| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265807 | A. Building<br>B. Wing | 03/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Crestview Home | 1313 South 25th St<br>Bethany, MO 64424 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706<br><br>Based on record review and interview the facility failed to ensure that Advance Directives for three Residents (Resident #3, #19, and #32) were lawful when a Designated Power of Attorney signed an out of hospital Do Not Resuscitate (OHDNR) form prior to two residents (Residents #3 and #19) being declared incapacitated to sign. Additionally, the facility failed to ensure that one resident (Resident #32) had 2 physician letters of incapacitation prior to the Power of Attorney designee making decisions for him/her. There were 12 total sampled residents. The facility census was 40.<br><br>The facility did not provide the requested policy on Advance Directives.<br><br>1. Review of Resident #3's Quarterly minimum data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 02/07/25, showed:<br><br>-Severe cognitive impairment;<br><br>-Dependent on staff for transfers, bathing, locomotion, toileting and eating;<br><br>-Incontinent of bowel and bladder;<br><br>-Diagnoses included dementia, high blood pressure, and urinary tract infection.<br><br>Review of the resident's care plan, dated 02/20/25, showed:<br><br>-Assistance for activities of daily living (ADLs);<br><br>-Visual impairment;<br><br>-The resident is a DNR (Do not resuscitate) code status.<br><br>Review of the resident's medical record showed:<br><br>-Durable power of attorney (DPOA) document signed by the DPOA 02/02/19;<br><br>-The DPOA did not indicate if one or two physicians were needed to determine incapacity;<br><br>(continued on next page) |

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

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

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| F 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Capacity verification form dated 11/16/22 signed by only one physician, the DPOA and the Social Service Director (SSD);<br><br>-The capacity form showed the resident had no capacity on 11/16/22;<br><br>-Incapacitation letter, dated 05/08/24, that was signed by two physicians;<br><br>-OHDNR signed by DPOA on 01/15/22 before the resident was deemed incapacitated.<br><br>2. Review of Resident #19's Quarterly MDS, dated [DATE], showed:<br><br>-Severe cognitive impairment;<br><br>-Partial assistance for transfers, bathing, locomotion, toileting and eating;<br><br>-Incontinent of bowel and bladder;<br><br>-Diagnoses included dementia, depression, and anxiety.<br><br>Review of the resident's care plan, dated 02/20/25, showed:<br><br>-Assistance for ADLs;<br><br>-The resident had dementia;<br><br>-The resident was a DNR code status.<br><br>Review of the resident's medical record showed:<br><br>-DPOA document signed by DPOA on 11/27/18;<br><br>-The DPOA document did not indicate if one or two physicians were needed to determine incapacity;<br><br>-Incapacitation letter dated 01/24/19 that was signed by two physicians;<br><br>-OHDNR signed by DPOA on 01/07/19 before the resident was deemed incapacitated.<br><br>44395<br><br>3. Review of Resident #32 Quarterly MDS, dated [DATE], showed:<br><br>-Brief Interview of Mental Status (BIMS) of 99 indicated significant cognitive loss.<br><br>-Dependent on staff for Activities of Daily Living (ADL's: tasks completed in a day to care for oneself, such as bathing, eating, and personal hygiene).<br><br>(continued on next page) |

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| F 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Diagnoses of Cerebral Infarction (a condition where blood flow to part of the brain is interrupted,causing cells to die), chronic pain, Anxiety Disorder (excessive feelings of fear, worry and nervousness), Chronic Obstructive Pulmonary Disease (COPD: a lung disease that causes air flow obstruction and breathing difficulty), Dementia (a decline in mental ability that effects memory , thinking and behavior), Malignant Neoplasm of the Liver (cancerous tumor that originated in the liver).<br><br>Review of the Resident Comprehensive Care Plan, dated 10/10/24, showed:<br><br>-He/She had lost his/her decisional capacity and is invoked as of 4/6/2023.<br><br>-He/She depended on the Durable Power of Attorney(DPOA) for health and finance to carry out wishes.<br><br>Review of the resident electronic and paper medical record showed:<br><br>-The DPOA document did not indicate if one or two physicians were needed to determine incapacity.<br><br>-Letter of incapacity dated 1/31/23 signed by one physician.<br><br>-No second letter of incapacity signed by another physician.<br><br>4. During an interview on 02/27/25 at 12:28 P.M., the Quality Assessment Nurse said:<br><br>- 2 physicians should sign the letter of incapacitation unless the Power of Attorney form says otherwise.<br><br>-A Do Not Resuscitate (DNR) form should not be signed by the Power of Attorney designee unless the resident has been declared incapacitated.<br><br>During an interview on 02/27/25 at 3:10 P.M., the Administrator said:<br><br>-Incapacity letters require two physician signatures unless otherwise stated;<br><br>-She would not expect a DNR signed by the DPOA prior to the signature of the incapacitation letter. |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395<br><br>Based on observation and interview, the facility failed to maintain the walls, hallways, ceilings and floors in a clean and homelike environment. Furthermore the facility failed to ensure furnishings were in good repair and temperatures in the dining room remained at a comfortable level. This had the potential to effect all residents. The facility census was 40.<br><br>The facility did not provide a policy for cleaning, maintenance of the facility and care of furnishings, or temperatures.<br><br>1. Observations on 2/19/25 at 10:30 A.M., showed:<br><br>-Main dining room thermostat read 61 degrees Fahrenheit;<br><br>-All doors to the main dining room were closed;<br><br>-Window blinds in the dining room and attached hallways were drawn;<br><br>-White blankets were rolled up and placed at the threshold of the doors leading to the courtyard.<br><br>Observation on 2/19/25 at 11:22 A.M., showed:<br><br>-Main dining room thermostat read 60 degrees Fahrenheit<br><br>During an interview on 2/19/25 at 10:05 A.M., Resident #9 said:<br><br>-He/She did not mind eating in the lobby because it was a comfortable temperature;<br><br>-The main dining room was too cold to eat there, for a few weeks.<br><br>During an interview on 2/19/25 at 11:15 A.M., Resident #92 said:<br><br>-The dining room had been too cold to eat meals in for weeks;<br><br>-He/She missed eating and visiting with her friends in the dining room.<br><br>During an interview on 2/19/25 at 12:32 P.M., Resident #18's family member said:<br><br>-The heat in the dining room had not worked for over a week.<br><br>During an interview on 2/19/25 at 3:00 P.M., the Administrator said:<br><br>-The facility has not employed a maintenance supervisor for a month or more;The transportation driver assists with maintenance where he/she can;<br><br>(continued on next page) |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The heat in the dining room had been checked by the Maintenance Director for the facility management company;<br><br>-The dining room heater cannot keep up with the cold weather;<br><br>-Residents eat in their rooms and assist diners eat in the lobby area;<br><br>-She does not know when the heat will be fixed.<br><br>2. Observations beginning on 2/25/25 at 12:37 P.M., showed:<br><br>-The dining room floor tile cracked, with missing pieces, tiles loose with jagged edge;<br><br>-Dead bugs, dust and debris in light fixtures;<br><br>-Packaged Terminal Air Conditioner (PTAC: which is a self-contained heating and cooling system designed to be mounted through a wall), in courtyard hall had dust and debris inside the vent, pieces of the plastic vent cover were missing and broken;<br><br>-Fire doors to 100 hall had chipped covering, with exposed wood underneath and white water damage like staining to lower half of the door;<br><br>-Fire doors to service hall had large chips in Formica, with exposed wood underneath;<br><br>-Corner sheetrock at service hall had large slash and gouge in sheetrock with peeling paint.<br><br>Observation on 02/27/25 at 8:58 A.M., showed:<br><br>-Television room at the end of the 400 hall had multiple gouges and scratches in the lower 1/3 of the sheetrock.<br><br>-Glass table lamp had visible layer of dust and debris;<br><br>-400 hallway had multiple gouges and scratches in the pain and sheetrock along the entire hall;<br><br>-Hand rail end cap off at room [ROOM NUMBER] caused sharp edge;<br><br>-Hand rail end cap loose at room [ROOM NUMBER] and opposite end cap was missing causing sharp edge;<br><br>-Hand rail end cap missing at room [ROOM NUMBER];<br><br>-Hand rail end cap missing at room [ROOM NUMBER];<br><br>-Hand rail end cap loose at room [ROOM NUMBER];<br><br>-The small handrail at the corner of the dining hall and 400 hall was loose;<br><br>-The handrail between room [ROOM NUMBER]-410 was loose;<br><br>(continued on next page) |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Hand rail end cap was missing at room [ROOM NUMBER], caused a sharp edge;<br><br>-Hand rail end cap at room [ROOM NUMBER] was missing, and caused a sharp edge;<br><br>-Hand rail end cap at room [ROOM NUMBER] was off and laying on top of the handrail;<br><br>-Hand rail at end of 500 hall with red, U shaped, sharp pronged metal piece with exposed two inch screw in the middle, was lying on top of the handrail.<br><br>Observation on 02/27/25 at 9:06 A.M., showed:<br><br>-Nurse station TV area had multiple gouges and scratches in the dry wall and paint;<br><br>-Lobby area light fixtures had dead bugs, dust, and debris in lights;<br><br>-PTAC unit had dust and debris in the vent and on the unit;<br><br>-Multiple ceiling can lights had cobwebs;<br><br>-Second PTAC unit had a broken grate and dust and debris in the vent;<br><br>-The glass billboard had dried, white drips on the glass;<br><br>-Long fluorescent lights had exposed bulbs;<br><br>-The nurses station had scuffed and chipped paint,<br><br>-The flooring carpet had multiple stained and discolored areas,<br><br>-The seams of the carpet are approximately 1/4 inch apart with dust and debris in them.<br><br>-The shower room on the 500 hall had dark, black mold like substance that covered 1/4 of the lower shower wall and grout of the shower and floor, exposed wires with ends capped in outlet cutout by tub, the ceiling had multiple brown water stains, and the lights had dead bugs, dust, and debris in them;<br><br>-The 500 hall had multiple gouges, scratches, and chips in the paint and drywall along the entirety of the hall;<br><br>-Treatment cart had rhinestone gems in partial star and curve shapes on the back of the cart, some gems were missing and a sticky/gummy substance was left behind, and had glitter letters half peeled off on the back of the cart and left a sticky/gummy uncleanable surface;<br><br>-Hallway from lobby to dining room had black scuff marks along lower third of the wall;<br><br>-Windows in halls to dining room had cobwebs, dust and debris;<br><br>(continued on next page) |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Hallway from lobby to dining room PTAC unit had dirt and debris in the vent, cracked plastic vent cover; the wall above the unit had broken wooden trim, leaving a sharp edge, peeling sheetrock and chipped/flaking paint;<br><br>-Dining room windows had dirt, dust, debris and cobwebs; lower third of the walls had nicks and scratched paint; the rolling stools (used to sit on to assist resident with meals) had cracked vinyl covering and exposed padding underneath; cabinet doors were sprung and hanging crookedly; the tile grout was black in multiple areas with a thick crusty substance; the small serving bowls/dishes, on the prep cart, had dust and debris in them and on the storage tray, the steam table had white crusty/dusty substance on the bottom shelf; the storage chart had white crusty/dusty substance on the bottom shelf and legs; the white prep table had cobwebs, dirt and debris on it and hanging from the legs and corners.<br><br>During an interview on 2/19/25 at 12:32 P.M. Resident #18 family member said:<br><br>-Nothing gets fixed around the facility;<br><br>-There is no maintenance personnel.<br><br>During an interview on 02/26/25 02:52 P.M., Housekeeping/Laundry Aide A said:<br><br>-High dusting (such as lights, and corners) should be completed by any housekeeping staff who have time to get it done.<br><br>-High dusting was not assigned to anyone specifically.<br><br>-The staff assigned to the hall were responsible for all cleaning.<br><br>-There was no deep cleaning list for common areas of the building.<br><br>-The Dining room was deep cleaned weekly; spot cleaning was done after each meal;<br><br>-Carpets are vacuumed daily if there was time to do it.<br><br>-He/She did not know when carpets were shampooed or who was responsible for that.<br><br>During an interview on 02/19/25 at 3:00 P.M., the Administrator said:<br><br>-The facility had been without a Maintenance supervisor or staff for over a month;<br><br>-The transportation driver helps fix things as he/she has time to do it.<br><br>During an interview on 02/27/25 at 12:28 P.M., the Quality Assurance Nurse said:<br><br>-The facility was having maintenance struggles and there was no current maintenance staff.<br><br>-The Administrator looks at things as she can.<br><br>(continued on next page) |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The part time van driver can work on work orders as time allows;<br><br>-She would expect communication between the administrator and maintenance to complete work orders.<br><br>During an interview on 02/27/25 at 3:10 P.M., the Administrator said:<br><br>-The Maintenance Director is responsible for upkeep and repairs.<br><br>-There was not a Maintenance Director for over a month;<br><br>-The van driver completes things as times allows and that he can do;<br><br>-Staff fill out work order; the van driver picks them up and does what he can to complete them;<br><br>-High dusting in the dining room would be maintenance; the rooms and halls would be housekeeping;<br><br>-Carpets would cleaned when there was a stain; the housekeeping supervisor runs a carpet cleaner on different halls on different days.<br><br>MO#249706<br><br>46706 |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395<br><br>Based on observation, interview and record review, the facility failed to ensure residents had complete, accurate and individualized care plans, to address the specific needs of the residents, for five of 12 sampled residents (Residents #28, #92, #11, #15, and #36). The facility census is 40.<br><br>Review of the facility provided, undated, policy Care Planning showed the facility Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident.<br><br>Review of the facility provided, undated policy Care Area Assessments showed Care Area Assessments (CAAs) will be used to develop individualized care plans.<br><br>1. Review of Resident #28 Quarterly Minimum Data Set (MDS, a federally mandated assessment completed by facility staff), dated 1/3/25, showed:<br><br>-Brief Interview of Mental Status (BIMS) of 0 indicated severe cognitive impairment;<br><br>-No behaviors;<br><br>-Moderate assistance for Activities of Daily Living (ADLs: tasks completed in a day to care for oneself);<br><br>-No falls;<br><br>-No pressure areas;<br><br>-Chair alarm used daily;<br><br>-Bed alarm not used;<br><br>-Diagnoses of: Memory Deficit after cerebral infarction (loss of memory after stroke: when blood flow to a part of the pain is blocked, causing loss of cells), Sick Sinus Syndrome (a condition where the heart's natural pacemaker does not function properly), Need for assistance with personal care, History of falling, Delirium (a sudden change in mental state).<br><br>Review of the resident's medical record showed:<br><br>-9/26/24 Elopement Assessment completed with a score of 8, indicated an increased risk for elopement;<br><br>-1/09/2025 progress note showed the resident had an open area to his/her buttock.<br><br>Review of the resident's Comprehensive Care Plan, dated 2/25/25, showed:<br><br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The resident had a risk for falls: keep his/her call light within reach, ensure appropriate non-skid footwear, encourage him/her to ask for assistance;<br><br>-No care plan for use of an alarm;<br><br>-No care plan for elopement;<br><br>-No care plan for pressure ulcers.<br><br>During an interview on 02/24/25 at 10:36 A.M., Certified Nurse Aide (CNA) B said:<br><br>-The resident was an elopement risk;<br><br>-The orange dot on his/her name plate indicated the elopement risk.<br><br>Observations on 02/24/25 at 10:31 A.M., showed:<br><br>-Resident was sitting up in his/her wheelchair, self propelling chair;<br><br>-Alarm pad lying under incontinent padding on bed, attached to alarm box;<br><br>-Name plate at door has orange quarter size dot.<br><br>Observation on 02/25/25 at 11:10 A.M., showed:<br><br>-Resident was sitting up in his/her wheelchair, self propelling chair;<br><br>-Alarm pad lying under incontinent padding on bed, attached to alarm box.<br><br>During an interview on 02/27/25 at 9:37 A.M., Licensed Practical Nurse B said:<br><br>-Orange stickers on the door indicate elopement risk.<br><br>-The resident's care plan should say they are an elopement risk, have wounds, and anything pertinent in order to provide care to the resident.<br><br>2. Review of Resident #92 Admission MDS, dated [DATE], showed:<br><br>-BIMS of 15 indicated no cognitive loss<br><br>-Diagnoses of: fall with injury, osteoarthritis (a condition where the cushion at the ends of the bones (cartilage) breaks down, leading to pain/, stiffness and loss of movement), high blood pressure, atrial fibrillation (a irregular and rapid heart beat), urinary incontinence (involuntary loss of urine), heart failure (the heart cannot pump enough blood to meet the needs of the body), and pain.<br><br>Review of the resident's baseline care plan, dated 2/5/25, showed:<br><br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Psychosocial needs will be addressed in a manner consistent with the resident's overall health and life goals.<br><br>-No care plan for pressure ulcers or skin concerns.<br><br>Review of the resident's Physician order sheet showed an order, dated 2/19/25, to apply zinc to open area twice a day until healed, obtained by the Director of Nursing.<br><br>During an interview on 2/19/25 at 11:15 A.M., Resident #92 said he/she had sores on his/her bottom.<br><br>Observation of Resident #92 on 2/19/25 at 11:40 A.M., showed he/she had a dime sized open area to the left buttock and a pencil eraser sized area to the right buttock, with red peeling skin surrounding the open wounds.<br><br>During an interview on 2/19/25 at 11:40 A.M. Certified Nurse Aide (CNA) G said:<br><br>-The resident had an open area for at least a week.<br><br>-He/She had notified the nurse.<br><br>During an interview on 2/19/25 at 11:59 A.M. LPN C said he/she was not aware of resident #92 open area.<br><br>During an interview on 02/27/25 at 11:32 A.M. LPN B said care plans should be updated with changes as the change occurred.<br><br>44993<br><br>3. Review of Resident #11's quarterly MDS, dated [DATE], showed:<br><br>- The resident had a BIMS score of 14, indicating little cognitive deficit;<br><br>- Diagnoses included: Diabetes Mellitus (DM) type II;<br><br>- He/She was completely dependent on staff for toileting needs, showers, and to get dressed:<br><br>- He/She was incontinent of bowel and bladder;<br><br>- He/She was a risk for the development of pressure ulcers (PU), but had none;<br><br>- He/She had skin break down on his/her buttocks.<br><br>Review of the Braden Scale (a form completed by the facility staff to determine the resident's risk for developing a wound), dated 1213/24, showed the resident at a high risk of developing a wound.<br><br>Review of the January 2025 progress notes showed the following:<br><br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | - 1/5/25: LPN A documented on a skin assessment that the resident had an open area to his/her bottom;<br><br>- 1/9/25: LPN B documented on the monthly summary that the resident had fragile, warm, and dry skin. LPN B did not document any further details about the resident's skin breakdown;<br><br>-1/12/25: LPN B completed a skin assessment, the resident continued to receive a treatment for redness on the buttocks and a small open area, will fax the resident's physician for new orders.<br><br>Review of the resident's February 2025 skin assessments showed the following:<br><br>- 2/2/25: LPN A documented on a skin assessment the resident had an existing non-foot skin issue.<br><br>- 2/16/25: LPN A documented on a skin assessment the resident's bottom was red and had an open area.<br><br>Review of the resident's skin care plan, dated 8/26/22, showed:<br><br>- The resident had a chronic to his/her buttock that sometimes appeared to be open and sometimes appeared to be closed;<br><br>- The care plan did not include the resident's current PU.<br><br>Observation on 2/25/25 at 8:14 A.M. showed:<br><br>- The resident was lying in his/her bed;<br><br>- Licensed Practical Nurse (LPN) A entered the resident's room to complete wound care;<br><br>- The resident had a wound to his/her bottom that was 6 centimeters (CM) long by 0.3 CM wide;<br><br>- The center of the wound had a dark brown area that measured 2 CM long by 1.75 CM wide.<br><br>During an interview on 2/25/25 at 8:14 A.M., LPN A said:<br><br>- The wound appeared to be in worse condition than last week;<br><br>- Any of the nurses can update the resident's care plan.<br><br>During an interview on 2/27/25 at 11:39 A.M., The MDS Coordinator said:<br><br>- He/She helps with care planning, but most care plans and updates are completed by the nurses;<br><br>- The resident's care plan should have included his/her wound to his/her buttocks.<br><br>During an interview on 2/27/25 at 3:10 P.M. the Administrator said she would expect the resident's wound to be care planned with current interventions.<br><br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 4. Review of Resident #15's quarterly MDS, dated [DATE], showed:<br><br>- He/She had a BIMS score of 15, indicating no cognitive deficit;<br><br>- Diagnoses included: Cerebral Palsy (is a disorder that affects movement, muscle tone and posture).<br><br>- He/She required assistance from staff to transfer, toileting needs and get dressed;<br><br>- He/She received a therapeutic diet and a mechanically altered diet;<br><br>- He/She had weight loss.<br><br>Review of the resident face sheet showed the resident had the following diagnoses: Dysphagia, oral phase (difficulty swallowing) and weakness<br><br>Review of the residents Physician Order Sheet (POS), dated February 2025, showed an order dated 9/5/24 for pureed food with honey thick liquids.<br><br>Review of the residents weights showed the following:<br><br>- 9/2/24- 248.4 pounds (lbs);<br><br>- 10/3/24- 242.6 lbs;<br><br>- 11/3/24- 234.4 lbs;<br><br>- 11/30/24- 232.4 lbs;<br><br>- 12/2/24- 224.2 lbs;<br><br>- 1/1/25- 224 lbs;<br><br>- 2/1/25 222.2 lbs;<br><br>- Decreased 26.2 lbs and 10.5% of the resident's body weight over the past 6 months.<br><br>Review of the resident's nutrition status care plan, dated 2/25/20, showed:<br><br>-The resident was at risk for weight loss;<br><br>- The resident was on a pureed diet with honey thick liquids;<br><br>- The residents significant weight loss was not addressed in the resident's care plan.<br><br>During an interview on 2/27/25 at 3:10 P.M. the Administrator said the resident's significant weight loss should have been included in his/her care plan.<br><br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 5. Review of Resident #36's quarterly MDS, dated [DATE], showed:<br><br>- The resident had a BIMS score of four, indicating severe cognitive deficit;<br><br>- The resident required assistance with eating, toileting and getting dressed;<br><br>- The resident was 72 inches tall and 148 pounds;<br><br>- The resident had a mechanically altered diet;<br><br>- The MDS did not indicated the resident had a significant weight loss.<br><br>Review of the resident's POS, dated February 2025, showed an order dated 12/2/24 for nectar thick liquids.<br><br>Review of the residents weight log showed the following:<br><br>-10/29/24 153.6 lbs;<br><br>11/3/24 152.6 lbs;<br><br>12/3/24 157 lbs;<br><br>1/1/25 156.4 lbs;<br><br>2/1/25 147.6 lbs;<br><br>- The resident decreased 9.4 pounds and 5.98% in the past 2 months.<br><br>Review of the resident's undated comprehensive care plan showed the facility staff did not address the resident's weight loss.<br><br>6. During an interview on 02/27/25 at 11:39 A.M., the MDS Coordinator said:<br><br>-Most of the care plan is completed by the Charge Nurses;<br><br>-Resident specific care plans should include weight loss, the use of a nebulizer and oxygen, fall status and prevention interventions, psychosocial stuff, residents receiving hospice services, magic cup orders, contractures, wounds and skin issues;<br><br>-Primary care plans are related to the day to day care, behavioral issues;<br><br>-Communication was challenging; he/she was not always notified of changes; better communication between departments would ensure relevant information gets added to the resident care plans;<br><br>-He/She checks morning notes for changes.<br><br>During an interview on 02/27/25 12:28 P.M., the Quality Assurance Nurse said:<br><br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -She would expect Nebulizers, urinary tract infections, wounds and weight loss to be care planned for each individual resident;<br><br>-She expected every nurse to be able to access, update and utilize the care plan;<br><br>-The facility had a MDS coordinator that goes between other facilities;<br><br>-The charge nurses need more education to increase their comfort with care planning.<br><br>During an interview on 02/27/25 03:10 P.M the Administrator said:<br><br>-She would expect any one can and would update a care plan,<br><br>-The MDS Coordinator ensure the information is in the care plan;<br><br>-She expected the CNA staff to report any changes to the Charge Nurse and the Charge Nurse to update the care plan;<br><br>-She expected the care plan to be a snapshot of the specific resident and the care they require. |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>44993<br><br>Based on observation, interview, and record review, the facility failed to ensure one of 12 sampled residents (Resident #15) received necessary assistance with activities of daily living (ADL). Resident #15 was dependent on a mechanical lift and two staff for transfers and required assistance with all his/her ADL's. Facility staff failed to reposition the resident every two hours and to provide timely perineal care. The facility census was 40.<br><br>The facility did not provide a policy for timing and repositioning and perineal care for a resident's.<br><br>1. Review of Resident # 15's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 12/27/24, showed:<br><br>- He/She had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive deficit;<br><br>- Diagnoses included: Cerebral Palsy (is a disorder that affects movement, muscle tone and posture);<br><br>- He/She required assistance from staff to transfer, toileting needs, and get to dressed;<br><br>- He/She was incontinent of bowel and bladder.<br><br>Review of the resident's face sheet showed the following diagnoses: Dysphagia, oral phase (difficulty swallowing) and weakness.<br><br>Review of the resident's Activities of Daily Living (ADL) care plan, dated 11/26/19, showed:<br><br>- The resident was dependent on a mechanical lift and two staff for transfers;<br><br>- The resident's required assistance with all his/her ADL's.<br><br>Review of the residents skin care plan, dated 11/26/19, showed:<br><br>- The resident was incontinent of urine;<br><br>- The staff were supposed to assist the resident's with perineal care;<br><br>- The resident's had compromised skin integrity between his/her thighs.<br><br>During an interview on 2/23/25 at 10:32 A.M., the Resident said:<br><br>- He/She had a sore on his/her inner right thigh;<br><br>- It took a while for staff to change him/her;<br><br>(continued on next page) |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - He/She he had been up since 7:00 A.M. this morning and has not been repositioned or changed since;<br><br>- He/She was wet.<br><br>Observation on 2/23/25 at 1:52 P.M., showed:<br><br>- The resident's was in his/her room in his/her wheel chair;<br><br>- Certified Nurse Aide (CNA) C and CNA I entered the resident's room with the mechanical lift;<br><br>- The CNA's assisted the resident in bed using the mechanical lift;<br><br>- The resident had a strong urine smell;<br><br>- CNA C provided perineal care;<br><br>- The resident had saturated through an incontinence brief, his/her pants, and the mechanical lift sling;<br><br>- The resident's bottom was red and appeared irritated.<br><br>During an interview on 2/23/25 at 1:52 P.M., CNA C said:<br><br>- He/She was trained to complete rounds every two hours;<br><br>- Rounds included repositioning residents, and cleaning residents if they are wet or soiled;<br><br>- Resident #15 was supposed to be repositioned every two hours;<br><br>- He/She came on duty at 7:00 A.M. and did not reposition or change the resident's before now;<br><br>- He/She should have ensured the resident's was dry and repositioned every two hours and as needed.<br><br>During an interview on 2/23/25 at 2:03 P.M., CNA I said:<br><br>- Cares were last provided for the resident at 7:30 A.M. for Resident #15;<br><br>- Cares included repositioning and ensuring the resident was clean and dry;<br><br>- The resident should have been changed earlier.<br><br>During an interview on 2/26/25 at 10:50 A.M., Licensed Practical Nurse (LPN) B said:<br><br>- Resident #15 was incontinent of bowel and bladder;<br><br>- The staff do not change the resident's like they are supposed to;<br><br>(continued on next page) |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - He/She expected the resident to be repositioned and perineal care provided every two hours and as needed;<br><br>- The resident's really needed to be laid down every two hours because of his/her skin breakdown and incontinence.<br><br>During an interview on 2/27/25 at 12:28 P.M., the Quality Assurance (QA) nurse said he/she expected the staff to provide repositioning and perineal care every two hours and as needed for resident's that need help. The staff should not have left Resident #15 sitting in his/her wheel chair from 7:30 A.M. to 1:52 P.M. with out repositioning and providing perineal care.<br><br>During an interview on 2/27/25 at 3:10 P.M., the Administrator said staff should have repositioned Resident #15 and provided perineal care every two hours. It was not acceptable to let the resident's sit in his/her wheel chair for more that six hours without repositioning and cleaning the resident's. |

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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide activities to meet all resident's needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395<br><br>Based on observation, interview, and record review, the facility failed to provide meaningful activities to meet the needs for three of 12 sampled residents (Resident #6, #28, and #92). The facility did not have an employee responsible for the activity program and did not have a system to inform all residents in advance of available activities, including location and time, which had the potential to impact all residents in the facility. The facility census was 40.<br><br>The facility did not provide a policy regarding Activities.<br><br>Review of the facility provided Resident Right policy, dated April 2006, showed:<br><br>-The resident has the right to a dignified existence and self determination. A Facility must protect and promote the rights of each resident.<br><br>--Right to participate in activities.<br><br>--Resident Rights are to be fully respected and adhered to.<br><br>The facility did not provide an activity calendar.<br><br>1. Review of Resident #6 Admission Activity Assessment, dated 3/14/20, showed:<br><br>- He/She liked 1:1 (1 staff to 1 resident) activities, independent leisure activities, and small group activities;<br><br>-Preferred activities included: cards/games, sports/exercise, music, spiritual/religious, walking/wheeling outdoors, and watching TV.<br><br>Review of the resident's Annual Activity Assessment, dated 5/3/24, showed:<br><br>-He/She liked 1:1 and large group activities;<br><br>-Preferred activities included: exercise/sports, music, and watching TV.<br><br>Review of the resident's Annual Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff), dated 8/6/24, showed Activity preferences:<br><br>-Very important for music<br><br>-Somewhat important to keep up with the news, do things with groups of people, do favorite activities, go outside and get fresh air and to participate in religious practices.<br><br>Review of Resident #6 Quarterly MDS, dated [DATE], showed:<br><br>-Brief Interview of Mental Status (BIMS) of 4, indicated significant cognitive deficit<br><br>(continued on next page) |

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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Dependence on staff for Activities of Daily Living (ADLs: tasks performed in a day to care for oneself)<br><br>-Diagnoses of Alzheimer's Disease (a progressive brain disorder that effects memory and thinking, leading to the inability to complete daily tasks), Hypertension, Cognitive Communication Deficit (difficulty communicating because of impaired brain function), Anxiety (constant feeling of nervousness, worry or fear), Depression (constant feeling of sadness, loss of interest and low energy) and Need for assistance with personal care.<br><br>Review of the resident's Comprehensive Care Plan, dated 2/18/25, showed:<br><br>-Problem: Resident involved in activities one third or less of the time related to he/she can not communicate very well due to his/her speech;<br><br>-Adjust the intensity, frequency, and/or duration of activities to accommodate his/her energy level and tolerance.<br><br>-Encourage him/her to become involved with activities that he/she enjoys; listening to the radio<br><br>-Involve him/her with those who have shared interests;<br><br>-Offer him/her opportunities to get to know others through activities such as shared dining, afternoon refreshments, monthly birthday parties, reminiscence groups, etc.<br><br>Review of the resident's Activity Attendance calendar showed:<br><br>-No activity attendance in January.<br><br>-No February Calendar provided.<br><br>Observations on 02/24/25 at 9:38 A.M., showed:<br><br>-Music played in his/her room, the resident was not in his/her room.<br><br>-The resident sat in his/her wheelchair, in the hallway,<br><br>2. Review of Resident #28 Quarterly MDS, dated [DATE], showed:<br><br>-Brief Interview of Mental Status (BIMS) of 0 indicated severe cognitive impairment;<br><br>-No behaviors;<br><br>-Moderate assistance for ADLs<br><br>-Diagnoses of: Memory Deficit after cerebral infarction (loss of memory after stroke: when blood flow to a part of the pain is blocked, causing loss of cells), Sick Sinus Syndrome (a condition where the heart's natural pacemaker does not function properly), need for assistance with personal care, history of falling, and delirium (a sudden change in mental state).<br><br>(continued on next page) |

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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the resident's Annual Activity Assessment, dated 10/1/24, showed his/her interests were crafts/arts, watching television, exercise/sports, music, talking/conversing, reading/writing and spiritual/religious activities.<br><br>Review of the resident's Comprehensive Care Plan, dated 2/25/25, showed he/she needed one on one visits for socialization, and emotional support.<br><br>Review of the resident's Activity Attendance calendar showed:<br><br>-No activity attendance in January.<br><br>-No February calendar provided.<br><br>Observation on 02/24/25 at 10:31 A.M., showed:<br><br>- the television on in the resident's room,<br><br>-The resident sat in a wheelchair, in the hallway, with his/her head down and eyes closed.<br><br>Observation on 02/25/25 at 11:10 A.M., showed:<br><br>- The resident sat up in a wheelchair in the hallway. The resident looked around. No activities were being provided.<br><br>3. Review of Resident #92 Admission Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff), dated 2/17/25, showed:<br><br>-Brief Interview of Mental Status (BIMS) of 15 indicated no cognitive loss<br><br>-Activity preference: Somewhat important to have books, newspapers, and magazines to read, listen to music,be around animals such as pets, keep up with the news, do things with groups of people,do favorite activities, go outside to get fresh air when the weather is good, and participate in religious services or practices.<br><br>-Diagnoses of: fall with injury, Osteoarthritis (a condition where the cushion at the ends of the bones (cartilage) breaks down, leading to pain, stiffness and loss of movement), Hypertension (high blood pressure), Atrial Fibrillation (a irregular and rapid heart beat), Urinary Incontinence (involuntary loss of urine), Heart Failure (the heart cannot pump enough blood to meet the needs of the body), and pain.<br><br>Review of the resident's baseline care plan, dated 2/5/25, showed psychosocial needs will be addressed in a manner consistent with the resident's overall health and life goals.<br><br>Review of the Resident's Activity Assessment, 2/5/25, showed:<br><br>-Preferred program of 1:1;<br><br>-Preferred music, reading/writing, watching TV, and talking/conversing.<br><br>(continued on next page) |

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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 2/19/25 at 11:15 A.M., the resident said:<br><br>-There is nothing to do at the facility.<br><br>-He/She just stays in his/her room and watches television.<br><br>-He/She gets lonely and bored.<br><br>-He/She has told staff he/she gets lonely and bored.<br><br>Observation on 2/19/25 at 11:15 A.M. showed the resident sat in his/her room, in the recliner, no music on, TV was not on, and one puzzle book lying on the table next to the resident.<br><br>4. Observation on 2/19/25 at 10:30 A.M., showed small group of three residents doing exercises in the lobby area, lead by a resident. No staff were involved. Resident #6, Resident #28 and #92 were not in attendance.<br><br>Observations on 2/19/25 from 12:00 P.M. to 2:50 P.M., showed no activity offered or provided for all residents.<br><br>Observations on 2/23/24 from 9:44 A.M. to 1:39 P.M., showed no activity offered or provided for all residents<br><br>Observation on 02/23/25 at 10:32 A.M., showed no activity calendar in any of the resident's rooms.<br><br>Observation on 02/23/25 at 10:41 AM showed no activity calendar posted in the hallways or lobby area.<br><br>During an interview on 2/19/25 at 11:40 A.M., Certified Nurse Aide (CNA) D said:<br><br>-Resident volunteers provide Bingo or exercise group occasionally.<br><br>-There is no Activity personnel, as he/she was moved to the floor as an aide.<br><br>During an interview on 2/19/25 at 3:00 P.M., the Administrator said:<br><br>-There was no Activity Director.<br><br>-The plan was to move a CNA staff member to Activity Director the first of March.<br><br>-Volunteers provide bible study and BINGO.<br><br>During an interview on 02/27/25 at 12:28 P.M., the Quality Assurance Nurse said:<br><br>-She would expect someone to visit with resident's if he/she said he/she was lonely;<br><br>-She would expect activities to be done daily.<br><br>(continued on next page) |

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|---|---|---|---|
| | 265807 | A. Building<br>B. Wing | 03/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Crestview Home | 1313 South 25th St<br>Bethany, MO 64424 |

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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 02/27/25 at 3:10 P.M., the Administrator said:<br><br>-All staff have stepped in to help with the activities, but no one was assigned.<br><br>-The previous Activity Director was moved to the floor as an aide;<br><br>-A resident volunteer leads exercise.<br><br>-One on one visits are completed with the Social Service visits.<br><br>-She would expect visits to increase for someone who was lonely.<br><br>-For residents who cannot leave their room she would expect daily visits.<br><br>-There are books and magazines and a variety of things to be offered.<br><br>-No one made me aware that a resident was sad because he/she could not see his/her friend during meals.<br><br>-She expected staff to assist and activities to be done. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident’s preferences and goals.<br><br>47195<br><br>Based on interview and record review, the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical, mental, or psychosocial well-being for one of three sampled residents (Resident #7) when staff failed to obtain a physician ordered blood transfusion in January 2025 for an anemic resident in a timely manner. The blood transfusion was not carried out until fourteen days after it was ordered. The facility census was 43.<br><br>Review of facility policy titled Physician Orders, undated, showed physician's orders must be signed by the physician and dated when such order was signed.<br><br>Review of facility policy titled Lab Reporting Guidelines, undated, showed:<br><br>-Guidelines will be followed to ensure that lab recommendations are completed timely;<br><br>-Nurse will received the lab for a lab draw; write a telephone order and document the order on the physician order sheet (POS) or note the order on the POS when written by the physician.<br><br>-The nurse will document on the lab report that the physician had been notified to include how they were notified, when (time and date) and the nurse's signature;<br><br>-The lab report will be placed in the medical record under the lab section;<br><br>-When any new orders were received, this will again be documented on the 24 hour report.<br><br>1. Review of Resident #7's Annual Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 11/22/24, showed:<br><br>-They had moderate cognitive impairment;<br><br>-They were dependent on a wheelchair;<br><br>-They took an antiplatelet medication (a medication that prevents blood platelets from sticking together and forming blood clots);<br><br>-Diagnoses included: Arthritis hypercalcemia (condition where there is high level of calcium in the blood), anemia, and high blood pressure.<br><br>Review of care plan, dated 12/7/24, showed the resident:<br><br>-had cognitive loss and their DPOA (Durable Power of Attorney) had been invoked by two physicians;<br><br>-their designated family member directed health care needs.<br><br>Review of physician's orders showed:<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Faxed order, dated 1/16/25, Type and cross 2 units PRBC (packed red blood cells) and transfuse, pre-treat with Tylenol 650 mg (milligram) by mouth and Benadryl 12.5 mg 30 minutes prior to start. Give Lasix (a water pill) 40 mg intravenous (IV) x 1 between units, for diagnosis anemia .<br><br>Review of the resident's medical record showed no documentation the physician orders were carried out.<br><br>Review of progress notes, dated 12/1/25-2/11/25, showed:<br><br>-On 1/17/25, physician ordered a blood transfusion due to low hemoglobin levels;<br><br>-On 1/27/25, resident returned to the facility from hospital appointment to have blood transfusion. Hospital did not have right blood type in stock so the resident did not receive transfusion.<br><br>-On 1/30/25, Resident received 1 unit of packed red blood cells (PRBC).<br><br>During an interview on 2/11/25 at 1:40 P.M., Family Representative A said:<br><br>-Resident had experienced some fatigue that physician had been concerned about;<br><br>-Resident did not receive a blood transfusion right away in January when it was ordered;<br><br>-They were unsure why a delay occurred in the resident receiving the blood transfusion.<br><br>During an interview on 2/11/25 at 11:48 A.M., Licensed Practical Nurse (LPN) A said:<br><br>-Laboratory results went directly to the resident's physician;<br><br>-The facility staff did not receive the resident's lab results unless they specifically requested them;<br><br>-There should have been some documentation in the progress notes on the care resident received.<br><br>During an interview on 2/11/25 at 2:15 P.M., Physician's Registered Nurse (RN) A said:<br><br>- The resident had Complete Blood Count (CBC) (a medical test that measures the number and types of various cells in the blood) drawn on 1/16/25 and their hemoglobin was 7.5 g/dl;<br><br>-The physician sent an order for blood transfusion to occur and for facility to pre-treat resident with Tylenol and Benadryl;<br><br>-He/she called the facility to notify them of the orders and faxed the orders on 1/16/25 by 5:00 P.M.;<br><br>-The hospital outpatient said the facility dropped the resident off on 1/27/25 without an appointment and they did not have the resident's blood type on hand;<br><br>-The resident did not get the transfusion until 1/30/25;<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -When the physician's office sends orders to the facility- the facility staff are able to call the hospital to schedule the transfusion;<br><br>-Without the blood transfusion the resident had a risk of having their hemoglobin levels drop further and experience additional fatigue.<br><br>During an interview on 2/11/25 at 2:20 P.M., LPN A said:<br><br>-He/she was unsure why resident's blood transfusion was delayed in January.<br><br>-BOM (Business office manager) was the person who scheduled appointments and arranged transportation to appointments for residents;<br><br>-When the BOM is out of facility the Human Resources (HR) staff person is supposed to cover for the BOM.<br><br>During an interview on 2/11/25 at 3:10 P.M., BOM said:<br><br>-Faxes were received on the fax machine located in the main business office of facility;<br><br>-She takes faxes to the west nurses station;<br><br>-The nurses were responsible for writing any orders and appointments that need made on the faxed orders received;<br><br>-Faxes were then brought back to him/her in the front office for scheduling of appointments;<br><br>-He/she was responsible for scheduling appointments for the residents;<br><br>-Paperwork and orders did sometimes get missed;<br><br>-Resident #1's paperwork said family was going to schedule resident's appointment;<br><br>-He/She contacted Resident #1's family member and they advised they were not taking care of appointment for transfusion;<br><br>-The facility driver took the resident to his/her transfusion appointment on 1/27/25 and all the pretransfusion mapping was completed at that time but transfusion did not occur because the hospital did not have the resident's blood type on hand;<br><br>-He/She took resident back to outpatient clinic on 1/30/25 for the transfusion;<br><br>-When he/she was not working in facility the HR staff was their back up regarding checking faxes and taking phone calls and writing down appointments.<br><br>During an interview on 2/11/25 at 3:30 P.M., Family Representative B said:<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -They did not agree or tell facility they would take resident to their second blood transfusion due to the extensive time commitment of 3-6 hours that the transfusions took to complete;<br><br>-There was a communication break between administration and nurses at the facility.<br><br>During an interview on 2/11/25 at 3:23 P.M., Physician said he/she expected their order for blood transfusion to be carried out within 5-7 days.<br><br>During an interview on 2/11/25 at 3:50 P.M., Director of Nursing said he/she expected physicians orders to be carried out as soon as possible.<br><br>During an interview on 2/11/24 at 4:11 P.M., Administrator said:<br><br>-He/she expected facility staff to follow physicians orders;<br><br>-Physician's orders were received in main office at fax machine and were taken to the west nurses station charger nurse;<br><br>-The charge nurse took orders off fax and entered them into electronic medical record;<br><br>-Physician then electronically signed the orders in electronic medical record;<br><br>-Business Office Manager makes resident appointments;<br><br>-When BOM was out of facility the Administrator or HR staff made appointments.<br><br>MO248336 |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395<br><br>Based on observation, interview, and record review, the facility failed to ensure appropriate care and services were provided to residents to prevent the development and/or deterioration of pressure ulcers (PU) for four of 12 sampled residents (Resident #28, #92, #11, and #15). Facility staff failed to ensure the physician was notified of the PU and treatment obtained timely for one resident (Resident #92). The facility failed to ensure PU precautions were adhered to for one resident, resulting in the resident developing a PU (Resident #15), and failed to thoroughly assess and document assessments and measurements, and update the physician to obtain treatment orders for a new pressure ulcer for (Resident #92) and when a PU deteriorated for (Resident #11). Furthermore, the facility failed to follow their protocol assessment and documentation of skin issues when nurses did not consistently document and/or sign shower sheets at the time of a shower for two residents (Resident #28 and #92). The facility census was 40.<br><br>Review of the facility's undated policy Pressure Ulcer Care and Prevention showed:<br><br>-Purpose is to prevent and treat further breakdown of pressure sores.<br><br>-The nurse is responsible for implementing measures to prevent pressure ulcers;<br><br>-Change bed linen promptly whenever wet or soiled;<br><br>-Keep sheets dry, free of wrinkles and free of debris;<br><br>-Turn the resident every 2 hours and position with pads or pillows for protection;<br><br>-Assist the resident at mealtimes to assure adequate nutrition;<br><br>-Offer fluids frequently for adequate hydration.<br><br>Review of the facility's undated Wound Protocol document showed:<br><br>-Develop a turning and repositioning schedule, at least every two hours while in bed and at least hourly in a chair;<br><br>-Encourage Fluids;<br><br>-Thoroughly document all wound information such as type, location, stage, length, width, depth and drainage;<br><br>-Notify appropriate personnel of all new pressure ulcers.<br><br>Review of the facility's Skin Monitoring: Comprehensive CNA Shower Review showed:<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Perform a visual assessment of a resident's skin, report any abnormal looking skin to the charge nurse immediately. Forward any problems to the Director of Nursing for review. Use this form to show exact location and description of the abnormality.<br><br>-Signature areas for the Certified Nurse Aide completing the shower, the Charge Nurse, and the Director of Nursing;<br><br>-Areas for documentation of Charge Nurse Assessment, and Intervention.<br><br>1. Review of Resident #28 Quarterly MDS, dated [DATE], showed:<br><br>-Brief Interview of Mental Status (BIMS) of 0 indicated severe cognitive impairment;<br><br>-Moderate assistance for Activities of Daily Living (ADL's: tasks completed in a day to care for oneself);<br><br>-Incontinent of urine and bowel;<br><br>-At risk for PU;<br><br>-No PU;<br><br>-Diagnoses of: Memory Deficit after cerebral infarction (loss of memory after stroke: when blood flow to a part of the pain is blocked, causing loss of cells), Need for assistance with personal care, history of falling, and delirium (a sudden change in mental state).<br><br>Review of the resident's Comprehensive Care Plan, dated 2/25/25, showed:<br><br>-He/She needs assistance with ADL's;<br><br>-No care plan for risk of PU or actual PU.<br><br>Review of the resident's bath sheets, dated January 2025, showed:<br><br>-1/1/25: no skin issues;<br><br>-1/7/25: Decubitus (damage to the skin and underlying tissues caused by prolonged pressure; a bedsore or pressure ulcer) to right and left buttocks. Signed by Charge Nurse: Licensed Practical Nurse (LPN) A on 1/8/25;<br><br>-1/10/25: Decubitus to right and left buttocks. No charge nurse assessment.; Signed by Charge Nurse: LPN A on 1/13/25; No DON signature;<br><br>-1/17/25: Decubitus to right and left buttocks. No charge nurse assessment; Signed by Charge Nurse: LPN A on 1/17/25; No DON signature;<br><br>-1/21/25: Decubitus to right and left buttocks. No charge nurse assessment; Signed by Charge Nurse: LPN A on 1/22/25; No DON signature;<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -1/24/25: Decubitus to right and left buttocks. No charge nurse assessment; No charge nurse signature; No DON signature;<br><br>-1/27/25: Decubitus to right and left buttocks. No charge nurse assessment; Signed by Charge Nurse: LPN A on 1/27/25; No DON signature;<br><br>-1/31/25: Decubitus to right and left buttocks. No charge nurse assessment; Signed by Charge Nurse: LPN A on 1/31/25; No DON signature.<br><br>Review of the Resident's progress notes showed:<br><br>-On 01/09/2025 at 10:11 A.M., Reported from Hospice Nurse the resident had two PU on his/her top right buttock and left inner buttock. Hospice gave order for areas to be cleansed with soap and water, pat dry, and apply zinc cream twice a day and as needed;<br><br>-On 01/09/2025 at 3:40 P.M., Nurse was informed that the resident had an open area to his/her bottom. He/She found an area at the top of the resident's inner left buttock that was covered with slough (a non-living, yellow or white material in wounds, made of dead cells and other debris), unstageable (the stage of a pressure ulcer is unknown because the wound bed is covered by dead tissue), measuring 0.8 centimeters (cm) in length x 0.9 cm width x 0.1 cm depth. Wound edges and surrounding skin appeared as dry skin. Physician was in the facility and gave an order to discontinue (DC) zinc and start cleansing the area with soap and water, pat dry, apply Santyl (prescription medicine that removes dead tissue from wounds so they can start to heal) applied nickel thick to wound bed, apply border gauze dressing, and change daily. An air cushion was added to his/her recliner. Staff will assist him/her turning side-to-side during the night to keep pressure off of the open area. He/She had a pressure reduction cushion to his/her wheelchair. An air mattress was requested from hospice.<br><br>-On 01/12/2025 at 2:33 P.M., The area on the resident's buttocks was cleansed and zinc was applied. Open area was barely visible and without drainage. The area appeared to be a stage 2 (a shallow open sore that has partially broken the skin's second layer);<br><br>-On 01/14/2025 at 10:37 A.M., Hospice nurse DC' d the Santyl order to stage 2 ulcer. New order received to cleanse the pressure ulcer with soap and water, apply thera honey (a medical product used in wound care to promote healing) gel nickel thick, apply breathable dressing, and change daily;<br><br>-No other progress notes in regards to wounds.<br><br>Review of the resident's bath sheets, dated February 2025, showed:<br><br>-2/3/25: Decubitus to right and left buttocks. No charge nurse assessment; No charge nurse signature; No DON signature;<br><br>-2/7/25: Decubitus to left buttock and discoloration to right buttock. No charge nurse assessment. Signed by LPN B on 2/9/25; No DON signature;<br><br>-2/7/25: Decubitus to left buttock and discoloration to right buttock. No charge nurse assessment. Signed by LPN B on 2/14/25; No DON signature;<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -2/10/25: Decubitus to left buttock and discoloration to right buttock. No charge nurse assessment. Signed by LPN A on 2/10/25; No DON signature;<br><br>-2/19/25: Decubitus to left buttock and discoloration to right buttock. No charge nurse assessment. No charge nurse signature; No DON signature;<br><br>-2/24/25: Decubitus to left buttock and discoloration to right buttock. No charge nurse assessment. Signed by LPN A on 2/24/25; No DON signature.<br><br>Review of the resident's physician order sheets, dated February 2025, showed an order for Pressure Ulcer Care: Cleanse PU to left inner buttock with soap and water, apply thera honey gel nickel thick to wound bed, apply breathable border gauze dressing, change daily, ordered on 1/14/25.<br><br>Review of the resident's monthly summary, dated 2/15/25, showed no skin issues.<br><br>Review of the resident's medical record from January 2025-February 2025, showed no wound assessments documented.<br><br>Observations on 02/24/25 at 10:31 A.M.,to showed the resident in the hall sitting up in his/her wheelchair with a cushion in the wheelchair.<br><br>Observations on 02/24/25 at 12:00 P.M., showed<br><br>-Facility staff transported the resident in the wheelchair to the dining room. Staff did not assist the resident with incontinence care or reposition the resident.<br><br>-He/She was placed at the dining room table with his/her meal in front of him/her<br><br>Observations on 02/25/25 at 9:10 A.M. to 11:58 A.M., showed<br><br>-The resident sat up in his/her wheelchair in the hall.<br><br>-At 11:58 A.M. the resident was transported to the dining room and placed at the dining room table. Facility staff did not change or reposition the resident before transporting them to the dining room.<br><br>Observation on 02/25/25 at 12:17 P.M., showed:<br><br>-The resident sat in the dining room in his/her wheelchair;<br><br>-He/She was asleep at the table and had slid down toward the front of the wheelchair with his/her shoulders below the handle level of the wheelchair.<br><br>Observation and interview on 2/26/25 at 4:47 P.M., showed:<br><br>-The resident assisted to stand by staff and staff removed his/her slacks and incontinent brief;<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The resident had open wound to left upper buttock fold that was a half dollar in size with white/yellow slough, the skin at the edge of the wound was peeling and dry;<br><br>-The resident said the area hurts when he/she was cleansed and hurts at times when he/she was sitting.<br><br>During an interview on 2/26/25 at 4:47 P.M. CNA F said:<br><br>-The resident complains of pain to his/her bottom;<br><br>-The resident has had the open area for awhile, not sure exact date;<br><br>-He/She puts cream on the resident when he/she provided incontinent care.<br><br>During an interview on 2/27/25 11:32 AM LPN B said:<br><br>-The resident would take himself/herself to the bathroom and did not get himself/herself cleansed well;<br><br>-His/Her wound was difficult to heal because of his/her incontinence;<br><br>-His/Her wound was closed last month and is now open again.<br><br>2. Review of Resident #92 Admission MDS, dated [DATE], showed:<br><br>-admitted [DATE];<br><br>-Brief Interview of Mental Status (BIMS) of 15 indicated no cognitive loss;<br><br>-Occasionally incontinent;<br><br>-No wounds;<br><br>-No risk for skin issues;<br><br>-Diagnoses of: fall with injury, osteoarthritis (a condition where the cushion at the ends of the bones (cartilage) breaks down, leading to pain, stiffness and loss of movement), urinary incontinence (involuntary loss of urine), heart failure (the heart cannot pump enough blood to meet the needs of the body), and pain.<br><br>Review of the resident's baseline care plan, dated 2/5/25, showed:<br><br>-Psychosocial needs will be addressed in a manner consistent with the resident's overall health and life goals;<br><br>-No care plan for skin issues.<br><br>Review of the resident's medical record for February 2025 showed no order for wound care.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the resident's Comprehensive CNA Shower Review sheets showed:<br><br>-2/11/25 scattered bruising; signed by LPN A 2/11/25, no DON signature;<br><br>-2/14/25 open areas to right and left buttocks; signed by LPN B 2/14/25; no DON signature;<br><br>During an interview on 02/19/25 at 11:15 A.M., the resident said:<br><br>-He/She had sores on his/her bottom;<br><br>-The sores were not there when he/she admitted to the facility;<br><br>-The sores burn and hurt badly;<br><br>-He/She had the sores because he/she wets his/her pants, because he/she is unable to get to the bathroom without staff assistance and has had to wait 30 minutes or more for his/her call light to be answered.<br><br>Observation on 2/19/25 at 11:40 A.M., showed:<br><br>-He/She was sitting in his/her recliner, no pressure relieving cushion in place;<br><br>-CNA D cleansed the resident's buttocks with cleansing wipes;<br><br>-He/She had a dime sized open area to left upper buttock;<br><br>-He/She had a pencil eraser size open area to right upper buttock;<br><br>-Surrounding skin red, inflamed and peeling;<br><br>-The resident complained of pain and burning with cleansing.<br><br>During an interview on 2/19/25 at 11:40 A.M., CNA G said:<br><br>-The resident had the open area for several days;<br><br>-He/She had told the nurse about the area the previous week.<br><br>During an interview on 02/19/25 at 11:59 A.M. LPN C said:<br><br>-He/She was not aware the resident had open areas;<br><br>-He/She was not told in report that the resident had open areas.<br><br>During an interview on 02/26/25 at 10:05 A.M. the resident primary care physician said:<br><br>-He/She had received a fax on 2/7/25 to approve admission medications;<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -He/She had received a fax on 2/13/25 in regards to pain and request for pain gel;<br><br>-He/She saw the resident on 2/23/25 at the hospital and noted the resident had open wounds;<br><br>-He/She was not notified by the facility of open wounds on the resident.<br><br>44993<br><br>3. Review of Resident #11's quarterly MDS, dated [DATE], showed:<br><br>- The resident had a BIMS score of 14, indicating very little cognitive deficit;<br><br>- Diagnoses included: Diabetes Mellitus (DM) type II, multiple sclerosis (a disease in which the immune system eats away at the protective covering of the nerves) and wound.<br><br>- He/She was completely dependant on staff for toileting needs, showers, and to get dressed;<br><br>- He/She was incontinent of bowel and bladder;<br><br>- He/She was a risk for the development of PU, but had none;<br><br>- He/She had skin break down on his/her buttocks.<br><br>Review of the resident's skin care plan, dated 8/26/22, showed the resident had a chronic wound to his/her buttock that sometimes appeared to be open and sometimes appeared to be closed.<br><br>Review of the Braden Scale (a tool completed by facility staff to determine the resident's risk for PU development), dated 12/13/24, with a score of 12, indicating the resident was a high risk for the devolvement of a PU.<br><br>Review of the resident's skin assessment, dated 1/5/25, showed LPN A documented on a skin assessment the resident had an open area to his/her bottom.<br><br>Review of the resident's monthly summary, dated 1/9/25, LPN B documented the resident had fragile, warm, and dry skin. LPN B did not document any further details about the resident's skin breakdown.<br><br>Review of the residents skin assessment, dated 1/12/25, showed LPN B completed a skin assessment, the resident continued to receive a treatment for redness on the buttocks and a small open area, will fax the resident's physician for new orders, no new orders were obtained.<br><br>Review of the residents record showed the facility staff did not complete a skin assessment during the weeks of 1/19/25 and 1/26/25.<br><br>Review of the resident's skin assessment dated [DATE] showed LPN A documented on a skin assessment the resident had an existing non-foot skin issue.<br><br>Review of the resident's record showed the facility staff did not complete a skin assessment during the week of 2/9/25.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the resident's skin assessment and monthly summary, dated 2/16/25, showed:<br><br>- LPN A documented on a skin assessment the resident's bottom was red and had an open area;<br><br>- LPN A documented on the monthly summary the residents skin condition was good, warm and dry;<br><br>- LPN A did not document any further details about the resident's skin breakdown.<br><br>Review of the resident's POS, dated February 2025, showed the following orders:<br><br>- 2/19/25: Barrier cream with collagen powder apply to buttocks' two times per day and as needed;<br><br>- 2/15/25: Wound care team consult for the wound on the resident's bottom.<br><br>Review of the medical record from January 2025 through February 2025, showed the facility staff did not document wound assessments and did not document the physician was notified of the resident's wound.<br><br>Observation on 2/25/25 at 8:14 A.M., showed:<br><br>- The resident lay in his/her bed;<br><br>- LPN A entered the resident's room to complete wound care;<br><br>- LPN A measured the resident's open wound to his/her bottom that was 6 CM long by 0.3 CM wide;<br><br>- The center of the wound had a dark brown area that measured 2 CM long by 1.75 CM wide, LPN A described as eschar (a dry crusted layer of dead tissue that forms over a wound);<br><br>- The wound had an area of dark pink moist skin that surrounded the wound from the gluteal cleft and both buttocks.<br><br>During an interview on 2/25/25 at 8:14 A.M., LPN A said:<br><br>- The wound appeared to be in worse condition than last week, because the wound looked larger than last week;<br><br>- The wound was a Stage II PU;<br><br>- There was an order for a wound care team to evaluate the resident's wound, but they have not been in yet;<br><br>- The facility nurses complete the resident's skin assessments weekly and provides the resident's wound care as the physician has ordered it.<br><br>During an interview on 2/26/25 at 10:50 A.M., LPN B said:<br><br>- The resident's eschar was a new development;<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | - The resident's wound improved for a time and then has gotten worse;<br><br>- The facility staff have tried a lot of things for the resident's wound;<br><br>- The facility had experienced more wounds within the last couple of months.<br><br>4. Review of Resident # 15's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 12/27/24, showed:<br><br>- He/She had a BIMS score of 15, indicating no cognitive deficit;<br><br>- Diagnoses included: Cerebral Palsy (is a disorder that affects movement, muscle tone and posture).<br><br>- He/She required assistance from staff to transfer, toileting needs and get dressed;<br><br>- He/She was incontinent of bowel and bladder;<br><br>- He/She was at risk for the development of a PU but did not have a current PU.<br><br>Review of the resident's face sheet showed the following diagnoses: dysphagia, oral phase (difficulty swallowing) and weakness.<br><br>Review of the resident's Activities of Daily Living (ADL) care plan, dated 11/26/19, showed:<br><br>- The resident was dependent on a mechanical lift and two staff for transfers;<br><br>- The resident's required assistance with all his/her ADL's.<br><br>Review of the residents skin care plan, dated 11/26/19, showed:<br><br>- The resident was incontinent of urine;<br><br>- The staff were supposed to assist the resident's with perineal care;<br><br>- The resident's had compromised skin integrity between his/her thighs.<br><br>Review of the resident's Braden Scale, dated 12/23/24, showed the facility staff assessed the resident had a score of 17, indicating the resident was at mild risk of the development of a PU.<br><br>Review of the resident's POS, dated February 2025, showed the following orders:<br><br>-11/26/24: Vitamin A&D ointment mixed with zinc, apply to the perineal area as needed to treat red skin;<br><br>-8/22/24: Cleanse the resident's right inner thigh area, pat dry, apply barrier cream and then abdominal (ABD) pad for comfort daily.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the resident EMR showed the following:<br><br>- 2/2/25 Facility staff documented on a monthly summary, the resident's skin was in good condition, warm and dry;<br><br>- 2/4/25 Facility staff documented a skin assessment the resident's skin was intact.<br><br>During an interview on 2/23/25 at 10:32 A.M. the Resident said:<br><br>- He/She had a sore on his/her inner right thigh;<br><br>- It took a while for staff to change him/her;<br><br>- He/She had been up since 7:00 A.M. this morning and had not been repositioned or changed since;<br><br>- He/She was wet.<br><br>Observation on 2/23/25 at 1:52 P.M. showed:<br><br>- The resident's was in his/her room in his/her wheel chair;<br><br>- CNA C and CNA I entered the resident's room with the mechanical lift;<br><br>- The CNA's assisted the resident in bed using the mechanical lift;<br><br>- The resident's had a strong urine smell;<br><br>- CNA C provided perineal care;<br><br>- The resident's has saturated trough an incontinence brief, his/her pants and the mechanical lift sling;<br><br>- The resident's bottom was red and appeared irritated;<br><br>- The resident had an open area to his/her back of upper right thigh;<br><br>- CNA C applied a large amount of a zinc based ointment to the open area.<br><br>During an interview on 2/23/25 at 1:52 P.M., CNA C said:<br><br>- He/She was trained to complete rounds every two hours;<br><br>- Rounds included repositioning residents and cleaning resident's if they are wet or soiled;<br><br>- Resident #15 was supposed to be repositioned every two hours;<br><br>- He/She came on duty at 7:00 A.M. and did not reposition or change the resident's before now;<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | - He/She should have ensured the resident's was dry and repositioned every two hours and as needed.<br><br>During an interview on 2/23/25 at 2:03 P.M., CNA I said:<br><br>- Cares were last provided for the resident at 7:30 A.M. for Resident #15;<br><br>- Cares included repositioning and ensuring the resident was clean and dry;<br><br>- The resident should have been changed earlier.<br><br>During an interview on 2/26/25 at 10:50 A.M., LPN B said:<br><br>- The resident's wound to his/her upper right thigh was chronic;<br><br>- The resident was incontinent of bowel and bladder;<br><br>- He/She expected staff to reposition and clean the resident every two hours and as needed;<br><br>- He/She did not think the staff change and reposition the resident like they were supposed to;<br><br>- Staff should not have left the resident for more than six hours with out cleaning and repositioning him/her.<br><br>During an interview on 2/27/25 at 12:28 P.M., the Quality Assurance (QA) nurse said he/she expected the staff to provide repositioning and perineal care every two hours and as needed for resident's that need help. The staff should not have left Resident #15 sitting in his/her wheel chair from 7:30 A.M. to 1:52 P.M. with out repositioning and providing perineal care.<br><br>During an interview on 2/27/25 at 3:10 P.M., the Administrator said staff should have repositioned Resident #15 and provided perineal care every two hours. It was not acceptable to let the resident's sit in his/her wheel chair for more that six hours without repositioning and cleaning the resident's.<br><br>5. During an interview on 2/19/25 at 2:08 P.M., Certified Nurse Aide (CNA) F said:<br><br>-There are multiple residents with open areas. Resident#28, #92, #11, and #15 was among them;<br><br>-He/She told the nurse and Administration about the residents open areas.<br><br>During an interview on 2/19/25 at 2:39 P.M., CNA C said:<br><br>-Staff have to choose between baths and residents who need help being turned and repositioned every 2 hours;<br><br>-He/She cannot get everything done with the staff available.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 2/19/25 at 3:10 P.M. CNA B said staff cannot get everything done and resident's have open areas, because there was not enough help.<br><br>During an interview on 2/26/25 at 10:50 A.M., LPN B said:<br><br>- There seem to be a lot more wounds in the past couple of months;<br><br>- He/She did not think the aids were cleaning and repositioning resident like they were supposed to;<br><br>- Several residents have open areas and redness on their bottoms;<br><br>- He/She expected staff to clean and reposition residents that were not able to complete the task themselves every two hours and as needed;<br><br>- Some of the aides left resident up in their wheel chairs from before breakfast until after lunch without cleaning the resident or repositioning the resident.<br><br>During an interview on 2/27/25 at 3:10 P.M., the Administrator said she expected staff to reposition resident's every two hours and as needed. |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>44993<br><br>Based on observation, interview, and record review, the facility staff failed to ensure a resident (Resident #15) with limited range of motion (ROM) to his/her left hand received treatment to prevent further ROM loss. The facility census was 40.<br><br>Review of the facility's undated policy titled, Range of Motion, showed:<br><br>- ROM was suppose to be provided to prevent contractures from becoming worse; To maintain normal ROM;<br><br>- The facility staff can provide passive range of motion (PROM) for residents that cannot complete it themselves; To simulate circulation.<br><br>Review of Resident #15's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 12/27/24, showed:<br><br>- He/She had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive deficit;<br><br>- Diagnosis included: Cerebral Palsy (is a disorder that affects movement, muscle tone and posture);<br><br>- He/She required assistance from staff to transfer, with toileting needs, and to dress;<br><br>- He/She was incontinent of bowel and bladder.<br><br>Review of the resident's face sheet showed the following diagnoses: Dysphagia, oral phase (difficulty swallowing) and weakness.<br><br>Review of the resident's Activities of Daily Living (ADL) care plan, dated 11/26/19, showed:<br><br>- The resident was dependent on a mechanical lift and two staff for transfers;<br><br>- The resident's required assistance with all his/her ADLs;<br><br>- The resident's care plan did not address decreased ROM for the resident's left hand.<br><br>Review of the resident's Physician Order Sheet (POS) dated 2/25 showed the resident did not have an order for ROM services or a device to prevent decreased ROM.<br><br>Observation on 2/23/25 at 10:32 A.M., showed:<br><br>- The resident had a contracture to his/her left hand;<br><br>(continued on next page) |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - The resident's fingers curled in and the resident was not able to straighten them;<br><br>- The resident did not have a device to prevent his/her fingers from curling in.<br><br>During an interview on 2/23/25 at 10:32 A.M., the resident said:<br><br>- He/She did not have any thing to help his/her fingers from curing in;<br><br>- The staff did not help him/her with ROM and did not provide PROM;<br><br>- He/She would like to receive ROM so he/she does not lose more function of his/her hand.<br><br>During an interview on 2/26/25 at 10:00 A.M., Certified Nurse Aide (CNA) C said:<br><br>- The facility did not have staff to provide ROM for Resident #15;<br><br>- He/She was not told to provide PROM for the resident with cares.<br><br>During an interview on 2/26/25 at 10:50 A.M. Licensed Practical Nurse (LPN) B said:<br><br>- There was no ROM program at the facility;<br><br>- The CNAs were supposed to complete ROM with cares.<br><br>During an interview on 2/27/25 at 3:10 P.M., the Administrator said:<br><br>- The facility did not have a current ROM program;<br><br>- The CNAs can complete PROM with cares;<br><br>- The CNAs should be doing PROM and stretching with Resident #15 when they provide care. |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>44993<br><br>Based on observation, interview, and record review, the facility failed to prevent a significant weight loss for one of 12 sampled resident's (Resident #15), when the facility did not provide the resident with his/her physician ordered Magic Cup (a nutritional supplement that contains additional calories and protein for persons experiencing involuntary weight loss) daily at lunch. The facility census was 40.<br><br>The facility did not provide a significant weight loss policy.<br><br>Review of Resident #15's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 12/27/24, showed:<br><br>- He/She had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive deficit;<br><br>- Diagnoses included: Cerebral Palsy (is a disorder that affects movement, muscle tone and posture) and dysphagia (difficulty swallowing);<br><br>- He/She required assistance from staff to transfer, with toileting needs and to dress;<br><br>- He/She received a therapeutic diet and a mechanically altered diet;<br><br>- He/She had weight loss.<br><br>Review of the resident's face sheet showed the following diagnoses: Dysphagia, oral phase and weakness.<br><br>Review of the resident's nutrition status care plan, dated 2/25/20, showed:<br><br>-The resident was at risk for weight loss;<br><br>-The resident was on a pureed diet with honey thick liquids.<br><br>Review of the resident's Physician Order Sheet (POS), dated February 2025, showed the following physician orders:<br><br>- 9/5/24: Pureed food with honey thick liquids due to dysphagia;<br><br>- 9/5/24: Magic Cup with lunch daily for weight loss.<br><br>Review of the resident's weights showed the following:<br><br>- 9/2/24: 248.4 pounds (lbs);<br><br>- 10/3/24: 242.6 lbs;<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - 11/3/24: 234.4 lbs;<br><br>- 11/30/24: 232.4 lbs;<br><br>- 12/2/24: 224.2 lbs;<br><br>- 1/1/25: 224 lbs;<br><br>- 2/1/25: 222.2 lbs;<br><br>- Decreased 26.2 lbs and 10.5% of the resident's body weight over the past 6 months.<br><br>Review of progress notes in the electronic medical record (EMR) showed the following:<br><br>- 11/15/24: The Registered Dietician (RD) documented: The reason for consult was for the resident's weight change. The resident's current diet order was pureed with honey thickened liquids, Magic Cup with lunch daily. The resident's intake at meals was 51-75% of meals consumed. The resident's current weight was 234. 4 pounds with a 3.4% in weight loss over the past 30 days;<br><br>- 12/11/24: The RD documented: The reason for the consult was for the resident's weight change. The resident's current diet order was pureed with honey thickened liquids. Magic Cup with lunch daily. The resident's meal intake was 51-75%. The resident's weight was 224.2 lbs;<br><br>- 1/8/25: The RD documented: The reason for the consult was for weight change. The resident's current weight was 224.0 lbs.<br><br>- 2/6/25 The RD documented the reason for the consult was for weight change. The resident's current was weight: 222.2 lbs. the resident's weight on 8/5/24 247.4 lbs indicating the resident lost 10.2% of his/her weight over the past six months. The resident's weight loss appears to have halted since last seen. The current interventions remain appropriate, and no changes warranted at this time.<br><br>Observation on 2/23/25 at 12:12 P.M., showed:<br><br>- The resident was at the dining table;<br><br>- The staff served the resident his/her lunch meal and did not give the resident a Magic Cup;<br><br>- The resident ate approximately 50% of his/her meal and left the dining room.<br><br>Observation on 2/24/25 at 12:08 P.M., showed:<br><br>- The resident was served his/her lunch meal;<br><br>- The resident was not served a Magic Cup;<br><br>- The resident consumed approximately 75% of his/her meal.<br><br>Observation on 2/25/25 at 12:26 P.M., showed:<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - The staff served the resident his/her lunch meal;<br><br>- The staff did not provide a Magic Cup to the resident;<br><br>- The resident consumed approximately 75% of his/her meal.<br><br>During an interview on 2/26/25 at 3:48 P.M., the Dietary Manager (DM) said he/she expected the resident to receive his/her Magic Cup as it was ordered by the physician.<br><br>During an interview on 2/26/25 at 10:50 A.M., Licensed Practical Nurse (LPN) B said:<br><br>- He/She expected the staff to provide the resident a Magic Cup at lunch, because it was ordered;<br><br>- He/She was not aware the resident was not receiving the Magic Cup;<br><br>- He/She was not aware the resident had significant weight loss;<br><br>- There was lack of communication between nursing and dietary.<br><br>During an interview on 2/27/25 at 12:28 P.M., Quality Assurance (QA) Nurse A said<br><br>-The facility had monthly risk meetings that include the RD;<br><br>-The resident's weights are discussed during the meetings;<br><br>- He/She expected staff to provide Resident #15 his/her Magic Cup as ordered.<br><br>During an interview on 2/27/25 at 3:10 P.M. the Administrator said she expected staff to give Resident #15 his/her Magic Cup as ordered. |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44993<br><br>Based on observation, interview, and record review, the facility staff failed to store nebulizer machine masks in a bag when not in use for two residents (Resident # 15 and #38) of 12 sampled residents. The facility census was 40.<br><br>The facility did not provide a policy for nebulizer masks.<br><br>1. Review of Resident #15's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 12/27/24, showed:<br><br>- He/She had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive deficit;<br><br>- Diagnosis included: Cerebral Palsy (is a disorder that affects movement, muscle tone and posture).<br><br>Review of the resident's face sheet showed the following diagnoses: Dysphagia, oral phase (difficulty swallowing), bronchitis, and weakness.<br><br>Review of the residents Physicians Order Sheet (POS), dated February 2025, showed an order dated 9/16/24 for Ipratropium-Albuterol (a liquid medication inhaled to treat breathing problems) 0.5 milligram (MG)-3 MG per 3 milliliter (ML) nebulizer four times daily.<br><br>Observation on 2/23/25 at 10:32 A.M., in the resident's room showed a nebulizer machine sitting on the sink with the mask resting in the sink bowl, not covered.<br><br>Observation on 2/23/25 at 1:52 P.M., showed the resident's nebulizer machine was sitting on the sink with the mask lying on the sink bowl with no cover.<br><br>Observation on 2/23/25 at 2:40 P.M., showed the resident was using the nebulizer mask to receive a breathing treatment.<br><br>Observation on 2/25/25 at 9:20 A.M., showed the residents nebulizer mask was sitting directly on the sink.<br><br>During an interview on 2/26/25 at 10:50 A.M., Licensed Practical Nurse (LPN) B said:<br><br>- Nebulizer masks are supposed to be placed in a plastic bag when not in use;<br><br>- Nebulizer masks should not be placed directly on the sink or the sink bowl.<br><br>During an interview on 2/27/25 at 12:28 P.M., the Quality Assurance (QA) nurse said:<br><br>- He/She expected nebulizer masks to be in bags when not in use.<br><br>(continued on next page) |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. Review of Resident's #38's quarterly MDS, dated [DATE], showed:<br><br>- He/She had a BIMS score of 15, indicating no cognitive deficit;<br><br>- Diagnoses included: Heart failure and chronic obstructive pulmonary disease (COPD, a disease that affects how a person breaths).<br><br>- He/She required some assistance with activities of daily living (ADLs).<br><br>Review of the resident's POS, dated February 2025, showed the following orders:<br><br>- 11/13/24: albuterol sulfate 2.5mg/ 3 ml (0.83%) per nebulizer two times daily to treat COPD;<br><br>- 11/13/24: change nebulizer tubing monthly.<br><br>Observation on 2/23/25 at 11:44 A.M., showed:<br><br>- The resident was sitting in his/her recliner;<br><br>- The resident's nebulizer machine was sitting directly on a side table with no barrier and the nebulizer mask was sitting on a towel, not in a bag.<br><br>Observation on 2/24/25 at 11:20 A.M., showed the resident's nebulizer was was sitting directly on a towel and not in a bag.<br><br>During an interview on 2/27/25 at 12:28 P.M. the Quality Assurance (QA) nurse said:<br><br>- He/She expected nebulizer masks to be in bags when not in use. |

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| F 0700<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.<br><br>44395<br><br>Based on observation, interview, and record review, the facility failed to document identification and use of possible alternatives prior to use of Halo side rails (a circular bed rail used for repositioning and bed mobility); failed to document assessing risk versus benefits of Halo side rail use; failed to obtain informed consent for the use of Halo side rails prior to installation; and failed to complete ongoing assessments to ensure the side rails were appropriate for use for one resident, and do not pose an entrapment risk (Resident #6), in a sample of 12 residents. The facility census was 40.<br><br>Review of the facility provided, undated, Bed Rails policy showed:<br><br>-Once a bed rail observation is completed the facility will review the associated risks and benefits with the resident and/or resident representative. After the review is complete, the resident and/or resident representative will sign the consent line and the nurse will sign as well.<br><br>-Educate the resident/legal representative on the benefits and risks of bed rails;<br><br>-Develop a care plan that outlines the medical factors necessitating bed rails and an explanation of how the use of bed rail is intended to treat a specific resident's condition;<br><br>-Staff should follow manufacturer's recommendations and specifications for applicable bed rails, mattresses, and bed frames;<br><br>-Staff will conduct regular inspections of all bed frames, mattresses, and bed rails to identify areas of possible entrapment. When purchased separately the facility will select equipment that are compatible.<br><br>Review of Resident #6's Quarterly minimum data set (MDS), a federally mandated assessment completed by the facility staff, dated 2/8/25, showed:<br><br>-Brief Interview of Mental Status (BIMS) of 4, indicating significant cognitive deficit;<br><br>-Dependence on staff for Activities of Daily Living (ADLs: tasks performed in a day to care for oneself);<br><br>-Substantial assistance on staff to roll side to side;<br><br>-Diagnoses of Alzheimer's Disease (a progressive brain disorder that effects memory and thinking, leading to the inability to complete daily tasks), high blood pressure, cognitive communication deficit (difficulty communicating because of impaired brain function), anxiety (constant feeling of nervousness, worry or fear), depression (constant feeling of sadness, loss of interest and low energy), and need for assistance with personal care.<br><br>(continued on next page) |

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| F 0700<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of the resident's Functional Abilities Assessment completed, 1/31/25, showed the resident required substantial/maximal assistance for rolling left and right.<br><br>Review of the resident's Comprehensive Care Plan, dated 2/20/25, showed:<br><br>-He/She had Halo rails (a circular, bed mobility device) times two for repositioning, with a start date of 11/3/22.<br><br>Review of the resident's medical record showed:<br><br>-No side rail assessment for use, entrapment, or to ensure the rails remain functional and safe;<br><br>-No consent for use of rails.<br><br>Observation on 02/24/25 at 9:34 A.M., showed:<br><br>-He/She was in bed on his/her back<br><br>-Quarter rails on his/her bed to both sides, in the up position.<br><br>During an interview on 02/27/25 at 11:32 A.M., Licensed Practical Nurse (LPN) B said:<br><br>-Therapy decided on use of rails for residents;<br><br>-He/She had never completed an assessment for bed rails or Halos;<br><br>-He/She was aware of an assessment tool for the use of rails, in the electronic health record system;<br><br>-The electronic health record system had a template consent and assessment tool for use of rails;<br><br>-He/She had no idea who completes the entrapment assessments;<br><br>-Resident #6 does have 2 Halos and an air mattress; he/she did not know if they were compatible.<br><br>During an interview on 02/27/25 at 12:28 P.M., the Quality Assurance Nurse said:<br><br>-Side rail application is done by maintenance;<br><br>-Nursing leadership or Administration would determine if the side rail is needed;<br><br>-Entrapment zones must be assessed, and informed consent must be obtained<br><br>-She would expect entrapment assessments to be completed at initiation of the rail, quarterly, and/or a change in the resident's function;<br><br>-She would ask the medical equipment company for the compatibility of the air mattresses and the side rails.<br><br>(continued on next page) |

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| F 0700<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 02/27/25 at 3:10 P.M., the Administrator said:<br><br>-Side rails have to be assessed, for resident specific use, by the charge nurse or possibly therapy to start the process;<br><br>-Maintenance would get the Halo rails, measure for the entrapment spaces, and then install them;<br><br>-She would expect the charge nurse or the Director of Nursing to complete the initial use assessment; then communicate that information on a maintenance request;<br><br>-Entrapment measurements are done every 6 months by maintenance;<br><br>-There was no maintenance staff and assessments have not been completed;<br><br>-She would expect if a family or hospice brought in a bed with rails, for the same process to be completed;<br><br>-She would expect rails to be checked at least monthly, or if the resident complains of them being loose, to ensure they are secured correctly. |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395<br><br>Based on observation, interview and record review, the facility failed to provide adequate staffing to reposition and provide incontinence care for three residents who were at risk for pressure ulcers (Residents #28, #92, and #15), failed to answer the call light in a timely manner resulting in incontinence for one resident (Resident #92), and failed to provide two showers per week to one resident (Resident #28) as a standard of care. Additionally, the facility failed to ensure enough staff were in the dining room to assist residents who required assistance during meals, resulting in one staff member going between two tables to assist eight residents who needed nutritional assistance. The facility census was 40.<br><br>The facility did not supply a policy on staffing.<br><br>Review of staff schedules showed:<br><br>-January 14th: day shift staff included 1 Licensed Practical Nurse (LPN), 1 Certified Medication Technician (CMT), and 4 Certified Nurse Aides (CNA); Night shift included: 1 Registered Nurse (RN), 2 CNAs and 1 Nurse Aide (NA);<br><br>-February 18th: day shift staff included 1 LPN, 1 CMT, and 3 CNAs; Night shift included: 2 CNAs and 1 NA;<br><br>-February 19th showed: day shift staff included the Director of Nursing (DON), 2 CMTs, and 3 CNAs; Night shift included: 2 CNAs and 1 NA<br><br>-February 23rd: Day shift staff included 1 Licensed Practical Nurse (LPN), 1 CMT and 4 CNAs; Night shift included: 1 RN and 2 CNAs;<br><br>-February 24th: Day shift staff included: 1 LPN, 1 CMT, and 4 CNAs, Night shift included: 1 RN, 2 CNAs and 1 NA;<br><br>-February 25th: Day shift staff included: 1 LPN, 1 CMT, and 5 CNAs, Night shift included:1 LPN and 2 CNAs;<br><br>-February 26th: Day shift staff included 1 LPN, 1 CMT, and 4 CNAs, Night shift included: 1 LPN and 2 CNAs.<br><br>1. Review of Resident #28 Quarterly minimum data set (MDS), a federally mandated assessment completed by the facility staff, dated 1/3/25, showed:<br><br>-Brief Interview of Mental Status (BIMS) of 0 indicating severe cognitive impairment;<br><br>-Moderate assistance for Activities of Daily Living (ADLs: tasks completed in a day to care for oneself);<br><br>(continued on next page) |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Incontinent of urine and bowel;<br><br>-At risk for pressure ulcers;<br><br>-No pressure ulcers;<br><br>-Diagnoses of Memory Deficit after cerebral infarction (loss of memory after stroke: when blood flow to a part of the pain is blocked, causing loss of cells), Sick Sinus Syndrome (a condition where the heart's natural pacemaker does not function properly), need for assistance with personal care, history of falling, and Delirium (a sudden change in mental state).<br><br>Review of the resident's Comprehensive Care Plan, dated 2/25/25, showed:<br><br>-He/She needs assistance with ADLs.<br><br>Review of the resident's bath sheet showed:<br><br>-He/She was scheduled for Tuesday/Friday baths;<br><br>-No bath on 1/3, 1/14, and 2/18.<br><br>Review of the resident's progress notes showed:<br><br>-On 01/09/2025 at 10:11 A.M., reported from Hospice Nurse the resident had two pressure ulcers on his/her top right buttock and left inner buttock. Hospice gave order for areas to be cleansed with soap and water, pat dry, and apply zinc cream twice a day and as needed.<br><br>-On 01/09/2025 at 3:40 P.M., nurse was informed the resident had an open area to his/her bottom. He/She found an area at the top of the resident's inner left buttock that was covered with slough (a non-living, yellow or white material in wounds, made of dead cells and other debris), unstageable (the stage of a pressure ulcer is unknown because the wound bed is covered by dead tissue), measuring 0.8 centimeters (cm) in length x 0.9 cm width x 0.1 cm depth. Wound edges and surrounding skin appeared as dry skin. Physician was in the facility and gave orders to discontinue (DC) zinc and start cleansing the area with soap and water, pat dry, apply Santyl (prescription medicine that removes dead tissue from wounds so they can start to heal) applied nickel thick to wound bed, apply border gauze dressing and change daily. An air cushion was added to his/her recliner. Staff will assist him/her turning side-to-side during the night to keep pressure off of the open area. He/She had a pressure reduction cushion to his/her wheelchair. An air mattress was requested from hospice.<br><br>Review of the resident's January monthly summary showed no skin issues.<br><br>Review of the resident's physician order sheets, dated February 2025, showed:<br><br>-Pressure Ulcer Care: Cleanse pressure ulcer to left inner buttock with soap and water, apply therahoney gel, nickel thick to wound bed, apply breathable border gauze dressing, change daily. Ordered on 1/14/25.<br><br>Observations on 02/24/25 at 10:31 A.M., showed:<br><br>(continued on next page) |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The resident was in the hall sitting up in his/her wheelchair;<br><br>-The resident had a cushion in his/her wheelchair.<br><br>Observation on 02/25/25 from 9:10 A.M. to 11:58 A.M., showed<br><br>-The resident was sitting up in his/her wheelchair in the hall;<br><br>-The resident had a cushion in his/her wheelchair.<br><br>-He/She was not repositioned, freshened up, or moved.<br><br>Observation on 02/25/25 from 12:17 P.M. to 1:30 P.M., showed<br><br>-The resident was sitting in the dining room in his/her wheelchair;<br><br>-He/She was asleep at the table;<br><br>-He/She was slid down toward the front of the wheelchair with his/her shoulders below the handle level of the wheelchair.<br><br>-The resident had a cushion in his/her wheelchair.<br><br>Observation and interview on 2/26/25 at 4:47 P.M., showed:<br><br>-The resident was assisted to stand by staff; His/her slacks and saturated incontinent brief were removed;<br><br>-The resident had an open wound to the left upper buttock fold, half dollar in size with white/yellow slough, the skin at the edge of the wound was peeling and dry.<br><br>-The resident complained of pain to the area.<br><br>During an interview on 2/27/25 11:32 AM, LPN B said:<br><br>-The resident would take himself/herself to the bathroom and did not get himself/herself cleansed well;<br><br>-CNA staff do not have enough time to get everything done;<br><br>-Staff do the best they can to get all the residents cleaned up and taken care of;<br><br>-His/Her wound was difficult to heal, because of his/her incontinence;<br><br>-His/Her wound was closed last month and is now open again<br><br>2. Review of Resident #92 Admission MDS, dated [DATE], showed:<br><br>(continued on next page) |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -admitted [DATE];<br><br>-BIMS of 15 indicating cognitively intact;<br><br>-Occasionally incontinent;<br><br>-No wounds;<br><br>-No risk for skin issues;<br><br>-Diagnoses of fall with injury, osteoarthritis (a condition where the cushion at the ends of the bones (cartilage) breaks down, leading to pain, stiffness and loss of movement), hypertension (high blood pressure), atrial fibrillation (a irregular and rapid heart beat), urinary incontinence (involuntary loss of urine), heart failure (the heart cannot pump enough blood to meet the needs of the body), and pain.<br><br>Review of the resident's baseline care plan dated 2/5/25 showed:<br><br>-Psychosocial needs will be addressed in a manner consistent with the resident's overall health and life goals.<br><br>During an interview on 02/19/25 at 11:15 A.M., the resident said:<br><br>-He/She had sores on his/her bottom;<br><br>-The sores were not there when he/she admitted to the facility;<br><br>-The sores burn and hurt badly;<br><br>-He/She had the sores because he/she wets his/her pants, because he/she was unable to get to the bathroom without staff assistance and has to wait 30 minutes or more, every evening, for his/her call light to be answered;<br><br>-He/She knows how long he/she waits, because he/she can see the clock.<br><br>Observation on 2/19/25 at 11:40 A.M., showed:<br><br>-The resident was sitting in his/her recliner,<br><br>-He/She had a dime sized open area to left upper buttock;<br><br>-He/She had a pencil eraser sized open area to right upper buttock;<br><br>-Surrounding skin red, inflamed, and peeling.<br><br>-The resident complained of pain and burning to the areas.<br><br>3. During an interview on 2/19/25 at 2:08 P.M., Certified Nurse Aide (CNA) F said:<br><br>(continued on next page) |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Crestview Home | 1313 South 25th St<br>Bethany, MO 64424 |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -There are multiple residents with open areas;<br><br>-Most residents don't get two showers a week, because there was not enough staff to do everything that needed to be done, such as turning and repositioning residents, and the residents were getting wounds.<br><br>During an interview on 02/27/25 09:59 AM, CNA F said he/she was trying to get all the baths done during the shift, because later they would not have enough staff and the residents would not get a bath for a while, up to a week.<br><br>During an interview on 2/19/25 at 2:39 P.M., CNA C said:<br><br>-If he/she and his/her partner were able to get residents turned and repositioned every 2 hours on a shift, then the residents do not get baths;<br><br>-He/She had to choose between completing baths and residents who need help being turned and repositioned every 2 hours;<br><br>-He/She cannot get everything done with the staff available.<br><br>During an interview on 2/19/25 at 3:10 P.M., CNA B said:<br><br>-Staff cannot get everything done and multiple residents have open areas because there was not enough help.<br><br>4. Review of Resident #15's quarterly MDS dated [DATE], showed:<br><br>- He/She had a BIMS score of 15, indicating no cognitive deficit;<br><br>- Diagnosis included Cerebral Palsy (is a disorder that affects movement, muscle tone and posture);<br><br>- He/She required assistance from staff to transfer, toileting needs, and to dress;<br><br>- He/She was incontinent of bowel and bladder.<br><br>Review of the resident's face sheet showed the following diagnoses: Dysphagia, oral phase (difficulty swallowing), and weakness.<br><br>Review of the resident's Activities of Daily Living (ADL) care plan, dated 11/26/19, showed:<br><br>- The resident was dependent on a mechanical lift and two staff for transfers;<br><br>- The resident's required assistance with all his/her ADLs.<br><br>During an interview on 2/23/25 at 10:32 A.M., the resident said:<br><br>- He/She had a sore on his/her inner right thigh;<br><br>(continued on next page) |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | - The facility could use more staff because it took a while for staff to change him/her;<br><br>- He/She he had been up since 7:00 A.M. this morning and has not been repositioned or changed since;<br><br>- He/She was wet.<br><br>Observation on 2/23/25 at 1:52 P.M., showed:<br><br>- The resident was in his/her room in his/her wheelchair;<br><br>- Certified Nurse Aide (CNA) C and CNA I entered the resident's room with the mechanical lift;<br><br>- The CNAs assisted the resident in bed using the mechanical lift;<br><br>- The resident had a strong urine smell;<br><br>- CNA C provided perineal care;<br><br>- The resident had saturated through an incontinence brief, his/her pants, and the mechanical lift sling;<br><br>- The resident's bottom was red and appeared irritated.<br><br>During an interview on 2/23/25 at 1:52 P.M., CNA C said:<br><br>- He/She was trained to complete rounds every two hours;<br><br>- Rounds included repositioning residents, and cleaning residents if they were wet or soiled;<br><br>- Resident #15 was supposed to be repositioned every two hours;<br><br>- He/She came on duty at 7:00 A.M. and did not reposition or change the resident's before now;<br><br>- He/She should have ensured the resident was dry and repositioned every two hours and as needed.<br><br>During an interview on 2/23/25 at 2:03 P.M., CNA I said:<br><br>- Cares were last provided for the resident at 7:30 A.M. for Resident #15;<br><br>- Cares included repositioning and ensuring the resident was clean and dry;<br><br>- There was not enough staff to keep up with the residents cares;<br><br>- The resident should have been changed earlier.<br><br>5. Observation on 2/23/25 at 12:02 P.M., showed:<br><br>(continued on next page) |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | - Two CNAs in the dining room passing trays to residents;<br><br>- There were eight residents at two assist dining tables;<br><br>- One CNA sat in a rolling chair at each table and rolled between the residents to assist them;<br><br>- No more staff came to the dining room to help.<br><br>Observation on 2/24/25 at 12:08 P.M., showed:<br><br>- There were eight residents at two assist dining tables;<br><br>- One CNA sat in a rolling chair at each table and rolled between the residents to assist them;<br><br>- No more staff came to the dining room to help.<br><br>6. During an interview on 2/25/25 at 8:38 A.M., CNA C said:<br><br>- The facility does not have enough staff working to complete his/her job;<br><br>- The facility has had a lot of wounds lately because there is not enough staff to lay residents in bed, reposition them and clean them up every two hours;<br><br>- The facility does not usually have a shower aide;<br><br>- The CNAs on the floor are responsible for complete residents showers in addition to all their other tasks;<br><br>- The facility does not have enough staff to serve the residents at meal time;<br><br>- The facility does not have enough staff to assist the residents that need assistance during meals and typically have one CNA at each of the assist dining tables to go from resident to resident.<br><br>During an interview on 02/27/25 at 3:10 P.M., the Administrator said:<br><br>-She believed there was plenty of staff to get all cares done with the residents;<br><br>-New staff had been hired on in the past month;<br><br>-She was not aware of multiple wounds in the building;<br><br>-She was not aware residents were not receiving two baths weekly. |

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| F 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.<br><br>44395<br><br>Based on interview and record review, the facility failed to provide a Registered Nurse (RN) for eight consecutive hours per day seven days a week. The census was 70.<br><br>The facility did not provide a policy on staffing.<br><br>Observation and interview on 02/23/25 at 9:44 A.M., showed:<br><br>-Licensed Practical Nurse (LPN) B was the Charge Nurse;<br><br>-He/She was the only nurse at the facility;<br><br>-He/She was the only nurse the previous day;<br><br>-There was no RN in the facility.<br><br>Review of the daily staffing sheets showed no RN on:<br><br>July 2024: 6th, 7th, 20th, and 21st;<br><br>August 2024: 3rd, 4th, 17th, and 18th;<br><br>September 2024: 1st, 14th, 15th, and 24th;<br><br>No staffing sheets provided for October;<br><br>November 2024: 16th, 17th, 23rd, 28th, 29th, and 30th;<br><br>December 2024: 1st, 6th, 7th, 8th, 14th, 15th, 21st, 22nd, 24th, 26th, 27th, 28th, 29th, 30th, and 31st;<br><br>January 2025: 4th, 5th, 11th, 12th, 15th, 18th, 19th, 25th, and 26th;<br><br>February 2025: 1st, 2nd, 22nd, 23rd, and 26th.<br><br>Observation of on-line staffing services showed an advertisement for a full time RN.<br><br>During an interview on 02/27/25 at 12:28 P.M., the Quality Assurance Nurse said:<br><br>-He/She was the Interim Director of Nursing (DON) from December 20, 2024 until February 3, 2025.<br><br>-Another RN was hired for the DON position.<br><br>During an interview on 02/27/25 at 3:10 P.M., the Administrator said:<br><br>(continued on next page) |

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| F 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -She was aware there were multiple days without a RN;<br><br>-She had advertisements out for a DON for 3 years; She had advertisements out for charge nurses;<br><br>-She added referral and sign on bonuses, and increased wages, but no applications were received;<br><br>-She had not applied for a waiver.<br><br>During an interview on 3/17/25 at 10:57 A.M., the Medical Director said:<br><br>-He was not aware there were days without an RN in the facility;<br><br>-Not having an RN in the facility could be detrimental to resident care in certain situations. |

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| F 0730<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Observe each nurse aide's job performance and give regular training.<br><br>44395<br><br>Based on interview and record review, the facility failed to ensure nurse aides had a yearly performance review, with resulting individually based education plans, for three nurse aides employed longer than 12 months. The facility census was 40.<br><br>The facility did not provide a policy for education, and Nurse Assistant Training.<br><br>Review of personnel records showed:<br><br>-Certified Nurse Aide (CNA) D, Date of Hire 11/22/00, Annual Education Quiz completed 6/7/24. No competency assessment and training plan.<br><br>-CNA E, Date of Hire 10/21/22, Annual Education Quiz completed 6/6/24. No competency assessment and training plan.<br><br>-CNA F, Date of Hire DOH 9/17/01, Annual Education Quiz completed 6/6/24. No competency assessment and training plan.<br><br>During an interview on 02/27/25 at 12:28 PM, the Quality Assurance Registered Nurse said trainings and tracking were completed by nurse leadership.<br><br>During an interview on 02/27/25 at 3:10 P.M., the Administrator said:<br><br>-The previous Director of Nursing (DON) completed the last competency.<br><br>-He/She did not know the date of the last competency.<br><br>-He/She expects the DON to complete yearly competency education.<br><br>-He/She did not know where the tracking was kept |

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| F 0732<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Post nurse staffing information every day.<br><br>44395<br><br>Based on observation, interview, and record review, facility staff failed to post required nurse staffing information, which included the resident census, and actual hours worked by both licensed and unlicensed nursing staff directly responsible for resident care, per shift on a daily basis. The facility census was 40.<br><br>Observations on 02/24/25 at 2:50 P.M., 02/25/25 at 9:51 A.M., and 02/26/25 at 1:31 P.M., showed posted staffing dated as February 10, 2025.<br><br>During an interview on 02/27/25 at 12:28 PM, Quality Assurance Registered Nurse (QA RN) said:<br><br>-He/She was the Interim Director of Nursing (DON) December 20, 2024 through February 3, 2025.<br><br>-Daily staffing numbers are posted by the night nurse, if it is not done, the DON should pick it up and try to catch it up to the correct day;<br><br>-He/She expected the DON ,or the person the DON assigned, to make sure it is done.<br><br>During an interview on 02/27/25 at 3:10 PM. the Administrator said:<br><br>-She was not aware the staffing information had not been updated and changed since February 10, 2025;<br><br>-The night charge nurse was supposed to complete and post the daily staffing;<br><br>-The DON should ensure it was completed;<br><br>-If the DON was not in the facility some one else should be responsible for checking it.<br><br>During an interview on 3/6/25 Registered Nurse A said:<br><br>-He/She worked night shift at the facility;<br><br>-He/She had not been instructed to fill out the posted staffing sheet;<br><br>-He/She did not know who completed and/or posted the staffing sheet. |

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| F 0801<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.<br><br>46706<br><br>Based on observation, interview, and record review, the facility failed to ensure the Dietary Manager (DM) had the appropriate competencies and skills sets to carry out the functions of the food and nutrition service. The facility census was 40.<br><br>The facility did not provide the requested job description for the Dietary Manager.<br><br>Review of the DM's personnel file showed:<br><br>-Date of hire 10/04/2023;<br><br>-No certification for food service management or dietary manager was found.<br><br>During an interview on 02/24/25 at 11:32 A.M., the DM said:<br><br>-He had been the DM for six months;<br><br>-He has worked as a dietary aide, but does not have any managerial experience;<br><br>-The facility was getting ready to start on his DM training;<br><br>-He has not completed his/her DM's course.<br><br>During an interview on 02/27/25 at 03:10 P.M., the Administrator said:<br><br>-She would expect the DM to know all regulations related to the kitchen;<br><br>-The DM had not completed the dietary training yet;<br><br>-She would expect the DM to have the training completed.<br><br>During an interview on 03/05/25 at 12:43 P.M., the Registered Dietitian (RD) said:<br><br>-The facility is trying to work on training the DM;<br><br>-He would expect the DM to have the required training to manage the kitchen. |

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| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706<br><br>Based on observation, record review, and interview, the facility failed to ensure staff prepared foods in a way to meet the needs of individual residents, when they did not ensure the puree (a texture-modified diet in which all foods have a soft, pudding-like consistency) food had a smooth and appropriate consistency and failed to ensure the mechanical soft diet contained meat that was ground and easy to chew. This affected two residents who had orders for a pureed diet (Residents #6, and #15) and one resident (Resident #3) who had an order for a mechanical soft diet. The facility census was 40.<br><br>Review of the facility's policy titled, Types of Diets, dated, May 2015, showed:<br><br>-Mechanical soft diet is a regular diet modified using chopped or ground meat;<br><br>-Puree diet foods are blended to mashed potato consistency or altered to meet the needs of the residents.<br><br>1. Review of Resident #6's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 02/08/25, showed:<br><br>-Severe cognitive impairment;<br><br>-Severe visual impairment;<br><br>-Dependent on staff for transfers, bathing, locomotion, toileting and eating;<br><br>-Diagnoses included dementia, heart failure, and high blood pressure.<br><br>A review of the resident's care plan, dated 02/20/25, showed:<br><br>-The resident was on a pureed diet.<br><br>A review of the resident's Physician Order Sheet (POS), dated February 2025, showed the resident had an order for a pureed diet.<br><br>2. A review of Resident #15's Quarterly MDS, dated [DATE], showed:<br><br>-No cognitive impairment;<br><br>-Substantial assistance of staff for transfers, bathing, locomotion, toileting and eating;<br><br>-Diagnoses included depression, stroke, and high blood pressure.<br><br>A review of the resident's care plan, dated 01/02/25, showed:<br><br>(continued on next page) |

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| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The resident was on a pureed diet.<br><br>A review of the resident's POS, dated February 2025, showed the resident had an order for a pureed diet.<br><br>3. Review of Resident #3's Quarterly MDS, dated [DATE], showed:<br><br>- Severe cognitive impairment;<br><br>- Dependent on staff for activities of daily living;<br><br>- Supervision with eating;<br><br>- Mechanical altered diet;<br><br>- Diagnoses included dementia, high blood pressure, and urinary tract infection.<br><br>Review of the resident's care plan dated, 02/20/25, showed:<br><br>-The resident has impaired decision making related to dementia;<br><br>-Mechanical soft diet.<br><br>Review of the resident's POS, dated, February 2025, showed:<br><br>-11/07/22, mechanical soft diet.<br><br>Observation of meal preparation for lunch on 02/25/25, at 11:31, A.M., showed:<br><br>- [NAME] A began preparing the pureed lunch meal;<br><br>- [NAME] A did not use a recipe to prepare the pureed lunch meal;<br><br>- He/She placed two cups of yellow rice into the food processor;<br><br>- He/She turned on the food processor and began adding butter and blended until it was the desired consistency;<br><br>- The mixture was thick with visible pea sized chunks in it;<br><br>- [NAME] A placed two cups of spinach into the food processor;<br><br>- He/She turned on the food processor and blended until it was the desired consistency;<br><br>- The mixture was watery and ran off the spoon;<br><br>- [NAME] A began preparing the mechanical soft lunch meal;<br><br>(continued on next page) |

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|---|---|
| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | - [NAME] A placed a cooked tuna patty into the food processor;<br><br>- He/She turned on the food processor and blended until it was the desired consistency;<br><br>- He/she added butter to the mixture;<br><br>- The mixture was dry, tough, and hard to chew.<br><br>Observation on 02/25/25, at 12:18 P.M. showed:<br><br>-Resident #6 and #15 were served pureed meals that were thick and had chunks in it;<br><br>-Resident #3 had difficulty chewing the mechanical soft meat.<br><br>Observation of the puree lunch meal test tray on 02/25/25, at 12:56 P.M., showed:<br><br>-The tuna patty melt was dry and hard to chew;<br><br>-The yellow rice was dry, hard and had no flavor;<br><br>-The pureed yellow rice was dry and had no flavor;<br><br>-The spinach was watery and ran off the spoon.<br><br>During an interview on 02/25/25 at 02:17 P.M., [NAME] A said:<br><br>- Pureed foods should have a pudding like consistency and not be hard to chew;<br><br>- Pureed foods should not be watery;<br><br>-Mechanical soft foods should not be dry and hard to chew.<br><br>- Food should have a good flavor and should not be dry.<br><br>During an interview on 02/25/25 at 02:30 P.M., the Dietary Manager (DM) said:<br><br>- Pureed foods should have a pudding like consistency and not be hard to chew;<br><br>- Pureed foods should not be watery;<br><br>-Mechanical soft foods should not be dry and hard to chew;<br><br>- Food should have a good flavor and should not be dry.<br><br>During an interview on 03/05/25, at 10:17 A.M., the Registered Dietitian (RD) said:<br><br>- He/She expects pureed foods to have a pudding like consistency and not be hard to chew;<br><br>(continued on next page) |

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| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Mechanical soft foods should not be dry and hard to chew.<br><br>- Food should have a good flavor and should not be dry;<br><br>- He expects the dietary staff to ensure the food is palatable.<br><br>During an interview on 03/05/25 at 01:38 P.M., the Administrator said:<br><br>-She expects the food to be palatable and balanced;<br><br>-She expects diet orders to be followed. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>46706<br><br>Based on observation, interview, and record review, the facility failed to ensure staff stored food in a sanitary manner and to maintain the kitchen in a sanitary manner. The food facility census was 40.<br><br>Review of the facility's policy, General Dish Room Sanitation, dated, May 2015, showed:<br><br>-Dish rooms must be maintained in a clean and sanitary condition;<br><br>-Items must be stored inverted (upside down) to prevent contamination.<br><br>Review of the facility's policy, Cleaning Floors, dated, May 2015, showed:<br><br>-Floors will be cleaned after every meal;<br><br>-The dietary department must keep the floors of the kitchen free from soil and clutter.<br><br>Review of the facility's policy, Refrigerators and Freezers, dated, May 2015, showed:<br><br>-The floors of walk in refrigerators and freezers should be swept and mopped weekly;<br><br>-Food should be stored at least 6 inches above the floor.<br><br>Review of the facility's policy, Dishwashing, dated, May 2015, showed:<br><br>-Check chemical dispensers for proper operation and an adequate supply of chemical.<br><br>Review of the facility's policy, Wet Mopping, dated, May 2015, showed:<br><br>-Dietary floors should be kept in good repair;<br><br>-Cracked tiles should be repaired and replaced.<br><br>Observation of the kitchen on 02/23/25 at 09:50 A.M., showed:<br><br>-The hand washing sink in the kitchen was dirty with dirt and grime in the basin;<br><br>-The handles on the hand washing sink were covered with dirt and debris;<br><br>-A white bucket of dirty water containing debris was sitting under the hand washing sink;<br><br>-The dish room floor was covered in dirt and debris;<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -There was a black substance on the outside of the dishwasher and under the dishwasher on the floor;<br><br>-The paint was peeling off the ceiling in the dish room.<br><br>Observation on 02/23/25 at 09:50 A.M., showed Dietary Aide (DA) A put a water pitcher, three glasses, and a coffee cup on to a dish rack and put the rack in the dishwasher;<br><br>-The dishes ran through a wash and rinse cycle;<br><br>-DA A removed the dish rack with the washed dishes from the dishwasher;<br><br>-DA A did not check the sanitizer in the dishwasher before or after using the dishwasher.<br><br>Review of the dishwasher sanitation and temperature log dated, February 2025, showed:<br><br>-No entry indicating staff checked the sanitizer level on 02/01/25 at lunch;<br><br>-No entry indicating staff checked the sanitizer level on 02/02/25 at lunch;<br><br>-No entry indicating staff checked the sanitizer level on 02/05/25 at lunch;<br><br>-No entry indicating staff checked the sanitizer level on 02/06/25 at lunch;<br><br>-No entry indicating staff checked the sanitizer level on 02/07/25 at lunch.<br><br>During an interview 02/23/25 at 10:01 A.M., DA A said:<br><br>-The sanitizer should be checked before running the dishwasher at every meal;<br><br>-The sanitizer level should be recorded on the sanitation and temperature log before running the dishwasher;<br><br>-He/She did not know why entries were missing on the temperature and sanitation log.<br><br>Observation of the serving area in the dining room on 02/23/25 at 10:12 A.M., showed:<br><br>-The outside of the refrigerator was covered in dirt and debris;<br><br>-The handle was covered in a brown sticky substance;<br><br>-The inside and bottom of the refrigerator was covered with food debris and a brown sticky substance;<br><br>-A table behind the steam table with multiple glass cups and bowls, setting face up with dirt and debris in them;<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -Plastic bowls setting on the table behind the steam table setting face up with dirt and debris in them;<br><br>-The glass on the steam table covered in splattered food debris and smudges;<br><br>-The inside left corner of the steam table with a puddle of black sticky liquid in the corner;<br><br>-The steam table was on and steam was coming from under the lids on the steam table;<br><br>-The lids had food debris on them;<br><br>-The control knobs of the steam table were covered in sticky, brown grime with food debris stuck to them;<br><br>-Dirty masking tape was hanging down from each of the control knobs on the stream table;<br><br>-There were multiple tiles missing from the floor next to the steam table;<br><br>-The trash can next to the hand washing sink in the serving area with no lid.<br><br>Observation of the kitchen on 02/23/25 at 10:52 A.M., showed:<br><br>-The walk in cooler had a wet substance the size of a basketball on the floor;<br><br>-Undated zip lock bag of hamburger patties;<br><br>-Undated zip lock bag of hotdogs;<br><br>-A box of health shakes setting on the floor;<br><br>-A package of opened and undated Brussels sprouts;<br><br>-The floor of the cooler was sticky and covered with food debris;<br><br>-Multiple black spots on the ceiling outside of the walk in cooler the size of nickels;<br><br>-Dry storage showed a clear plastic container of thickener with the dates 09/25/24 - 10/25/24 written on the lid;<br><br>-16 ounce clear plastic container of flour with the dates 08/16/24 to 10/24/24 written on the lid;<br><br>-An open package of sugar with no date;<br><br>-The inside of the microwave covered in dirt and debris;<br><br>-Floors of the kitchen were covered in dirt and debris.<br><br>Observation of the kitchen on 02/25/25 at 08:25 A.M., showed:<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -A rack of pots and pans stored face up;<br><br>-A plastic container of whisks and spoons with dirt and debris in the bottom;<br><br>-The ceiling of the kitchen with dust on it;<br><br>-A black piece of plastic hanging from the sky light over the dish drying rack.<br><br>During an interview on 02/25/25 at 1:25 P.M., the Dietary Manager (DM) said:<br><br>-The kitchen should be clean and sanitary;<br><br>-There should be no food stored on the floor in the cooler;<br><br>-Food should have a date it was put into storage;<br><br>-All food should be stored in a closed container;<br><br>-The thickener and flour in the dry storage should have been discarded according the the dates on the containers;<br><br>-The kitchen staff clean the kitchen, including the floors;<br><br>-The floors in the kitchen should be swept and mopped daily;<br><br>-The dietary staff tries to work on it together, but sometimes there is not enough time;<br><br>-The kitchen staff is responsible for keeping the service area and the steam table clean in the dining room;<br><br>-The dishwasher sanitizer should be checked three times a day and recorded on the log in the dish room;<br><br>-Maintenance is in charge of repairs in the kitchen and the dining room;<br><br>-The facility does not have a full time maintenance man at this time.<br><br>During an interview on 02/27/25 at 03:10 P.M., the Administrator said:<br><br>-She expects the kitchen to be clean and in good repair;<br><br>-She expects foods to be stored appropriately;<br><br>-There should not be food on the floor;<br><br>-The dietary staff is in responsible for cleaning the kitchen;<br><br>-Maintenance is responsible for the repairs in the kitchen;<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -The facility does not have a full time maintenance man right now.<br><br>During an interview on 03/05/25 at 12:43 P.M., the Registered Dietitian (RD) said:<br><br>-He expects the kitchen to be clean and sanitary;<br><br>-He expects the kitchen to in good repair;<br><br>-He expects the sanitizer in the dishwasher to be checked three times a day and recorded on the log in the dish room;<br><br>-He expects dishes to be stored in a manner to prevent contamination;<br><br>-He expects food to be stored in a safe manner. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Provide and implement an infection prevention and control program.<br><br>44993<br><br>Based on observation, interview, and record review, the facility failed to develop and implement water management policy and procedures to reduce the risk of growth and spread of Legionella (bacteria that causes Legionnaires' disease, a serious type of pneumonia) which had the potential to affect all residents who resided at the facility. Furthermore, the facility failed to follow infection control guidelines when one staff administered eye drops for one resident (Resident #23) without the use of gloves. The facility census was 40.<br><br>The facility did not provide a Legionella policy.<br><br>1. Review of the facility's records showed they did not have an implemented water management plan.<br><br>During an interview on 2/25/25 at 3:50 P.M. the Administrator said:<br><br>- The facility had not had a maintenance employee for over a month;<br><br>- The maintenance employee would assess the building water systems;<br><br>- The maintenance employee would document water testing and monitoring;<br><br>- She was not able to find the facility water management plan.<br><br>44395<br><br>2. Review of the facility provided, undated policy Gloves showed:<br><br>-Wear gloves when it can be reasonably anticipated that hands will be in contact with mucous membranes (moist, inner linings of body cavities such as the nose, eyes, throat, etc), non-intact skin, any moist body substances (blood, sweat, tears, urine, etc) or surfaces soiled with these substances;<br><br>-Use examination gloves for procedures involving contact with mucous membranes, for other resident care or diagnostic procedures that do not require sterile gloves.<br><br>Review of Resident #23 Quarterly Minimum Data Set (MDS: A federally mandated assessment tool completed by facility staff) showed:<br><br>-Brief Interview of Mental Status of 13, indicated very little cognitive deficit;<br><br>-Partial to moderate assistance of staff for Activities of Daily Living (ADLs: tasks completed in a day to care for oneself);<br><br>-Diagnosis of Dementia (a decline in mental ability severe enough to interfere with daily life), Anxiety (excessive worry, fear and nervousness that interferes with daily life), hypertension (high blood pressure), and dry eye.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Review of the resident's physician orders for February 2025 showed, Artificial tears 1 drop each eye for dry eye.<br><br>Observation on 02/26/25 at 12:43 P.M. showed:<br><br>-Certified Medication Technician (CMT) B did not apply gloves.<br><br>-CMT B administered one drop of Artificial Tears into the resident's right eye, held pressure to the inner corner of the eye with a tissue for one minute, then applied one drop into the resident's left eye.<br><br>During an interview on 02/26/25 at 12:43 P.M., CMT B said<br><br>-He/She should have worn gloves to administer eye drops;<br><br>-He/She just did not think and gave the eye drops after administering oral medications.<br><br>During an interview on 02/27/25 at 12:28 P.M., the Quality Assurance Nurse said she would expect gloves to be worn when administering eye drops.<br><br>During an interview on 02/27/25 03:10 P.M the Administrator said she would expect staff to follow infection control guidelines. |

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| F 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Implement a program that monitors antibiotic use.<br><br>44993<br><br>Based on interview and record review, the facility failed to establish an infection prevention and control program that included an antibiotic stewardship program (a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use) that included antibiotic use protocols and a system to monitor antibiotic use. The facility census was 40.<br><br>The facility did not provide an Antibiotic Stewardship policy.<br><br>The facility did not provide Antibiotic Stewardship Program documentation that should include:<br><br>- Protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic are prescribed the appropriate antibiotic;<br><br>- Procedures to reduce the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use;<br><br>- Procedures to promote and implement a facility-wide system to monitor the use of antibiotics including a system of reports related to monitoring antibiotic usage and resistance data;<br><br>- Designated appropriate facility staff accountable for promoting and overseeing antibiotic stewardship;<br><br>- Accessing pharmacists and others with experience or training in antibiotic stewardship;<br><br>- Implementation of a policy or practice to improve antibiotic use;<br><br>- Regular reporting on antibiotic use and resistance to relevant staff such as prescribing clinicians and nursing staff;<br><br>- Educate staff and residents about antibiotic stewardship.<br><br>Review of the Infection Control binder showed the following:<br><br>- January 2025 showed 10 infections, six urinary tract infection (UTI), one eye infection, one tooth infection, and two sialoadentis (infection of the salivary glands);<br><br>- February 2025 showed 11 infections, eight UTIs, two respiratory infections, and one skin infection.<br><br>- The infections were tracked on a color coded facility map, but no evidence was presented to show the facility staff determined the root cause analysis for the infections;<br><br>- There was no evidence the facility provided the staff with infection control education.<br><br>(continued on next page) |

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| F 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | During an interview on 2/25/25 at 3:00 P.M., the Administrator said he/she did not have a current Infection Preventionist. |

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| F 0882<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.<br><br>44993<br><br>Based on interview and record review, the facility failed to hire an Infection Preventionist (IP). The facility census was 40.<br><br>The facility did not provide and Infection Preventionist policy.<br><br>Review of the Infection Control binder showed it did not include an IP training or certification.<br><br>During an interview on 2/25/25 at 3:00 P.M. the Administrator said;<br><br>- The Director of Nursing (DON) said he/she completed the IP course, but had not produced certification indicating the DON had completed the task;<br><br>- The facility did not have a current IP;<br><br>- She knew the facility was suppose to have an IP. |

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| F 0947<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.<br><br>44395<br><br>Based on interview and record review, the facility failed to ensure three Certified Nursing Assistants (CNAs), of 7 sampled staff had a minimum of 12 hours of documented yearly in-service education (which should have included abuse, neglect, and dementia cares). This had the potential to affect all of the residents. The facility census was 40 residents.<br><br>The facility did not provide a policy for education or and Nurse Assistant Training.<br><br>Review of personnel records showed:<br><br>-Certified Nurse Aide D, Date of Hire 11/22/00, Annual Education Quiz completed 6/7/24. No other education/in-service records;<br><br>-CNA E, Date of Hire 10/21/22, Annual Education Quiz completed 6/6/24. No other education/in-service records;<br><br>-CNA F, Date of Hire 9/17/01, Annual Education Quiz completed 6/6/24. No other education/in-service records;<br><br>-Nurse Aide A, Date of Hire 10/3/24, no education/in-service records.<br><br>During an interview on 02/27/25 at 12:28 PM the Quality Assurance Registered Nurse said:<br><br>-Training, documentation of training, and tracking are completed by nurse leadership;<br><br>-Yearly trainings for CNAs are based on a calendar year, set up by nursing Leadership;<br><br>-Outside vendors, such as hospice, will also provide education for staff at times;<br><br>-Ultimately the documentation, tracking and training schedule were the responsibility of the Director of Nursing (DON).<br><br>During an interview on 02/27/25 at 3:10 P.M. the Administrator said:<br><br>-The previous DON completed the last competency;<br><br>-Education is completed by combination of the DON and the Leadership Team;<br><br>-He/She expects tracking of all trainings, such as a checklist of all of the employees with their individual components;<br><br>-She would expect the DON to document and track all training.<br><br>-He/She did not know where the tracking and attendance records are. |