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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265846 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Abundant Acres Care and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 13277 State Route D Savannah, MO 64485 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>46987</p> <p>Based on record review and interview, the facility failed to issue the Skilled Nursing Facility (SNF) Advance Beneficiary Notice (ABN) (form Centers for Medicare and Medicaid (CMS)-10055 to each resident. The SNF ABN provides information to residents/beneficiaries so that they can decide if they wish to continue receiving the skilled services that may not be paid by Medicare and assume financial responsibility. This affected three of the 12 sampled residents (#11,#24 and #32). The facility census was 47.</p> <p>The facility did not provide a policy for Skilled Nursing Facility (SNF) Advance Beneficiary Notice (ABN) (form Centers for Medicare and Medicaid (CMS)-10055.</p> <p>1. Review of Resident #11's medical record showed:</p> <ul style="list-style-type: none"> - The resident had a Notice of Medicare Non-Coverage (NOMNC) issued that showed Medicare Part A benefits were ending on 5/7/24 The resident did not have a SNF ABN in their records. Records showed the resident remained in the facility after being discharged from Part A services with benefit days remaining. <p>2. Review of Resident #24's medical record showed:</p> <ul style="list-style-type: none"> - The resident had a NOMNC issued that showed Medicare Part A benefits were ending on 3/12/24. The resident did not have a SNF ABN in their records. Records showed the resident remained in the facility after being discharged from Part A services with benefit days remaining. <p>3. Review of Resident #32's medical record showed:</p> <ul style="list-style-type: none"> -The resident had a NOMNC issued that showed Medicare Part A benefits were ending on 2/28/24. The resident' did not have a SNF ABN in their records. Records showed the resident remained in the facility after being discharged for Part A services with benefit days remaining. <p>During an interview 6/27/24 at 11:44 A.M. the Business Office Manager said she was responsible for providing the beneficiary notices and was not aware of the SNF ABN form needed to be provided as well.</p> <p>(continued on next page)</p> |

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

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 6/28/24 at 1:10 P.M., the Administrator said she was unaware of the SNF ABN form needed to be provided as well.</p> |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395</p> <p>Based on observation and interview the facility failed to maintain a safe, clean and comfortable homelike environment. The facility had a census of 47.</p> <p>The facility did not provide a policy on cleaning.</p> <p>Review of the facility provided, undated, daily cleaning checklist showed daily room cleaning to include: dust corners, clean walls, sweep and mop.</p> <p>Review of the facility provided, undated deep cleaning checklist showed cleaning to include: baseboards, fixtures, blinds, ledges dusted, above curtains free of cobwebs, etc.</p> <p>Observations beginning on 06/23/24 at 10:34 A.M. showed:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER] ceiling fan light had cobwebs and small scuffs along the lower 1/3 of the wall at the corner; -room [ROOM NUMBER] privacy curtain ceiling hooks were missing and curtain was sagging. The window curtain rod was dusty and had cobwebs, and one end was broken off; -room [ROOM NUMBER] window blinds were broken; -room [ROOM NUMBER] had multiple scuffs in the wall and no privacy curtain, in the double room; -room [ROOM NUMBER] had broken blinds, a blanket clothes pinned to the top blind as a curtain; - The utility hall window seal is rusted and dirty with dust and black flaky debris; - The Special Care Unit (SCU) airconditioning (AC) vent had black mold like substance on it; - No globe on the light and one missing light bulb in the fixture above the sink in room [ROOM NUMBER]; - No globe on the light fixture in the bathroom of room [ROOM NUMBER]; - No globe on the light and one missing light bulb in the fixture around the sink in room [ROOM NUMBER]. <p>Observations on 06/24/24 at 3:40 P.M. showed the SCU dining room blinds were coated with grey/white dust. Multiple flies were in the dining area landing on residents/tables and furniture.</p> <p>During an interview on 06/26/24 at 4:52 P.M. the Administrator said:</p> <ul style="list-style-type: none"> -Maintenance is responsible for cleaning the vents on the SCU. <p>(continued on next page)</p> |

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| F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | -Privacy curtains are monitored by Housekeeping staff. -Daily cleaning, including dusting is the responsibility of housekeeping staff. 27584 |

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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>46987</p> <p>Based on record review and interview, the facility staff failed to check the Certified Nurses' Assistant (CNA) Registry for all staff to ensure they did not have a Federal Indicator (a marker given by the federal government to individuals who have committed abuse/neglect), failed to check the Family Care Safety Registry (FCSR) to ensure that persons caring for children, seniors, or physically or mentally disabled individuals can be screened for employment purposes. The law requires that every child care and elder care worker hired on or after January 1, 2001, and every personal care worker hired on or after January 1, 2002. This affected six of the six sampled staff. The facility census was 47.</p> <p>The facility's undated abuse and neglect policy states that all new employees will be screened by a criminal background check, screened through the CNA Registry and through the FCSR prior to employment starting.</p> <p>1. Employee A- New hire record review showed: Hired on 5/19/24- No FCSR, or CNA registry was checked.</p> <p>2. Employee B-New hire record review showed: Hired on 5/19/24-No FCSR, or CNA registry was checked.</p> <p>3. Employee C -New hire record review showed: Hired on 5/19/24- No FCSR, or CNA registry was checked.</p> <p>4. Employee D- New hire record review showed: Hired on 5/15/23- No FCSR, or CNA registry was checked.</p> <p>5. Employee E-New hire record review showed: Hired on 5/19/24- No FCSR, or CNA registry was checked.</p> <p>6. Employee F-New hire record review showed: Hired on 5/19/24-No FCSR, or CNA registry was checked.</p> <p>During an interview on 6/25/24 at 11 A.M., the Business Office Manager said: -She had only been working at the facility for a few months. -Not all of the records of employees are available as the county just took over 30 days ago.</p> <p>(continued on next page)</p> | | |

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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Most of the employee records are now web-based and she would print out what she had but knew that she did not have everything that was needed.</p> <p>- She was not sure on what all agencies should be verified for employee background checks and requested a list.</p> <p>- She was working to get the facility added to the FCSR for backgrounds to be completed on all new hires.</p> <p>During an interview on 6/25/24 at 10A.M., the Business Office Manager said she created a new check list to help track all background checks with new hires.</p> <p>During an interview on 6/25/24 at 10:22 A.M., the Administrator said all new employees should have back ground checks completed and documented.</p> |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50980</p> <p>Based on observation, interview and record review, the facility failed to ensure staff provided services that met professional standards of quality of care when the facility did not schedule a physician's ordered test for one resident (Resident #10), failed to schedule a physician's ordered appointment for one resident (Resident #12) and failed to monitor unnecessary medications for one resident (Resident #44), out of 12 sampled residents. The facility census was 47.</p> <p>The facility did not have a policy regarding professional standards of care.</p> <p>1. Review of Resident #10's Quarterly MDS (Minimum Data Set) , a mandatory assessment completed by facility staff. Completed on 6/15/24 showed:</p> <p>-Diagnoses included: Parkinson's Disease (A brain disorder that causes unintended or uncontrollable movements, orthostatic hypotension (A form of low blood pressure), shoulder pain, Muscle wasting and atrophy (decrease in the size of the muscle), depression;</p> <p>-Cognitively Intact;</p> <p>-Minimal assistance of one staff for activities of daily living.</p> <p>Review of the resident's comprehensive care plan dated 4/8/24 showed:</p> <p>-The staff should check the resident's pain level during each shift;</p> <p>- Medicate for pain as ordered by the physician;</p> <p>- Report increase pain to physician;</p> <p>- The care plan did not address the physician's order for the Magnetic Resonance Imaging (MRI, noninvasive imaging that shows a three dimensional image of the inside of the body).</p> <p>During an interview on 06/24/24 at 9:28 A.M., the resident stated that he/she had recurring pain in both shoulders and received medication daily to help with the discomfort. He/She said that his/her pain level sometimes reached level 10 on a scale of one to 10, 10 being the worst pain.</p> <p>During an observation on 06/26/24 at 10:45 A.M., resident #10 was observed to be favoring his/her right shoulder and had a grimace of pain on their face. Resident stated that he/she was experiencing increased pain in his/her shoulder. Resident stated he/she had not received a MRI for his/her shoulders nor had his/her pain been addressed.</p> <p>A record review of the resident's Physician Order Sheet (POS) dated 1/12/24 ordered an MRI of both shoulders on 1/12/24.</p> <p>Review of the physician progress notes for January 2024 showed:</p> <p>(continued on next page)</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The resident would be referred to pain management for his/her shoulders once the MRI was completed.</p> <p>Review of the resident's clinical record from January 12th, 2024 through June of 2024 showed:</p> <ul style="list-style-type: none"> - No record of the MRI results could be found in resident's medical records and no visit to pain clinic for additional management. <p>During an interview on 6/26/24 at 10:00 A.M., the Administrator stated she could find no record of an MRI conducted and that it should have been scheduled by staff for the resident. She also stated that the facility would reschedule one for the resident.</p> <p>During an interview on 6/26/24 at 4:52 P.M., the Director of Nursing (DON) and the Administrator both said:</p> <ul style="list-style-type: none"> - There was a confirmed order on January 12th, 2024 for an MRI of the resident's shoulders. - The MRI was not done and was verified with local MRI location it was not completed. - The MRI should have been done. - They would be notifying the physician for a new order and would ensure it was completed. <p>44395</p> <p>2. Review of Resident #12 Quarterly Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff.) dated 5/3/24 showed:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) of 6, indicated moderate cognitive loss. -Set up assistance for Activities of Daily Living (ADL's: tasks done in a day to care for oneself) -Diagnoses of Dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), Post Traumatic Stress Disorder (PTSD:a mental health condition that's triggered by a terrifying event - either experiencing it or witnessing it), Depression, Rheumatoid Arthritis (Swelling and tenderness in one or more joints, causing joint pain or stiffness), Insomnia (a disorder that makes it difficult to fall or stay asleep), Gastro-Esophageal Reflux Disease (GERD: a common condition in which the stomach contents move up into the esophagus). <p>Review of the resident's medical record showed:</p> <p>-2/22/2024 at 1:40 P.M. Resident had blood in his/her right ear. His/Her family was notified of the incident. Nurse Practitioner was notified in the building; he/she consulted with the primary care physician and prescribed Cefdinir (antibiotic medication) 300 milligrams (mg) twice a day for five days and consult with Ear Nose and Throat (ENT) physician, as soon as possible (ASAP).</p> <ul style="list-style-type: none"> -No consultation with ENT. <p>During an interview on 06/26/24 at 3:57 P.M. Registered Nurse (RN) A said</p> <p>(continued on next page)</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-Charge Nurse was responsible for adding appointments to the facility calendar.</p> <p>-He/She was unsure if the resident had an order for ENT appointment.</p> <p>3. Review of Resident #44's Significant Change MDS dated [DATE] showed:</p> <p>-BIMS of 99: indicated severe cognitive loss.</p> <p>-Set up assistance with ADL's.</p> <p>-Diagnoses of Anxiety (a feeling of fear, dread, and uneasiness), Dementia, Alzheimer's Disease (A progressive disease that destroys memory and other important mental functions) , Cognitive Communication Deficit (limited problem-solving and judgment abilities) .</p> <p>Review of the resident's medical record showed:</p> <p>-Physician orders for June 2024: Lorazepam Intensol Oral Concentrate 2 MG/milliliters (ml)</p> <p>Give 0.25 ml by mouth every four hours as needed for restlessness and/or anxiety ordered 3/17/24.</p> <p>-No stop date on the as needed medication.</p> <p>During an interview on 06/26/24 at 4:52 P.M. the DON said: As needed medications should only be ordered for 14 days then reevaluated. The nurse entering the order was responsible for start and stop dates. He/She will be working the Quality Assurance (QA) process with the medical director to ensure start and stop dates are on appropriate medications.</p> |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706</p> <p>Based on observations, interviews and record review, the facility failed to ensure dependent residents who were unable to carry out activities of daily living (ADL's) received the necessary services to maintain good personal hygiene when staff failed to ensure they provided perineal care and repositioning at least every two hours. This affected two of 12 sampled residents, (Resident #25 and #29). The facility census was 47.</p> <p>Review of the facility's Incontinence Care Policy, dated 5/19/2024, showed:</p> <ul style="list-style-type: none"> -Check the resident for incontinence at least every two hours and assist with toileting as needed; -Keep the resident's call light within reach; -Provide provide perineal care after each incontinence; -Follow the resident's toileting and incontinence care plan. <p>Review of the facility's Resident Rights Policy, dated 5/19/24, showed in part:</p> <ul style="list-style-type: none"> -The facility will treat each resident with respect and dignity and care for each resident in a manner that promotes his/her quality of life. <p>1. Review of Resident #25's Quarterly Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated 5/13/24 showed:</p> <ul style="list-style-type: none"> - Moderate cognitive impairment; - Dependent on staff for ADL's; - Dependent on staff for transfers; - Always incontinent of bowel and bladder; - Diagnoses included Parkinson's Disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), depression and asthma. <p>Review of the resident's care plan, revised 6/24/24 showed:</p> <ul style="list-style-type: none"> -The resident had the potential/actual impairment to skin integrity related to decreased mobility, incontinence and contractures; - Assist with repositioning and incontinence care during rounds and after each incontinent episode; - The had bladder and bowel incontinence related to impaired mobility and physical limitations; <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- Check and change the resident to maintain dignity.</p> <p>Continuous observation beginning on 06/25/24 at 08:30 A.M., showed:</p> <p>-08:30 A.M., the resident was laying in his/her bed on his/her back;</p> <p>-09:23 A.M., Certified Nurse Aide (CNA) A took a water pitcher into the resident's room, and did not reposition or provide incontinent care for the resident;</p> <p>-At 10:34 A.M., CNA B entered the resident's room and asked if he/she wanted a soda and did not reposition or provide incontinent care for the resident;</p> <p>-At 11:37 A.M., CNA A and CNA B entered the resident's room with the mechanical lift;</p> <p>-At 11:40 A.M., CNA A left the resident's room;</p> <p>-At 11:45 CNA A returned to the residents room with a brief;</p> <p>-At 11:47 CNA A and CNA B removed the resident's brief;</p> <p>-The reisdent's brief was saturated with urine and had feces in it;</p> <p>-CNA A and CNA B provided incontinent care and applied a new brief to the resident;</p> <p>-CNA A and CNA B transferred the resident to his/he wheel chair;</p> <p>-At 11:52 CNA A pushed the resident to the dining room.</p> <p>During an interview on 06/25/24 at 12:05 P.M., CNA A said:</p> <p>-The resident was dependent on staff for transfers;</p> <p>- The resident was incontinent;</p> <p>-He/She and CNA B laid the resident down after breakfast at around 8:00 A.M. and provided incontinent care;</p> <p>-He/She had not repositioned or provided incontinent care to the resident since breakfast;</p> <p>-The resident should be provided incontinent care and repositioned at least every two hours;</p> <p>-He/She did not provide incontinent care and reposition the resident every two hours.</p> <p>During an interview on 06/25/24 at 12:22 P.M., CNA B said:</p> <p>-He/She and CNA A laid the resident down after breakfast and provided perineal care;</p> <p>-He/She had not reposition or provided perineal care since after breakfast;</p> <p>(continued on next page)</p> |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-The resident should be provided perineal care and repositioned at least every two hours;</p> <p>-He/She did not provide perineal care and reposition the resident every two hours.</p> <p>2. Review of Resident #29's Quarterly MDS, dated [DATE] showed:</p> <ul style="list-style-type: none"> - Severe cognitive impairment; - Dependent on staff for ADL's; - Dependent on staff for transfers; - Always incontinent of bowel and bladder; <p>- Diagnoses included, traumatic brain injury (TBI, an injury that affects how the brain works), dementia, (a disease that affects the brain causing memory and function loss), and high blood pressure.</p> <p>Review of the resident's care plan, revised 4/13/24 showed:</p> <ul style="list-style-type: none"> -The resident had an ADL self care performance deficit related to severely impaired cognition; - The resident was totally dependent on two staff repositioning and turning in bed every two hours and as necessary; -The staff was totally dependent on two staff for toileting. <p>Continuous observation beginning on 06/25/24 at 08:30 A.M., showed:</p> <ul style="list-style-type: none"> -08:30 A.M., the resident sitting in a Broda chair (a wheel chair which helps prevents skin breakdown) with his/her eyes closed; -09:23 A.M., CNA A took a water pitcher into the resident's room, and did not reposition or provide incontinent care for the resident; -At 10:34 A.M., CNA B entered the resident's room and asked the resident's roommate if he/she wanted a soda and did not reposition or provide incontinent care for the resident; -At 11:53 A.M., CNA B pushed the resident to the dining room; -CNA B did not provide incontinent care for the resident before taking him/her to the dining room. <p>During an interview on 06/25/24 at 12:05 P.M., CNA A said:</p> <ul style="list-style-type: none"> -The resident was dependent on staff for transfers; -The resident was incontinent; -The resident had been setting in his/her wheel since breakfast; <p>(continued on next page)</p> |

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| NAME OF PROVIDER OR SUPPLIER Abundant Acres Care and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 13277 State Route D Savannah, MO 64485 | |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-He/She had not provided incontinent care or repositioned since breakfast;</p> <p>-The resident should be provided incontinent care and repositioned at least every two hours;</p> <p>-He/She did not provide incontinent care and reposition the resident every two hours.</p> <p>During an interview on 06/25/24 at 12:22 P.M., CNA B said:</p> <p>-The resident has been sitting in his/her wheel chair since breakfast;</p> <p>-The resident should be provided perineal care and repositioned at least every two hours;</p> <p>-He/She did not provide perineal care and reposition the resident every two hours.</p> <p>During an interview on 06/25/24 at 12:44 P.M., Licensed Practical Nurse (LPN) A said:</p> <p>-Dependent resident's should be repositioned every two hours;</p> <p>-Dependent residents should be checked for incontinence and provided perineal care every two hours;</p> <p>-He/She expects the CNA's to reposition the resident and provide perineal care at least every two hours.</p> <p>During an interview on 06/26/24 04:52 P.M., the Director of Nursing (DON) said:</p> <p>-He/She would expect residents to be turned, repositioned and given perineal care at least every two hours.</p> <p>During an interview on 06/26/24 04:54 P.M., The Administrator said:</p> <p>-He/She would expect residents to be turned, repositioned and given perineal care at least every two hours.</p> | | |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395</p> <p>Based on observation, interview, and record review, the facility failed to ensure three of 12 sampled residents (Residents#7, #12 and #43) were provided an ongoing program of activities designed to meet, their individual interests and their physical, mental, and psychosocial well-being. The facility census was 47.</p> <p>Review of the facility policy Activity, Volunteer and Recreational Services policy dated March 2012 showed:</p> <p>-The Activity Director, assistants and volunteers of this facility believe that each individual has the right to achieve the maximum of his or her potential; have opportunities for social involvement on an individual or group basis; and have outlets for creative abilities offering opportunities for self development that will afford personal interest, enjoyment and satisfaction provided through an ongoing activity program.</p> <p>The facility provides for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. The activity program must be directed by a qualified professional.</p> <p>Religious, recreational, diversions, intellectual, educational activities are to be available to all residents.</p> <p>1. Review of Resident #7's initial Activity assessment dated [DATE] showed:</p> <p>-He/She loved to cook and sew;</p> <p>-Very hard of hearing.</p> <p>Review of the resident's Annual Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff) showed:</p> <p>-Brief Interview of Mental Status (BIMS) of 2, indicated significant cognitive loss;</p> <p>-Dependant on staff for Activities of Daily Living (ADL's: tasks completed in a day to care for oneself)</p> <p>-Preferences that were somewhat important: reading books/magazines, listening to music, and religious services.</p> <p>-Preferences that were very important: contact with animals, fresh air and outside activity.</p> <p>-Diagnoses include the need for assistance with personal care, Dementia (impaired ability to think, remember and make decisions that effect every day life), Anxiety (a feeling of fear, dread or uneasiness) , history of falls, and muscle wasting (decrease in size and muscle tissue).</p> <p>(continued on next page)</p> | | |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of the resident's care plan showed:</p> <ul style="list-style-type: none"> -He/She is at risk for wandering; provide distraction by offering structured activity, snacks, television, books -He/She will participate in activity of choice; keep the resident informed of activity and encourage participation. -He/She was dependent on staff for meeting emotional, intellectual, physical and social needs; he/she needed assistance to activity functions, invite him/her to activity and encourage participation, offer 1:1 (one staff to one resident) activity if unable to attend out of room events. Engage the resident in simple structured activity that avoid overly demanding tasks. <p>Observation on 6/23/24 at 10:45 A.M. showed:</p> <ul style="list-style-type: none"> -Resident #7 sat in the dining room at the table, looking down toward the table, eyes open, picking at the cloth of a clothing protector he/she had on. -The television (TV) across the room from the resident was on to a talk show. -Certified Nurse Aide C was on the patio of the SCU with other residents. <p>Observation on 6/24/24 at 4:02 P.M. showed the resident sitting at a table in the office area of the Special Care Unit (SCU). The TV was on in dining room and music playing on the radio. A large wooden puzzle was out on another table.</p> <p>Observation on 6/25/24 at 9:20 A.M. the resident was sitting in the dining room door area of the SCU. The dining room TV showed a game show. The resident was looking down and around. No activity equipment available.</p> <p>2. Review of Resident #12's Initial activity assessment dated [DATE] showed:</p> <p>He/She enjoyed arts, crafts, coloring, drawing, and wanted to attend group activities and 1:1 interactions.</p> <p>Review of the resident's Annual MDS dated [DATE] showed activity preference/routine:</p> <ul style="list-style-type: none"> -Very important: music, contact with animals, group gatherings, favorite activities and being outside. -Somewhat important: religious activity, news, books, magazines and newspapers. <p>Review of the resident's Quarterly MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> -BIMS of 6, indicated significant cognitive loss; -No behaviors; <p>(continued on next page)</p> |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Set up assistance with ADL's;</p> <p>-Diagnoses of Dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), Post Traumatic Stress Disorder (PTSD: a mental health condition that's triggered by a terrifying event ; either experiencing it or witnessing it), Depression (loss of pleasure or interest in activities for long periods of time), and pain.</p> <p>Review of the resident's comprehensive care plan dated 2/13/24 showed</p> <p>-He/She will participate in activities of choice and enjoys activities;</p> <p>-He/She enjoyed games, arts and crafts and most group activities;</p> <p>-Notify him/her of activities scheduled and invite,encourage,escort him/her to activities he/she had shown interest in.</p> <p>During an interview on 6/23/24 at 4:42 P.M. the resident's family member said:</p> <p>-He/She had concerns with the resident only going to bingo;</p> <p>-There was nothing for the resident to do except sit around.</p> <p>Observation on 6/24/24 at 3:42 P.M. showed:</p> <p>-He/She was sitting in the dining room, soft music playing and TV on.</p> <p>-The resident said he/she wanted to see his/her spouse, he/she missed him/her very much.</p> <p>-He/She asked for the dining room window blinds to be open, so he/she could see outside.</p> <p>-He/She liked to see outside.</p> <p>Observation on 6/25/24 at 9:20 A.M. showed:</p> <p>-He/She was walking up and down the hallway.</p> <p>-He/She said he/she gets so tired of walking the hall. Walking was all there was to do.</p> <p>Observation on 6/25/24 at 9:26 AM he/she was sitting in a recliner in the dining room. TV was turned on to a game show.</p> <p>Observation on 6/26/24 10:27 A.M. showed one resident in the main dining room. Scheduled activity for 10:00 A.M. was not completed.</p> <p>During an interview on 6/26/24 at 9:25 A.M. CNA C said: The Activity Director would get a couple of the SCU residents and take them to activities.</p> <p>(continued on next page)</p> | | |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Staff on the SCU do whatever on the SCU; maybe a ball toss or puzzles or things like that.</p> <p>-All the activities are in the main part of the building.</p> <p>-He/She has watched movies on how to care for people with dementia and how to divert them or interact with them.</p> <p>44939</p> <p>3. Review of Resident #43's Significant Change MDS, dated [DATE], showed:</p> <p>-He/She has adequate hearing, unclear speech, usually understands others and sometimes makes self understood.</p> <p>-He/She scored one on the BIMS, indicating severely impaired cognition.</p> <p>-It is somewhat important to the resident to listen to his/her favorite music and keep up on news. It is very important for the resident to be involved in favorite activities.</p> <p>Review of the resident's comprehensive care plan, dated 6/14/24 showed:</p> <p>-The resident prefers to do activities of his/her choice. He/She enjoys the local football team and watching favorite shows on television.</p> <p>Observation of the resident on 6/24/24 from 9:50 A.M. to 11:00 A.M. showed:</p> <p>-The resident laying in his/her bed. The television was on but there was no sound coming from the television.</p> <p>-No staff entered the resident's room during this time period.</p> <p>Observation of the resident on 6/25/24 from 10:10 A.M. to 11:15 A.M. showed:</p> <p>-The resident laying in his/her bed. The television was on but there was no sound coming from the television.</p> <p>-No staff entered the resident's room during this time period.</p> <p>During an interview on 6/26/24 at 2:17 P.M. the Activity Director said:</p> <p>-He started in May and was enrolled in an Activity Director on-line course;</p> <p>-He previously did not work in long term care;</p> <p>-He has had no training on activities with residents with dementia;</p> <p>-He was the only person in the activity department;</p> <p>(continued on next page)</p> |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-If he is in the facility he might take a few residents from the SCU to the main part of the building for an activity;</p> <p>-He goes onto the SCU and does 1:1 sometimes;</p> <p>-He had a bowling activity on the SCU on May 22 nd;</p> <p>-He will complete the MDS admission assessment to determine the residents likes and dislikes;</p> <p>-He goes to residents and reminds of them of activities and each resident has a calendar;</p> <p>-The core activities on the SCU have been puzzles, coloring pages, and playing with a beachball;</p> <p>-The residents on the SCU do not like to do too many activities where they have to think;</p> <p>-There are some residents, if they are yelling out then he knew they were bored;</p> <p>-Weekends activities are resident directed clubs like the history or gardening club;</p> <p>- Different groups come in for church services weekly.</p> <p>During an interview on 6/26/24 at 4:52 P.M. the Administrator said:</p> <p>-She expected activities to be completed;</p> <p>-She was unaware staff did not show up for the scheduled activity on 6/26/24 at 10: 00 A.M.;</p> <p>-She expected SCU activities to be one on one, take a few residents off the unit at a time for on going activities, and activities catered to those resident's needs;</p> <p>-The Activity director is very new to long-term care (LTC), and was enrolled in class.</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706</p> <p>Based on observation, interview and record review, the facility failed to provide a safe environment when staff failed to ensure call lights were accessible to residents. This affected two of 12 sampled residents (Resident #25 and #29. The facility census was 47.</p> <p>Review of the facility's Incontinence Care Policy, dated 5/19/2024, showed:</p> <ul style="list-style-type: none"> -Keep the resident's call light within reach. <p>1. Review of Resident #25's Quarterly Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated 5/13/24 showed:</p> <ul style="list-style-type: none"> - Moderate cognitive impairment; - Dependent on staff for ADL's; - Dependent on staff for transfers; - Always incontinent of bowel and bladder; - Diagnoses included Parkinson's Disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), depression and asthma. <p>Review of the resident's care plan, revised 6/24/24 showed:</p> <ul style="list-style-type: none"> -The resident had the potential/actual impairment to skin integrity related to decreased mobility, incontinence and contractures; - Assist with repositioning and incontinence care during rounds and after each incontinent episode; - He/She had bladder and bowel incontinence related to impaired mobility and physical limitations; - Check and change the resident to maintain dignity. <p>Observation on 6/23/24, at 03:28 P.M., showed:</p> <ul style="list-style-type: none"> -The resident in his/her room, setting in a wheel chair; -The resident's call light was laying on the floor beside the wheel chair and out of reach for the resident. <p>Observation on 6/24/24, at 9:22 A.M., showed:</p> <ul style="list-style-type: none"> -The resident in bed with his/her eyes open; <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-The resident's call light was hanging on the privacy curtain approximately three feet away, out of reach for the resident.</p> <p>Observation on 6/25/24, at 8:30 A.M., showed:</p> <p>-The resident in bed with his/her eyes open;</p> <p>-The resident's call light was hanging on the privacy curtain approximately three feet away, out of reach for the resident.</p> <p>2. Review of Resident #29's Quarterly MDS, dated [DATE] showed:</p> <p>- Severe cognitive impairment;</p> <p>- Dependent on staff for ADL's;</p> <p>- Dependent on staff for transfers;</p> <p>- Always incontinent of bowel and bladder;</p> <p>- Diagnoses included, traumatic brain injury, (TBI, an injury that affects how the brain works), dementia (a disease of the brain that causes impaired memory and function), and high blood pressure.</p> <p>Review of the resident's care plan, revised 4/13/24 showed:</p> <p>-The resident had an ADL self care performance deficit related to severely impaired cognition;</p> <p>- The resident was totally dependent on two staff for repositioning and turning in bed every two hours and as necessary;</p> <p>-The resident was totally dependent on two staff for toileting;</p> <p>-The resident was at risk for falls related to impaired safety awareness;</p> <p>-The resident has a history of falls.</p> <p>Observation on 6/23/24, at 3:38 P.M., showed:</p> <p>-The resident in bed;</p> <p>-The resident's call light was in a chair under a pile of clothes and four blankets, out of reach for the resident;</p> <p>Observation on 6/24/24, at 9:22 A.M., showed:</p> <p>-The resident in bed with his/her eyes open;</p> <p>-The resident's call light was hanging on the privacy curtain out of reach for the resident.</p> <p>(continued on next page)</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observation on 6/25/24, at 8:30 A.M., showed:</p> <ul style="list-style-type: none"> -The resident setting in a broda chair (a wheel chair which helps prevents skin breakdown) with his/her eyes closed; -The resident's call light was hanging on the privacy curtain, behind the resident, out of reach for the resident. <p>During an interview on 06/25/24 at 12:05 P.M., Certified Nurses Aide (CNA) A said:</p> <ul style="list-style-type: none"> -The resident is dependent on staff for transfers and ADL's; -The resident uses a touch pad call light; -When doing two hour checks staff should ensure the call lights are in place; -The call light should be in reach of the resident at all times. <p>During an interview on 06/25/24 at 12:22 P.M., CNA B said:</p> <ul style="list-style-type: none"> -He/She did not realize the call light was not in reach of the resident; -The call light should be in reach of the resident at all times. <p>During an interview on 06/25/24 at 12:44 P.M., Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -He/She expected the nursing staff to ensure call lights are in place and in reach for the resident every time they go into the resident's room; -The staff should be in the resident's room at least every two hours; -Call lights should be easily accessible to residents. <p>During an interview on 06/26/24 at 04:52 P.M., the Director of Nursing (DON) said call lights should be placed with in the resident's reach.</p> <p>During an interview on 06/26/24 at 04:52 P.M., the Administrator said:</p> <ul style="list-style-type: none"> -He/She expects call lights to be placed within reach of the resident. -The last thing staff should do every time they leave a resident's room is ensure the call light is within reach; -He/She expects the staff to do rounds at shift change and check to make sure all call lights are within reach. | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395</p> <p>Based on interview and record review the facility failed to recognize and treat a significant weight loss for three of the 12 sampled residents (Resident #7, #10, #44). In addition, the facility failed to obtain a snack or meal when one resident (Resident #12) complained of hunger and failed to pass snacks and ice water on the Special Care Unit (SCU), affecting all 12 residents. The facility census was 47.</p> <p>The facility did not provide a policy on weight loss or passing ice water and snacks.</p> <p>1. Review of Resident #7 Annual Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff) dated 5/10/24 showed:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) of 2, indicated significant cognitive deficit. -No behaviors -Set up assistance of staff for meals. -Dependent on staff for Activities of Daily Living (ADL's: activities completed in a day to care for oneself, such as bathing, dressing, toileting, and hygiene) -Diagnosis of need for assistance with personal care, dysphagia (occasional difficulty with swallowing), dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), anxiety (a feeling of fear, dread and uneasiness), and muscle weakness. <p>Review of the resident's comprehensive care plan dated 6/7/22 showed:</p> <ul style="list-style-type: none"> -The resident resided on the SCU; -He/She had a potential for weight loss; -He/She would maintain adequate nutritional status as evidenced by maintaining weight through review date; -The resident was to be invited to activities that promote additional intake; - Provide and serve diet as ordered; -The Registered Dietician to evaluate and make diet change recommendations as needed. <p>Review of the resident's weight record showed:</p> <ul style="list-style-type: none"> -1/11/2024 weight of 146.5 pounds (lbs); <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-February 2024 no recorded weight;</p> <p>-3/3/2024 weight of 140.0 Lbs;</p> <p>-4/3/2024 weight of 140.5 Lbs;</p> <p>-5/19/2024 weight of 124.9 Lbs, loss of 15.6 lbs and 10.79% in 30 days;</p> <p>-6/3/2024 weight of 128.9 lbs, loss of 17.6 total lbs and 12.01% in 180 days.</p> <p>Review of the resident's meal intake percentage showed an average oral intake of 25%-50%.</p> <p>Review of a Nutritional Evaluation completed 5/28/2024 showed:</p> <p>The resident's weight was 124.9 lbs. The resident had a history of weight changes. He/She had significant weight loss over the last 90 and 180 days His/Her meal intakes were poor, averaging less than 50% overall. Per ADL documentation, the resident required limited assistance with meals. He/She had significant loss over 180 days; down 25.6 lbs or 17% over 180 days. Received Ensure shake with meals and 90 ml Med Pass 2.0 between meals and at bedtime. No new recommendations. The Registered Dietician will be available as needed.</p> <p>Review of the resident's physician order sheet for June 2024 showed:</p> <p>- Med Pass 2.0, give 90 milliliters three times a day between meals and at bedtime for supplement, order date of 5/14/24;</p> <p>- Ensure 1 carton three times a day with meals, order date of 2/21/24;</p> <p>-Mechanical texture diet, regular consistency liquids ordered 3/5/24.</p> <p>Observation on 6/23/24 beginning at 10:31 A.M. ending at 11:35 A.M. showed the resident sitting at the dining room table, no snack, no drink near or offered by staff. Hospital type water pitcher was empty in the resident's room.</p> <p>Observations on 6/24/24 beginning at 9:20 A.M. to 11:42 A.M., showed the resident was in his/her wheelchair in the dining room and office area of the SCU. The resident did not have snacks or drinks accessible.</p> <p>Observations on 6/26/24 beginning at 9:23 A.M. to 11:01A.M. showed the resident was in his/her wheelchair in the dining room/office area. No drinks or snacks available or offered. Hospital type water pitcher was in the resident's room, empty.</p> <p>2. Review of Resident #44 Significant change MDS dated [DATE] showed:</p> <p>-BIMS of 99, indicated severe cognitive deficits;</p> <p>-Supervision to maximum assistance of staff for ADL's;</p> <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-No weight loss;</p> <p>-Diagnoses of anxiety, dementia, Alzheimer's Disease (A progressive disease that destroys memory and other important mental functions.), weakness and muscle wasting.</p> <p>Review of the resident's comprehensive care plan dated 3/21/24 showed:</p> <p>- The resident had nutritional problem due to Alzheimer's Disease, and a significant weight loss in 3 months;</p> <p>-Regular diet;</p> <p>-Hospice Services;</p> <p>-Staff to encourage oral intake;</p> <p>-Monitor/record/report to the physician, as needed, any signs and symptoms of malnutrition, significant weight loss: 3 lbs in 1 week, or 5% in 1 month, 7.5% in 3 months, or 10% in 6 months;</p> <p>-The resident has a risk of wandering;</p> <p>-Monitor for fatigue, and weight loss;</p> <p>-Distract from wandering by offering activities, food and conversation.</p> <p>Review of the resident's weight record showed:</p> <p>-1/1/2024 weight of 99.4 Lbs;</p> <p>-2/2/2024 weight of 94 Lbs, a loss of 5.4 lbs or 5.43% in one month;</p> <p>-3/11/2024 weight of 92.6 Lbs., a loss of 6.8 lbs or 6.84% in 90 days;</p> <p>-4/2/2024 weight of 91 Lbs, a loss of 1.6 lbs;</p> <p>-5/19/2024 weight of 89.6 Lbs. a loss of 1.4 lbs;</p> <p>-6/1/2024 weight of 88.4 Lbs, a loss of 1.2 lbs or 11.07 180 days.</p> <p>Review of the resident's physician order sheet for June 2024 showed:</p> <p>-Med Pass 2.0 90 ml three times a day for supplement, ordered 2/27/24;</p> <p>-Regular diet, regular texture, and regular liquids, ordered 4/11/24;</p> <p>-Ensure twice a day, ordered 4/11/24.</p> <p>Review of the Electronic Medical Record (EMR) showed no dietary notes January 2024 to June 2024.</p> <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observation on 6/23/24 beginning at 10:31 A.M. ending at 11:35 A.M. showed the resident walking in the hallway with no snack, no drink near or offered by staff. Hospital type water pitcher was empty in the resident's room .</p> <p>Observations on 6/24/24 beginning at 9:20 A.M. to 11:42 A.M., showed the resident walking repeatedly up and down the hall, touching handrails, surfaces, books, tables, and chairs in the SCU. The resident did not have snacks or drinks accessible.</p> <p>Observations on 6/26/24 beginning at 9:23 A.M. to 11:01A.M. showed the resident was walking repeatedly around the dining area and in the hallway . No drinks or snacks available or offered. Hospital type water pitcher was in the resident's room, empty.</p> <p>3. Review of the Resident #12's Quarterly MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> -BIMS of 6, indicated significant cognitive loss; -No behaviors; -Set up assistance with ADL's; -Diagnoses of Dementia, Post Traumatic Stress Disorder (PTSD: a mental health condition that's triggered by a terrifying event ; either experiencing it or witnessing it), depression (loss of pleasure or interest in activities for long periods of time), and pain. <p>Review of the resident's comprehensive care plan dated 2/22/24 showed:</p> <ul style="list-style-type: none"> -The resident had a potential nutritional problem; -The resident will maintain weight; -Offer diet and supplements as ordered. <p>Observation on 6/23/24 beginning at 10:31 A.M. ending at 11:35 A.M. showed the resident sitting outside on the SCU patio at a table, no snack, no drink near or offered by staff. Hospital type water pitcher was empty in the resident's room .</p> <p>Observations on 6/24/24 beginning at 9:20 A.M. to 11:42 A.M., showed the resident was in a recliner in the dining room of the SCU. The resident did not have snacks or drinks accessible.</p> <p>During continuous observation beginning on 6/25/24 at 9:20 A.M. the resident was walking around the dining area of the SCU, he/she complained of being hungry. Certified Nurses Aide (CNA) C told the resident it was not long until lunch time. The staff did not offer a drink or snack.</p> <p>At 10:35 AM the resident complained of being hungry. CNA C said lunch would be served in about an hour. The staff did not offer a snack or drink to the resident.</p> <p>At 12:27 the noon meal was served to the resident.</p> <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observations on 6/26/24 beginning at 9:23 A.M. to 11:01A.M. showed the resident was in a recliner in the dining room. No drinks or snacks available or offered. Hospital type water pitcher was in the resident's room, empty.</p> <p>During an interview on 6/26/24 at 9:25 A.M. CNA C said:</p> <ul style="list-style-type: none"> -He/She watched movies on how to interact with dementia residents; -Ice and water should be passed in the morning; -He/She tried to pass ice and water when he/she arrived at 6:30 A.M. then pass snacks around 10: 00 A.M. and 2: 00 P.M.; -He/She would use the resident's care plan for specific information; -If residents do not eat a meal it should be put in the refrigerator and microwave later. If the resident does not want the meal he/she could make a peanut butter and jelly sandwich or meat and cheese sandwich; -There are supplement drinks that can be offered; -He/She does not know if any of the resident's on the SCU are losing weight; -Resident #44 was supposed to have finger foods, because he/she will not sit to eat; -He/She guessed he/she could offer snacks the resident's could carry with them if they walk around; -He/She was not sure why pitchers were empty or snacks had not been offered. <p>50980</p> <p>4. Review of Resident #10's quarterly MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> - BIMS score of 15, indicating no cognitive impairment; - Diagnoses included: Parkinson's Disease is brain disorder that causes unintended or uncontrollable movements), orthostatic hypotension which is a form of low blood pressure, shoulder pain, muscle wasting and atrophy (decrease in the size of the muscle, depression; - The resident was independent with his/her cares; - The resident utilized a walker for ambulation; - The MDS did not indicate weight loss. <p>Review of the resident's nutritional care plan dated 2/22/22 showed:</p> <ul style="list-style-type: none"> - The resident had the potential for weight alterations; <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <ul style="list-style-type: none"> - The facility staff were supposed to monitor and report significant weight loss of greater than 5% in one month; - Provide the resident's diet as ordered; - The resident was supposed to receive double portions of meat at meals; - The care plan did not address the resident's significant weight loss; - The care plan did not address providing a snack to the resident. <p>Review of the resident's record showed the following:</p> <ul style="list-style-type: none"> - The dietary Manager documented the resident did not have a significant weight loss or gain over the last six months; - The resident's diet order was a regular diet and the resident was not receiving supplements; - 5/20/24 the resident weighed 202.1 lbs; - 6/17/24 the resident weighed 190.4 lbs indicating a weight loss of 11.7 lbs, 5.79% of his/her body weight in less than 30 days; - The facility staff did not identify the resident's weight loss; - The facility staff did not notify the resident's physician of the weight loss. <p>During an interview on 6/26/24 at 10:45 A.M. the resident said he/she was not offered any snacks yesterday evening. Resident stated this is a common occurrence for them not to be offered a snack.</p> <p>During an interview on 6/26/24 at 4:52 P.M., the Director of Nursing (DON) and the Administrator said:</p> <ul style="list-style-type: none"> -The Administrator stated snacks are always available and she expected them to be offered sometime in the morning and evening. - The DON stated that notification of a resident's weight loss is identified when the weights are entered into the EMR system. Additionally, the DON stated that no one specific is identified at this time to enter that data into the EMR. <p>During an interview on 6/26/24 at 3:08 P.M. the of the Dietary Manager said:</p> <ul style="list-style-type: none"> - If he/she notes a weight loss he/she checks to see if there is an order for supplements and contacts the DON and Administrator so they can see about adding supplements if required. | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706</p> <p>Based on observations, interviews, and record review the facility failed to ensure staff provided proper respiratory care for three of 12 sampled residents (Resident #11, #27, and #151) when staff failed to effectively clean oxygen concentrator filters, properly label and date oxygen tubing, and properly fill and date humidified bottles. The facility census was 47.</p> <p>Review of the facility's Oxygen Policy, dated 5/19/24, showed in part:</p> <ul style="list-style-type: none"> - The humidifier bottle must filled to its fullest mark with sterile water; - The charge nurse will monitor and document in the resident's record that all tubing was checked for patency and the humidifier bottle is adequately full. <p>1. Review of Resident #11's Significant Change Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated 6/11/24 showed:</p> <ul style="list-style-type: none"> - No cognitive impairment; - Dependent on staff for ADL's; - Dependent on staff for transfers; - Indwelling catheter; - Always incontinent of bowel; - Diagnoses included respiratory failure, hemiplegia (paralysis of one side of the body), and high blood pressure. <p>Review of the resident's care plan dated 6/21/24, showed:</p> <ul style="list-style-type: none"> -The resident had an ADL self care performance deficit related to heart failure; -The resident had a terminal prognosis related to chronic respiratory failure; - The care plan did not address the use of oxygen. <p>Review of the resident's physician's order sheet (POS) dated June 2024, showed:</p> <ul style="list-style-type: none"> - Order date: 3/5/24 - oxygen at 2 liters (L) per nasal cannula (NC) every shift, related to acute and chronic respiratory failure; - Order date: 3/5/24 - check oxygen saturation twice every shift, related to acute and chronic respiratory failure; <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- Order date: 3/5/24 - date and change oxygen tubing, humidifier bottle and clean concentrator filter weekly on Sunday night, related to acute and chronic respiratory failure.</p> <p>Observation on 06/22/24 at 2:16 P.M., showed:</p> <ul style="list-style-type: none"> - Resident in bed with oxygen in place at 6L/NC; - The resident's oxygen tubing was not dated; - The humidified water bottle was empty and was dated 5/9/24; - The filter on the oxygen concentrator was caked in dust. <p>Observation and interview on 06/23/24 at 09:20 A.M., showed:</p> <ul style="list-style-type: none"> - Resident in bed with oxygen in place at 5L/NC; - The resident's oxygen tubing was not dated; - The humidified water bottle was empty and was dated 5/9/24; - The filter on the oxygen concentrator was caked in dust; - The resident said his/her nose was sore; - The resident said he/she needed the oxygen to breathe. <p>Observation on 06/24/24 at 08:38 A.M., showed:</p> <ul style="list-style-type: none"> - Resident in bed with oxygen in place at 5L/NC; - The humidified water bottle was empty and and dated 5/9/24; - The inside of the humidified water bottle had white crusty stain in it; - The filter on the oxygen concentrator was caked in dust. <p>2. Review of Resident #27's Quarterly MDS, dated ,d+[DATE]//24 showed:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; - Dependent on staff for ADL's; - Dependent on staff for transfers; - Always incontinent of bowel and bladder; <p>(continued on next page)</p> |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- Diagnoses included coronary artery disease (CAD, is a condition that affects your heart), anemia (a condition in which the body does not have enough healthy red blood cells), and high blood pressure.</p> <p>Review of the resident's care plan revised 2/21/24, showed:</p> <ul style="list-style-type: none"> -The resident had an ADL self care performance deficit related to disease process; -The resident was dependent on staff for meeting emotional and physical needs related to immobility; - The care plan did not address the use of oxygen. <p>Review of the resident's POS dated June 2024, showed:</p> <ul style="list-style-type: none"> - Order date: 12/12/23- Elevate head of bed due to shortness of breath and Chronic Obstructive Pulmonary Disease (COPD, is a lung disease causing restricted airflow and breathing problems) every shift; - Order date: 6/5/24 - check oxygen saturation twice every shift, related to acute and chronic respiratory failure; -The POS did not address when to date and change oxygen tubing, humidifier bottle and clean the concentrator filter. <p>Observation and interview on 06/23/24 at 10:34 A.M., showed:</p> <ul style="list-style-type: none"> - Resident in bed with oxygen in place at 2L/NC; - The oxygen tubing was dated 6/9/24; - The humidified water bottle was empty and was not dated; - The filter on the oxygen concentrator was caked in dust; - The resident said the staff set the oxygen up for him/her and it helped her breathe. <p>Observation on 06/24/24 at 09:20 A.M., showed:</p> <ul style="list-style-type: none"> - Resident in bed with oxygen in place at 2L/NC; - The humidified water bottle was empty; - The oxygen tubing was dated 6/9/24; - The filter on the oxygen concentrator was caked in dust. <p>Observation on 06/25/24 at 08:37 A.M., showed:</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <ul style="list-style-type: none"> - Resident in bed laying flat, with the oxygen NC on his/her forehead; - The humidified water bottle was empty and dated 6/9/24; - The filter on the oxygen concentrator was caked in dust. <p>During an interview on 06/25/24 at 12:05 P.M., Certified Nurses Aide (CNA) A said</p> <ul style="list-style-type: none"> - The night shift CNA's are responsible for dating and changing the oxygen tubing, dating and filling humidifier bottles and cleaning the filters on the concentrator weekly; - He/She changed the oxygen tubing if he/she notices it has not been changed; - He/She fills humidified bottles with distilled water if he/she notices it has not been changed; - He/She does not clean filters on O2 concentrators; - He/She does not know how to clean and change filters; -He/She did not notice the humidifier bottles were empty and outdated; -He/She did not notice the oxygen tubing was not dated properly; -Oxygen tubing should be dated, humidifier bottles should be full of distilled water and dated; - Filters on the oxygen concentrators should be clean and free from dust. <p>During an interview on 06/25/24 at 12:22 P.M., CNA B said:</p> <ul style="list-style-type: none"> -He/She tells the nurse if she notices the oxygen tubing is out dated, if the humidifier bottle is empty and if the filter on the oxygen concentrator needs cleaned; - He/She had not noticed anything wrong with the residents' oxygen; - Oxygen tubing should be dated, humidifier bottles should be full of distilled water and dated; - Filters on the oxygen concentrators should be clean and free from dust. <p>During an interview on 06/25/24 at 12:44 P.M., Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> - The CNA's change the oxygen tubing, change and fill and date the humidifier bottles and clean the filters every week on Sunday nights; - The humidifier bottle should not be empty and should be dated; - The tubing should be dated; - The filters on the oxygen concentrators should not be dirty and caked with dust; <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- Resident's using oxygen have a physician's order to change the oxygen tubing, change and fill the humidifier bottles and clean the filters once a week;</p> <p>- He/She expects the CNA's to change the oxygen tubing, change, fill and date the humidifier bottles and clean the filters once a week;</p> <p>- If a CNA finds oxygen that tubing needs changed or a humidifier bottle is empty to do those things and tell him/her;</p> <p>- No CNA's have reported to him/her that oxygen tubing was not outdated, humidifier bottles were empty or the filters on the oxygen concentrators were dirty;</p> <p>- He/She does not document in the resident's record that all tubing was checked for patency and the humidifier bottle is adequately full.</p> <p>44939</p> <p>3. Review of Resident #151's Entry MDS dated [DATE] showed:</p> <p>-The resident admitted to the facility on [DATE].</p> <p>-He/She had the diagnoses of malignant neoplasm of lower lobe lung (lung cancer) and anxiety disorder.</p> <p>Review of the resident's base line care plan, dated 6/21/24, showed:</p> <p>-The resident was on hospice care for bladder cancer that has metastasized to lungs.</p> <p>-He/She is alert and oriented to self, person and place.</p> <p>-He/She has oxygen.</p> <p>Observation of the resident's room on 6/23/24 at 9:14 A.M., showed:</p> <p>-A layer of dust on the oxygen concentrator.</p> <p>-The tubing for the oxygen is not dated.</p> <p>4. During an interview on 06/26/24 04:52 P.M., the Director of Nursing (DON) said:</p> <p>- He/She expects the nursing staff to be dating and changing the oxygen tubing, the humidifier bottles and cleaning the filters once every week;</p> <p>- Night shift staff should be doing this on Sunday nights;</p> <p>-The humidifier bottles should not be empty if the resident is on more than two liters of oxygen;</p> <p>(continued on next page)</p> | | |

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| NAME OF PROVIDER OR SUPPLIER Abundant Acres Care and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 13277 State Route D Savannah, MO 64485 | |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-The staff should be checking the concentrators every time they go into a resident's room to provide care;</p> <p>- He/She expects the nurse to ensure there is no outdated tubing, empty humidifier bottles or dirty filters on the oxygen concentrators;</p> <p>- There is no check list for this.</p> <p>During an interview on 06/26/24 04:54 P.M., the Administrator said:</p> <p>- He/She would expect the staff to be changing and dating the oxygen tubing and the humidifier bottles once week;</p> <p>-The staff should be checking the concentrators every time they go into a resident's room to provide care;</p> <p>- Oxygen tubing should be dated, humidifier bottles should be full of distilled water;</p> <p>- Filters on the oxygen concentrators should be clean and free from dust.</p> | | |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395</p> <p>Based on observation, interview and record review the facility failed to ensure the consultant pharmacist reviewed each resident's medication for unnecessary medications, psychoactive medication parameters, including gradual dose reductions, and drug irregularities monthly. This effected two (Resident #12, and #44) of 12 sampled residents, with the potential to effect all residents. The facility census was 47.</p> <p>The facility did not provide a policy on Medication Regimen Review.</p> <p>Review of the facility provided Resident Rights policy, dated 5/19/24 showed:</p> <p>-The resident has the right to a dignified existence, including freedom from chemical restraints and quality of life is maintained or improved.</p> <p>-The resident has the right to get proper medical care, to be informed about prescription, over the counter drugs, vitamins and supplements.</p> <p>1. Review of Resident #12's Quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 5/3/24 showed:</p> <p>- Brief Interview for Mental Status (BIMS) of 6, indicated significant cognitive loss;</p> <p>-No behaviors;</p> <p>-Set up assistance with ADL's;</p> <p>-Diagnoses of dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), Post Traumatic Stress Disorder (PTSD: a mental health condition that's triggered by a terrifying event ; either experiencing it or witnessing it), depression (loss of pleasure or interest in activities for long periods of time), major neurocognitive disorder (decreased mental function and loss of ability to do daily tasks) and pain.</p> <p>Review of the resident's physician order sheet (POS) for June 2024 showed:</p> <p>-Depakote (anticonvulsant (anti seizure) prescription medication used to treat some psychiatric conditions)125 milligram (MG) twice a day for behaviors. Ordered 7/12/23;</p> <p>-Lexapro (antidepressant prescription medication used to treat depression and anxiety) 10 MG in the morning for anxiety. Ordered 10/6/23;</p> <p>-Rivastigmine Tartrate (a prescription medication used to treat dementia) 6 MG, two times a day for dementia. Ordered 2/28/24;</p> <p>(continued on next page)</p> | | |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Trazadone (an antidepressant/sedative prescription medication used to treat depression) 50 MG by mouth at bedtime for insomnia. Ordered 5/7/24.</p> <p>-Resident to be seen for psychological counseling services. Ordered 6/18/24.</p> <p>Review of the resident's electronic medical record (EMR) showed no medication regimen review for 2024.</p> <p>2. Review of Resident #44 Significant change MDS dated [DATE] showed:</p> <p>-BIMS of 99, indicated severe cognitive deficits;</p> <p>-Supervision to maximum assistance of staff for ADL's;</p> <p>-Diagnoses of anxiety (feelings of uneasiness, fear and dread) , dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) , Alzheimer's Disease (A progressive disease that destroys memory and other important mental functions.), weakness and muscle wasting.</p> <p>Review of the resident's June 2024 POS showed:</p> <p>-Ativan (a prescription sedative medication used to treat anxiety) 0.5 MG two times a day for restlessness/anxiety. Ordered 3/14/24;</p> <p>-Lorazepam Intensol (a liquid prescription sedative medication used to treat anxiety)2 MG/ milliliter (ML), give 0.25 ml every 4 hours as needed for restlessness/anxiety ordered 3/17/24;</p> <p>-Seroquel (a prescription antipsychotic medication used to treat mental health disorders) 25 MG at bedtime for behaviors. Ordered 4/11/24;</p> <p>-Seroquel 12.5 MG in the afternoon for behaviors. Ordered 4/11/24.</p> <p>Review of the resident's EMR showed no medication regimen review for 2024.</p> <p>During an interview on 6/26/24 at 4:52 P.M. the Administrator said:</p> <p>-As needed medications can only be ordered for 14 days;</p> <p>-The Quality Assurance Committee is working with the Medical Director to ensure stop dates on medications;</p> <p>-A new consultant pharmacist started in June;</p> <p>-Going forward all residents will have a monthly medication regimen review with gradual dose reductions as needed.</p> <p>46706</p> | | |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>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.</p> <p>44939</p> <p>Based on interview, and record review, the facility failed to ensure the Dietary Manager (DM) had the appropriate competencies and skills sets to carry to the functions of the food and nutritional services. This had the potential to affect all residents who reside in the facility. The facility census was 47.</p> <p>The facility did not provide a policy related to qualifications of the Dietary Manager.</p> <p>During an interview on 6/26/24 at 3:08 P.M., the Dietary Manager said:</p> <ul style="list-style-type: none"> -He/She does not have any dietary certification; -He/She is not currently enrolled in any training or classes; <p>During an interview on 6/26/24 at 4:52 P.M., the Administrator said:</p> <ul style="list-style-type: none"> -He/She was aware the DM did not have any certifications. -It was his/her expectation that the DM have the needed certifications and training. -A consulting dietician has been hired by the facility to oversee the dietary department. |

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| <p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>44939</p> <p>Based on observation, interview, and record review, the facility failed to provide food in a form designed to meet individual needs when they did not ensure pureed foods were at an appropriate texture and consistency. The facility census was 47.</p> <p>The facility did not provide a policy in regards to the preparation of pureed food.</p> <p>Observation of the lunch meal on 6/23/24 at 12:15 P.M., showed:</p> <ul style="list-style-type: none"> -The tuna casserole was very thick with a sticky consistency. The texture was not smooth as there were rice size particles. The casserole had to be chewed to be able to swallow it. -The carrots were very smooth and had a good flavor. -The mashed potatoes were very thick with a sticky consistency. The texture was smooth, with no chunks or particles. <p>Observation of preparation of pureed food on 6/26/24 at 11:06 A.M., showed:</p> <ul style="list-style-type: none"> -The Dietary Manager (DM) added cooked tortellini, marinara sauce and mozzarella cheese into the blender. He/She then poured in chicken broth. He/She did not measure any of the ingredients when adding them to the blender. -He/She then pulsed the blender several times, added more broth, then pulsed the blender again. -He/She repeated this process three times. Then, he/she transferred the contents of the blender to the food processor. -He/She adds more broth and processes the mixture for approximately five minutes. -The DM then transferred the mixture to a pan, tested the texture of the puree, and placed the pan on the steam table. <p>Observation of the pureed food on 6/26/24 at 11:27 A.M., showed:</p> <ul style="list-style-type: none"> -The pureed tortellini was not smooth, containing particles of the tortellini. <p>During an interview on 6/26/24 at 3:08 P.M., the Dietary Manager said:</p> <ul style="list-style-type: none"> -Pureed food should have the consistency of between pudding and mashed potatoes with no chunks or large particles. -There are recipes available to follow. Staff should follow the recipes. <p>(continued on next page)</p> | | |

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| <p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-He/She knows it is the right consistency by the way the food looks and by tasting it.</p> <p>During an interview on 6/26/24 at 4:52 P.M the Administrator said:</p> <p>-It was his/her expectation the pureed food be smooth with no large particles.</p> <p>During an interview on 7/1/24 at 10:22 A.M., the Registered Dietician said:</p> <p>-The pureed food should be smooth, with no large particles.</p> <p>-The staffs should follow the recipes when making the pureed food.</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939</p> <p>Based on observation, interview and record review, the facility failed to store food in a sanitary manner and failed to maintain the kitchen in a sanitary manner. This had the potential to affect all residents who received food from the facility's kitchen. The facility census was 47.</p> <p>Review of the facility's Nutrition Services-Department Sanitation policy, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Purpose: To ensure a clean and sanitary work environment; to promote and protect food safety; and to maintain compliance with Federal, State and Local regulations governing food sanitation and safety. -Department sanitation shall be maintained in a manner to support procedures for Food Safety. Staff shall be responsible for daily and weekly cleaning assignments. -Cleaning assignments shall include all equipment, cabinets, storage areas, walls, floors and refrigeration units. Cleaning of equipment condensers, lights, vents, hood, etc., shall be completed by the Maintenance Department. -Compliance shall be monitored by the Dietary manager. <p>Review of the facility's Nutrition Services-Food Storage, Refrigeration policy, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Purpose: To ensure food storage and safety practices are maintained and monitored. To comply with Federal and State regulations regarding food storage and safety. -All refrigeration units shall have temperatures monitored on a daily basis by the Manager and/or his/her designee. Temperatures shall be recorded daily and the monthly records shall be maintained in the Manager's office. -Foods shall be stored in an organized manner and shall be maintained in their original containers unless they are considered a leftover. All leftovers shall be labeled and dated with expiration dates. Refrigerators shall be checked daily by the Manager and/or his/her designee to ensure leftovers are discarded and all food is properly stored. -Storage of foods shall follow a FIFO (First In First Out) system. -Dating of leftovers is as follows: <ul style="list-style-type: none"> - All potentially hazardous foods such as cooked eggs, fish and mayonnaise-based products and mixed dishes with multiple ingredients shall be used the same day of preparation then discarded. - All other potentially hazardous leftovers shall be labeled with an expiration date of three (3) days. <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- All opened or leftover condiments such as salad dressings, catsup, mustard, pickles, relishes, etc., shall be dated with a thirty (30) day expiration date.</p> <p>- Foods removed from the freezer to thaw including deli meats, eggs, etc., shall be dated with a three (3) day expiration date or with the manufacture's expiration date.</p> <p>-Leftovers which are not expired but change appearance or lose quality shall be discarded immediately.</p> <p>Review of the facility's undated Dietary Food Brought In from Outside Sources and Personal Food Storage showed:</p> <p>-Food brought to the facility by family members or friends for a loved on for a special event will be handled according to safe food handling guidelines. Designated staff will monitor foods and beverages brought in from outside sources for storage in facility pantries, refrigeration units, or person room refrigeration units.</p> <p>-Foods and beverages brought in from outside sources that require refrigeration or freezing will be labeled with he resident's name and date and stored in the refrigerator/freezer apart from facility food. Food prepared for events such as parties will also be identified and stored apart from facility food.</p> <p>-Designated staff will be assigned to monitor individual rooms storage and refrigeration units for food or beverage disposal.</p> <p>-All refrigeration units will have internal thermometers to monitor for safe food storage temperatures. Units must maintain safe internal temperatures.</p> <p>-Food and beverage items without manufacturer's expiration date should be dated upon arrival in the facility and thrown away 7 days after the date marked.</p> <p>-Foods in unmarked or unlabeled containers should be marked with he current date the food items were stored and the resident's name.</p> <p>Observation of the dining room on [DATE] at 11:26 A.M., showed:</p> <p>-Microwave on the counter in the dining room was dirty with spilled liquid and food particles.</p> <p>Observation of the kitchen on [DATE] at 11:26 A.M., showed:</p> <p>-Two large trash cans in the dishwashing area have no lids.</p> <p>-Chemical testing logs for the dishwasher were incomplete for [DATE], only [DATE] and [DATE] were complete.</p> <p>-Sanitizer level testing logs were incomplete. No dates had been completed for [DATE].</p> <p>-Refrigerator and freezer temperature logs are not complete for [DATE], with ten blank entries.</p> <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Dry storage:</p> <ul style="list-style-type: none"> -Large container of soy sauce was dirty with brown substance around lid and on handle. -A large bin with lid containing white flour was not labeled or dated. -A large container of drink lids was dirty with brown substance and food particles. -Two large boxes of produced donated from community members, including peaches, [NAME] and tomatoes, not labeled or dated. <p>Walk in refrigerator:</p> <ul style="list-style-type: none"> -Two small cups of thickened juice not labeled or dated. -One Ziploc bag of shredded lettuce with shredded cheese dated ,d+[DATE]. -Two pieces of chocolate pie, two pieces of angel food cake, not covered, not labeled or dated. <p>Freezer:</p> <ul style="list-style-type: none"> -Ice build up on the floor and threshold of the freezer. -Bag of pancakes open to air, not labeled or dated. -Two gallon tubs of ice cream, not labeled or dated. <p>Observation of the kitchen on [DATE] at 9:21 A.M., showed:</p> <ul style="list-style-type: none"> -Two large trash cans with no lids. <p>Dry storage:</p> <ul style="list-style-type: none"> -The food processor base has a layer of dust. -Eight quart container of white powder, not labeled or dated. -Floor under cart of bread is sticky with brown substance. <p>Walk in refrigerator:</p> <ul style="list-style-type: none"> -Several plates of sliced cantaloupe, not covered, not labeled or dated. -A puddle of brown liquid on the top of a box of liquid eggs. -Two large drink containers with no label or date. <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-One cardboard container of thickened orange juice with black substance around the lid and top of container.</p> <p>Dining room:</p> <p>-Popcorn machine is dirty with food particles and oil.</p> <p>Observation of the refrigerator in the clean utility room on [DATE] at 10:17 A.M. showed:</p> <p>-Temperature log for [DATE] and [DATE] are blank.</p> <p>-Refrigerator shelf's and bottom are dirty with food particles and brown liquid.</p> <p>Observation of refrigerator in utility room on the secure care unit on [DATE] at 10:25 A.M. showed:</p> <p>-Temperature logs for [DATE], [DATE] and [DATE] are blank.</p> <p>-Shelf's and bottom of refrigerator are dirty with food particles and brown liquid.</p> <p>-Two containers of chocolate cake, not labeled or dated.</p> <p>Observation of personal refrigerator in room [ROOM NUMBER] on the secure care community on [DATE] at 10:34 A.M. showed:</p> <p>-Temperature logs from [DATE] and [DATE] are blank.</p> <p>-The refrigerator was dirty with food particles.</p> <p>During an interview on [DATE] at 11:26 A.M., Dietary Aide (DA) A said:</p> <p>-The dishwasher chemicals and sanitizer levels should be tested three times per day and should be documented on the logs.</p> <p>-The refrigerator and freezer logs should be tested on ce a day and documented on the logs.</p> <p>-Foods should be labeled and dated.</p> <p>During an interview on [DATE] at 3:08 P.M. the Dietary Manager (DM) said:</p> <p>-Staff should document dishwasher chemical levels and sanitizer levels two times per day.</p> <p>-Staff should document refrigerator and freezer temperatures once per day.</p> <p>-Nursing staff are responsible for checking refrigerator temperatures on refrigerators outside of the kitchen.</p> <p>-Staff are to label and date food when placed into the refrigerator, freezer or dry storage.</p> <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Items should be thrown out after three days or if the foods appear spoiled.</p> <p>-Housekeeping or nursing staff are responsible for cleaning refrigerators outside of the kitchen.</p> <p>-He/She was unsure who is responsible for cleaning the microwave in the dining room.</p> <p>During an interview on [DATE] at 4:52 P.M., the Administrator said:</p> <p>-It is his/her expectation that food and drinks be labeled and dated when put into the refrigerator, freezer or dry storage.</p> <p>-Evening nursing staff are responsible for checking and cleaning refrigerators on the units and personal refrigerators.</p> <p>-Certified Nursing Assistants (CNA)s are responsible for documenting refrigerator temperatures on unit refrigerators and personal refrigerators.</p> <p>-The kitchen should be clean and organized.</p> <p>During an interview on [DATE] at 10:22 A.M., the Registered Dietician said:</p> <p>-It is his/her expectation that the kitchen be clean and organized.</p> <p>-Food should be covered, labeled and dated before placed in the refrigerator, freezer or dry storage.</p> <p>-Refrigerators should be clean. Temperature logs should be maintained and temperatures documented daily.</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265846 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Abundant Acres Care and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 13277 State Route D Savannah, MO 64485 | |
| 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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Implement a program that monitors antibiotic use.</p> <p>46987</p> <p>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 47.</p> <p>The undated facility Antibiotic Stewardship policy, showed: The purpose of antibiotic stewardship is to monitor the use of antibiotics in our residents and to include training, orientation, and education of staff with emphasize on the importance of antibiotics stewardship, and inappropriate use of antibiotics. Antibiotics usage and outcome will be collected and documented using a facility-approved antibiotics surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility wide antibiotic stewardship.</p> <p>1. The facility did not provide Antibiotic Stewardship Program documentation that should include:</p> <ul style="list-style-type: none"> - Protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic are prescribed the appropriate antibiotic; - Procedures to reduce the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; - 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; - Designated appropriate facility staff accountable for promoting and overseeing antibiotic stewardship; - Accessing pharmacists and others with experience or training in antibiotic stewardship; - Implementation of a policy or practice to improve antibiotic use; - Regular reporting on antibiotic use and resistance to relevant staff such as prescribing clinicians and nursing staff; - Educate staff and residents about antibiotic stewardship. <p>2. During an interview on 6/25/24 at 2:30 P.M., the Infection Preventionist said:</p> <ul style="list-style-type: none"> - Today is my 3rd day, and I won't be able to provide you with the data you are requesting. - He was unable to determine at the time of the interview who was currently on antibiotics or recent trends of infections in the building. <p>3. During an interview on 6/25/24 at 3:30 P.M., the Director of Nursing said:</p> <p>(continued on next page)</p> | | |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <ul style="list-style-type: none"> - Antibiotic Stewardship is important and should be followed and monitored. - The Infection Preventionist is new to the building. - The Director of Nursing is new to the building. - Is unsure at the time of the interview who was on antibiotics or where data to show trends and antibiotic activity had been monitored and tracked. |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>27584</p> <p>Based on observation and interview, the facility staff failed to ensure all shower hoses had a backflow preventer. This affected all five shower hoses and had the potential to affect all residents. A backflow preventer keeps toxins from backing up into the facility's potable water supply. The facility census was 47.</p> <p>1. Observation on 6/26/24 starting at 11:15 A.M., showed:</p> <ul style="list-style-type: none"> - Two shower hoses without backflow preventer in the 400 hall shower room; - Two shower hoses without backflow preventer in the 500 hall shower room; - One shower hose without a backflow preventer in the only shower in a resident's room. <p>During an interview on 6/26/24 at 4:30 P.M., the Maintenance Supervisor said he did not realize all shower hoses needed a backflow preventer and that none of the shower hoses had them.</p> | | |

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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395</p> <p>Based on observation, interview and record review, the facility failed to ensure staff participated in a dementia and behavior training program prior to providing direct resident care to the 12 residents who resided on their special care unit. This effected three of the 12 sampled residents. (Resident #9, #12, and #44) The facility had a census of 47.</p> <p>Review of the facility provided Resident Rights policy, dated 5/19/24 showed:</p> <ul style="list-style-type: none"> -The facility will support each resident's right to a dignified existence; -The facility will treat each resident with respect and dignity and care for each resident in a manner and environment that promotes his/her quality of life. <p>Review of the facility provided, Trauma Policy, dated 5/19/24 showed:</p> <ul style="list-style-type: none"> -The purpose is to address the trauma in the lives of the residents and provide necessary care to those affected by trauma; -Residents with a history of PTSD must receive appropriate person centered and individualized treatment and services to meet their needs; -The facility will recognize that trauma can affect behaviors and trauma based screenings can provide for more holistic care. <p>The facility was unable to provide education records for current employees.</p> <p>1. Review of Resident #9's Admission Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff) dated 6/12/24 showed:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) of 3, indicated severe cognitive deficit; -Behaviors not directed at others, such as hitting, scratching, screaming or yelling out 1-3 days per week; -Moderate assistance of staff with Activities of Daily Living (ADL's: tasks completed in a day to care for oneself); -Diagnoses of severe vascular dementia with behavioral disturbance (a general term describing problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to the brain), anxiety (feelings of fear, uneasiness or dread), insomnia (the inability to fall or stay asleep), and heart failure. <p>Review of the resident's comprehensive care plan dated 6/23/24 showed:</p> <p>(continued on next page)</p> | | |

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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-He/She could be verbally aggressive; anticipate needs such as food, thirst, comfort and positioning;</p> <p>-He/She had impaired cognitive function; ask yes/no questions, reduce distractions such as TV, music and hallway noise.</p> <p>Observation on 6/24/24 at 3:49 P.M. showed:</p> <p>-The resident was sitting in a recliner, in the dining room yelling out he/she had to urinate;</p> <p>-Certified Medication Technician (CMT) A assisted the resident into his/her wheelchair (w/c);</p> <p>-The resident was reaching back from w/c waving his/her hand and arm around;</p> <p>-CMT A asked the resident if he/she remembered knuckle rubs;</p> <p>-The resident replied yes;</p> <p>- CMT A asked the resident if he/she wanted a recap of a knuckle rub. CMT A then wrapped his/her forearm around the resident's forehead and leaned over the resident placing his/her chest against the top of the resident's head and laughed;</p> <p>-The resident replied no, no, no.</p> <p>Observation on 6/24/24 at 3:56 P.M. showed:</p> <p>-CMT A brought the resident to the dining room;</p> <p>- The resident was crying out please help me god; please, oh my god I cannot take it; my butt, my head;</p> <p>-CMT A said the resident's name. Instructed him/her to stop and that was enough, and dinner would arrive soon.</p> <p>Observation on 6/25/24 at 9:35 A.M. showed:</p> <p>-The resident was yelling out he/she needed to urinate. Staff assisted the resident to the restroom.</p> <p>Observation on 6/25/24 at 10:01 AM showed:</p> <p>- The resident was in a chair in the dining room;</p> <p>-He/she was yelling out curse words. CMT A assisted the resident into a w/c;</p> <p>-CMT said just wait, we are getting there.</p> <p>Observation on 6/26/24 at 9:23 A.M. showed:</p> <p>(continued on next page)</p> |

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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-The resident was sitting in chair in the dining room, eyes closed, then yelled out oww. Staff did not respond to the resident and walked out of the dining room.</p> <p>2. Review of the resident's Quarterly MDS dated [DATE] showed:</p> <p>-BIMS of 6, indicated significant cognitive loss;</p> <p>-No behaviors;</p> <p>-Set up assistance with ADL's;</p> <p>-Diagnoses of dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), Post Traumatic Stress Disorder with documented nightmares (a terrifying dream)and night terrors(a sleep disorder in which a person quickly awakens from sleep in a terrified state) (PTSD: a mental health condition that's triggered by a terrifying event either experiencing it or witnessing it), depression (loss of pleasure or interest in activities for long periods of time), and pain.</p> <p>Review of the resident's comprehensive care plan dated 2/13/24 showed</p> <p>-No care plan for PTSD and the resident's trauma response;</p> <p>-He/She had behavior problems related to depression and dementia;</p> <p>-Staff to intervene as necessary;</p> <p>-Monitor behavior and attempt to determine the underlying cause;</p> <p>-Speak in a calm voice and divert attention as needed.</p> <p>3. Review of Resident #44 Significant change MDS dated [DATE] showed:</p> <p>-BIMS of 99, indicated severe cognitive deficits;</p> <p>-Supervision to maximum assistance of staff for ADL's;</p> <p>-Diagnoses of anxiety (feelings of uneasiness, fear and dread) , dementia, Alzheimer's Disease (A progressive disease that destroys memory and other important mental functions.), weakness and muscle wasting.</p> <p>Review of the resident's comprehensive care plan dated 4/7/24 showed:</p> <p>-He/She had impaired cognitive functioning; engage the resident in simple structured activities;</p> <p>-The resident has nutritional problems related to dementia; provide diet as ordered;</p> <p>-The resident was at risk for wandering; offer diversions, structured activity and food.</p> <p>(continued on next page)</p> | | |

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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observation on 6/23/24 beginning at 10:31 A.M. ending at 11:35 A.M. showed the resident repetitively walking in the hallway no snack, no drink near or offered by staff. Hospital type water pitcher was empty in the resident's room .</p> <p>Observations on 6/24/24 beginning at 9:20 A.M. to 11:42 A.M., showed the resident walking repetitively up and down the hall, touching handrails, surfaces, books, tables, and chairs in the SCU. The resident did not have snacks or drinks accessible.</p> <p>Observations on 6/26/24 beginning at 9:23 A.M. to 11:01A.M. showed the resident was walking repetitively around the dining area and in the hallway. No drinks or snacks available or offered. hospital type water pitcher was in the resident's room, empty.</p> <p>During an interview on 6/26/24 at 9:25 A.M. Certified Nurse Aide (CNA) C said</p> <ul style="list-style-type: none"> -He/She will toss a ball or do puzzles as activities for the residents; -He/She was not aware Resident #12 had a diagnosis of PTSD with night terrors; -He/She had watched videos on how to care for resident's with dementia several years ago; -He/She guessed he/she could give resident #44 meals and snacks that the resident could carry when wandering; - He/she had not done that before and did not know to do that; -He/she had not had any recent dementia education. <p>During an interview on 6/26/24 at 9:46 AM CMT A said:</p> <ul style="list-style-type: none"> -He/She was just teasing and joking with Resident #9; -He/She had no training on care of Dementia residents; -The SCU is his/her primary assignment; -He/She was not aware a resident had lost weight. <p>During an interview on 6/26/24 at 4:52 PM with the Administrator said:</p> <ul style="list-style-type: none"> -She expected staff to be educated on dementia care; -She is working with experts in the care of dementia to develop on going education; -The situation with resident #9 is not acceptable, even if it was a joke. |