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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>325066 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>09/19/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bloomfield Nursing and Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>803 Hacienda Lane<br>Bloomfield, NM 87413 |  |

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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| <p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38517</p> <p>Based on interview, record review, and facility policy review, the facility failed to provide one of two residents (Resident (R)79) reviewed for hospital transfers out of a total sample of 30 residents a written bed hold when R79 was transferred to the hospital.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Bed-Holds revised date 01/12/23, read in part .When a resident/patient (resident) is transferred out of the service location to a hospital or on therapeutic leave, the designee will provide the resident and his/her representative, if applicable with the written Bed Hold Policy and Authorization form. If the resident representative is not present to receive the written notice upon transfer, the notice is delivered via e-mail, fax or hard copy via mail.</p> <p>Review of R79's Admission Record located in the electronic medical records (EMR) section titled Profile revealed the resident was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease, dementia and hypothyroidism.</p> <p>Review of the EMR, under the Progress Notes tab, revealed R79 was discharged to the hospital on 09/01/24 due to altered mental status. The EMR lacked evidence the facility provided R79 a copy of the facility's bed hold policy at the time of transfer to the hospital.</p> <p>Interview with the Business Office Manager (BOM) on 09/19/24 at 10:03 AM confirmed the facility failed to provide the facility's bed hold policy to R79 upon transfer to the hospital. BOM stated the nurses were responsible for initiating bed holds and had not been doing it. BOM stated they held an in-service a couple of weeks prior with nursing staff regarding bed holds and they still were not being done. BOM stated they had not received any written bed hold notices since they became employed at the facility, February 2024.</p> <p>Interview with the Licensed Practical Nurse (LPN) 1 on 09/19/24 at 10:07 AM they confirmed they knew about the bed hold form, but they did not use it. LPN stated they would ask they did would normally ask the resident or resident representative if they want a bed home and let the BOM know.</p> <p>Interview with the Registered Nurse (RN) 3 on 09/19/24 at 12:11 PM, RN 3 stated they would document when a resident transfers to the hospital and the BOM does any bed hold information.</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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30622</p> <p>Based on observations, record review, and interview, the facility failed to provide services based on acceptable standards of practice by specifically failing to accurately check a finger stick glucose level for three of three residents (Resident (R)14, R49, and R 52) reviewed for professional standards of 30 sample residents. This failure had the potential to affect the blood glucose levels for three of three residents reviewed.</p> <p>Findings include:</p> <p>Review of the revised facility's policy titled, Procedure: Fingertstick Blood Glucose Monitoring dated 06/15/22 did not address discarding the first drop of blood prior to obtaining the blood sample.</p> <p>1. Review of R52's Face Sheet, located under the Resident tab of the electronic medical record (EMR), documented R52 was admitted to the facility on [DATE] with a diagnosis of type two diabetes mellitus with hyperglycemia.</p> <p>Review of R52's annual Minimum Data Sheet (MDS) with an Assessment Reference Date (ARD) of 08/07/24, located under the MDS tab of the EMR, documented R52 had a Brief Interview for Mental status (BIMS) of one out of 15 indicating, R52 had severe cognitive impairment.</p> <p>Review of R52's care plan, dated 08/08/24 and located under the Care Plan tab of the EMR, documented R52 had diabetes mellitus and had the potential for hypo/hyperglycemia and other complications.</p> <p>Review of R52's active orders for September 2024, located under the Orders tab of the EMR, indicated to notify the physician if the blood glucose was above 400 and if the blood sugar is less than 70 to initiate the hypoglycemia blood sugar protocol. Blood sugars were to be checked before meals.</p> <p>During an observation on 09/17/24 at 3:55 PM, Licensed Practical Nurse (LPN) 2 checked R52's blood sugar. LPN 2 cleaned R52's finger with an alcohol wipe prior to sticking R52's finger with the lancet. LPN 2 did not wipe away the first drop of blood prior to obtaining the blood sample.</p> <p>2. Review of R14's Face Sheet, located under the Resident tab of the EMR, documented R14 was admitted to the facility on [DATE] with a diagnosis of type two diabetes without complications.</p> <p>Review of R14's annual MDS with an ARD of 07/09/24, located under the MDS tab of the EMR, documented R14 had a BIMS of 12 out of 15 indicating, R14 was cognitively intact.</p> <p>Review of R14's care plan, dated 07/10/24 and located under the Care Plan tab of the EMR, documented R14 had diabetes mellitus and would remain free of all signs and symptoms of hypo/hyperglycemia such as: sweating, trembling, thirst, fatigue, weakness, [and] blurred vision for 90 days.</p> <p>Review of R14's active orders for September 2024, located under the Orders tab of the EMR, indicated to check blood sugar before bedtime.</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>During an observation on 09/17/24 at 4:08 PM, LPN2 checked R14's blood sugar. LPN2 cleaned R14's finger with an alcohol wipe prior to sticking R14's finger with the lancet. LPN2 did not wipe away the first drop of blood prior to obtaining the blood sample.</p> <p>During an interview on 09/17/24 at 4:21 PM, LPN2 stated she was taught to wipe away the first drop of blood but, she does not routinely do this. LPN2 was not sure if that was a facility policy or not.</p> <p>3. Review of R49's Face Sheet, located under the Resident tab of the EMR, documented R49 was admitted to the facility on [DATE] with a diagnosis of type two diabetes mellitus with hyperglycemia.</p> <p>Review of R49's annual MDS with an ARD of 06/24/24, located under the MDS tab of the EMR, documented R49 had a BIMS of nine out of 15 indicating, R49 had mild cognitive impairment.</p> <p>Review of R49's care plan, dated 06/26/24 and located under the Care Plan tab of the EMR, documented R49 had diabetes mellitus and would remain free of all signs and symptoms of hypo/hyperglycemia such as: sweating, trembling, thirst, fatigue, weakness, [and] blurred vision for 90 days.</p> <p>Review of R49's active orders for September 2024, located under the Orders tab of the EMR, indicated to check blood sugar levels before meals and administer sliding scale insulin as needed.</p> <p>During an observation on 09/17/24 at 4:14 PM, LPN2 checked R49's blood sugar. LPN2 cleaned R49's finger with an alcohol wipe prior to sticking R49's finger with the lancet. LPN2 did not wipe away the first drop of blood prior to obtaining the blood sample.</p> <p>During an interview on 09/17/24 at 5:02 PM, the Director of Nursing (DON) stated the proper steps for obtaining a blood sugar were as follows: clean the work surface, place a protective barrier on it, and then place your clean supplies on the barrier. He stated you cleanse the finger, let the alcohol dry and use a lancet to poke the finger. The DON went on to say you should discard the first drop of blood and use the second for the test sample. He was not sure if the facility's policy specifically stated to discard the first drop of blood but stated it was a professional standard.</p> |  |  |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38517</p> <p>Based on interview and record review, the facility failed to send a referral for a barium swallow study within an appropriate time frame for one of 30 sampled residents (Resident (R) 76). This failure placed the resident at risk of not having pleasurable items.</p> <p>Finding include:</p> <p>Review of R76's undated Admission Record, located in the resident's electronic medical record (EMR) under the Resident Summary tab revealed the resident was admitted to the facility on [DATE] with diagnoses which included aftercare following surgery on nervous system, post-traumatic hydrocephalus and encephalitis and encephalomyelitis.</p> <p>Review of R76's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/13/24 located in the resident's EMR under the MDS tab revealed the resident did not have a Brief Interview for Mental Status (BIMS) and was rarely/never understood.</p> <p>Review of R76's Medication Order Summary located under the Orders tab of the EMR, dated 09/13/24, revealed an order for R76 to the hospital for a barium swallow study.</p> <p>Review of Nursing Progress Note, located under the Notes tab of the EMR, dated 09/07/24, documented R76's family was requesting a swallowing evaluation as R76 wants to drink fluids, juice and ice-chips. Family was notified that therapy (Speech Therapy (ST)) will follow up next week and discuss the next steps. Family members noted giving resident orange juice and sips of water today. The family was educated on swallowing precautions.</p> <p>Review of R76's Nursing Progress Note, located under the Notes tab of the EMR, dated 09/11/24 documented R76 was awaiting a barium swallow at the hospital to determine if he is able to take oral intake.</p> <p>Interview on 09/16/24 at 1:27 PM R76's Family Member (FM) stated they had been trying to get a swallow study done for the last two weeks and had not been able to get it done. FM stated they did not know what the holdup was, but they wanted to be able to give R76 different items and were not able to due to waiting on the swallow study.</p> <p>Interview on 09/17/24 at 11:28 AM with Rehabilitation Director (RD), RD stated they notified the receptionist that R76 needed a referral. RD stated they normally follow up on their referrals within a few days, but confirmed they had not followed up on R76.</p> <p>Interview on 09/17/24 at 11:34 AM with Receptionist, the Receptionist stated the Rehabilitation Director told her that R76 needed an appointment a swallow study. The Receptionist confirmed she had not gotten around to scheduling the referral for R76 yet. The receptionist stated they schedule their appointments and referrals within 24 to 48 hours.</p> <p>(continued on next page)</p> |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Interview on 09/18/24 at 8:56 AM with the Director of Nursing (DON), DON stated the receptionist is responsible for scheduling appointments for residents. DON stated their expectation is for appointments to be scheduled within 24 to 48 hours.</p> |  |  |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30622</p> <p>Based on observation, interview, record review, facility policy review, and review of manufacturer's instructions, the facility failed to provide respiratory care in accordance with professional standards for two of two residents (Residents (R) 16, R18 and R31) reviewed for respiratory care out of 30 sampled residents. This failure has the potential for the residents to be subjected to contaminated respiratory equipment and to not receive proper airflow.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Respiratory Equipment/Supply Cleaning/Disinfection, dated 06/01/21, documented, .cleaning and disinfection of respiratory equipment is performed by a respiratory therapist, licensed nurse, or equipment technician. All respiratory equipment which cannot be immersed in water is cleaned with a disinfecting solution and allowed to dry. Disinfection is performed on all equipment on a scheduled basis and upon discontinuation from service between patients.</p> <p>Review of the policy titled, Procedure: Respiratory Equipment Supply Cleaning/Disinfecting, dated 07/15/21, documented: .(1.2) thoroughly clean all exterior surfaces of equipment with a mild detergent and water to remove any visible debris and(1.3) after cleaning the equipment, wipe surfaces with a disinfectant allowing to stay wet for the appropriate dwell (contact) time.</p> <p>1. Review of R16's Admission Record located under the Resident tab of the electronic medical record (EMR), revealed R16 was admitted on [DATE] with a diagnosis of unspecified chronic bronchitis.</p> <p>Review of R16's quarterly Minimum Data Set (MDS), dated [DATE], located in the EMR under the MDS tab, revealed R16 had a Brief Interview for Mental Status (BIMS) score of six out of 15, which indicated R16 had severe cognitive impairment.</p> <p>Review of R16's Order Summary Sheet, located in the EMR under the Orders tab, dated September 2024, did not indicate how often the oxygen concentrator should be cleaned.</p> <p>Review of R16's Medication Administration Record (MAR) dated September 2024, revealed R16 was administered oxygen at 2/liters per minute continuously.</p> <p>Review of R16's Care Plan, dated 07/05/24, located in the EMR under the Care Plan tab, revealed the following: R16 was at risk for respiratory complications and wore oxygen per physician orders.</p> <p>During an observation 09/16/24 at 9:54 AM, R16's oxygen concentrator was dusty.</p> <p>During an observation on 09/17/24 at 9:57 AM, R16's oxygen concentrator was still dusty.</p> <p>During an observation on 09/17/24 at 3:56 PM, R16's oxygen concentrator was still dusty.</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 - Few</p>                     | <p>During an interview on 09/18/24 at 8:39 AM, Certified Medication Aide (CMA) 1 confirmed the oxygen filter and concentrator were dusty and should be cleaned on Saturdays. She stated an in-service regarding cleaning the concentrators was provided to staff a few months ago. CMA stated the nurse or aide on the night shift were supposed to clean the filters and concentrators.</p> <p>2. Review of R18's Admission Record, located under the Resident tab of the EMR, revealed R18 was admitted [DATE] with diagnoses of chronic respiratory failure with hypoxia and pulmonary hypertension.</p> <p>Review of R18's admission MDS located in the EMR under the MDS tab, dated 07/22/24, revealed the resident had a BIMS of 15 out of 15, indicating R18 was cognitively intact.</p> <p>Review of R18's Order Summary, located in the EMR under the Orders tab, revealed the following order, dated 11/09/23, clean external filter on oxygen concentrator every night shift every Saturday.</p> <p>Review of R18's Care Plan located in the EMR under the Care Plan tab, dated 07/23/24, revealed R18 was at risk for respiratory complications related to chronic respiratory failure with hypoxia [and] uses nocturnal oxygen.</p> <p>During an observation on 09/17/24 at 3:30 PM, R18's oxygen concentrator was dusty and had a dusty filter.</p> <p>During an observation on 09/18/24 at 8:21 AM, R18's oxygen concentrator and filter were still dusty.</p> <p>During an interview on 09/18/24 at 8:35 AM, CMA 1 confirmed the oxygen concentrator had dust on it and a dirty filter. She stated the filters were supposed to be cleaned on Saturday nights by the night nurse or aide. She stated the staff received an in-service approximately two months ago regarding cleaning the filters and concentrators.</p> <p>3. Review of R31's Admission Record, located under the Resident tab of the EMR, revealed R31 was admitted [DATE] with diagnoses of unspecified asthma, uncomplicated and chronic obstructive pulmonary disease, uncomplicated.</p> <p>Review of R31's admission MDS located in the EMR under the MDS tab, dated 09/16/24, revealed the resident had a BIMS of 99 out of 15, indicating R31 had severe cognitive impairment and was rarely understood.</p> <p>Review of R31's Order Summary, located in the EMR under the Orders tab, revealed the following order, dated 09/25/23: clean oxygen filter every Saturday night.</p> <p>During an observation on 09/16/24 at 9:20 AM, R31's oxygen filter was dusty.</p> <p>During an observation on 09/16/24 at 12:00 PM, R31's oxygen concentrator filter was still dusty.</p> <p>During an observation on 09/17/24 at 9:49 AM, R31's oxygen concentrator still had dust on it.</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 - Few</p>                     | <p>During an interview on 09/18/24 at 8:40 AM, CMA1 confirmed the R31's oxygen concentrator was dusty and had a dusty filter. She stated the filters should be cleaned on Saturday nights.</p> <p>During an interview on 09/18/24 at 8:51 AM, the Director of Nursing (DON) stated the oxygen concentrators and filters should be cleaned on Saturday nights by the nurse or the aides.</p> |  |  |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20402</b></p> <p>Based on observations, record review, interviews, and facility policy review, the facility failed to ensure an appropriate diagnosis for the use of an anti-depressant was clarified by the Medical Director for one of five residents (Resident (R) 64) reviewed for unnecessary medications in a total sample of 30 residents. This failure resulted in the Medical Director and/or his nurse practitioner not responding to the consultant pharmacist recommendations for Gradual Dose Reduction (GDR) for psychotropic medications and providing clarification of diagnoses for an anti-depressant.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Management, dated 01/24, indicated Policy-Each resident's drug regimen is reviewed to ensure it is free from unnecessary drugs. This includes any drug .without adequate indications for its use .In order to optimize the therapeutic benefit of medication therapy and minimize or prevent potential adverse consequences, facility staff, the attending physician/prescriber, and the consultant pharmacist perform ongoing monitoring for appropriate, effective, and safe medication use. It further indicated, Procedures: 1. The consultant pharmacist or member of the Interdisciplinary team compiles, analyzes, and presents findings regarding the proper monitoring of medication therapy to appropriate healthcare disciplines. The medical necessity is documented in the resident's medical record and in the care planning process.</p> <p>Review of the facility's policy titled, Medication Monitoring Medication Regimen Review and Reporting, dated 01/24, indicated The consultant pharmacist reviews the medication regimen and medical chart of each resident at least monthly to appropriately monitor the medication regimen and ensure that the medications each resident received are clinically indicated. It further indicated, Resident-specific MRR recommendations and findings are documented and acted upon by the nursing care center and/or physician .The nursing center follows up on the recommendations to verify that appropriate action has been taken. Recommendations should be acted upon within 30 calendar days .a. For those issues that require physician intervention, the attending physician either accepts and acts upon the report and recommendations or rejects all or some of the report and should document his or her rationale of why the recommendation is rejected in the medical record.</p> <p>During an observation made on 09/16/24 at 11:30 AM, R64 was observed to be sitting up in his wheelchair and not able to communicate his needs clearly.</p> <p>Review of R64's undated Profile page, under the Profile tab in R64's electronic medical record (EMR) indicated R64 was admitted to the facility on [DATE] with diagnoses to include depression.</p> <p>Review of R64's admission MDS, (Minimum Data Set) located in the EMR under the MDS tab, with an Assessment Reference Date (ARD) of 07/08/24 indicated R64 scored a five out of 15 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. Further review of the MDS indicated R64 was receiving an antidepressant.</p> <p>Review of Physician Orders dated 07/01/24 located under the Orders tab in R64's EMR indicated, Mirtazapine Oral Tablet 15 MG [milligrams]. Give 2 tablets by mouth at bedtime for antidepressant.</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 - Few</p> | <p>Review of the Care Plan, initiated 07/02/24, and located in R64's EMR under the Care Plan tab indicated, Risk for complications related to the use of an Antidepressant for depression.</p> <p>Review of a Consultant Pharmacist Medication Regimen Review dated 08/01/24 and 08/29/24 and provided by the former Administrator on 09/18/24 indicated, MRR. Consultant Pharmacist Please clarify the Mirtazapine diagnosis. It currently reads antidepressant. Further review of the document indicated no response or rationale from the physician.</p> <p>During an interview on 09/18/24 at 9:26 AM, the Director of Nursing (DON) stated, We are having to go back and fix the pharmacy recommendations. The Medical Director wrote the order. I'm guessing the Pharmacy recommendation wasn't submitted back to the doctor and that's part of the reason. I'm having the doctor come in to get clarification and for him to sign the pharmacy recommendation. The DON further stated, I didn't know, I needed to be looking for the recommendations. That is a process now we are cleaning up for the whole medication process. We have a broken system and now we are going back to fix stuff. The DON further stated, I don't think antidepressant is an accurate diagnosis.</p> <p>During an interview on 09/18/24 at 2:41 PM, the Medical Director stated, What happened was, we had a change in pharmacies in May or June, a change in DON and Administrators and our pharmacy clinic. Within the last few months these [referring to the consultant pharmacy reviews] have not been happening.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30622</p> <p>Based on record review, staff interview, and facility policy review, the facility failed to implement a 14 day stop date for the as needed (PRN) use of an anti-anxiety medication and/or provide a rationale for the continued use of the medication for one of two residents reviewed for anti-anxiety medications (Resident (R) 69), out of a total sample of 30 residents. The facility also failed to implement a gradual dose reduction (GDR) for one of five reviewed for an antipsychotic GDR (R 16). Failure to provide evidence of the physician rationale for continued use of the medication had the potential to result in unnecessary medication use.</p> <p>Findings include:</p> <p>A review of the facility's policy titled, Medication Regimen Review and Reporting dated 01/24 indicated, 6 . Resident specific MRR [Medication Regimen Review] recommendations and findings are documented and acted upon by the nursing care center and/or physician.7 . a record of the consultant pharmacist's observations and recommendations is made available in an easily retrievable format foe nurses, physicians and the care planning team within 48 hours of MRR completion. 8 .the nursing care center follows up on the recommendations to verify the appropriate action has been taken. Recommendations should be acted upon within 30 calendar days or per facility specific protocols. (a) for those issues that require physician intervention, the attending physician either accepts or acts upon the report or recommendations or rejects all or some of the report and should document his or her rationale of why the recommendations is rejected in the resident's medical record. The policy further documented PRN [as needed] orders for psychotropic drugs are limited to 14 days. Exception: If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 1-4 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>1.Review of R69's Admission Record dated 05/07/24 located under the Profile tab of the electronic medical record (EMR), revealed R69 had diagnoses of major depressive disorder, recurrent, severe with psychotic symptoms and anxiety.</p> <p>Review of R69's quarterly Minimum Data Set (MDS), located in the EMR under the MDS tab with and Assessment Reference Date (ARD) of 08/12/24 revealed the resident had a Brief Interview for Mental Status (BIMS) of 15 out of 15, indicating R69 was cognitively intact.</p> <p>Review of R69's Physician Orders, located in the EMR under the Orders tab of the EMR revealed the following order, dated 05/07/24, Lorazepam 2 milligrams/milliliter (mg/ml) give 0.5 ml by mouth every two hours as needed for anxiety/end of life care.</p> <p>Review of R69's Care Plan, addressing anti-anxiety medication use, initiated on 05/07/24 and last reviewed on 08/15/24, documented, The resident is at risk for complications from antianxiety use. The intervention added on 05/08/24 documented Request the [Medical Director] MD to do periodic evaluations for the continued need of the medications or for possible dosage reductions.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of R69's EMR revealed no documentation by the resident's physician of the clinical rationale for the continued use of PRN Lorazepam.</p> <p>2. Review of R16's Admission Record located in the EMR Resident tab revealed R16 was readmitted on [DATE] with diagnoses of unspecified dementia, moderate with psychotic disturbance and depression.</p> <p>Review of R16's quarterly MDS with an ARD of 07/04/24 revealed a BIMS score of six out of 15 indicating R16 had severe cognitive impairment, had disruptive yelling out behaviors, and received antipsychotic medication on a routine basis.</p> <p>Review of the Physician Orders dated 12/28/23 and located under the Orders tab revealed Seroquel 25mg [milligram] give 0.5 tablet by mouth one time a day for dementia with psychotic disturbance as evidenced by (AEB) restlessness, inability to sleep, and agitation. Review of the EMR revealed R16 had been on 12.5 mg of Seroquel since 12/28/23. No evidence of a GDR was located in the EMR.</p> <p>Review of the Medication Administration Record (MAR), dated September 2024 and located under the Orders tab revealed R16 received 12.5mg of Seroquel as ordered.</p> <p>Pharmacist consultant records were not available for review during the survey for R16.</p> <p>During an interview on 09/18/24 at 7:58 AM, with the Administrator she stated they only found the last two months of drug regimen reviews from the pharmacist and none of the reviews were addressed by the physician.</p> <p>During an interview on 09/18/24 at 8:04 AM, the Administrator and Director of Nursing (DON) stated there was an obvious breakdown in the system for obtaining the GDRs from the pharmacist and providing that information to the MD. The Administrator and DON stated the facility staff would get with the pharmacist and medical director now to address the issue. The Administrator stated when Omnicare was their pharmacy, they would have monthly meetings to discuss gradual dose reductions. The administrator stated the former DON had a partial binder with documentation, but it only went back to part of 2023.</p> <p>During an interview on 09/18/24 at 9:30 AM, the DON stated prior to surveyor intervention he was not aware of any policies or procedures for the medication regimen reviews. The DON stated he had not received training regarding this process upon hire.</p> <p>During an interview on 09/18/24 at 12:30 PM, the DON provided a copy of the medication change sheet indicating R16's Seroquel was discontinued after surveyor intervention.</p> <p>During an interview on 09/18/24 at 2:41 PM, the Medical Director (MD) stated the facility switched to a new pharmacy in June or July. Prior to that he would participate in meetings either in person or via Zoom to go over residents receiving antipsychotic medications. If a dose reduction was indicated he would address it at that time or provide a rationale as to why the medications should be continued. The MD stated the monthly meetings had not been occurring and he, the DON, and pharmacist dropped the ball. The MD stated the facility needed to use the systems and not ignore them. The MD stated he tries to ensure residents are on the lowest dose of antipsychotic medications possible.</p> |  |  |

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| <p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38517</p> <p>Based on interview and record review, and the facility policy review, the facility failed to assist one of one (Resident (R) 54) reviewed for dental services in obtaining routine dental services out of a sample of 30 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Dental Services revised date 09/01/23 read in part .Centers will provide or obtain from an outside resource routine and emergency dental services, including 24-hour emergency dental care, to meet the needs of each patient.</p> <p>Review of R54's Admission Record located in the electronic medical records (EMR) section titled Profile revealed the resident was admitted to the facility on [DATE] with diagnoses that included bipolar disorder, anxiety disorder and dysphagia.</p> <p>Review of R54's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/05/24, located in the resident's EMR under the MDS tab indicated the facility assessed R54 to have a Brief Interview for Mental Status (BIMS) score was 15 out of 15, indicating R54 was cognitively alert.</p> <p>Interview attempted with R54 several times throughout the survey and R54 unable to be interviewed.</p> <p>An interview on 09/16/24 at 2:40 PM with R54's Power of Attorney (POA), POA stated R54 was supposed to have a dental consult due to a loose tooth. POA stated that they were never followed up on regarding the appointment and they were not sure what ever happened.</p> <p>Review of R54's order summary reported revealed an order, dated 07/15/24, to refer R54 to dental for top right tooth loose.</p> <p>An interview on 09/19/24 at 8:58 AM, Registered Nurse (RN) 1 revealed when an order is received from the doctor the nurses print the order and give it to the receptionist. RN1 stated the receptionist will set up the appointment and print the calendar and give it to nurses. RN1 stated they were note aware of any dental appointments for R54.</p> <p>An interview on 09/18/24 at 1:37 PM, the Receptionist stated she did not have any outstanding appointments and confirmed they had no appointments pending for R54.</p> <p>An interview on 09/18/24 at 8:56 AM, Director of Nursing (DON) stated the receptionist is responsible for scheduling appointments and completing referrals. DON stated the facility hired a unit clerk so that their appointments could be more streamlined because they've experienced issues with scheduling. DON stated their expectation is for appointments to be scheduled the same day as the request or order.</p> |  |  |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38517</p> <p>Based on observations, record review, interviews, and facility policy review, the facility failed to ensure food preferences were honored for two of two residents (Residents (R) 29 and R44) out of a sample of 30 residents. By not ensuring food preferences are being honored, residents may be at risk for potentially adverse effects such as weight loss and preferring not to eat what is being served.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Food Preferences, revised May 2014, indicated Policy: It is the center policy that individual food preferences are identified for all residents. It further indicated, Action Steps: The Food Services Director or designee will complete a Food Preference Interview within 72 hours of admission for the purpose of identifying individual food and beverage preferences. Food dislikes will be entered into the resident profile in menu management software system. The individual tray assembly ticket will identify all food items appropriate for the resident based on diet order and preferences.</p> <p>1. During an observation and interview on 09/16/24 at 10:00 AM, R29 was observed laying in bed. During interview regarding the food and his food preferences, R29 stated, I've told them I don't eat peas, and spinach and sometimes they put what would be the equivalent of a six ounce can of peas on my plate which is a total waste because I don't like peas. I'm not on a special diet. R29 then stated, I've told them on many occasions about my likes and dislikes. I just have whatever else there is, or I normally eat around it. I just don't like doing that. For whatever reason, they serve me spinach and peas and they [referring to the Certified Nursing Assistants-CNAs] will tell the kitchen staff, but nothing gets done.</p> <p>During an interview regarding R29's food preferences on 09/17/24 at 10:00 AM, the Dietary Manager (DM) stated, I came here in July and the previous manager didn't have a lot of things done. The food preferences interview was done by me on 07/19/24. Prior to July, there was not a food preferences interview conducted for him. The previous dietary manager did not do one for him. The DM then stated, When I spoke to him in July, he indicated his dislikes were peas and other things. I then entered that into our computer system called, Meal Tracker and it would show on the meal ticket whether to give him peas or not. I know he doesn't like peas and spinach.</p> <p>During a second observation and interview on 09/17/24 at 12:31 PM, R29 was observed laying in bed. During the interview he stated, I recall talking to someone about my dislikes when I first came here, and I told them not to give me peas or spinach. Just last night [referring to 09/16/24] for dinner they did serve me peas again. I did not eat them. I ate the fish and all the other things around it. It just seems silly to me they cannot do a better job.</p> <p>Review of a Week-At-A-Glance Menu indicated the dinner meal served on 09/16/24 was Butter Crumb topped fish fillet, tartar sauce, dinner roll, frosted brownie, Au gratin potatoes and Seasoned peas.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of R29's Meal Ticket indicated Regular/Liberalized fortified foods diet. It listed the dinner meal of Butter Crumb Topped Fish Fillet, tartar sauce, dinner roll, fortified mashed potatoes, Au Gratin Potatoes, Frosted Brownie, and assorted Beverage. At this time there were no dislikes listed on R29's meal ticket.</p> <p>During an interview on 09/17/24 at 1:00 PM, the DM stated, I wasn't here for dinner last night, but I believe him [referring to R29] if he said he got peas. A lot of times, I think the cooks are just reading the menu fast and just see Regular on the meal card and are not good about reading what they don't want on their trays.</p> <p>During an interview on 09/17/24 at 2:00 PM regarding R29's food preferences, Certified Nursing Assistant (CNA)1 stated, As far as I've known him, he has always asked the staff not to give him peas and spinach. He does not like those and is very clear about that. CNA1 then stated, I have seen peas and spinach before being served to him and sometimes he will scrape it off. Numerous times I have gone to the kitchen manager or cook to let them know he does not like peas or spinach. It just depends on who is working in the kitchen.</p> <p>During an additional interview on 09/18/24 at 11:15 AM, the DM stated, Prior to July, there were no food preferences for R29 completed from the previous dietary manager. There was also nothing in the meal tracker. Our policy is when they are admitted , a face-to-face interview is supposed to be completed regarding their likes and dislikes but that wasn't done. I did the face-to-face interview in July when I got here, and we discussed his likes and dislikes then. The DM then stated, If he doesn't like peas, then it should say on the meal card. At this time, a Food Preference Interview and Meal Tracker were provided by the DM which indicated R29's dislikes. On the Food Preferences interview form peas were checked as a dislike and on the Meal Tracker form, spinach group, herbed peas, and seasoned peas were all marked as dislikes.</p> <p>Review of R29's undated Profile page, under the Profile tab in R29's electronic medical record (EMR) indicated R29 was admitted to the facility on [DATE].</p> <p>Review of the undated Medical Diagnosis located in R29's EMR under the Med Diag tab, indicated diagnoses to include Cerebral Palsy, and other voice and resonance disorders.</p> <p>Review of R29's admission Minimum Data Set (MDS ) located in the EMR under the MDS tab, with an Assessment Reference Date (ARD) of 03/07/024, R29 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS ) indicating no cognitive impairment.</p> <p>Review of an Admission Nutritional Assessment, dated 03/05/24, located in R29's EMR under the Assessment tab revealed Diet Type a Regular/Liberalized. It further indicated Meal prefs incl [preferences included]. There was no documentation of dislikes of peas or spinach indicated.</p> <p>Review of the Comprehensive Care Plan, dated 03/05/24, and located in R29's EMR under the Care Plan tab indicated, Honor food preferences within meal plan.</p> <p>Review of R29's EMR indicated there was no evidence of a Food Preference Interview ever conducted within 72 hours of when R29 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of a Food Preferences Interview document dated 07/19/24 and provided by the Dietary Manager (DM) on 09/18/24 at 11:15 AM, indicated Dislikes of peas.</p> <p>Review of a Meal Tracker Resident Profile dated 07/01/24 completed by the DM and provided by the DM on 09/18/24 at 11:15 AM, indicated R29's dislikes to include Spinach group, herbed peas, and seasoned peas.</p> <p>During an interview on 09/19/24 at 9:30 AM, the DM stated, The food preferences should have been completed when he arrived in March, but nothing was done. I don't have any previous documentation of his likes or dislikes prior to me coming here in July. I was finding a lot of stuff was incomplete or blank and did a lot of catch up. The DM stated, With him [referring to R29] there is not a way to print out his dislikes on the meal ticket because it takes up too much space on the meal card. I was just relying on my staff and the cooks to make sure they were getting what the resident likes. I will have to do some more education with my staff.</p> <p>2. Review of R44's Admission Record located in the EMR section titled Profile revealed the resident was admitted to the facility on [DATE] with diagnoses that included obstructive and reflux uropathy, retention of urine and major depressive disorder.</p> <p>Review of R44's quarterly MDS with an Assessment Reference Date (ARD) of 08/08/24, located in the resident's EMR under the MDS tab indicated the facility assessed R44 to have a BIMS score was 15 out of 15, indicating R44 was cognitively alert.</p> <p>Interview on 09/16/24 at 12:35 PM with R44 revealed the meal ticket was a three time a day lie, R44 stated he never gets his cottage cheese even though it is listed on meal tickets.</p> <p>Observation on 09/16/24 at 12:45 PM of R44's Lunch Meal Ticket documented green chile deluxe macaroni and cheese, cottage cheese (1/2 cup), flour tortilla, stewed tomatoes (1/2 cup), seasonal mixed fruit (1/2 cup), sugar free juice (eight ounces) and assorted beverages (six ounces). Observation on meal tray revealed no cottage cheese on tray.</p> <p>Observation on 09/19/24 at 1:10 PM of R44's Lunch Meal Ticket documented cottage cheese (1/2 cup), four lamb tacos with flour tortilla, shredded lettuce (one cup) and diced tomatoes with vinaigrette, 1/2 cup fruit sherbet, 8-ounce sugar free juice and 6 ounces assorted beverage. Observation of the meal tray revealed no cottage cheese on tray.</p> <p>Interview on 09/18/24 03:44 PM with the DM, she stated they don't have cottage cheese at the moment, and they had not had any for over a month. DM stated they had not ordered any in the last month.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30622</p> <p>Based on observations, interviews and review of facility policy, the facility failed to ensure staff used a protective barrier for blood glucometer supplies while preparing to check blood glucose readings at the resident's bedside for four or four residents (Resident (R)14, R37, R49 and R52) and failed to wear personal protective equipment (PPE) while administering medications through a gastrostomy tube for one of one resident (R38). The facility staff also failed to only take the needed supplies into each room. Failure to use a protective barrier and taking all resident supplies into each room can lead to cross contamination. Failure to use appropriate PPE for residents on enhanced barrier precautions (EBP) could contribute to the spread of microorganisms.</p> <p>Findings include:</p> <p>Review of the facility's provided policy titled, Procedure: Enhanced Barrier Precautions revised on 01/08/24, documented, Enhanced barrier precautions applies to chronic wounds and/or indwelling medical devices (e.g. , central line, indwelling urinary catheter, enteral feeding tube, tracheostomy, ventilator, regardless of MDRO [Multi Drug Resistant organism] colonization status.</p> <p>Review of the facility provided policy titled Procedure: Fingerstick Glucose Monitoring dated 01/01/04 and revised on 06/15/22, documented .(8) place supplies on a clean barrier on the bedside table.</p> <p>1. Review of R38's Admission Profile located under the Resident tab of the electronic medical record (EMR) documented R38 was readmitted to the facility on [DATE] with a diagnosis of encounter for attention to gastrostomy tube (g-tube).</p> <p>Review of R38's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/24/24 revealed R38 had a Brief Interview for Mental Status (BIMS) of 99 of 15 indicating R38 was severely cognitively impaired.</p> <p>Review of R38's care plan, dated 06/19/23 and revised on 06/24/24, located under the Care Plan tab in the EMR, documented R38 was at risk for skin breakdown due to the gastrostomy tube. The care plan did not address enhanced barrier precautions.</p> <p>Review of R38's active orders for September 2024, located under the Orders tab of the EMR, did not address using EBP or PPE while working with the gastrostomy tube.</p> <p>During an observation on 09/17/24 at 8:22 AM, Registered Nurse (RN)5 administered medication to R38 via g-tube. RN5 only wore gloves and did not follow the enhanced barrier precautions.</p> <p>During an interview on 09/17/24 at 8:37 AM, RN 5 stated she should have worn the gown while administering the medications. RN5 stated the staff were not wearing gowns prior to surveyors being in the facility and, the enhanced barrier supplies were not outside of resident rooms until yesterday afternoon.</p> <p>(continued on next page)</p> |  |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Bloomfield Nursing and Rehabilitation Center   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>803 Hacienda Lane<br>Bloomfield, NM 87413 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <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 09/19/24 at 12:30 PM, RN4 stated the staff should wear gloves and a gown while administering medications via gastrostomy tube. RN4 provided the surveyor with a document titled Procedure: Enhanced Barrier Precautions which indicated the following: PPE would be used during high contact patient contact activities .device care or use, central line, urinary catheter, enteral feeding tube, tracheostomy, ventilator. Required PPE gown and gloves.</p> <p>2. a. Review of R37's Admission Profile. located under the Resident tab of the EMR documented R37 was admitted to the facility on [DATE] with a diagnosis of type two diabetes mellitus without complications.</p> <p>Review of R37's quarterly MDS, with an ARD of 08/07/24 revealed R37 had a BIMS of 15 of 15 indicating R37 was cognitively intact.</p> <p>Review of R37's care plan, dated 06/02/24, revised on 08/08/24, and located under the Care Plan tab in the EMR, documented R37 had the potential for hypo or hyperglycemia and other complications.</p> <p>Review of R37's active orders for September 2024, located under the Orders tab of the EMR, indicated to administer insulin per sliding scale but did not indicate how often blood sugars were checked.</p> <p>During an observation on 09/17/24 at 11:32 AM, RN2 checked R37's blood sugar. Prior to checking the blood sugar, RN2 placed her supplies on R37's bedside table without using a protective barrier. RN2 placed a plastic basket that had multiple residents' insulin, alcohol pads, testing meters, Cavi wipes (sanitizing wipes), lancets, and dry gauze on the resident's bed.</p> <p>During an interview on 09/17/24 at 11:38 AM, RN2 stated she always carried the blue basket with all the insulin and supplies into each resident room. RN2 stated she was not aware she should not take all supplies and insulin into each room.</p> <p>b. Review of R52's Admission Profile. located under the Resident tab of the electronic EMR documented R52 was readmitted to the facility on [DATE] with a diagnosis of type two diabetes mellitus with hyperglycemia.</p> <p>Review of R52's quarterly MDS, with an ARD of 08/07/24 revealed R52 had a BIMS of one of 15 indicating R52 had severe cognitive impairment.</p> <p>Review of R52's care plan, dated 05/21/22, and last reviewed on 08/08/24, located under the Care Plan tab in the EMR, documented R52 had the potential for hypo and hyperglycemia and other complications.</p> <p>Review of R52's active orders for September 2024, located under the orders tab of the EMR, indicated fingerstick blood glucose Notify MD [Medical Director] if blood sugar greater than 400. If blood glucose is less than 70, initiate hypoglycemia protocol. The orders did not specify how often staff were to check the glucose levels.</p> <p>During an observation on 09/17/24 at 3:55 PM, Licensed Practical Nurse (LPN) 2 placed her blood glucose monitoring supplies on the resident's nightstand without using a protective barrier. LPN 2 carried all the supplies into the room in a white plastic container. The white container had insulin for multiple residents in it along with the lancets, alcohol pads, glucose meter, and gauze pads.</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>c. Review of R14's Admission Profile. located under the Resident tab of the EMR documented R14 was readmitted to the facility on [DATE] with a diagnosis of type two diabetes mellitus without complications.</p> <p>Review of R14's quarterly MDS, with an ARD of 07/09/24 revealed R14 had a BIMS of 12 of 15 indicating R14 was cognitively intact.</p> <p>Review of R14's care plan, dated 08/04/23 and located under the Care Plan tab in the EMR, documented R14 would be free of all signs and symptoms of hypo or hyperglycemia.</p> <p>Review of R14's active orders for September 2024, located under the Orders tab of the EMR, indicated to check the blood sugar one time a day at bedtime.</p> <p>During an observation on 09/17/24 at 4:08 PM, LPN2 failed to place her blood glucose monitoring supplies on a protective barrier.</p> <p>d. Review of R49's Admission Profile. located under the Resident tab of the EMR documented R49 was admitted to the facility on [DATE] with a diagnosis of type two diabetes mellitus with hyperglycemia.</p> <p>Review of R49's quarterly MDS, with an ARD of 06/24/24 revealed R49 had a BIMS of 9 of 15 indicating R49 had moderate cognitive impairment.</p> <p>Review of R49's care plan, dated 01/23/23, revised on 06/24/24, and located under the Care Plan tab in the EMR, documented R49 had a diagnosis of diabetes and was insulin dependent.</p> <p>Review of R49's active orders for September 2024, located under the Orders tab of the EMR, indicated to administer Novolog per sliding scale, but did not say how often the blood sugar would be checked.</p> <p>During an observation on 09/17/24 at 4:14 PM, LPN2 failed to place her blood glucose monitoring supplies on a protective barrier. LPN2 carried the white plastic caddy into the room that contained the alcohol pads, clean gauze, lancets, and multiple residents' insulin.</p> <p>During an interview on 09/17/24 at 4:21 PM, LPN2 stated she should have placed a clean barrier on the resident tables prior to placing her supplies on the tables. LPN 2 stated she and other nurses routinely took the caddy with all supplies into each room along with all the insulin they might need. LPN 2 stated she realized this had the potential for cross contamination.</p> <p>During an interview on 09/17/24 at 5:02 PM, the Director of Nursing (DON) stated the proper steps for obtaining blood sugars were as follows: clean the work surface, place a protective barrier on it, and place your clean supplies on the barrier. The DON stated carrying plastic containers with all the insulin and testing supplies into each room was not best practice. He stated only the supplies and medication for the resident being tested should be taken into the room. The DON stated the staff should be wearing available PPE when administering medications via a gastrostomy tube.</p> |  |  |

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| <p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>30622</p> <p>Based on interview and facility policy review, the facility failed to ensure they had a certified infection prevention nurse hired at least part time onsite. This failure has the potential to increase infection rates due to the lack of active surveillance and staff education.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program Description, and dated 01/09/04 with a revision date of 07/01/24 indicated, The IP [Infection Preventionist] must work at least part time. Under the Goals section the following was documented: The IPCP [Infection Prevention Control Policy] has been developed to provide staff with a coordinated organizational structure, technical procedures, comprehensive work practices, and guidelines to reduce the risk of transmission of infection or communicable disease.</p> <p>During an interview on 09/18/24 at 2:08 PM, Registered Nurse (RN)1 stated her last day of employment at the facility was 09/13/24. RN1 stated she received a text message from the Director of Nursing (DON) informing her that was her last day due to the facility hiring another RN for the IP role. RN1 stated she was working on completing infection control data for the month of July and August when she was notified of her termination. RN1 stated she quit working full time at the facility in April 2024 and began working remotely on an as needed basis (PRN) from April 2024 until September 2024. Since April 2024 RN1 had only been onsite four or five times to deliver completed work. RN1 stated she would provide verbal education on those facility visits to the staff present and leave written documentation for other staff to read.</p> <p>During an interview on 09/18/24 at 2:41 PM, the Medical Director (MD) stated he reviewed infections monthly. He stated the new IP nurse was RN5.</p> <p>During an interview on 09/18/24 at 3:43 PM, the Administrator stated RN 5 had literally worked at the facility for four days and was not currently certified as an IP. The Administrator stated she was aware the July and August infection control data was not complete. The Administrator was not aware the previous IP nurse was told to stop working on any of the IP work for the facility. The Administrator stated the DON told RN1 to stop working because the facility hired a new IP nurse.</p> <p>During an interview on 09/18/24 at 4:34 PM, the DON stated RN1's last day was on 09/13/24. The DON stated RN1 was the previous IP nurse at the facility, and she began working PRN in April 2024. He stated the new IP they hired was only going to be a floor nurse at this time. She told the facility she no longer wanted to be in a management role. The DON stated he was not aware the facility had to have a part time or full-time IP onsite until 09/17/24.</p> |  |  |