) said if the medications were signed off or initialed, the medications were given. She expected staff to follow the facility's protocol in administering medication and proper documentation.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37672</p> <p>Based on observation, interview, and record review, the facility failed to follow acceptable infection control practices during personal care for one of one resident observed to receive personal care prior to insertion of a Foley (a hollow tube inserted into the bladder to drain urine) catheter (Resident #41) and failed to sanitize their hands during medication administration and handled medications with bare hands (Resident #23). The sample was 21. The census was 87.</p> <p>Review of the hand hygiene policy, implemented 9/1/21, showed:</p> <ul style="list-style-type: none"> -Policy: staff will perform proper hand hygiene procedures to prevent the spread of infection to other residents, this applies to all staff; -Definitions: -Hand hygiene: cleaning the hands by hand washing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR); -Guidelines: -Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice; -Additional considerations: the use of gloves does not replace hand hygiene. If the task requires gloves, perform hand hygiene prior to applying gloves and immediately after removing gloves. Use soap and water when soiled with body fluids. <p>Review of the infection prevention and control program, revised 5/15/23, showed:</p> <ul style="list-style-type: none"> -Policy: provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections; -Guidelines: -All staff are responsible for following all policies and procedures related to the program; -Standard Precautions: -All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing care services; -Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures; -Staff education: <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-All staff shall receive training, relevant to roles and responsibilities, regarding the facility's infection prevention and control program, including policies and procedures related to their job function;</p> <p>-All staff shall demonstrate competence in relevant infection control practices;</p> <p>-Direct care staff shall demonstrate competence in resident care procedures.</p> <p>Review of the facility's Medication Administration Policy, reviewed/revised 9/1/22, showed:</p> <p>-Policy: Medications are administered by licensed nurses or other staff who are legally authorized to do so in this state, as ordered by the physician in accordance with the professional standards of practice, in a manner to prevent contamination or infection;</p> <p>-Wash hands prior to administering medication per facility protocol and product;</p> <p>-Remove medication from source, taking care not to touch medication with bare hand.</p> <p>1. Review of Resident #41's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/21/24, showed:</p> <p>-Cognitively intact, able to make needs and wants known;</p> <p>-Used a catheter for bladder disease;</p> <p>-Staff provide full hygiene care needs;</p> <p>-Diagnoses included irregular heartbeat, diabetes, stroke and one-sided paralysis.</p> <p>Review of the care plan, revised 4/10/24, showed:</p> <p>-Focus: the resident has an indwelling catheter;</p> <p>-Goal: the resident will remain free from catheter related trauma;</p> <p>-Interventions: clean the catheter with soap and water, rinse, pat dry.</p> <p>Observation and interview on 4/18/24 at 8:15 A.M., showed the resident in bed. Licensed Practical Nurse (LPN) A obtained a washcloth and placed the washcloth in the sink. LPN A explained the catheter replacement task to the resident. LPN A applied soap to the washcloth and cleaned the groin in a top to bottom manner. LPN A used the sink, rinsed the washcloth, and then wiped the resident's groin in a top to bottom manner. LPN A repeated the process two additional times cleaning each side of the groin and used the sink to rinse the washcloth. LPN A inserted the new catheter in place. LPN A said he/she should have obtained a fresh washcloth or changed the section of the washcloth, and not rinse the washcloth in the sink.</p> <p>2. Review of Resident #23's quarterly MDS, showed:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Cognitively impaired;</p> <p>-No hallucinations and delusions behaviors;</p> <p>-No impairment to upper and lower extremities;</p> <p>-Always incontinent to both urine and bowel;</p> <p>-Diagnoses included heart failure, high blood pressure, diabetes, high cholesterol, high potassium, Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), anxiety, depression and asthma;</p> <p>-On scheduled pain medication regimen.</p> <p>Observation on 4/17/24 at 9:54 A.M., during medication administration in Hall 100, showed LPN K removed two tablets of Tylenol (can treat minor aches and pains, and reduces fever) 500 milligrams (mg) from the medication cup when he/she noticed the order was for two tablets of 325 mg. He/She did not perform hand hygiene and touched the medications with his/her bare hand prior to removing the wrong dose then continued to administer the medication to the resident. On the same occurrence, LPN K also spilled two tablets of aspirin 81 mg tablets on top of the medication cart. He/She picked up the tablets with his/her bare hands and returned the tablets back in its container.</p> <p>During an interview on 4/18/24 at 11:09 A.M., LPN C said if medications were spilled or dropped, they need to be thrown away and not to be re-stored.</p> <p>3. During an interview on 4/18/24 at 1:01 P.M., the Regional Nurse Consultant (RNC) said washcloths should not be rinsed in the sink and re-used in providing personal care to the residents. This could increase the risk of infection development. She expected spilled or dropped medications to be destroyed and replaced and not to be touched with bare hands. She expected staff to follow the infection control protocol.</p> <p>45083</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Amberwood Estates Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5303 Bermuda Drive Normandy, MO 63121	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>46970</p> <p>Based on observation, interview, and record review, the facility failed to provide a working call light system for one resident (Resident #36), allowing him/her to call for staff assistance. The sample was 21. The census was 87.</p> <p>Review of the facility's Resident Environmental Quality policy, reviewed/revised 9/1/21, showed:</p> <ul style="list-style-type: none"> -Policy: It is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public; -The facility shall: <ul style="list-style-type: none"> -Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition; -The facility must provide each resident with: <ul style="list-style-type: none"> -A nurse call system in the resident's room and toilet/bathing facilities, which relays the call directly to a staff member or to a centralized staff work areas; <p>Review of the facility's Resident Rights policy, reviewed/revised 9/1/22, showed:</p> <ul style="list-style-type: none"> -The facility will ensure that all staff members are educated on the rights of residents and the responsibility of the facility to properly care for its residents; -Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; -Exercise of rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States; -Respect and dignity. The resident has the right to be treated with respect and dignity, including: <ul style="list-style-type: none"> -The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would endanger the health or safety of the resident or other residents; -Safe environment. The resident has a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely. <p>Review of Resident #36's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/08/23, showed:</p> <ul style="list-style-type: none"> -No cognitive impairment; <p>(continued on next page)</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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-ADLs-dependent;</p> <p>-Wheelchair for mobility;</p> <p>-Diagnoses included anemia, depression and anxiety disorder.</p> <p>Review of the resident's care plan, in use during the survey, showed:</p> <p>-Focus: Resident had an actual fall with no apparent injuries noted;</p> <p>-Goal: Resident will resume usual activities without sustaining major injuries from falls through the review date;</p> <p>-Interventions: Ensure call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.</p> <p>Observation on 4/15/24 at 4:37 P.M., showed the resident yelled out for help repeatedly. The resident's door was closed. During an interview, the resident said he/she wanted to be turned, and pressed his/her call light, but no one came. Observation showed the call light was not activated outside the resident's door.</p> <p>During an interview on 4/16/24 at 11:58 A.M., Certified Nurse Assistant (CNA) I said the residents can turn their call light on, but the lights were janky and didn't work sometimes.</p> <p>During an interview on 4/17/24 at 10:06 A.M., the Maintenance Director said he did not conduct equipment inspections but checked the staff maintenance log binder if staff reported broken equipment. He said if a resident reported broken equipment, he would check it. He was unaware the maintenance department needed to inspect equipment. He expected all call lights to be functional, and staff to immediately report any broken essential resident care items including the call lights. He expected the housekeeping staff and nursing staff to be in resident rooms daily and report if resident rooms needed repair. Each nurse's station held a maintenance binder. Staff should document non-emergent work orders in the maintenance binders. He checks the binders multiple times a week.</p> <p>During an interview on 4/18/24 at 1:02 P.M., the Regional Nursing Consultant she expected call lights to have been in working condition and she expected the Maintenance Director to keep a maintenance log, inspect and maintain call lights in a functional condition.</p>		