

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Sunset Villa Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1515 South Sunset Ave Roswell, NM 88203	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</p> <p>Based on observation and record review, the facility failed to ensure privacy was provided for 1 (R #1) of 1 (R #1) residents reviewed when they failed to ensure personal privacy while dressing in her room. This deficient practice is likely to cause residents to feel exposed and unimportant. The findings are:</p> <p>A. Record review of R #1's Admission Record revealed R #1 was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Type 2 Diabetes Mellitus (a chronic disease that occurs when the body doesn't use insulin properly, resulting in high blood sugar levels), 2. Degenerative disease of nervous system, unspecified (a condition that causes nerve cells in the brain or spinal cord to die with no known reason), 3. Altered mental status, unspecified (a significant change in a person's mental function, affecting their awareness, cognition, and behavior with no known reason), 4. Need for assistance with personal care. <p>B. Record review of R #1's admission Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 01/06/25 revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 08, moderately impaired.</p> <p>C. On 02/03/25 at 7:30 am, during a dining observation in the main dining area, R #1 was seen standing in her room, by her bed. R #1 was wearing a disposable adult brief and a t-shirt while she was pulling her pants up. R #1 was in full view of the dining area where staff and residents, including R #14, R #25, and R #33 were able to see her dress.</p> <p>D. Record review of R #1's care plan dated 02/03/25 revealed R #1 has an Activities of Daily Living (ADL) self-care performance deficit and requires supervision and touching assistance while dressing the upper body and partial moderate assistance while dressing the lower body.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>50207</p> <p>Based on observation and interview, the facility failed to provide a comfortable and homelike environment that was in good condition for 1 (R #5) of 1 (R #5) resident reviewed for a homelike environment by not repairing the wall and the blinds in his room. Failure to maintain and provide a comfortable environment is likely to result in residents feeling unimportant and undervalued. The findings are:</p> <p>A. On 02/03/25 at 7:54 am, during an interview with R #5 he pointed to the sliding glass door in his room which had several broken and missing blinds and stated he has asked maintenance to fix them but hasn't heard anything. R #5 stated the blinds have been broken and missing for months, but could not remember exactly how long.</p> <p>B. On 02/05/25 at 3:16 pm, an observation of R #5's room revealed the following:</p> <ol style="list-style-type: none"> 1. A section of the wall by the bed measuring approximately six feet by three feet had paint that was scrapped and was peeled. 2. The sliding glass door had several broken and missing blinds. <p>C. On 02/05/25 at 3:46 pm, during an interview with the Maintenance Director (MD), he confirmed R #5's room was not in good condition by stating [Name of R #5's] room is in need of repairs. The MD stated that he will look into ordering blinds.</p>

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</p> <p>Past Non-Compliance</p> <p>Based on record review, and interview, the facility failed to prevent neglect for 1 (R #24) of 1 (R #24) resident reviewed for abuse and neglect when staff failed to complete rounds (process where nursing staff checks on the status or condition of each resident) timely. This deficient practice likely resulted in R #24 laying on the floor in his room after a fall for approximately three hours. The findings are:</p> <p>A. Record review of R #24's Admission Record revealed R #24 was admitted to the facility on [DATE] with the following multiple diagnoses:</p> <ol style="list-style-type: none"> 1. Alzheimer's disease, unspecified, 2. Bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), moderate, 3. Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment), severe with behavioral disturbance. 4. Cognitive Communication deficit (a communication difficulty that's caused by a cognitive impairment), 5. Essential Hypertension (HTN; high blood pressure). <p>B. Record review of R #24's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 01/29/25 revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) was not completed because [Name of R #24] is rarely or never understood.</p> <p>C. Record review of R #24's progress note dated 07/05/24 revealed R #24's daughter called the facility at 12:09 am to advise them that she was watching the camera that she had installed in R #24's room and saw her father on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>D. On 02/03/25 at 10:40 am, during an interview with R #24's daughter and Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, or medical care) she confirmed she did have a camera installed in her father's room so she would be able to check on him. She stated on the morning of 07/05/24 a little after midnight, she turned the video on to check in on him and saw that he was lying on the floor in his room, so she called the facility and notified them. She stated staff went into the room a few moments later and assisted her father off the floor. R #24's daughter stated she watched the video from 07/04/24 and saw that her father fell at approximately 8:45 pm. She stated that nobody entered her father's room until she called the facility to notify them that he was on the floor. She stated that her father was not physically injured due to the fall, but would be mortified if he was able to remember having to lie on the floor for over three hours because nobody checked on him.</p> <p>E. Record review of the POA's video of R #24's room from 07/04/24 through 07/05/24 revealed the door to R #24's room was closed, and R #24 stood by his bed at 8:42 pm, when R #24 leaned forward and fell backwards, landed on the floor. The video revealed R #24 laid on the floor in his room yelling out for help and staff did not enter the room until after R #24's daughter called the facility at 12:09 am on 07/05/24.</p> <p>F. Record review of R #24's Change of Condition form dated 07/05/24 revealed Residents daughter [name of R #24's daughter] called (as there is a camera in resident's room) and advised us that her father got up out of his bed and fell .</p> <p>G. Record review of R #24 Care Plan dated 06/07/24, revealed R #24 was at risk for falls due to confusion, deconditioning, and poor safety awareness.</p> <p>H. Record review of the facility's Nursing Policy and Procedure revealed nursing staff are to .participate in resident rounds at least every two hours, more often if condition of resident requires.</p> <p>I. On 02/06/25 at 12:23 pm, during an interview with the Director of Nursing (DON), she stated R #24 laying on the floor after a fall for over three hours does not meet her expectations because staff should have checked on him at least every two hours.</p> <p>Based on the facility's investigation of staff not completing rounds resulting in R #24 lying on the floor for approximately three hours after a fall, the following action steps were implemented prior to the survey investigation completed on 02/06/25:</p> <ol style="list-style-type: none"> 1. The care team was in-serviced on hourly rounding for R #24. Completed 07/05/24. 2. An order dated 07/31/24 was entered for R #24 to be checked on for incontinence, positioning, and other needs every hour, was entered to ensure staff complete and document hourly checks. Completed 07/31/24. 3. All staff were reeducated on resident rounding, meeting resident needs, fall prevention, along with abuse and neglect. Completed 07/05/24. 4. The facility completed Safe Surveys with every resident in the facility which indicated no additional concerns. Completed 07/05/24. <p>(continued on next page)</p>		

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F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>5. Administrator audited ambassador rounds, stand up and down meetings, and clinical meetings weekly for four weeks and then monthly thereafter. The first monthly audit completed 08/02/24.</p> <p>6. The DON completed a fall audit on all residents residing at the facility to determine if falls were documented correctly and change of conditions were completed. Completed 07/09/24.</p> <p>7. The nurse in charge of resident care on 07/04/24 chose to resign instead of accepting the corrective action that was presented to him by the Administrator.</p> <p>-On 02/06/25 at 1:43 pm, during an interview with CNA #1, she confirmed that rounds are required to be completed with R #24 hourly.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</p> <p>Based on record review and interview, the facility failed to create an accurate baseline care plan (minimum healthcare information necessary to properly care for a resident immediately upon their admission to the facility) for 2 (R #34 and R #38) of 3 (R #24, R #34, and R #38) residents reviewed for care plans. If baseline care plans are not accurate then residents may not get the appropriate care which could lead to an adverse event (undesirable experience, preventable or non-preventable, that causes harm to a resident because of medical care or lack of medical care). The findings are:</p> <p>R #34</p> <p>A. Record review of R #34's Admission Record revealed R #34 was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Acute Respiratory Failure with Hypoxia (when the lungs are unable to adequately provide oxygen to the body, resulting in low blood oxygen levels (hypoxia) that occur suddenly and require immediate medical attention), 2. Urinary Tract Infection (UTI; an infection in any part of the urinary system, which includes the kidneys, ureters, bladder, and urethra), site not specified, 3. Bladder-neck obstruction (a blockage in the bladder neck that prevents the bladder from emptying properly), 4. Benign prostatic hyperplasia (age-associated prostate gland enlargement that can cause urinary difficulty) with lower urinary tract symptoms. <p>B. On 02/04/25 at 8:36 am, during an interview with R #34, he stated he utilizes a catheter (a device that drains urine from the bladder) and stated he was admitted to the facility with the catheter in place.</p> <p>C. Record review of R #34's hospital discharge paperwork dated 12/24/24 revealed the following:</p> <ol style="list-style-type: none"> 1. Patient with dementia and chronic indwelling catheter (long term tubular medical device to allow draining) presented . 2. Continue with antibiotics for suspected UTI. <p>D. Record review of R #34's baseline care plan dated 12/29/24, revealed the care plan did not contain any documentation of R #34's catheter and any interventions for the catheter.</p> <p>E. On 02/06/25 at 12:20 pm during an interview with the Director of Nursing (DON), she confirmed R #34's baseline care plan did not include R #34's catheter and any interventions for the catheter. The DON stated her expectation is for every baseline care plan to contain accurate information, so residents receive the care they need.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R #38</p> <p>F. Record review of R #38's Admission Record revealed R #38 was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Urinary Tract Infection, 2. Type 2 Diabetes (a chronic condition where the body does not use insulin properly or does not produce enough insulin), 3. Acute kidney failure, unspecified (a sudden loss of kidney function with no known cause), <p>G. Record review of R #38's admission Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 01/24/25 revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 11, cognitively intact.</p> <p>H. On 02/24/25 at 9:18 am, during an interview with R #38, she stated she gets UTIs often. She stated she was admitted to the facility with a UTI.</p> <p>I. Record review of R #38's baseline care plan dated 01/22/25, revealed the care plan did not contain any interventions for a urinary tract infection (UTI).</p> <p>J. On 02/06/25 at 12:30 pm, during an interview with the DON, she confirmed R #38's baseline care plan does not include any interventions regarding UTIs. The DON stated her expectation is for every baseline care plan to contain accurate information, so residents receive the care they need.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 50207</p> <p>Based on record review and interview, the facility failed to develop and implement an accurate, person-centered comprehensive care plan for 3 (R #5, R #24, and R #34) of 6 (R #1, R #5, R #17, R #24, R #34, and R #39) residents reviewed for care plans. This deficient practice could likely result in staff being unaware of the current and actual needs of the residents. The findings are:</p> <p>R #5</p> <p>A. Record review of R #5's Admission Record revealed R #5 was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Diabetes Mellitus with Hyperglycemia (a chronic metabolic disorder characterized by high blood sugar), 2. Heart failure, 3. Bipolar Disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), 4. Cellulitis (deep inflammation of the tissues just under the skin; caused by infection) of unspecified part of limb, 5. Unspecified dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment), severe with other behavioral disturbance. <p>B. Record review of R #5's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 01/13/25 revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 12, moderately impaired.</p> <p>C. Record review of R #5's medical orders revealed an order dated 11/05/24 for R #5 to have a wander guard (wearable technology used to keep residents from wandering or eloping (leaving) from the facility unattended) attached to his wheelchair daily.</p> <p>D. Record review of R #5's care plan revised 01/31/25 revealed the care plan did not contain the following:</p> <ol style="list-style-type: none"> 1. Interventions to include the use of a wander guard. 2. Interventions to include R #5's diagnosis of severe dementia or the care he required regarding the dementia diagnosis. <p>E. On 02/06/25 at 12:20 pm, during an interview with the Director of Nursing (DON), she confirmed R #5's care plan does not include the use of a wander guard and the care R #5 requires regarding his dementia.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R #24</p> <p>F. Record review of R #24's Admission Record revealed R #24 was admitted to the facility on [DATE] and has multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Alzheimer's disease, unspecified, 2. Bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), moderate, 3. Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment), severe with behavioral disturbance. 4. Cognitive Communication deficit (difficulties with communication and cognitive function that can arise due to diabetes), 5. Essential Hypertension (HTN; high blood pressure). <p>G. Record review of R #24's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 01/29/25 revealed the following:</p> <ol style="list-style-type: none"> 1. A Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) was not completed because R #24 is rarely or never understood. 2. Section GG revealed R #24 is dependent (the MDS form states dependent means a helper does all of the effort. Resident does none of the effort to complete the activity) on staff for all self-care (eating, hygiene, bathing, dressing). <p>H. On 02/03/25 at 10:40 am, during an interview with R #24's daughter and Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, or medical care) she stated R #24 does not get enough fluids. She stated that staff at the facility had told her that they will offer her father a drink every time they enter his room but she sees through the camera that does not happen. R #24's daughter confirmed that she has a camera placed in R #24's room. She stated that she can log in and view R #24 live and the camera also records video.</p> <p>I. Record review of R #24's medical orders revealed an active order for hospice services through Interim Hospice dated 07/19/24.</p> <p>J. Record review of R #24's care plan dated 10/23/24 revealed the following:</p> <ol style="list-style-type: none"> 1. There is no care plan or interventions in place regarding hydration supports. 2. There was no care plan or intervention that included R #24's diagnosis of severe dementia or the care he required regarding the dementia diagnosis. 3. There was no care plan or interventions in place regarding R #24's hospice services. <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>K. On 02/06/25 at 12:20 pm, during an interview with the DON, she confirmed R #24's care plan does not include hydration support, dementia care or hospice services. She stated R #24's care plan does not meet her expectations because it is not comprehensive.</p> <p>R #34</p> <p>L. Record review of R #34's Admission Record revealed R #34 was admitted to the facility on [DATE] with multiple diagnoses including the following:</p> <ol style="list-style-type: none"> 1. Acute Respiratory Failure with Hypoxia (when the lungs are unable to adequately provide oxygen to the body, resulting in low blood oxygen levels (hypoxia) that occur suddenly and require immediate medical attention), 2. Urinary Tract Infection (UTI; an infection in any part of the urinary system, which includes the kidneys, ureters, bladder, and urethra), site not specified, 3. Bladder-neck obstruction (a blockage in the bladder neck that prevents the bladder from emptying properly), 4. Benign prostatic hyperplasia (age-associated prostate gland enlargement that can cause urinary difficulty) with lower urinary tract symptoms, <p>M. On 02/04/25 at 8:36 am, during an interview with R #34, he stated he utilizes a catheter (a device that drains urine from the bladder) and stated he was admitted to the facility with it in place.</p> <p>N. Record review of R #34's hospital discharge paperwork dated 12/24/24 revealed R #34 arrived at the hospital on 12/09/24 with a catheter in place.</p> <p>O. Record review of R #34's care plan dated 02/03/25 revealed the care plan for his catheter care was not developed or implemented until 02/03/25 (38 days after admission).</p> <p>P. On 02/06/25 at 12:20 pm during an interview with the Director of Nursing (DON) she confirmed R #34's care plan for catheter care was not developed or implemented until 02/03/25. She stated R #34's care plan does not meet her expectations.</p> <p>51616</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** 51616</p> <p>Based on record review and interview, the facility failed to ensure staff revised the care plan for 2 (R #5 and R #24) of 6 (R #1, R #5, R #17, R #24, R #34, and R #39) residents reviewed for pain medication management. These deficient practices are likely to result in residents' care and needs not being addressed if care plans are not updated. The findings are:</p> <p>R #5</p> <p>A. Record review of R #5's Admission Record revealed R #5 was admitted to the facility on [DATE].</p> <p>B. Record review of R #5's electronic files revealed a physician order for oxycodone (pain medication) dated 01/29/25 to be administered every six (6) hours as needed for pain.</p> <p>C. Record review of R #5's Medication Administration Record (MAR) for the month of February 2025, revealed R #5 was not administer oxycodone but has an active order that is available to be administered.</p> <p>D. Record review of R #5's comprehensive care plan revised on 01/31/25 revealed the comprehensive care plan did not include the use of pain medications and interventions for the following:</p> <ol style="list-style-type: none"> 1. Monitoring for Pain. 2. Non-pharmacological interventions (strategies used to relieve symptoms without use of medication). 3. Effectiveness of pain medication use. <p>E. On 02/06/25 at 12:20 pm, during an interview with the Director of Nursing (DON), she confirmed R #5 had an active order for oxycodone. The DON confirmed the revision of the comprehensive care plan for R #5 was last revised on 01/21/25. The care plan was not revised to include pain medication management and should have been.</p> <p>R #24:</p> <p>F. Record review of R #24's face sheet revealed R #24 was admitted into the facility on [DATE].</p> <p>G. Record review of R #24's electronic files revealed a physician order dated 11/07/24 for fentanyl transdermal patch (pain medication patch to be placed on the skin) to be administered every three (3) days.</p> <p>H. Record review of R #24's MAR for the month of February 2025, revealed R #24 was administered fentanyl on 02/02/25.</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>I. Record review of R #5's comprehensive care plan last revised on 10/23/24 revealed the comprehensive care plan was not revised to include the order of fentanyl transdermal patch and interventions for the following:</p> <ol style="list-style-type: none"> 1. Monitoring for Pain. 2. Non-pharmacological interventions (strategies used to relieve symptoms without use of medication). 3. Effectiveness of pain medication use. <p>J. On 02/06/25 at 12:20 pm, during an interview with the Director of Nursing (DON), she confirmed R #5 had an active order for Fentanyl. The DON confirmed there was not a revision of the comprehensive care plan for R #24 to include pain medication management and should have been.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</p> <p>Based on observation and record review, the facility failed to provide activities of daily living (ADL; activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating) assistance for dressing for 1 (R #1) of 1 (R #1) residents reviewed for ADL care. This deficient practice is likely to affect the dignity and health of the residents. The findings are:</p> <p>A. Record review of R #1's Admission Record revealed R #1 was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Type 2 Diabetes Mellitus (a chronic disease that occurs when the body doesn't use insulin properly, resulting in high blood sugar levels), 2. Degenerative disease of nervous system, unspecified (a condition that causes nerve cells in the brain or spinal cord to die with no known reason), 3. Altered mental status, unspecified (a significant change in a person's mental function, affecting their awareness, cognition, and behavior with no known reason), 4. Need for assistance with personal care. <p>B. Record review of R #1's admission Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 01/06/25 revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 08, moderately impaired.</p> <p>C. On 02/03/25 at 7:30 am, during a dining observation in the main dining area, R #1 was seen standing in her room, by her bed. R #1 was wearing a disposable adult brief and a t-shirt while she attempted to pull her pants up. R #1 had her right leg in the pants she was trying to put on and then sat on her bed. She attempted to put her left leg in the pants but was unsuccessful. R #1 removed the pants, stood up and walked to her closet and got another pair of pants. R #1 returned to her bed where she put her right foot in the pants, then her left foot in the pants, and stood up. R #1 held onto a wheelchair that was next to her bed with her right hand and used her left hand to pull her pants up. R #1 was in full view of the dining area and did not have staff's assistance to dress.</p> <p>D. Record review of R #1's care plan dated 02/03/25 revealed R #1 had an ADL self-care performance deficit and requires supervision and touching assistance while dressing the upper body and partial moderate assistance while dressing the lower body.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</p> <p>Based on record review and interview, the facility failed maintain adequate hydration for 1 (R #24) of 1 (R #24) resident reviewed for dehydration when staff failed to:</p> <ol style="list-style-type: none"> 1. Offer R #24 a drink when staff enter his room, 2. Document and monitor R #24's fluid intakes daily. <p>If residents are not assisted with hydration support, then residents are likely to experience dehydration which could lead to other health problems. The findings are:</p> <p>A. Record review of R #24's Admission Record revealed R #24 was admitted to the facility on [DATE] with the following diagnoses:</p> <ol style="list-style-type: none"> 1. Alzheimer's disease, unspecified, 2. Bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), moderate, 3. Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment), severe with behavioral disturbance. 4. Cognitive Communication deficit (a communication difficulty that's caused by a cognitive impairment), 5. Essential Hypertension (HTN; high blood pressure). <p>B. Record review of R #24's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 01/29/25 revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) was not completed because Name of R #24] is rarely or never understood.</p> <p>C. On 02/03/25 at 10:40 am, during an interview with R #24's daughter and Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, or medical care) she stated her father is not physically able to get a drink on his own anymore. She said she hardly ever sees staff offer R #24 a drink. She stated she has been told by the facility during care plan meetings that staff will offer him a drink every time they enter the room, but she doesn't see that occur very often on the camera that she has installed in his room.</p> <p>D. Record review of R #24's Electronic Health Record (EHR) revealed, the record did not contain any recommendation or an order for the amount of fluid R #24 should have daily.</p> <p>E. Record review of R #24's care plan dated 08/20/24, revealed R #24 is totally dependent on staff for all self-care activities of daily living (activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating).</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>F. Record review of R #24's Documentation Survey Report (a facility report that compiles all tasks associated to a resident and staff's documentation of each task) for the month of January 2025 revealed 22 out of 31 days where R #24 did not get the minimum amount of fluids recommended by Center of Medicare and Medicaid (CMS):</p> <ol style="list-style-type: none"> 1. On 01/02/25 staff documented R #24 drank a total of 1100 ml, 2. On 01/06/25 staff documented R #24 drank a total of 1100 ml, 3. On 01/07/25 staff documented R #24 drank a total of 1360 ml, 4. On 01/08/25 staff documented R #24 drank a total of 1000 ml, 5. On 01/09/25 staff documented R #24 drank a total of 800 ml, 6. On 01/10/25 staff documented R #24 drank a total of 700 ml, 7. On 01/15/25 staff documented R #24 drank a total of 1380 ml, 8. On 01/16/25 staff documented R #24 drank a total of 1000 ml, 9. On 01/17/25 staff documented R #24 drank a total of 960 ml, 10. On 01/19/25 staff documented R #24 drank a total of 1050 ml, 11. On 01/20/25 staff documented R #24 drank a total of 610 ml, 12. On 01/21/25 staff did not document that R #24 drank any fluids. 13. On 01/22/25 staff documented R #24 drank a total of 600 ml, 14. On 01/23/25 staff documented R #24 drank a total of 800 ml, 15. On 01/24/25 staff documented R #24 drank a total of 800 ml, 16. On 01/25/25 staff documented R #24 drank a total of 1360 ml, 17. On 01/26/25 staff documented R #24 drank a total of 1360 ml, 18. On 01/27/25 staff documented R #24 drank a total of 1000 ml, 19. On 01/28/25 staff documented R #24 drank a total of 700 ml, 20. On 01/29/25 staff documented R #24 drank a total of 1060 ml, 21. On 01/30/25 staff documented R #24 drank a total of 500 ml, 22. On 01/31/25 staff did not document that R #24 drank any fluids. <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>G. Record review of R #24's EHR revealed the record did not contain any nutritional recommendations, medical orders, support, or interventions in place to assist R #24 with hydration support.</p> <p>H. On 02/06/25 at 12:20 pm, during an interview with the Director of Nursing (DON), she confirmed R #24 did not have any supports or intervention in place to assist R #24 with his hydration needs. The DON stated, for him, in his state, he should have supports because he is dependent.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49827</p> <p>Based on observation and interview the facility failed to ensure medications were labeled with a proper open date or expiration date. These deficient practices are likely to negatively impact the health of all residents, if staff administered or used potentially compromised or contaminated medications.</p> <p>The findings are:</p> <p>A. On 02/06/25 at 5:40 am, during an observation of the Medication Storage room, three opened bottles of generic throat spray was not labeled with an open date and a readable expiration date.</p> <p>B. On 02/06/25 at 5:45 am, during an interview with Licensed Practical Nurse (LPN) #1, she confirmed the three bottles of throat spray were opened, the expiration date was unreadable and an open date had not been written on the bottles. She confirmed she was unable to determine when the throat sprays were opened and could not determine expiration because the manufacturers expiration dates were unreadable. She confirmed the expiration dates should be clear and readable.</p> <p>C. On 02/03/25 at 9:05 am, during an interview with the Director of Nursing (DON), she confirmed the opened medications should be labeled correctly with a readable open date and expiration date.</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>49827</p> <p>Based on observation, record review, and interview, the facility failed to develop and implement an ongoing infection prevention and control program (a program that is used to prevent, recognize, and control the onset and spread of infections). This failed practice has the potential to affect all 96 residents living in the facility as identified by the census provided by the Administrator on 12/08/24. This deficient practice could likely result in the spread of infectious diseases.</p> <p>A. On 02/03/25 at 6:00 am, during a random observation of the facility, signs indicated enhanced barrier precautions were on the doorways of rooms 102, 109, 110, and 120.</p> <p>B. Record review of the facility's Infection Prevention and Control Program Policy and Process Surveillance and Reporting policy, revision date of 06/2020, revealed the following:</p> <ol style="list-style-type: none"> 1. The Infection Preventionist coordinates the development and monitoring of the facility's established infection control policies and procedures. 2. Reporting information related to compliance with the facility's established infection control policies and procedures to the Administrator and the Infection Control Committee. <p>C. On 02/05/25 at 2:30 pm during an interview with the Infection Preventionist (IP), he confirmed he does not have any ongoing documentation or evidence to support an annual review of the of infection monitoring to submit to surveyors for review on the infection prevention and control program. The IP confirmed the facility failed to continuously implement an ongoing infection prevention and control program prior to October 2024 due to the previous IP not completing these duties.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>49827</p> <p>Based on record review and interview, the facility failed to ensure staff implemented a comprehensive antibiotic stewardship program (a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use). This failed practice has the potential to affect all 45 residents in the facility. Residents identified on the matrix provided by the Administrator on 02/03/25. This deficient practice could likely result in the inappropriate use of antibiotics that can lead to resistance of multi-drug resistant organisms. The findings are:</p> <p>A. Record review of the facility's Antibiotic Stewardship policy, revision date of 06/20 revealed The Infection Control Committee (ICC) will review infections and monitor antibiotic usage patterns on a regular basis. In addition, the ICC will obtain and review results from microbial cultures, resistant organisms, alerts and antibiograms from the lab for trends of resistance.</p> <p>B. On 02/05/25 at 2:30 pm during an interview with the Infection Preventionist (IP), he confirmed he does not have ongoing monitoring documentation for antibiotic usage patterns or evidence to support an annual review of the Antibiotic Stewardship Program had been completed to submit to surveyors for review on the antibiotic stewardship program. The IP confirmed that the facility failed to continuously implement an ongoing antibiotic stewardship program prior to October 2024 due to the previous IP not completing these duties. This is not clear, since October 2024 has the IP monitored and documented for antibiotic usage patterns since he became the IP? Are you looking for non compliance in October or now? They are supposed to be able to provide documentation of monitoring since last survey, they only monitored for infection for 4 months since last survey. They did not maintain or continuously implement or review their program for 8 months. I added they did not provide evidence of annual review that is required by the regulation.</p> <p>51616</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>49827</p> <p>Based on record review and interview, the facility failed to ensure residents who had completed and signed a consent form for influenza (flu, infection of the nose, throat and lungs caused by a virus) vaccine actually received the vaccination for 1 (R #9) of 5 (R #7, R #9, R #10, R #14, and R #27) residents reviewed for immunizations. If residents are not vaccinated appropriately for influenza, then they have a higher likelihood of contracting the illness and spreading the flu to other residents in the facility. The findings are:</p> <p>A. Record review of R #9's Electronic Health Record (EHR) revealed the following:</p> <ol style="list-style-type: none"> 1. The last influenza vaccine was received on 09/21/22. 2. History of vaccinations indicated the last flu shot was given on 09/21/22. 3. R #9 signed a consent for the influenza vaccine on 11/28/24. The EHR did not indicate the resident received the vaccination. <p>B. On 02/06/2025 at 12:40 pm, during an interview with the Director of Nursing (DON), she confirmed R #9 had not yet received influenza vaccination after consenting for the vaccination. She was unable to confirm why the vaccination had not been given.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49827</p> <p>Based on record review and interview, the facility failed to offer COVID-19 (an acute respiratory disease in humans characterized mainly by fever and cough and capable of progressing to severe symptoms and in some cases death, especially in older people and those with underlying health conditions) vaccinations to 4 (R #7, R #9, R #10, and R #14) of 5 (R #7, R #9, R #10, R #14, and R #27) residents reviewed for COVID-19 vaccinations. This deficient practice could likely result in residents getting COVID-19. The findings are:</p> <p>R #7</p> <p>A. Record review of R #7's Electronic Health Record (EHR) revealed the record did not contain any COVID-19 vaccine forms which indicated staff offered or administered the COVID-19 vaccine to the resident.</p> <p>B. On 02/06/24 at 12:40 pm, during an interview with the Director of Nursing (DON), she confirmed R #7's EHR does not contain any evidence that the facility offered the COVID-19 vaccination to R #7.</p> <p>R #9</p> <p>C. Record review of R #9's EHR revealed the last COVID-19 vaccination that R #9 received was on September 21, 2022.</p> <p>D. On 02/06/24 at 12:40 pm, during an interview with the DON, she confirmed R #9's EHR did not contain any evidence that the facility offered the COVID-19 vaccination to R #7 since September, 2022.</p> <p>R #10</p> <p>E. Record review of R #10's EHR revealed the record did not contain any COVID-19 vaccine forms which indicated staff offered or administered the COVID-19 vaccine to the resident.</p> <p>F. On 02/06/2025 at 12:40 pm, during an interview with the DON, she confirmed R #10's EHR does not contain any evidence that the facility offered the COVID-19 vaccination.</p> <p>R #14</p> <p>G. Record review of R #14's EHR revealed the last COVID-19 vaccination that R #14 received was November 18, 2022.</p> <p>H. On 02/06/24 at 12:40 pm, during an interview with the DON, she confirmed R #14's EHR does not contain any evidence that the facility offered the COVID-19 vaccination to R #14 since November, 2022.</p> <p>(continued on next page)</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>I. Record review of the facility's COVID-19 Program Policy, revision date of 05/20/21 revealed Purpose .This infection control/prevention program is desinged to prevent the spread of COVID-19 in this facility. Keys to an effective Control Program: Following Center for Disease Control (CDC) recommendations for COVID-19.</p> <p>J. Record review of the Center for Disease Control and Prevention's website, https://www.cdc.gov/covid/vaccines/long-term-care-residents.html, stated the following:</p> <ol style="list-style-type: none"> 1. CDC recommends everyone ages 5-[AGE] years, including people who live and work in long-term care (LTC) settings, get 1 dose of a 2024-2025 COVID-19 vaccine. 2. CDC recommends everyone ages [AGE] years and older, including people who live and work in LTC settings, get 2 doses of a 2024-2025 COVID-19 vaccine 6 months apart.