

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Mescalero Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 454 Lipan Avenue Mescalero, NM 88340	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49313</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive Minimum Data Set Assessment was completed within 14 calendar days after admission for 2 (R #151 and R #156) of 3 (R #151, R #155, and R #156) residents reviewed. This deficient practice could likely result in residents' preferences and care needs not being met. The findings are:</p> <p>R #151</p> <p>A. Record review of R #151's Admission record revealed an admitted [DATE].</p> <p>B. Record review of R #151's medical record revealed an Admission MDS assessment was in progress (assessment has been started but all sections have not been completed) on 05/22/24.</p> <p>C. On 05/22/24 at 10:00 AM, during an interview with the Infection Control Nurse (RN who signs off on completed MDS assessments), he confirmed the following:</p> <ol style="list-style-type: none"> 1. R #151 was admitted to the facility on [DATE]. 2. R #151's Admission MDS assessment was still in progress and was not completed within 14 days of admission. <p>R #156</p> <p>D. Record review of R #156's Admission record revealed an admitted [DATE].</p> <p>E. Record review of R #156's medical record revealed an Admission MDS assessment was in progress on 05/22/24.</p> <p>F. On 05/22/24 at 10:00 AM, during an interview with the Infection Control Nurse, he confirmed the following:</p> <ol style="list-style-type: none"> 1. R #156 was admitted to the facility on [DATE]. 2. R #156's Admission MDS assessment was still in progress and was not completed within 14 days of admission.

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755</p> <p>Based on record review and interview, the facility failed to develop a comprehensive care plan for 1 (R #54) of 4 (R #51, R #52, R #53, and R #54) residents reviewed for care plans. This deficient practice could likely result in staff being unaware of the needs of the residents. The findings are:</p> <p>A. Record review of R #54's medical record revealed R #54 was admitted on [DATE].</p> <p>On 05/19/24 at 3:07 PM, during an interview, R #54 stated that she has swelling to her legs and wears stockings every day to help decrease the swelling.</p> <p>B. Record review of R #54's physician's orders revealed:</p> <ol style="list-style-type: none"> 1. Order date 07/14/21, apply TED hose (compression stockings that help prevent or decrease the occurrence of blood clots and swelling in the legs) to bilateral lower extremities (both legs) in the morning for edema (swelling caused due to excess fluid accumulation in the body tissues). 2. Order date 07/14/21, remove TED hose every day at bedtime for edema. 3. Order date 04/16/24, monitor for edema every shift for edema in bilateral lower extremities. 4. Furosemide (diuretic medication that helps the body get rid of extra water by increasing the amount of urine made) 20 MG (strength of medication) give 3 tablets by mouth in the morning for edema. <p>C. Record review of R #54's care plan initiated (started) 06/29/21 revealed that edema and the interventions to treat and monitor were not included in her care plan.</p> <p>D. On 05/22/24 at 2:44 PM, during an interview, the DON confirmed that R #54's comprehensive care plan did not include the treatment and monitoring for edema as ordered.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755</p> <p>Based on record review, observation, and interview, the facility failed to ensure care plan revision and care plan meeting requirements occurred for 6 (R #51, R #54, R #102, R #103, R #154, and R #202) of 9 (R #51, R #54, R #102, R #103, R #151, R #154, R #155, R #156, and R #202) residents reviewed for care plans when they failed to:</p> <ol style="list-style-type: none"> 1. Revise the care plan with the most current resident information for R #51, R #54, R #102, R #103, and R #202. 2. Have the required Interdisciplinary Team (IDT, team members from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities, and includes other appropriate staff or professionals in disciplines as determined by the resident's needs) members participate in the care plan meeting for R #154. 3. Have the care plan meeting within seven days after the completion of the MDS assessment for R #154. <p>These deficient practices could likely result in the care plan not being updated with the most current resident conditions and appropriate interventions, staff being unaware of changes in care provided, and residents not receiving the care related to changes in their health status or healthcare decisions. The findings are:</p> <p>R #51</p> <p>A. On 05/19/24 at 2:32 PM, during an interview, R #51 stated she has a wound on her left heel.</p> <p>B. Record review of R #51's physician's orders revealed:</p> <ol style="list-style-type: none"> 1. Order date 04/19/24, diabetic ulcer (a slow-healing wound that commonly appears on the ball of the foot due to complications of diabetes) on left heel, cleanse and apply skin prep until resolved every night shift every other day for wound care. 2. Order date 05/13/24, refer to [name of agency] wound care for in-house visits and treatment of any wounds. 3. Order date 05/14/24, skin graft (healthy skin placed over damaged or missing skin to promote new skin growth) in place, monitor it's still in place, and in good contact. Do not remove graft. Cover to not get wet. Wound care being done by outside wound care nurse/agency. <p>C. Record review of R #51's care plan dated 04/19/24, revealed the following:</p> <ol style="list-style-type: none"> 1) Avoid exposure to temperature extremes: Heating pads, Hot water bottles, Heat lamps, Hot/cold solutions and soaks, Sunburn, Ice packs. <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2) Avoid mechanical trauma (SPECIFY): Constrictive shoes, Cutting and trimming corns and calluses, Adhesive tapes, Improper shaving, Vigorous massage.</p> <p>3) Determine and treat cause: poor fitting shoes, poor blood sugar control, pressure area, infection.</p> <p>4) Monitor Blood Sugar Levels.</p> <p>5) Monitor/document wound: Size, Depth, Margins: periwound skin, sinuses, undermining, exudates, edema, granulation, infection, necrosis, eschar, gangrene,</p> <p>6) Document progress in wound healing on an ongoing basis. Notify MD as indicated.</p> <p>7) Monitor/document/report PRN any s/sx of infection: [NAME] drainage, Foul odor, Redness and swelling, Red lines coming from the wound, Excessive pain, Fever.</p> <p>8) Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations.</p> <p>9) No documentation of R #51's wound care orders in place</p> <p>10) No documentation that R #51 was seen by an outside wound care provider.</p> <p>11) NO documentation that R #51 had a skin graft in place.</p> <p>D. On 05/22/24 at 2:30 PM, during an interview, the DON confirmed that R #51's care plan had not been updated to reflect the current treatment for R #51's wound.</p> <p>R #54</p> <p>E. Record review of R #54's Quarterly MDS assessment, dated 03/27/24, Section GG: Functional Abilities and Goals revealed:</p> <p>1. Question GG0130.A - Eating; The resident is independent. The resident completed the activity by themselves with no staff assistance.</p> <p>2. Question GG0130.C - Toileting hygiene; The resident required supervision or touching assistance. Staff provide verbal cues and/or touching/steadying as resident completes the activity.</p> <p>3. Question GG0130.F - Upper body dressing; The resident is independent. The resident completed the activity by themselves with no staff assistance.</p> <p>4. Question GG0130.G - Lower body dressing; The resident required supervision or touching assistance. Staff provide verbal cues and/or touching/steadying as resident completes the activity.</p> <p>5. Question GG0130.I - Personal hygiene; The resident is independent. The resident completed the activity by themselves with no staff assistance.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>O. Record review of R #103's MDS assessment dated [DATE] revealed Section L oral/dental status Check all that apply . Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose) was not selected.</p> <p>P. Record review of R #103's dental record dated March 2019, revealed that it is documented that R #103 has dentures.</p> <p>Q. Record review of R #103's care plan dated 03/23/24 revealed the care plan did not have any documentation of dentures, missing teeth, or oral care.</p> <p>R. On 05/22/24 at 10:45 AM, during an interview, the DON said R #103 did have dentures and said they were in her drawer. R #103 told the DON that she did not wear them because they did not fit well. The DON confirmed that R #103's dentures were not documented on R #103's care plan. The DON confirmed that R #103's dental care and dentures should be documented.</p> <p>R #202</p> <p>S. Record review of a document (unnamed) for pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) revealed the following:</p> <p>a. R #202 acquired pressure injury in the facility on the coccyx . treatment: barrier cream for 02/19/24.</p> <p>b. 02/26/24 size 3.5x3, depth: 0.01, intervention code 9 (dressing), treatment: nothing checked.</p> <p>c. 03/12/24-no size or depth documented. 03/18/24-no size documented, depth: 0.01, treatment: barrier cream.</p> <p>d. 04/01/24-no size or depth documented, treatment: barrier cream.</p> <p>e. healed 04/03/24.</p> <p>T. Record review of R #202 care plan 04/23/24 revealed the care plan did not include R #202's the pressure ulcer wound (injuries to the skin and the tissue below the skin that are due to pressure on the skin for a long time).</p> <p>U. Record review of R #202 Quarterly MDS dated [DATE] revealed the following:</p> <p>a. R #202 is at risk of pressure ulcers</p> <p>b. Section M Skin Conditions has no check marks for the pressure wound for R #202</p> <p>V. On 05/22/24 at 10:04 AM, during an interview with the DON, she stated her expectation is for R #202's wound care or change of care be added on the care plan. The DON confirmed R #202 had a pressure ulcer and it was not added to the care plan.</p> <p>R #154</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timing of Care Plan Meetings</p> <p>W. Record review of R #154's face sheet revealed an admitted [DATE].</p> <p>X. Record review of R #154's Quarterly Minimum Data Set assessment revealed it was in progress (not completed).</p> <p>Y. Record Review of R #154's Social Services Note, dated 05/20/24, revealed R #154 had a care plan meeting on 05/20/24 (not within 7 days after the completion of the quarterly MDS assessment).</p> <p>Z. On 05/21/24 at 11:57 AM, during an interview with the Social Services Worker (SSW), she confirmed the following:</p> <ol style="list-style-type: none"> 1. R #154 had a care plan meeting on 05/20/24. 2. The MDS coordinator gives her a monthly calendar with the dates that the resident's MDS assessments are due to be completed so that she can schedule the care plan meetings accordingly. 3. She tries to schedule the care plan meeting about a week before the MDS assessment is scheduled to be completed (not within 7 days after the completion of the MDS assessment). <p>Interdisciplinary Team Participation</p> <p>AA. Record Review of R #154's Social Services Note, dated 05/20/24, revealed the following:</p> <ol style="list-style-type: none"> 1. R #154's representative attended the meeting. 2. The SSW, DON, and therapy worker attended the care plan meeting on 05/20/24. <p>BB. On 05/21/24 at 11:57 AM, during an interview with the SSW, she confirmed the following:</p> <ol style="list-style-type: none"> 1. She sets up the care plan meeting with the resident or their representative. 2. She invites the DON, activities director, dietary manager, SSW, director of therapy, the resident, and their representative. 3. She does not invite the provider or the CNA's. 4. She does not ask the provider or CNA's for their input prior to the care plan meeting. 5. She does invite the nurses, but they don't usually attend. 6. She does ask the nurses for concerns prior to the care plan meetings. <p>47510</p> <p>49313</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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>49313</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were entered for 1 (R #155) of 1 (R #155) residents reviewed for behavioral health. This deficient practice could likely result in resident's not receiving the appropriate medications or treatment and lead to worsening of the resident's condition. The findings are:</p> <p>A. On 05/20/24 at 9:34 AM, during an interview with R #155's Power of Attorney (POA, the authority to act for another person in specified or all legal or financial matters), she stated the following:</p> <ol style="list-style-type: none"> 1. R #155 had been depressed (a common mental disorder that involves depressed mood or loss of pleasure or interest in activities for long periods of time). 2. R #155 had not been eating or drinking very well. 3. She spoke with the facility doctor on 05/19/24 and was told that a medication would be ordered to help R #155 with depression and to increase her appetite. <p>B. Record review of R #155's entire medical record revealed the record did not contain any orders or progress notes from the provider's visit on 05/19/24.</p> <p>C. On 05/20/24 at 2:15 PM, during an interview with LPN #21, he revealed the following:</p> <ol style="list-style-type: none"> 1. There were no progress notes or physician's orders in R #155's electronic medical record or in the binder at the nurses station that contained documents from the provider for the provider visit on 05/19/24. 2. The provider usually gives a verbal order to the nurse so an order can be entered into the electronic medical record. 3. Sometimes the nurses are given a provider progress note to review and contact the provider for any questions. 4. He recommended talking to the Medical Records Clerk about any progress notes from 05/19/24. <p>D. On 05/20/24 at 2:52 PM, an interview with the Medical Records Clerk revealed she did not have any provider progress notes for R #155 on 05/19/24.</p> <p>E. Record review of R #155's physician's progress note, dated 05/19/24 revealed the provider was going to order R #155 Mirtazapine (an atypical antidepressant used in the treatment of major depressive disorder) 7.5 mg for one week then increase to 15 mg for depression.</p> <p>F. Record review of physician's orders revealed R #155 did not have an order for Mirtazapine.</p> <p>G. On 05/21/24 at 11:18 AM, during an interview with LPN #21, he confirmed the following:</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>1. R #155's provider progress note, dated 05/19/24, said the provider was going to start R #155 on Mirtazapine 7.5 mg for one week then increase to 15 mg for depression.</p> <p>2. R #155 did not have a physician order for Mirtazapine.</p> <p>H. On 05/22/24 at 9:31 AM, during an interview with the Administrator, she confirmed the following:</p> <ol style="list-style-type: none"> 1. The provider is expected to deliver or fax progress notes to medical records after each visit. 2. The medical records clerk is expected to give the nurses the progress notes to review and enter any orders. 3. The facility is working on developing a better way of communicating with the provider.

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49313</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents received appropriate treatment and services to maintain or prevent a decrease in range of motion for some of the 25 residents in the facility that could benefit from therapy services or a restorative nursing program (RNP; nursing service that often follows skilled rehabilitation services provided by physical or occupational therapists with the goal to maximize function and prevent functional decline in residents dependent on staff for certain actions) (resident were identified by the resident Census list provided by the Administrator on 05/19/24), when they failed to have a process to:</p> <ol style="list-style-type: none"> 1) Evaluate residents for range of motion (ROM, the angular distance and direction a joint can move between the flexed and extended position) needs, and 2) Provide services to residents who could benefit from a RNP. <p>These deficient practices could likely result in decreased mobility or a decrease in residents' abilities to participate or perform their own activities of daily living (ADLs). The finding are:</p> <p>A. On 05/22/24 at 10:42 AM, during an interview with the DOR, he revealed the following:</p> <ol style="list-style-type: none"> a. Rehabilitative services staff do not evaluate every resident for ROM needs. b. Therapy evaluations are only completed for residents that have an order. c. Therapy does not recommend RNP for residents who do not qualify for therapy services or when they discharge from therapy because the facility does not have a RNP. d. There are several residents in the facility that would benefit from a RNP (did not specify which residents would benefit). <p>B. Record review of R #156's face sheet revealed resident was admitted to the facility on [DATE].</p> <p>C. On 05/19/24 at 2:15 PM, during an observation of R #156, revealed the following:</p> <ol style="list-style-type: none"> 1. He laid in bed with the head of the bed flat. 2. The fingers on R #156's left hand were bent. <p>D. On 05/19/24 at 2:15 PM, during an interview with R #156, he stated the following:</p> <ol style="list-style-type: none"> 1. He had been unable to sit up for nine years. 2. He had arthritis in his hands, wrists, elbows, and fingers. 3. He wanted to be able to bend his hips to be able to sit in a chair. <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. He had not had a physical therapy or occupational therapy evaluation since he arrived.</p> <p>E. Record review of R #156's physician's orders revealed there were no orders for occupational therapy, physical therapy, or restorative nursing services.</p> <p>F. Record review of R #156's care plan, dated 05/08/24, revealed there were no interventions for increasing R #156's mobility or prevent a decrease in his range of motion (ROM).</p> <p>G. On 05/21/24 at 9:49 AM, during an interview with the Director of Rehabilitative Services (DOR), he confirmed the following:</p> <ol style="list-style-type: none"> 1. R #156 did not have an order for therapy services or to be evaluated by therapy. 2. R #156 would be a good candidate for RNP. <p>H. On 05/22/24, during an interview with CNA #21, she revealed the following:</p> <ol style="list-style-type: none"> 1. She had not done any ROM exercises with R #156 or any other residents. 2. She had not been trained to provide ROM exercises with residents. <p>I. On 05/21/24 at 9:50 AM, during an interview with the DON, she confirmed the following:</p> <ol style="list-style-type: none"> 1. R #156 has pain when he moves. 2. R #156 lays in bed all the time. 3. R #156 has not had an evaluation for therapy. 4. CNA's are not trained or expected to complete ROM exercises with residents. 5. The facility does not have a RNP.

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755</p> <p>Based on record review and interview, the facility failed to ensure that residents had a physician visit at least every 60 days for 3 (R #52, R #53, R #54, and R #202) of 5 (R #51, R #52, R #53, R #54, and R #202) residents reviewed for physician's visits. This deficient practice could likely result in residents not receiving the required medical assessment which could cause a delay in care and treatment of medical conditions. The findings are:</p> <p>R #52:</p> <p>A. Record review of R #52's Electronic Medical Record (EMR) revealed:</p> <ol style="list-style-type: none"> 1. R #52 was admitted to the facility on [DATE]. 2. Last physician visit was on 12/17/23. <p>R #53:</p> <p>B. Record review of R #53's EMR revealed:</p> <ol style="list-style-type: none"> 1. R #53 was admitted to the facility on [DATE]. 2. Last physician visit was on 11/11/23. <p>R #54:</p> <p>C. Record review of R #54's EMR revealed:</p> <ol style="list-style-type: none"> 1. R #57 was admitted to the facility on [DATE]. 2. Last physician visit was on 12/17/23. <p>D. On 05/22/24 at 2:20 PM, during an interview with the medical records clerks, she confirmed R #52 and R #54's last physician visit was on 12/17/23. She confirmed that the last visit for R #53 was on 11/11/23.</p> <p>E. On 05/22/24 at 2:44 PM, during an interview the DON confirmed that the information provided by the medical records clerk was correct and R #52, R #53, and R #54 did not have any additional physician's visits.</p> <p>R #202</p> <p>F. Record review of R #202's admission record not dated, revealed R #202 admitted was 11/13/18.</p> <p>G. Record review of the physicians note dated 01/13/24, revealed R #202 was last seen by local doctor.</p> <p>(continued on next page)</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>H. Record review of R #202's entire medical record revealed no other physician notes were provided to confirm R #202 was seen again.</p> <p>I. On 05/22/24 at 10:04 AM, during an interview with the DON, she confirmed R #202 was last seen by local physician on 01/13/24, but there were no other follow-up progress notes. The DON stated all physician progress notes were requested but have not been obtained.</p> <p>50497</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41755</p> <p>Based on record review and interview, the facility failed to provide services of a Registered Nurse (RN) for at least 8 consecutive hours a day, 7 days a week. This deficient practice could affect all 25 residents, as identified on the facility census list provided by the Director of Nursing on 05/19/24. This deficient practice could likely result in residents not receiving the services they need for optimal quality of care. The findings are:</p> <p>A. Record review of the staff timesheets from 04/22/24 through 05/21/24 revealed that the facility did not have an RN present for 8 consecutive hours on the following dates:</p> <ol style="list-style-type: none"> 1. 04/26/24 RN hours worked were 5 hours and 45 minutes. 2. 05/04/24 RN did not work any hours. 3. 05/10/24 RN hours worked were 7 hours and 36 minutes. 4. 05/13/24 RN hours worked were 7 hours and 18 minutes. <p>B. On 05/22/24 at 3:18 PM, during an interview the administrator confirmed that a RN did not work on 05/04/24. The Administrator also confirmed that the facility did not have an RN for 8 hours on 04/26/24, 05/10/24, and 05/13/24.</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47510</p> <p>Based on observation, interview and record review the facility failed to ensure residents obtained dental services for 2 (R #102 and R #202) of 3 (R #102, R #103 and R #202) residents sampled for dental services, when they failed to ensure residents receive routine dental care to include an annual inspection of the mouth for signs of disease, dental cleaning, fillings, or minor partial or full denture adjustments.</p> <p>This deficient practice is likely to cause the resident unnecessary pain, embarrassment over the condition/appearance of teeth, and potential dental or oral complications. The findings are:</p> <p>A. Record review of R #102's medical record revealed an admitted [DATE].</p> <p>B. On 05/19/24 at 2:40 PM, during an observation of R #102, R #102's dentures were floating in his mouth. When R #102 would talk, his dentures would move and not stay in place.</p> <p>C. On 05/20/24 at 11:47 AM, during an interview, CNA #11 said that he helps R #102 with his dentures every day, putting them in, taking them out, etc. CNA #11 said that R #102's dentures do not fit well. CNA #11 said that he has told the nurse several times that R #102's dentures do not fit well for a long time now.</p> <p>D. On 05/20/24 at 11:44 AM, during an interview, the DON said that she confirmed that R #102's dentures were moving in his mouth (the DON did not specify when she became aware of R #102's loose dentures).</p> <p>E. On 05/22/24 at 10:17 AM, during an interview, the DON said that R #102 has not been to a dentist. The DON confirmed that R #102 should see a dentist because R #102's dentures should not be moving as much as they are, and they should not be so loose.</p> <p>R #202</p> <p>F. Record review of R #202's admission record no date revealed R #202 was admitted to the facility on [DATE].</p> <p>G. On 05/20/24 at 9:30 AM, during an interview with R #202 Family Member, she stated that R #202 has not been taken to the dentist in a while (unknown date).</p> <p>H. Record review of R #202's entire medical record revealed the following:</p> <p>a. R #202 has not seen a dentist</p> <p>b. No dental appointments scheduled.</p> <p>I. On 05/20/24 at 3:09 PM, during an interview with LPN #32 he confirmed there were no dental appointments for R #202 and she had not seen by dentist since before she was admitted .</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>50497</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47510</p> <p>Based on record review and interview, the facility failed to document the temperature of the walk-in refrigerator and walk-in freezer. This failure could potentially affect all 25 residents in the facility who eat food prepared in the kitchen (residents were identified by the Resident Matrix provided by the Administrator on 05/19/24). If the facility fails to adhere to safe food storage, residents could likely be exposed to foodborne illnesses (illness caused by food contaminated with bacteria, viruses, parasites, or toxins). The findings are:</p> <p>A. Record review of the walk-in refrigerator temperature log revealed temperatures were not documented at all for the following dates:</p> <ol style="list-style-type: none"> 1. 05/11/24 2. 05/12/24. 3. 05/17/24 4. 05/18/24 5. 05/19/24 <p>B. Record review of the freezer temperature log revealed temperatures were not documented at all for the following dates:</p> <ol style="list-style-type: none"> 1. 05/11/24 2. 05/12/24 3. 05/17/24 4. 05/18/24 5. 05/19/24 <p>C. On 05/21/24 at 12:39 PM, during an interview the DM reviewed the temperature logs and confirmed that they did have missing dates indicating that the temperatures were not checked and documented. The DM confirmed that the temperatures for the walk-in refrigerator and walk in freezer should be documented three times a day on the temperature logs. The DM said they are supposed to be checked every day and that kitchen staff is trained on how to check the temperatures and how and where to document the temperatures. The DM said that her expectation is that they actually look at the temperatures and document what the temperature is registering at the time.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>41755</p> <p>Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 1 (R #51) of 4 (R #51, R #53, R #54 and R #202) residents reviewed for documentation accuracy. This deficient practice has the potential to negatively impact the care staff provide to meet residents' needs due to missing or inaccurate records and resident information. The findings are:</p> <p>R #51</p> <p>A. Record review of R #51's Skin only evaluation completed by LPN #3 on 04/19/24 revealed diabetic foot ulcer (a slow-healing wound that commonly appears on the ball of the foot due to complications of diabetes) of the left outer heel.</p> <p>B. Record review of R #51's physician's orders revealed, an order date 05/13/24, refer R #51 to [name of agency] wound care for in-house visits and treatment of any wounds.</p> <p>C. Record review of R #51's wound care consultation note dated 05/13/24 revealed, wound #1 is located to the left heel, wound #1 was at stage 2 pressure ulcer (open wound to the skin caused by pressure, that has progressed to affect both the top and bottom layers of the skin but has not yet affected the fatty tissue beneath).</p> <p>D. On 05/22/24 at 2:30 PM, during an interview the DON confirmed that the LPN #3 had documented the wound incorrectly as a diabetic foot ulcer and confirmed that R #51's wound was a pressure ulcer as documented by the wound care practitioner on 05/13/24.</p> <p>50497</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>50497</p> <p>Based on record review and interview the facility's Quality Assurance Performance Improvement (QAPI) Committee failed to establish and implement policies and procedures for feedback, data collections system, monitoring, and adverse event monitoring. This deficient practice could likely result in the facility not having opportunities for improvement, obtaining feedback from staff, the residents and the resident's representative to identify problems or concerns. The findings are:</p> <p>A. Record review of the Quality Assurance Performance Improvement (QAPI) Committee binder revealed, the facility do not have any policies and procedures in place.</p> <p>B. On 05/22/24 at 2:43 PM during an interview the Administrator confirmed did not have policy and procedures for QAPI. The Administrator stated that the facility was in the process of updating the policies and procedures for QAPI since previous policy and procedures were not working for the facility. The Administrator stated they also had new staff that needs to be retrained on the new QAPI policies and procedures.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49313</p> <p>Based on record review and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections when they failed to have a water management program to minimize the risk of Legionella [a bacteria that can grow in parts of building water systems that are continually wet (e.g., pipes, faucets, water storage tanks, decorative fountains) and cause a serious type of pneumonia], and other opportunistic pathogens (bacteria that do not usually cause diseases in healthy people but may become extremely injurious to unhealthy individuals) in the building's water system. This failure could potentially affect all 25 residents who live in the facility (residents were identified by the Resident Matrix provided by the Administrator on 05/19/24).</p> <p>If the facility fails to maintain an effective infection control program, then infections could spread to residents throughout the facility, resulting in illness. The findings are:</p> <p>A. Record review of the facility's infection control program revealed the facility did not have a water management program to minimize the risk of Legionella and other opportunistic pathogens from spreading through the facility's water system.</p> <p>B. On 05/21/24 at 12:46 PM, during an interview with the Maintenance Director, he confirmed the following:</p> <ol style="list-style-type: none"> 1. He was unaware of any water management program the facility had to minimize the risk of Legionella and other opportunistic waterborne pathogens from growing. 2. He did not have a map of the water system and potential sources for the growth of waterborne pathogens. 3. He was unaware of where Legionella or other waterborne pathogens can grow. <p>C. On 05/21/24 at 12:51 PM, during an interview with the Administrator, she confirmed the facility did not have a water management program in place to minimize the risk of Legionella or other opportunistic waterborne pathogens.</p> <p>D. On 05/22/24 at 9:46 AM, during an interview with the Infection Control Nurse, he confirmed that he had not been doing anything to minimize the risk of Legionella or other opportunistic waterborne pathogens.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>50497</p> <p>Based on observation and interview, the facility failed to ensure call lights worked and that the pull cords for the call lights in the resident's bedrooms were in reach to allow residents to call for help using the call light system, for 1 (R #207) of 3 (R #202, R #204, and R #207) residents randomly sampled for call light function. If the facility does not have a functioning call light system, then residents are unlikely to get their immediate needs met by facility staff. The findings are:</p> <p>A. On 05/19/24 at 3:00 PM, during an observation of R #207 bedroom, revealed the call light cord was missing.</p> <p>B. On 05/19/24 at 3:08 PM, during an interview with R #207, she stated, I don't have a call light (the call light cord was missing), no wonder the aides do not come. R #207 stated that she knows to press the call light cord to call for assistance.</p> <p>C. On 05/19/24 at 3:28 PM, during an interview with LPN #31, she confirmed R #207 did not have call light cord and stated [Name of R #207] does not use her call light.</p>

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755</p> <p>Based on record review and interview, the facility failed to provide behavioral health training (training that helps staff recognize and respond to various behavioral and mental health issues that residents may present with) for 3 staff (RN #1, LPN #1, and CNA #1) of 4 (RN #1, LPN #1, CNA #1, and CNA #2) staff sampled for training. This deficient practice could likely result in residents not receiving the services necessary to attain or maintain their physical, mental, and psychosocial (involving both psychological and social aspects) well-being. The findings are:</p> <p>A. Record review of R #51's admission record (no date), revealed that she was admitted to the facility on [DATE] with the diagnosis of Unspecified mood (affective) disorder (condition that severely impacts mood).</p> <p>B. Record review of R #53's admission record (no date), revealed that she was admitted to the facility on [DATE] with the diagnosis of Schizoaffective disorder, bipolar type (mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania).</p> <p>C. Record review of R #54's admission record (no date), revealed that she was admitted to the facility on [DATE] with the diagnosis of Anxiety disorder, unspecified (condition where individuals experience anxiety-like symptoms that cause severe distress or impairment).</p> <p>D. Record review of staff training records revealed RN #1, LPN #1, and CNA #1 did not complete training for behavioral health needs.</p> <p>E. On 05/22/24 at 3:25 pm, during an interview the Administrator confirmed that RN #1, LPN #1, and CNA #1 did not have any additional trainings.</p> <p>F. On 06/10/24 at 2:53 PM, during an interview the DON confirmed the following:</p> <ol style="list-style-type: none"> 1) RN #1's hire date was 07/12/21. 2) LPN #1's hire date was 09/14/23. 3) CNA #1's hire date 06/27/06. 4) RN #1, LPN #1, and CNA #1 do work with all residents in the facility. 5) The facility does admit residents mental health diagnosis (i.e. depression, anxiety, etc.). 		