

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265813	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Morningside Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Morningside Drive Chillicothe, MO 64601	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31102</p> <p>Based on observations, interviews and record review, the facility failed to assure staff treated residents in a manner that maintained their dignity when staff failed to respond to call lights in a timely manner which affected six of the 13 sampled residents, (Resident #15, #47, #45, #1, #27 and #53. The facility census was 52.</p> <p>Review of the facility's policy titled, Residents Call System, revised September 2022, showed:- Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station;</p> <ul style="list-style-type: none"> - Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor; - Calls for assistance are answered as soon as possible, but no later than five minutes; - Urgent requests for assistance are addressed immediately. <p>Review of the facility's policy titles, Answering the Call light, dated 2001, showed:</p> <ul style="list-style-type: none"> - The purpose of this procedure is to ensure timely responses tot he resident's requests and needs; - Upon admission and periodically as needed, explain and demonstrate use of the call light to the resident; - Explain to the resident that a call system is also located in his/her bathroom; - Answer the resident call system immediately. <p>1. Review of Resident #15's quarterly Minimum Data Set (MDS), dated [DATE], showed:</p> <ul style="list-style-type: none"> - Moderately impaired cognition; - Required substantial assistance with toileting, bathing, lower body dressing, and putting on shoes; <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Required set up or clean up assistance with personal hygiene and oral hygiene;</p> <p>- Required partial assistance for upper body dressing.</p> <p>Continuous observation on 01/15/25 from 07:46 A.M. to 01/15/25 08:13 A.M. showed:</p> <p>- Resident #15's call light was on;</p> <p>- No staff responded to the call light or entered residents room during the continuous observation;</p> <p>- It took 27 minutes for Resident #15's call light to be answered at 8:13 A.M.</p> <p>During an interview on 01/15/25 at 10:30 A.M., resident #15 said when He/She had to wait a long time for the call light to be answered, He/She peed my pants and it floods, then my clothes have to be changed. He/She said it is cold, wet and I don't like it.</p> <p>Review of call light logs dated 12/1/24 - 1/14/25 for Resident #15 showed:</p> <p>- On 12/5/24 at 7:17 A.M., it took one hour and four minutes for the call light to be answered;</p> <p>- On 12/11/24 at 7:46 A.M., it took one hour and one minute for the call light to be answered;</p> <p>- On 12/12/24 at 8:06 A.M., it took 57 minutes for the call light to be answered;</p> <p>- On 12/14/24 at 7:33 A.M., it took 27 minutes for the call light to be answered;</p> <p>- On 12/21/24 at 8:58 A.M., it took 49 minutes for the call light to be answered.</p> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/17/24 showed:</p> <p>- Cognitive skills intact;</p> <p>- Independent with eating, oral hygiene, toilet use, dressing, personal hygiene and transfers;</p> <p>- Required substantial to maximum assistance with showers;</p> <p>- Diagnoses included stroke, depression, bipolar (a mental health condition that causes extreme mood swings) and multiple sclerosis (MS, a chronic disease that affects the brain and spinal cord).</p> <p>Review of the Resident's call light record for December 2024, showed the following dates and times were over 15 minutes:</p> <p>- 12/1/24 at 3:50 P.M., - one hour and 57 seconds;</p> <p>- 12/7/24 at 3:11 P.M., - one hour and thirteen minutes;</p> <p>- 12/13/24 at 7:59 A.M., - 59 minutes;</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - 12/14/24 at 10:34 A.M., - one hour and six minutes; - 12/14/24 at 1:08 P.M., - one hour and nine minutes; - 12/19/24 at 10:19 A.M., - one hour and ten minutes; - 12/26/24 at 6:24 P.M., - one hour and seven minutes; <p>During an interview on 1/13/25 at 11:00 A.M., the resident said:</p> <ul style="list-style-type: none"> - It varies on how long it takes for the call lights to get answered; - It depends on who is working and where they are located; - He/she has had to wait over 20 - 30 minutes before and it did not make him/her feel very good, especially if he/she needed something for pain. <p>Review of the resident's care plan, revised 1/14/25, showed:</p> <ul style="list-style-type: none"> - The resident required assistance with bathing and shaving; - The resident had MS flare ups (a period of new or worsening MS symptoms) at times that caused increased weakness. <p>Review of the Resident's call light record for January 2025, showed the following dates and times were over 15 minutes:</p> <ul style="list-style-type: none"> - 1/1/25 at 5:12 A.M., - one hour and 12 minutes; - 1/5/25 at 11:46 A.M., - 44 minutes; - 1/6/25 at 9:42 P.M., - 43 minutes; - 1/8/25 at 6:01 P.M., - 30 minutes; - 1/10/25 at 9:08 A.M., - 45 minutes; - 1/10/25 at 10:22 A.M., - 25 minutes; - 1/10/25 at 2:06 P.M., - 27 minutes; - 1/11/25 at 3:20 P.M., - 48 minutes; - 1/13/25 at 1:42 P.M., - 25 minutes; - 1/14/25 at 5:46 A.M., - 20 minutes. <p>(continued on next page)</p>

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - 1/10/25 at 7:37 P.M., - 36 minutes; - 1/11/25 at 6:00 A.M., - 20 minutes; - 1/13/25 at 5:05 A.M., - 34 minutes; - 1/13/25 at 7:59 A.M., - 25 minutes; - 1/14/25 at 8:43 A.M., - 27 minutes. <p>During an interview on 1/14/25 at 4:28 P.M., Registered Nurse (RN) B said:</p> <ul style="list-style-type: none"> - All the staff should carry the call light phones; - The call lights do not make a noise, but they make a noise on the phones; - The call lights show up at the nurse's station; - He/she has had residents complain about how long it takes for the call lights to get answered; - He/she thought the policy said the call lights should be answered in ten minutes. <p>During an interview on 1/15/25 at 7:45 A.M., RN A said:</p> <ul style="list-style-type: none"> - The call lights should be answered within five minutes; - When the call light goes off, it lights up outside the resident's room, goes to the staff's call phone and to the monitor at both nurse's station; - He/she has had residents complain about the length of time it takes for the call lights to get answered. He/she tells the residents they will look into it and educate the staff. <p>During an interview on 1/16/25 at 11:12 A.M., Certified Medication Technician (CMT) B said:</p> <ul style="list-style-type: none"> - The call lights should be answered within 10 minutes; - If a resident or family member complained about the length of time it took for the call light to get answered, he/she assured the resident they would be there as soon as possible. and reported it to the charge nurse. <p>During an interview on 1/16/25 at 2:10 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> - The bathroom call lights should be answered within five minutes; - The general call lights should be answered in no less than ten minutes; - They check the call light logs every day. <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>51166</p> <p>5. Review of Resident #15's quarterly Minimum Data Set (MDS), dated [DATE], showed:</p> <ul style="list-style-type: none"> - Moderately impaired cognition; - Required substantial assistance with toileting, bathing, lower body dressing, and putting on shoes; - Required set up or clean up assistance with personal hygiene and oral hygiene; - Required partial assistance for upper body dressing. <p>Continuous observation on 01/15/25 from 07:46 A.M. to 01/15/25 08:13 A.M. showed:</p> <ul style="list-style-type: none"> - Resident #15's call light was on; - No staff responded to the call light or entered residents room during the continuous observation; - It took 27 minutes for Resident #15's call light to be answered at 8:13 A.M. <p>During an interview on 01/15/25 at 10:30 A.M., resident #15 said when He/She had to wait a long time for the call light to be answered, He/She peed my pants and it floods, then my clothes have to be changed. He/She said it is cold, wet and I don't like it.</p> <p>Review of call light logs dated 12/1/24 - 1/14/25 for Resident #15 showed:</p> <ul style="list-style-type: none"> - On 12/5/24 at 7:17 A.M., it took one hour and four minutes for the call light to be answered; - On 12/11/24 at 7:46 A.M., it took one hour and one minute for the call light to be answered; - On 12/12/24 at 8:06 A.M., it took 57 minutes for the call light to be answered; - On 12/14/24 at 7:33 A.M., it took 27 minutes for the call light to be answered; - On 12/21/24 at 8:58 A.M., it took 49 minutes for the call light to be answered. <p>6. Review of Resident #47's annual Minimum Data Set (MDS), dated [DATE], showed:</p> <ul style="list-style-type: none"> - Cognitive skills intact; - Upper extremity (shoulder, elbow, wrist, hand): impairment on both sides; - Lower extremity (hip, knee, ankle, foot): impairment on both sides; - Diagnoses included: debility (physical weakness), heart disease, lung disease, and pneumonia. <p>Review of the resident's care plan, dated 12/11/23, showed,</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>51166</p> <p>Based on interviews and record review, the facility failed to follow up with resident's grievances regarding quality of life and resident care or then they did not provide a rationale or response to resident council. This had the potential to affect all the residents at the facility. The facility census was 52.</p> <p>Review of the facility's Grievance Policy, dated 1/1/24 showed:</p> <ul style="list-style-type: none"> -All grievances would be handled promptly and according to federal regulations; -Provide a written response to the complaint, including: a summary of findings, actions taken or planned to resolve the grievance; -Conduct follow-up with the complainant to ensure satisfaction with the resolution; -All staff will receive training on residents' grievance rights and this policy during orientation and annually thereafter. <p>Review of resident council minutes dated 9/24/24, 10/29/24, and 12/31/24 showed:</p> <ul style="list-style-type: none"> -No reference to prior months concerns; -No documented resolutions for residents' past concerns; -No documented explanation of why ongoing concerns were not be addressed. <p>During a group interview on 1/14/25 at 2:11 P.M., resident council members said the facility doesn't follow-up with the resident council on the grievances and recommendations made by the council.</p> <p>During an interview on 1/15/25 at 02:36 P.M., Activity Director said:</p> <ul style="list-style-type: none"> -They did not receive any formal training on coordinating resident council meetings; -When concerns were brought up by the resident council, they entered a report and then reviewed with administrative staff; -They were not aware of the process on how to address the concerns that were brought up by residents. <p>During an interview on 1/15/25 at 4:08 P.M., Assistant Administrator said:</p> <ul style="list-style-type: none"> -When residents brought up issues at resident council, the Activity Director took notes and sent to the administrative team; <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident's concerns were discussed with the administrative team and addressed at the following, QA (quality assurance) meeting;</p> <p>-When the concern was addressed, staff would talk to the specific resident to see if the issue was resolved;</p> <p>- Sometimes issues were ongoing and there would not be an explanation for the resident council as to why the concern was not resolved.</p> <p>During an interview on 1/16/25 at 2:10 P.M., the Administrator said:</p> <p>-Concerns from resident council were reviewed by administrative staff and at QAPI (quality assurance and performance improvement);</p> <p>-They expected the resident council president to be informed about the status of the grievances or recommendations and the resident council president should provide the update to the resident council;</p> <p>-They had not provided documentation to the resident council regarding resolution to the residents' concerns.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46987</p> <p>Based on observation, record review, and interview, the facility failed to develop and implement a comprehensive person-centered care plan for one of 13 sampled residents, when they did not care plan the dialysis needs for Resident #106. The facility census was 52.</p> <p>Review of the facility's Care Plan policy, date 8/2024., showed:</p> <p>A comprehensive, person centered care plan that includes measurable objectives and timetables to meet the resident's physical, physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>31102</p> <p>1. Review of Resident #106's face sheet showed and admitted [DATE].</p> <p>Review of the resident's baseline care plan, dated 1/10/25, showed:</p> <ul style="list-style-type: none"> - The resident was slightly confused; - History of falls prior to admission; - Required assistance of one staff for bed mobility, transfers, walking, toileting, and showers; - Continent of bowel and bladder; - Written summary of baseline care plan - evaluate after stroke, by therapy to restore function and potentially move to assisted living. - The baseline care plan did not address the issue of dialysis (a medical procedure that removes waste products and excess fluid from the blood when the kidneys are no longer able to function properly). <p>Review of the resident's Physician Order Sheet (POS), dated January 2025, showed no orders for any assessments or vitals prior to or after dialysis.</p> <p>During an interview on 1/14/25 at 7:41 A.M., the resident said:</p> <ul style="list-style-type: none"> - He/she did not think the staff went over his/her initial care plan with him/her; - He/she went to dialysis on Monday, Wednesday and Friday. <p>During an interview on 1/15/25 at 4:06 P.M., the MDS/Care Plan Coordinator said the care plan should address the resident going to dialysis.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/15/25 at 4:27 P.M., the Social Services Designee (SSD) said:</p> <ul style="list-style-type: none"> - Dialysis should be added to the resident's care plan; - He/she was not aware the resident was going to dialysis initially. <p>During an interview on 1/16/25 at 10:49 A.M., Registered Nurse (RN) D said the care plan should address dialysis.</p> <p>During an interview on 1/16/25 at 2:10 P.M., the Director of Nursing (DON) said the care plan should address the resident going to dialysis.</p>

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166</p> <p>Based on observation, interview and record review, the facility failed to complete a discharge summary for one of 13 sampled residents (Resident #55) and additionally failed to follow their own discharge planning policy. The facility census was 52.</p> <p>Review of the facility's Discharge Planning Policy, effective 1/11/24, showed,</p> <ul style="list-style-type: none"> - The facility is committed to ensuring that all residents experience a person-centered, safe, and coordinated discharge process. Discharge planning will prioritize residents' needs, preferences, and post-discharge care requirements while adhering to regulatory standards. - Administrator is to ensure the necessary resources and staff training for effective discharge planning. - The Social Service Designee will: <ol style="list-style-type: none"> 1) Initiate discharge planning upon admission and update the plan throughout the residents' stay. 2) Ensure residents and their representatives are involved in the discharge planning process; receive education about discharge options and next steps. 3) Conduct a thorough assessment of residents' needs including physical, cognitive, and psychological status; home environment and support system; transportation needs; required medical equipment, supplies, or medications; follow-up care, including therapy, physician visits, and community resources. 4) Develop a written discharge plan that includes destination support services or caregivers involved post-discharge; specific instructions for medications, treatments, and follow-up appointments; contact information for caregivers and emergency resources; any risks associated with discharge and how they will be mitigated. 5) Maintain detailed records of discharge assessments, meetings with resident and family, final discharge plan, and communication with receiving care providers or facilities. <p>1. Review of Resident #55's Five Day Medicare scheduled assessment, A federally mandated assessment instrument completed by facility staff, dated 11/5/24 showed:</p> <ul style="list-style-type: none"> - Cognitive skills intact; - Independent with eating, and oral hygiene; - Supervision or standby assist of one with toileting, lower body dressing, and putting on shoes; - Required set up and clean up with upper body dressing; <p>(continued on next page)</p>		

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Substantial assistance with bathing. - Diagnoses included debility (physical weakness), anxiety disorder, heart disease, and lung disease. <p>Review of the resident's electronic medical record on 01/15/25 01:39 P.M. showed:</p> <ul style="list-style-type: none"> - No recapitulation of the resident's stay or that a copy of this was provided to the resident at discharge. - Resident was discharged on [DATE] <p>During an interview on 1/16/25 at 2:10 P.M., the administrator said the facility should create a recapitulation of stay when a resident discharges from the facility and he/she will implement a new process to create them.</p>

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46987</p> <p>Based on interviews and record review, the facility failed to obtain a physician's order for code status for four residents (Residents #26, #22, #51, and #16) out of the 13 sampled residents. The facility census was 52.</p> <p>A policy and procedure regarding the provisions of basic life support was requested, but not provided.</p> <p>The physician services policy, date 8/2024., shows once a resident is admitted to the facility, orders for the resident's immediate care and needs can be provided by a physician, physician assistant, nurse practitioner, or clinical nurse specialist.</p> <p>1. Review of Resident #26's face sheet showed:</p> <ul style="list-style-type: none"> -Readmission on 2/7/24; -Diagnoses: Dementia, heart disease, arthritis, fracture of right leg; -Code Status -Do Not Resuscitate (No life saving measures); -Assistance with all activities of daily living. <p>Review of the care plan, last updated 8/14/24., showed there was no code status listed in the care plan.</p> <p>Review of the physician orders from readmitted [DATE] through January 2025., showed no physician order for the resident's code status.</p> <p>2. Review of Resident #22's face sheet showed:</p> <ul style="list-style-type: none"> -Readmission on 5/12/23; -Diagnoses: Stroke with deficit on the left side of body, heart disease, chest pain, artery disease; -Code Status-Full Code (All life saving measures are provided) listed; -Assistance with all activities of daily living. <p>Review of the care plan, last updated 8/20/24., showed there was no code status listed in the care plan.</p> <p>Review of the physician orders from readmitted [DATE] through January 2025., showed: No physician order for the resident's code status.</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of Resident #51's face sheet showed:</p> <p>-admitted [DATE]</p> <p>-Diagnoses: Fracture of the right leg, Stage 4 Pressure ulcer to coccyx (A full thickness wound to the muscle/bone area, over the boney area between the upper buttock cheeks), heart disease;</p> <p>-Code Status-Full Code;</p> <p>-Assistance with all activities of daily living.</p> <p>Review of the care plan, last updated 10/25/24., showed no indication of a code status listed in the care plan.</p> <p>Review of the physician orders from readmitted [DATE] through January 2025., showed: no physician order for the resident's code status.</p> <p>52043</p> <p>4. Review of Resident #16's face sheet showed:</p> <p>-The resident was admitted on [DATE];</p> <p>-The Resident is responsible for self</p> <p>-Code status: Full Code</p> <p>-Diagnoses: Diabetes, high blood pressure, chronic kidney disease, heart failure, right above the knee amputation, and dysphagia (difficulty swallowing).</p> <p>Review of the resident's minimum data set (MDS) completed by facility staff on 1/14/25 showed:</p> <p>-Cognition intact.</p> <p>-Requires staff assistance of two and Hoyer lift with all transfers and activities of daily living.</p> <p>Review of the physician orders from September 2024 through January 2025 showed no order for a code status.</p> <p>Review of resident's undated care plan was without any indication of the resident's code status.</p> <p>An interview on 1/14/25 at 1:42 P.M., RN A said the code status is usually listed on the face sheet and is ordered by the physician.</p> <p>During an interview on 1/16/25, at 2:10 P.M, the DON (Director of Nursing) , when asked if there should be a physician order for code status, answered yes.</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/16/25 at 2:32 P.M. the Administrator said all resident's should have an order from the physician for a code status.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>31102</p> <p>Based on interviews and record reviews, the facility failed to ensure communication between the facility staff and dialysis (a medical procedure that removes waste products and excess fluid from the blood when the kidneys are no longer able to function properly) center followed standards of practice, when staff failed to document an assessment before and after dialysis. This affected one of the 13 sampled residents (Resident #106). The facility census was 52.</p> <p>Review of the facility's policy titled, Peritoneal Dialysis (a treatment for kidney failure that uses the lining of the abdomen to filter blood) (Continuous Ambulatory), revised October 2010, showed:</p> <ul style="list-style-type: none"> - All dialysis procedures are administered outside of the facility under a contracted dialysis facility. <p>1. Review of Resident #106's face sheet showed:</p> <ul style="list-style-type: none"> - admitted : 1/10/25. - Diagnoses included chronic kidney disease, Stage 3 (a moderate level of kidney damage where the kidneys are not filtering waste effectively, indicated by a decreased estimated glomerular filtration rate (eGFR) between 30 and 59 ml /min. (milliliter/minute), signifying mild to moderate kidney function decline) and history of acute kidney failure (a history of a sudden decline in kidney function). <p>Review of the resident's baseline care plan, dated 1/10/25, showed:</p> <ul style="list-style-type: none"> - The resident was slightly confused; - Required assistance of one staff for activities of daily living; - Written summary of baseline care plan - evaluate after stroke, by therapy to restore function; - The baseline care plan did not address dialysis needs or care regarding dialysis. <p>Review of the resident's Physician Order Sheet (POS), dated January 2025, showed:</p> <ul style="list-style-type: none"> - No orders for any assessments or vitals prior to or after dialysis. - No orders regarding the monitoring of HD cath, or fistula care had been ordered. <p>Review of the resident's progress notes, dated January 2025, showed:</p> <ul style="list-style-type: none"> - 1/10/25 at 3:00 P.M., Hemodialysis port in right chest, clear dressing in place no redness or swelling noted, will have dialysis Mondays, Wednesdays and Fridays; - 1/13/25 at 5:05 A.M., resident departed with facility transporter for dialysis chair time. VS and weight obtained; <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - 1/13/25 at 5:10 A.M., the resident returned to facility- dialysis chair time has been moved to 1:00 P.M.; - 1/13/25 at 5:00 P.M., returned from dialysis, no concerns; - 1/15/25 at 1:45 P.M., out of facility for dialysis; - No documentation of assessments prior to leaving or returning from dialysis; - No documentation of communication with the dialysis center. <p>During an interview on 1/14/25 at 7:41 A.M., the resident said:</p> <ul style="list-style-type: none"> - He/she did not think the staff went over his/her initial care plan with him/her; - He/she went to dialysis on Mondays, Wednesdays and Fridays. <p>During an interview on 1/15/25 at 7:45 A.M., Registered Nurse (RN) A said:</p> <ul style="list-style-type: none"> - The staff do vital signs and weigh the resident before and after dialysis; - The staff do not send any paperwork with the resident to dialysis; - The dialysis center does not send any paperwork back with the resident after dialysis. <p>During an interview on 1/16/25 at 11:30 A.M., RN C said:</p> <ul style="list-style-type: none"> - The staff should do a full set of vital signs and weigh the resident before and after dialysis; - Staff are to monitor the site for infection; - They do not send any paperwork with the resident to dialysis and the dialysis center does not send any paperwork back to the facility. <p>During an interview on 1/16/25 at 2:10 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> - There should be an order for the resident to go to dialysis; - The staff should get vital signs and weigh the resident; - Once a week they send paperwork and a report with the resident to dialysis.

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46987</p> <p>Based on interview and record review the facility failed for follow infection control guidelines when they allowed four volunteers #1, #2, #3, and #4 to be around and provide services in the facility for residents before completing any TB skin testing. This had the potential to affect all residents. The facility census was 52.</p> <p>Review of the facility's undated TB (Tuberculosis) skin test., showed:</p> <ul style="list-style-type: none"> -The purpose of a TB skin test is to determine if a resident or employee has been exposed to tuberculosis. -TB test will be done on all new employee at the time of hire and three weeks later. -The policy does not address TB skin testing for volunteers. <p>Record Review of Volunteer #1., showed:</p> <ul style="list-style-type: none"> - Hire date 4/24/24 -Completed criminal background checks 5/1/25 -Start date 5/1/25 -No TB skin testing was completed. <p>Record Review of Volunteer #2., showed:</p> <ul style="list-style-type: none"> -Hire date 11/4/24 -Completed criminal background checks 11/6/24 -Start date 11/6/24 -No TB skin test was completed. <p>Record Review of Volunteer #3., showed:</p> <ul style="list-style-type: none"> -Hire date 6/15/23 -Completed criminal background checks 7/14/23 -Start date 7/14/23 <p>Record Review of Volunteer #4., showed:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire date 7/31/23</p> <p>Completed criminal background checks 7/31/23</p> <p>-Start date 8/1/23</p> <p>In a interview on 1/15/25 at 2:45P.M., the Administrator and Director of Nursing said they were not aware TB checks were needed and they had not thought to include volunteers in the TB skin test surveillance process.</p>