

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265862	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Delta South Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 640 Colonel George E Day Parkway Sikeston, MO 63801	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on interview and record review, the facility failed to consistently document a code status for one resident (Resident #101) out of 14 sampled residents. The facility census was 53.</p> <p>Review of the facility's policy titled, Advanced Directives, dated 2001, showed:</p> <ul style="list-style-type: none"> - The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy; - The facility defines the Do Not Resuscitate (DNR - in case of respiratory cardiac failure, the resident, legal guardian, health care proxy, or representative has directed that no cardiopulmonary resuscitation (CPR - an emergency life-saving procedure done when someone's breathing or heartbeat has stopped)) or other life-sustaining treatments or methods are to be used; - Prior to or upon admission of a resident, the Social Services Director or designee inquires of the resident, his/her family members and/or his/her legal representative, about the existence of any written advance directives. <p>1, Review of the Resident #101's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - The face sheet, dated [DATE], showed a full code status; - A DNR status indicated by a red dot on the outside spine of the resident's hard chart; - The Physician's Order Sheet (POS), dated [DATE], showed a full code status; - A DNR form signed by the resident and the physician on [DATE]. <p>During an interview on [DATE] at 9:25 A.M., Medical Records Staff E said green dots indicated a full code status and the red dots indicated a DNR.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 9:30 A.M., the Director of Nursing (DON) said he did not have an explanation for the code status being different.</p> <p>During an interview on [DATE] at 9:45 A.M., the Social Services Director (SSD) said he/she did not know how the DNR sheet got in the resident's chart, due to it being dated on [DATE]. The resident had been admitted and discharged previously. The form was in the admission packet and when someone was admitted , he/she and the resident or resident representative discussed the code status. The resident was considered a full code status. The SSD remembered the resident and a family member being in his/her office at the time of admission and no one signed a DNR form.</p> <p>During an interview on [DATE] at 10:20 A.M., the resident said he/she wanted to be a full code.</p> <p>During an interview on [DATE] at 1:00 P.M., the Administrator said she would expect the code status to be documented accurately and consistently throughout the resident's medical record.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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** 45872</p> <p>Based on observation and interview, the facility failed to provide a safe, clean, and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 26.</p> <p>The facility did not provide a homelike environment policy.</p> <p>1. Observations on 11/04/24 at 1:41 P.M., 11/05/24 at 8:47 A.M., 11/06/24 at 3:22 P.M. and 11/07/24 at 8:06 A.M., showed an unhung shower curtain lay on top of a shower chair in the shower area located in room [ROOM NUMBER].</p> <p>2. Observations on 11/04/24 at 1:55 at P.M., 11/05/24 at 3:22 P.M., 11/06/24 at 3:02 P.M., and 11/07/24 at 11:06 A.M., of the 200 Hall showed several small dried dark areas on the floor in front of the decorative table and the beside recliner located in front of the window in room [ROOM NUMBER].</p> <p>3. Observation on 11/04/24 at 2:46 P.M., of the 400 Hall showed a large hole and missing sheetrock on the resident closet door located in room [ROOM NUMBER].</p> <p>4. Observations on 11/06/24 9:58 A.M., 11/07/24 at 11:50 A.M., of the 300 Hall showed:</p> <ul style="list-style-type: none"> - Six medium-sized stuffed animals on top of the over-the-bed light located in room [ROOM NUMBER]; - A six inch (in.) x one foot (ft.) ceiling tile with a large brown stain near room [ROOM NUMBER]. <p>5. Observation on 11/06/24 at 1:20 P.M., of the 100 and 200 Hall nurses' station showed:</p> <ul style="list-style-type: none"> - Several areas of exposed sheetrock located on the front side panel; - Several long black lines and scraped areas located on the the side panel near the 200 Hall entrance. <p>During an interview on 11/07/24 at 9:04 A.M., Housekeeper A said if there was anything that needed to be fixed in the facility, he/she told the Maintenance Supervisor. There was also a daily rounds sheet that could be filled out and given to his/her supervisor. He/She had not seen anything during rounds that needed to be addressed in terms of the environment.</p> <p>During an interview on 11/07/24 at 9:14 A.M., Housekeeper B said if there was anything that needed to be fixed in the facility, he/she told the Maintenance Supervisor. There was also a daily rounds sheet kept on the housekeeping cart that could be filled out if there was a repair needed. He/She had not seen any environmental issues during his/her rounds that needed to be addressed.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/07/24 at 11:34 A.M., the Maintenance Supervisor said staff normally told him/her when something needed repaired or fixed. There used to be a maintenance log for staff to write down issues or concerns but was no longer used. He/She did not keep copies of the housekeeping sheets with environmental concerns made during daily rounds for documentation.</p> <p>During an interview on 11/07/24 at 12:46 P.M., the Administrator said she would expect department heads to address any environmental concerns during the morning meetings. She would expect housekeeping to address and document any environmental concerns as well as line staff so the Maintenance Supervisor could address the issues in a timely manner.</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904</p> <p>Based on interview and record review, the facility failed to electronically transmit quarterly Minimum Data Set (MDS) assessments, a federally mandated assessment instrument completed by the facility, in a timely manner and in accordance with the guidelines for four residents (Residents #7, #19, #28 and #35) outside of the 14 sampled residents. The facility's census was 53.</p> <p>Review of the facility's policy titled, MDS Completion and Submission Timeframes, dated July 2017, showed:</p> <ul style="list-style-type: none"> - The facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes; - The assessment coordinator or designee is responsible for ensuring that resident assessments are submitted to Centers of Medicare and Medicaid Services (CMS) Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system in accordance with current federal and state guidelines; - Timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument (RAI) Manual. <p>1. Review of Resident #7's medical record showed:</p> <ul style="list-style-type: none"> - admitted to the facility on [DATE]; - An admission MDS, dated [DATE], completed and submitted; - The next scheduled quarterly MDS, not submitted (49 days late), and over 120 days from the last MDS, dated [DATE]. <p>2. Review of Resident #19's medical record showed:</p> <ul style="list-style-type: none"> - admitted to the facility on [DATE]; - A quarterly MDS, dated [DATE], completed and submitted; - The next scheduled quarterly MDS, not submitted (43 days late), and over 120 days from the last MDS, dated [DATE]. <p>3. Review of Resident #28's medical record showed:</p> <ul style="list-style-type: none"> - admitted to the facility on [DATE]; - An annual MDS, dated [DATE], completed and submitted; <p>(continued on next page)</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The next scheduled quarterly MDS, not submitted (33 days late), and over 120 days from the last MDS, dated [DATE].</p> <p>4. Review of Resident #35's medical record showed:</p> <p>- admitted to the facility on [DATE];</p> <p>- An annual MDS, dated [DATE], completed and submitted;</p> <p>- The next quarterly MDS, dated [DATE], not submitted (35 days late), and over 120 days from the last MDS, dated [DATE].</p> <p>During an interview on 11/07/24 at 10:20 A.M., the Social Service Director (SSD) said he/she was a Licensed Practical Nurse (LPN) and completed what he/she could on the MDS's. The Registered Nurse (RN) reviewed, completed, and submitted the MDS's.</p> <p>During an interview on 11/07/24 at 12:50 P.M., the Administrator said she did not know much about the MDS's and the facility had an off-site MDS Coordinator.</p> <p>During an interview on 11/15/24 at 9:20 A.M., the Director of Nursing (DON) said he does not know anything about the MDS's and when they should be submitted.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 45872</p> <p>Based on observation, interview, and record review the facility failed to provide proper incontinent care for two residents (Residents #1 and #19) and failed to provide scheduled showers for one resident (Resident #37) for activities of daily living (ADLs) outside the 14 sampled residents. The facility census was 53.</p> <p>Review of the facility's policy titled, Activities of Daily Living, revised March 2018, showed:</p> <ul style="list-style-type: none"> - Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out ADLs; - Residents who are unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene; - The policy did not address incontinent care and showers. <p>Review of the Perineal Care Return Demonstration check sheet, undated, showed:</p> <ul style="list-style-type: none"> - Clean the front peri area; - Proceed to clean the rectal and buttocks area. <p>Review of the facility's policy titled, Bath, Shower/Tub, revised February 2018, showed:</p> <ul style="list-style-type: none"> - Documentation: the date and time the shower/tub bath was performed; the name and title of the individual(s) who assisted the resident with the shower/tub bath; all assessment data (e.g., any reddened areas, sores, etc., on the resident's skin) obtained during the shower/tub bath; if the resident refused the shower/tub bath, the reason(s); - Reporting: notify the supervisor if the resident refused the shower/tub bath; notify the physician of any skin areas that may need to be treated; report other information in accordance with facility policy and professional standards of practice. <p>1. Review of Resident #1's admission Minimum Data Set (MDS - a federally mandated assessment completed by the facility), dated 08/05/24, showed:</p> <ul style="list-style-type: none"> - Impairment on one side of the upper and lower extremity; - Always incontinent of bowel and bladder; - Required partial to moderate assist of staff for toileting and personal hygiene. <p>Observation on 11/07/24 at 11:42 A.M., of the resident's incontinent care showed:</p> <ul style="list-style-type: none"> - Certified Nurse Assistant (CNA) D cleaned the resident's front peri area; <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 - Few</p>	<ul style="list-style-type: none"> - CNA D rolled the resident to his/her right side and removed the urine soaked brief; - CNA D cleaned the resident's rectal area, left buttock and left hip; - CNA D failed to clean the resident's right hip or right buttock. <p>2. Review of Resident #19's annual MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Always incontinent of bowel and bladder; - Required maximum assist of staff for toileting and personal hygiene. <p>Observation on 11/06/24 at 9:58 A.M., of the resident's incontinent care showed:</p> <ul style="list-style-type: none"> - CNA M clean resident's rectal area, buttocks, and hips of fecal material; - CNA M applied barrier cream to the resident's buttocks; - CNA M placed a clean brief on the resident; - CNA M failed to clean the resident's front peri area. <p>During an interview on 11/06/24 at 10:07 A.M., CNA M said when providing peri care, should clean from front to back.</p> <p>During an interview on 11/07/24 at 12:45 P.M., CNA D said he/she was nervous and knew he/she had not provided appropriate incontinent care to the resident.</p> <p>During an interview on 11/07/24 at 12:56 P.M., the Administrator said any skin that was dirty should be washed. The resident's peri area should be washed from front to back when providing incontinent care for the resident.</p> <p>3. Review of Resident #37's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of congestive heart failure (an inability of the heart to pump sufficient blood flow to meet the body's needs), urinary tract infection, acute kidney failure (the kidneys suddenly stop working properly), anemia (low blood levels of iron) and dislocations (separation of two bones) of unspecified parts of the left shoulder girdle (shoulder blade, upper arm and collar bone). <p>Review of the resident's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Partial/moderate assistance for shower/bathing; - Supervision or touching assistance for tub/shower transfer. <p>Review of the resident's care plan, revised 06/13/24, showed:</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 - Few</p>	<p>- Did not address showers/bathing frequency;</p> <p>- Did not address assistance required.</p> <p>Review of the shower schedule, dated November 2024, showed the resident received showers on Wednesdays and Saturdays.</p> <p>Review of the resident's shower sheets, dated 10/02/24 through 11/02/24, showed:</p> <p>- No documentation of scheduled showers on 10/12/24, 10/16/24, 10/19/24, 10/23/24 and 11/02/24;</p> <p>- Five missed out of 10 opportunities for scheduled showers.</p> <p>During an interview on 11/04/24 at 2:18 P.M., and 11/06/24 at 3:40 P.M., the resident said he/she was supposed to get showers on Wednesdays and Saturdays. He/She did not always get showers on Saturdays and was sometimes not asked if he/she would like a shower. A CNA told him/her this past Saturday there was not enough staff to give him/her a shower, but he/she knew other residents had received a shower. His/Her family came to visit on Sunday and gave him/her a shower.</p> <p>During an interview on 11/07/24 at 10:27 A.M., CNA C said on the days a resident was scheduled to receive a bath/shower, a shower sheet should be completed to show the resident received a shower or if the resident refused. There should be a shower sheet for every time a resident was scheduled a shower.</p> <p>During an interview on 11/07/24 at 10:29 A.M., CNA D said on the days a resident was scheduled to receive a bath/shower, a shower sheet should be completed to show the resident received a shower or if the resident refused. If a resident refused a shower, he/she would go back and ask the resident again later.</p> <p>During an interview on 11/07/24 at 10:44 A.M., the Assistant Director of Nursing (ADON) said showers should be documented. There should be documentation that showers had been given and/or if a resident had refused a bath/shower. Staff should be asking residents if he/she wanted a shower and if refused, another attempt should be made and documented.</p> <p>During an interview on 11/06/24 at 11:15 A.M., the Director of Nursing (DON) said he would expect a shower sheet to be filled out for each resident who received a bath/shower by the person who gave the shower. It should also be documented when a resident refused a shower. Residents should be given bath/showers on the days scheduled.</p> <p>During an interview on 11/06/24 at 12:24 P.M., the Administrator said residents should be given a bath/shower on the days scheduled. She would expect a shower sheet to be filled out for each resident who received a bath/shower by the person who gave the shower. If a resident refused a shower, staff should be going back and asking the resident again if he/she wanted a bath/shower. It should also be documented when a resident refused a shower.</p> <p>Complaint #MO00243948</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48532</p> <p>Based on observation, interview, and record review, the facility failed to implement procedures to ensure medications were accurately administered, documented, disposed of, and reconciled for one resident (Resident #8) outside of the seven sampled residents. The facility census was 53.</p> <p>Review of the facility's policy titled, Controlled Substances, revised November 2022, showed:</p> <ul style="list-style-type: none"> - Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up; - Nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory count; - The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the director of nursing services; - The Director of Nursing (DON) services documents irreconcilable discrepancies in a report to the administrator; - Controlled substances remaining in the facility after the order has been discontinued or the resident has been discharged are securely locked in an area with restricted access until destroyed; - Accountability records for discontinued controlled substances are kept with the unused supply until it is destroyed or disposed of as required by applicable law or regulation. <p>1. Review of Resident #8's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - An order for lorazepam (a controlled medication used to treat anxiety) 0.5 milliliter (ml) every hour for terminal restlessness and shortness of breath, dated 12/07/23, with a stop date of 02/02/24. <p>Review of the Controlled Substance Record Book showed no individual controlled substance records for Resident #8's lorazepam 0.5 ml every hour for terminal restlessness/shortness of breath.</p> <p>Observation on 11/06/24 at 4:27 P.M., of the locked refrigerator in the main medication room showed one bottle of opened liquid lorazepam 2 milligram (mg) per ml with 28 ml left in the 30 ml bottle for Resident #8.</p> <p>During an interview on 11/06/24 at 4:33 P.M., Licensed Practical Nurse (LPN) F said there should have been dates with the doses and a signature of the nurse administering the medication written in the narcotic count book for Resident #8's lorazepam. When residents were discharged, the unused controlled medications were given to the DON.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/06/24 at 4:40 P.M., the DON said he was unsure why the doses for Resident #8's lorazepam were not documented when they were given. The DON did not know why the lorazepam had not been brought to him for destruction.</p> <p>During an interview on 11/07/24 at 12:35 P.M., the Administrator said the nurse who received the order to discontinue the medication should remove the medication from the cart. Two nurses should witness the destruction of the medications and document. She was unsure why the medication was still being counted and in the facility.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50260</p> <p>Based on interview and record review, the facility failed to ensure an appropriate diagnosis and to identify specific behaviors and monitor the behaviors for the use of a psychotropic (drugs that can affect mood or mental state) medications for two residents (Residents #2 and #14) out of five sampled residents. The facility census was 53.</p> <p>Review of the facility policy titled, Antipsychotic Medication Use, revised on July 2022, showed:</p> <ul style="list-style-type: none"> - Residents will only receive antipsychotics medications when necessary to treat specific conditions for which they are indicated and effective; - Antipsychotic (medications used to treat psychosis-related conditions and symptoms) medications may be considered for residents with dementia but only after medical, physical, functional, psychological, emotional psychiatric, social and environmental causes of behavioral symptoms have been identified and addressed. <p>Review of the facility policy titled, Behavioral Assessment, Intervention and Monitoring, revised March 2019, showed:</p> <ul style="list-style-type: none"> - Behavioral or psychological symptoms of dementia (BPSD) describes behavioral symptoms in individuals with dementia that cannot be attribute to a specific medical or psychiatric cause. Appropriate assessment and treatment of behavioral symptoms requires differentiating between behavioral symptoms that can be managed by treating underlying factors and those that cannot; - Current guidelines recommend the use of non-pharmacological interventions for BPSD; - New onset or changes in behavior will be documented regardless of the degree of risk to the resident or others. <p>1. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of Alzheimer's (a progressive disease that destroys memory and other mental function) and dementia (memory loss that interferes with daily functioning) severe with agitation; - An order for risperidone (an antipsychotic medication) 0.5 milligram (mg) once a day for behaviors, dated; - No documentation of an appropriate diagnosis for the risperidone; - No documentation of any identified specific behaviors and monitoring of the behaviors for the use of the risperidone. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Delta South Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 640 Colonel George E Day Parkway Sikeston, MO 63801	
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #14's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of major depressive disorder (a mental disorder having persistent depressed mood or loss of interest) with psychotic features and Alzheimer's; - An order for Abilify (an antipsychotic medication) 5 mg once a day for depression, dated 08/06/24; - An order for sertraline (an antidepressant medication) 200 mg once a day for depression, dated 07/09/24; - An order for mirtazipine (an antidepressant medication) 15 mg at bedtime, dated 10/02/24; for diagnosis of dementia; - No documentation of an appropriate diagnosis or behaviors for the Abilify; - No documentation of any identified specific behaviors and monitoring of the behaviors for the use of the Abilify, sertraline, and mirtazipine. <p>Review of the manufacturer recommendations for Abilify state drug is not approved for the treatment of patients with dementia-related psychosis and review of the manufacturer recommendations for Risperdal (Risperdal) state drug is not approved for treatment of patients with dementia-related psychosis.</p> <p>During an interview on 11/06/24 at 10:01 A.M., Certified Medication Technician (CMT) G said he/she was unsure why Resident #2 received risperidone because the resident didn't have behaviors.</p> <p>During an interview on 11/06/24 at 1:50 P.M., the Director of Nursing (DON) said Resident #2's behaviors were yelling out at times. He said there was no documentation of the behaviors or any pharmacological or non-pharmacological routes taken for Resident #2. The facility didn't have any kind of monitoring process in place for the residents taking psychotropic medications. Resident #14's behaviors were confusion and yelling out on occasions. He would expect an appropriate diagnosis for a resident to be on an antipsychotic medication but he was new and was under the impression that the residents did have appropriate diagnoses.</p> <p>During an interview on 11/07/24 at 12:26 P.M., the Administrator said she would expect residents taking an antipsychotic medication to have an appropriate diagnosis supporting the medication. She would expect there to be some kind of monitoring system in place for residents that were taking an antipsychotic medication and appropriate charting of the behaviors.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>48532</p> <p>Based on observation, interview and record review, the facility failed to maintain an error rate of less than five percent (%) when medications were given. There were 30 opportunities with four errors made, for an error rate of 13.33%. This affected two residents (Residents #10 and #45) out of six sampled residents and had the potential to affect all residents. The facility census was 53.</p> <p>Review of the facility's policy titled, Documentation of Medication Administration, revised November 2022, showed:</p> <ul style="list-style-type: none"> - A nurse of certified medication technician (CMT), where applicable, documents all medications administered to each resident on the resident's Medication Administration Record (MAR); - Administration of medication is documented immediately after it is given. <p>Review of the facility's policy titled, Administering Oral Medications, revised October 2010, showed:</p> <ul style="list-style-type: none"> - Verify that there is a physician's medication order for this procedure; - Place the MAR within easy viewing distance; - Check the label on the medication and confirm the medication name and dose with the MAR. <p>1. Review of Resident #10's Physician Order Sheet (POS), dated November 2024, showed:</p> <ul style="list-style-type: none"> - An order for Macrobid (an antibiotic medication) 100 milligrams (mg) by mouth two times daily for 10 days, dated 11/03/24, with a discontinue date of 11/04/24; - An order for Refresh Plus Ophthalmic Solution (a medication used for itchy, burnings eyes) instill one drop in the right eye three times a day, dated 09/18/24; - An order for Flonase Allergy Relief Nasal Suspension (a medication used for seasonal allergies) 50 microgram (mcg) one spray in both nostrils two times a day for allergy relief, dated 09/18/24. <p>Review of the resident's MAR, dated November 2024, showed:</p> <ul style="list-style-type: none"> - Macrobid documented not administered on 11/06/24; - Refresh Plus documented administered on 11/06/24; - Flonase Nasal spray documented administered on 11/06/24. <p>Observation of Resident #10's medication administration on 11/06/24 at 9:10 A.M., showed:</p> <ul style="list-style-type: none"> - CMT G administered Macrobid; <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- CMT G did not administer the Refresh eye drops;</p> <p>- CMT G did not administer the Flonase nasal spray.</p> <p>During an interview on 11/06/24 at 10:46 A.M., Resident #10 said he/she was not on an antibiotic anymore and he/she usually got the eye drops and nasal spray with the morning medication pass.</p> <p>During an interview on 11/06/24 at 11:51 A.M., CMT G said he/she was nervous and administered the Macrobid by mistake.</p> <p>During an interview on 11/07/24 at 12:45 P.M., the Director of Nursing (DON) said he would expect staff to only administer medications as ordered.</p> <p>During an interview on 11/07/24 at 12:35 P.M., the Administrator said it was expected the staff not to chart medications that had not been administered.</p> <p>2. Review of Resident #45's POS, dated November 2024, showed:</p> <p>- An order for Prevacen (a dietary supplement that aids in mild memory loss) 10 mg by mouth daily, dated 05/18/24.</p> <p>Observation of Resident #45's medication administration on 11/06/24 at 8:51 A.M., showed:</p> <p>- CMT G did not administer the Prevacen medication.</p> <p>During an interview on 11/06/24 at 9:00 A.M., CMT G said the family provided the medication. The medication wasn't in the medication cart to give. When medications were not in the medication cart, the charge nurse was notified.</p> <p>During an interview on 11/06/24 at 11:15 A.M., Licensed Practical Nurse (LPN) F said CMT G had not informed him/her of any medications not being in the medication cart.</p> <p>During an interview on 11/07/24 at 12:45 P.M., the DON said she expected staff to follow physician's orders for medication administration.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50260</p> <p>Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. These deficient practices had the potential to affect all residents. The facility census was 53.</p> <p>Review of the facility's policy titled, Sanitation, revised November 2022, showed;</p> <ul style="list-style-type: none"> - Kitchen areas are kept clean, free from garbage and debris; - All kitchen equipment is kept clean. <p>Review of the facility's policy titled, Food Receiving and Storage, undated, showed;</p> <ul style="list-style-type: none"> - All foods stored in the refrigerator or freezer are covered, labeled and dated; - Refrigerated foods are labeled, dated and monitored so they are used by their use-by date; - Partially eaten food is not kept in the refrigerator. <p>1. Observations on 11/04/24 at 10:33 A.M., and 11/05/24 at 8:48 A.M., of the right side walk-in freezer showed;</p> <ul style="list-style-type: none"> - An opened box of frozen and exposed catfish undated located on the left side; - An opened bag of frozen dinner rolls with no label and undated located on the left side; - An opened bag of frozen hushpuppies with no label and undated located on the left side; - A box of miscellaneous and unidentified frozen food items located on the bottom left shelf with no label and undated; - Five frozen corn dogs not in a sealed container with a buildup of frost lay on top of a box of miscellaneous food items with no label and undated. <p>2. Observations on 11/04/24 at 10:36 A.M., and 11/05/24 at 8:51 A.M., of the left side standup refrigerator showed;</p> <ul style="list-style-type: none"> - Two sponge cakes with no label and undated; - A chocolate dessert in a styrofoam to-go container with no label and undated; - A half-eaten hot fudge sundae in an opened plastic container with a spoon inside with no label and undated. <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 - Few</p>	<p>3. Observations on 11/04/24 at 10:43 A.M., and 11/05/24 at 8:54 A.M., of the dishwashing room showed;</p> <ul style="list-style-type: none"> - An empty paper towel dispenser located at the hand washing sink; - An empty soap dispenser located at the handwashing sink; - A storage crate with several dishes, a bottle of grease spray, a large drink dispenser, and grease wipes lay cluttered and stacked up between a metal shelf and the handwashing sink; - A buildup of dirt and debris on a beverage dispenser lay on a cart located under the three compartment-sink; - A buildup of a hard white substance located on the top and side surfaces of the dish machine; - Miscellaneous glass tumblers and a squeegee lay on top of the dish machine. <p>4. Observations on 11/04/24 at 10:57 A.M., and 11/05/24 at 8:59 A.M., of the kitchen equipment showed;</p> <ul style="list-style-type: none"> - A buildup of grime located on the side surfaces of the plate warmer cart; - A buildup of grease and grime located on the stove/oven; - A buildup of grease located on the side surfaces of the double-fryer; - A buildup of grease and dirt located on the floor between the double fryer and the oven. <p>During an interview on 11/04/24 at 11:02 A.M., Kitchen Employee I said he/she would expect open items in the freezers and/or refrigerators to be labeled and dated. There was no daily check off for cleaning in the kitchen and all the kitchen staff just looked around and do what needed to be done. The equipment should be free of grease, grime, be free of clutter, and organized.</p> <p>During an interview on 11/06/24 at 2:09 P.M., the Dietary Manager said he/she would expect clutter to be sorted and put away. There was a cleaning schedule that was hung up, but staff did not sign off daily because they all just knew what they should be doing and work together. He/She would not expect equipment to be greasy and grimey. He/She would expect any food items placed in the freezers and/or refrigerators that had been opened to be labeled, dated and in a sealed container.</p> <p>During an interview on 11/07/24 at 11:09 A.M., the Administrator said she would expect the kitchen staff to clean on a daily basis and the kitchen to be free of grease and grime on the the equipment and floors. She would expect the kitchen to have the paper towel and soap dispenser refilled as needed, be free of clutter. All foods once opened, should be labeled, dated, in a sealed container, and placed into the freezers and/or refrigerators.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50260</p> <p>Based on observation, interview, and record review, the facility failed to perform hand hygiene and glove changes during incontinent care for three residents (Residents #1, #19 and #251) outside the six sampled residents. The facility census was 53.</p> <p>Review of the facility's policy titled, Handwashing/Hand Hygiene, dated 2001, showed:</p> <ul style="list-style-type: none"> - The facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections; - All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections; - All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors; - Hand hygiene is indicated: immediately before touching a resident; after contact with blood, body fluids, or contaminated surfaces; after touching a resident; after touching the resident's environment; before moving from work on a soiled body site to a clean body site on the same resident; and immediately after glove removal; - The use of gloves does not replace hand washing/hand hygiene; <p>Applying and Removing Gloves: Perform hand hygiene before applying gloves; when gloves are removed, then perform hand hygiene.</p> <p>1. Observation on 11/07/24 at 11:42 A.M., of Resident #1's incontinent care showed:</p> <ul style="list-style-type: none"> - Certified Nursing Assistant (CNA) D entered the resident's room; - CNA D performed hand hygiene and put on gloves; - CNA D cleaned the resident's front peri area; - CNA D did not change gloves, did not perform hand hygiene, rolled the resident to his/her right side, and removed the urine soaked brief; - CNA D did not change gloves, did not perform hand hygiene, touched the peri wash bottle, and sprayed the peri wash on the resident's back peri area; - CNA D did not change gloves, did not perform hand hygiene, and cleaned the resident's rectal area, the buttock, and the left hip; - CNA D did not change gloves, did not perform hand hygiene, and placed a clean brief under the resident; <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- CNA D did not change gloves, did not perform hand hygiene, rolled the resident to his/her back and fastened the brief;</p> <p>- CNA D did not change gloves, did not perform hand hygiene, touched the resident linens, and the over the bed table.</p> <p>2. Observation on 11/06/24 at 9:58 A.M., of Resident #19's incontinent care showed:</p> <p>- CNA M entered the resident's room;</p> <p>- CNA M performed hand hygiene and put on gloves;</p> <p>- CNA M clean the resident's rectal area, buttocks, and hips of fecal material;</p> <p>- CNA M did not change gloves, did not perform hand hygiene, and applied barrier cream to the rectal area and buttocks;</p> <p>- CNA M did not change gloves, did not perform hand hygiene, and placed a clean brief on the resident;</p> <p>- CNA M did not change gloves, did not perform hand hygiene, rolled the resident to his/her back, and fastened the brief;</p> <p>- CNA M did not change gloves, did not perform hand hygiene, and pulled the resident's pants up.</p> <p>3. Observation on 11/07/24 at 11:45 A.M., of Resident #251's incontinent care showed:</p> <p>- CNA C entered the resident's room;</p> <p>- CNA C did not perform hand hygiene and put on gloves;</p> <p>- CNA C cleaned the resident's front peri area;</p> <p>- CNA C did not perform hand hygiene and changed gloves;</p> <p>- CNA C rolled the resident and cleaned the rectal area and buttocks;</p> <p>- CNA C did not change gloves, did not perform hand hygiene, and applied a new brief;</p> <p>- CNA C pulled the resident's pants back up.</p> <p>During an interview on 11/06/24 at 10:07 A.M., CNA M said he/she should've changed gloves between dirty and clean care.</p> <p>During an interview on 11/07/24 at 12:45 P.M., CNA D said he/she was nervous and knew he/she had messed up by not changing his/her gloves.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/07/24 at 12:55 P.M., the Director of Nursing (DON) said he expected staff, while performing incontinent care, to change gloves when going from dirty to clean care and to clean from front to back when cleansing the peri area of a resident.</p> <p>During an interview on 11/07/24 at 12:56 P.M., the Administrator said any skin that was dirty should be washed. The resident's peri area should be washed from front to back when providing incontinent care for the resident. The gloves should be changed between dirty and clean tasks.</p> <p>During an interview on 11/07/24 at 1:09 P.M., CNA C said that he/she should have washed hands before starting peri care and should have changed gloves before applying a clean brief.</p>