

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Fountain View Manor, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  107 East Barclay Henryetta, OK 74437	

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>43023</p> <p>Based on observation and interview, the facility failed to ensure residents right to personal privacy for one (#40) of one resident sampled for personal privacy.</p> <p>The DON reported 27 residents resided on the Alzheimer's unit.</p> <p>Findings:</p> <p>Res #40 admitted to the facility with diagnoses of hypertension, dementia, and thyroid disorder.</p> <p>On 04/22/24 at 9:36 a.m., resident #40 complained of wandering residents coming into their room.</p> <p>On 04/24/24 at 10:10 a.m., an observation of the Alzheimer's unit was conducted. Residents were observed going in and out of several rooms. An unknown resident was observed sleeping on a bed in an unoccupied room. No staff was observed providing supervision at this time.</p> <p>On 04/24/24 at 10:12 a.m., CNA #4 was observed entering the unit with a resident. CNA #4 reported she was giving the resident a shower. This surveyor asked how many staff were assigned to the unit. They reported them and another CNA who was performing care for a resident. The CNA #4 was asked if residents always wander in and out of other resident rooms. They reported they try to redirect them the best they can, but it doesn't always work.</p> <p>On 04/24/24 at 10:16 a.m., resident #40's roommate complained about residents coming into their room trying to take their tv and other belongings. They reported staff doesn't do anything about it.</p> <p>On 04/25/24 at 2:00 p.m., the administrator reported, it is the Alzheimer's unit and they wander, your not going to stop them. They reported the families are aware of this when the residents are admitted that is why they advise them not bring personal items of value.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>45913</p> <p>Based on record review and interview, the facility failed to follow their abuse prevention policy by not obtaining criminal background checks upon hire for 9 (CNA #1, 2 and #3, Dietary Aides #1 and #2, SS Assistant #1, Activity Assistant #1 and #2 and Housekeeper #1) of 65 employees hired between 2016 and 2024.</p> <p>The administrator identified 73 residents who resided in the facility.</p> <p>Findings:</p> <p>The Abuse, Neglect, and Exploitation Policy, undated, read in part, .Screening: It is the policy of this facility to screen employees and volunteers prior to working with residents. Screening components include .criminal background checks .A criminal background check will be conducted on all prospective employees .</p> <p>The Employees roster, undated, documented the following:</p> <ul style="list-style-type: none"> <li>a. CNA #1 was hired on 02/15/24</li> <li>b. CNA #2 was hired on 03/27/19</li> <li>c. CNA #3 was hired on 03/08/17</li> <li>d. Dietary Aide #1 was hired on 01/23/24</li> <li>e. Dietary Aide #2 was hired on 09/27/23</li> <li>f. SS Assistant #1 was hired on 11/22/22</li> <li>g. Activity Assistant #1 was hired on 02/02/23</li> <li>h. Activity Assistant #2 was hired on 03/02/23</li> <li>i. Housekeeper #1 was hired on 11/01/16</li> </ul> <p>The [Facility name] Employee Roster, dated 04/24/24, provided by OK Screen did not document CNA #1, 2 and #3, Dietary Aide #1 and #2, SS Assistant #1, Activity Assistant #1 and #2 and Housekeeper #1 as current eligible employees.</p> <p>On 04/24/24 at 8:30 a.m., the facility provided an OK Screen clearance letter for Activity Assistant #2, dated 04/24/24. The [Facility name] Employee Roster, dated 04/24/24, provided by OK Screen documented Activity Assistant #2 as being in process.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/24/24 at 09:40 a.m., OK Screen employees [names withheld] reported the clearance letter for Activity Assistant #2 was not sent by their agency. They reported Activity Assistant #2 had not been fingerprinted keeping OK Screen from being able to complete a criminal background check and issue a clearance letter on them.</p> <p>On 04/24/24 at 12:10, the administrator reported the HR manager responsible for criminal background checks was home sick, but had reported via phone they could not provide the email from OK Screen in which they got the clearance letter for Activity Assistance #2. The administrator reported the HR manager reported once they print off the clearance letters from OK Screen they immediately delete the OK Screen email. The HR Manager could not explain why there were no criminal background checks/clearance letters for CNA #1, 2 and #3, Dietary Aide #1 and #2, SS Assistant #1, Activity Assistant #1 and #2 and Housekeeper #1. The HR Manager reported the employees were in the OK Screen system at one time and did not know why they were not on the current roster. The administrator and the HR Manager reported the employees should have been on the current OK Screen roster and have criminal background checks/clearance letters in their employee files.</p> <p>On 04/25/24 at 11:05 p.m., the administrator reported the HR Manager reported they did not received any emails from OK Screen with clearance letters. The HR Manager reported they had to go into the OK Screen system and print of clearance letters.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>46582</p> <p>Based on record review and interview, the facility failed to ensure accurate coding of MDS assessments:</p> <ul style="list-style-type: none"> <li>a. for diuretic use for one (#23) of 19 sampled residents;</li> <li>b. for falls for two (#10 and #23) of 19 sampled residents;</li> <li>c. for insulin use for one (#9) of 19 sampled residents; and</li> <li>d. for antipsychotic medication use for one (#17) of 19 sampled residents whose MDS assessments were reviewed.</li> </ul> <p>The administrator identified 73 residents who resided in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Res #23 had diagnoses which included chronic obstructive pulmonary disease, chronic pain, and anxiety. An admission MDS assessment, dated 04/04/24, documented Res #23 was cognitively intact, received a diuretic, and had two falls with no injury during the review period. No documentation of an order for a diuretic was observed in Res #23's medical record. The medical record documented one fall without injury during the review period. On 04/25/24 at 10:09 a.m., MDS coordinator #1 stated Res #23 had not received a diuretic. They stated the MDS assessment was coded in error. On 04/25/24 at 12:17 p.m., MDS coordinator #1 stated Res #23 had one fall during the review period. They stated the second fall was coded in error.</li> <li>2. Res #10 had diagnoses which included cerebral infarction, thrombocytopenia, and chronic pain. An annual assessment, dated 11/14/23, documented the resident was severely cognitively impaired, required partial assistance with transfers, and had one fall with major injury. A quarterly assessment, dated 02/14/24, documented the resident was severely cognitively impaired, required partial assistance with transfers, and had one fall with major injury. No documentation of a fall with major injury was observed in Res #10's medical record during the review periods. On 04/25/24 at 10:42 a.m., MDS coordinator #1 stated Res #10 did not have a fall with major injury during the review periods of the MDS assessments. They stated the MDS was coded in error.</li> </ol> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>43023</p> <p>3. Res #9 admitted to the facility with diagnoses of major depression, insomnia, low back pain, and pain in right hip.</p> <p>A quarterly MDS assessment, dated 03/26/24, documented the resident received insulin injections 7 of 7 days of the look back period.</p> <p>The resident's medication list was reviewed and contained no documentation the resident was receiving insulin injections.</p> <p>On 04/25/24 at 10:09 a.m., The DON reported the resident was no longer receiving insulin and the assessment was coded wrong.</p> <p>4. Res #17 was admitted to the facility with diagnoses of Alzheimer's, hypertension, and nutritional deficiency.</p> <p>A significant change assessment, dated 03/27/24, documented the resident had taken an antipsychotic 7 of 7 days of the look back period.</p> <p>On 04/25/24 at 9:30 a.m., the resident's current medication list contained no documentation the resident was currently receiving and antipsychotic medication.</p> <p>On 04/25/24 at 10:09 a.m., the DON reported the resident was no longer receiving antipsychotic and the assessment was coded wrong.</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>46582</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents were bathed as scheduled for one (#51) of one resident reviewed for bathing.</p> <p>The administrator identified 73 residents who resided in the facility.</p> <p>Findings:</p> <p>Res #51 had diagnoses which included urinary incontinence and morbid obesity.</p> <p>A significant change assessment, dated 01/12/24, documented the resident was moderately cognitively impaired and required substantial assistance with bathing.</p> <p>A care plan, dated 04/09/24, documented Res #51 was at risk for self care deficit related to disease process. The care plan documented the resident's ADL needs will be completed by staff daily.</p> <p>A facility shower schedule documented Res #51 was to receive a bath/shower on Tuesday, Thursday, and Saturday weekly.</p> <p>The February 2024 electronic bathing record documented Res #51 was bathed one out of thirteen opportunities.</p> <p>The record had no documentation of refusals.</p> <p>The March 2024 electronic bathing record documented Res #51 was bathed six out of twelve opportunities. The record documented one refusal.</p> <p>The April 2024 electronic bathing record documented Res #51 was bathed five out of ten opportunities. The record had no documentation of refusals.</p> <p>On 04/22/24 at 9:18 a.m., Res #51 was observed lying in bed. They stated they had not received showers regularly. Res #51 stated they often had to demand a shower from the staff in order to ensure they received assistance with bathing.</p> <p>On 04/24/24 at 11:08 a.m., CNA #5 stated all showers are given according to the shower schedule. They stated completed showers are documented in the bathing record. CNA #5 stated if a resident refused a shower, the refusal should be documented in the bathing record.</p> <p>On 04/25/24 at 9:20 a.m., corporate nurse consultant #1 stated the CNAs should have documented completed and/or refused showers in the electronic bathing record. They stated due to the lack of documentation, there was no way to know if Res #51 received the appropriate number of baths/showers.</p> <p>On 04/25/24 at 12:45 p.m., the DON stated all baths should have been documented as completed or refused.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to attempt appropriate alternatives and perform an entrapment risk assessment prior to installing bed or side rails for two (#51 and #57) of two residents reviewed for accident hazards.</p> <p>The DON identified four residents whose beds were equipped with a bed rail of any type.</p> <p>Findings:</p> <p>A bedrail policy, dated 2023, read in part, .The facility will ensure that before installing bed rails, the facility has attempted to use alternatives. If the attempted alternatives were not adequate to meet the resident's needs, the resident will be assessed for the use of bed rails, which will include a review of risks, including entrapment .</p> <p>1. Res #51 had diagnoses which included urinary incontinence, chronic pain, and morbid obesity.</p> <p>A care plan, dated 04/09/24, documented Res #51 was at risk for self-care deficit related to disease process. The care plan documented use of left half rail to assist with turning.</p> <p>A quarterly assessment, dated 04/13/24, documented the resident was moderately cognitively impaired, and dependent with ADLs and transfers.</p> <p>There was no documentation of alternatives prior to the use of side rails, or an entrapment risk assessment found in the clinical record.</p> <p>On 04/22/24 at 9:21 a.m., Res #51 was observed lying in bed. A half bed rail was observed in the up position to the upper left side of the bed. Res #51 stated the rail was used to assist with turning.</p> <p>2. Res #57 was admitted with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and vascular dementia.</p> <p>A quarterly assessment, dated 03/17/24, documented the resident was severely cognitively impaired, dependent with most ADLs, and required substantial assistance with transfers.</p> <p>A care plan, dated 03/18/24, documented the resident was at risk for falls related to hemiplegia. The care plan documented to reposition the resident every two to three hours per shift. The care plan had no documentation of bed rail use.</p> <p>There was no documentation of alternatives prior to the use of side rails, or an entrapment risk assessment found in the clinical record.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/22/24 at 8:36 a.m., Res #57 was observed lying supine in bed. A half bed rail was observed in the up position to the upper right side of the bed. Res #57 stated the rail was used to assist with turning.</p> <p>On 04/24/24 at 9:00 a.m., the administrator stated only half bed rails are allowed for residents who are cognitively able to use them for mobility in the facility. The administrator stated because the rails are not used as a restraint, they did not think all the elements documented in the bed rail policy had to be completed.</p> <p>On 04/25/24 at 12:37 p.m., the DON stated there was no documentation of attempting alternatives prior to the use of side rails. They stated an entrapment risk assessment was not completed on Res #51 or Res #57.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>45913</p> <p>Based on observation and interview, the facility failed to ensure posting staffing information contained the required components and was accessible to all residents. This had the potential to affect 73 of 73 residents.</p> <p>The administrator identified 73 residents who resided in the facility.</p> <p>Findings:</p> <p>On 04/22/24 at 8:55 a.m., posted staffing information was observed on a white board at the nursing station. The facility name and staffing hours were not documented.</p> <p>On 04/23/24 at 9:00 a.m., posted staffing information was observed on a white board at the nursing station. The facility name and staffing hours were not documented.</p> <p>On 04/24/24 at 1:30 p.m., there was no posted staffing information in the Alzheimer's unit.</p> <p>On 04/25/23 at 9:30 a.m., the DON reported there was no posted staffing information in the Alzheimer's unit and reported anyone wanting to know staffing information would have to go to the central nursing station outside of the unit. The DON reported they were not aware of the requirements for posted staffing information.</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>43023</p> <p>Based on record review and interview, the facility failed to ensure residents did not receive a psychotropic medication, unless for a specific diagnosis condition for one (#33) of five residents reviewed for unnecessary medications.</p> <p>The Administrator reported 73 residents resided in the facility.</p> <p>Findings:</p> <p>Res #33 admitted to the facility with diagnoses of dementia, sleep disorder, and hypertension.</p> <p>A physician order, dated 03/27/24, documented Olanzapine 5mg every evening for dementia.</p> <p>On 04/25/24 at 10:53 a.m., the DON reported dementia is no an appropriate diagnosis for Olanzapine and should be changed.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>43023</p> <p>Based on observation and interview, the facility failed to ensure multidose vials were dated upon opening.</p> <p>The Administrator reported 73 residents resided in the facility.</p> <p>Findings:</p> <p>On 04/25/24 at 10:08 a.m., the north hall medication refrigerator was observed and the following medications were found.</p> <p>1 vial house stock Tuberculin Purified Protein was opened and not dated,</p> <p>2 vials of multi use Influenza vaccine were opened and not dated.</p> <p>On 04/25/24 at 10:30 a.m., the ADON reported the bottles should have been dated when opened.</p>

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to conduct regular inspections of all bed frames, mattresses, and bed rails as part of a regular maintenance program to identify areas of possible entrapment for two (#51 and #57) of two residents reviewed for accident hazards.</p> <p>The DON identified four residents whose beds were equipped with a bed rail of any type.</p> <p>Findings:</p> <p>A bedrail policy, dated 2023, read in part, .The facility will ensure that the resident's bed is appropriate and that bed rails are correctly installed and maintained, following manufacturers' recommendations and specifications .</p> <p>1. Res #51 had diagnoses which included urinary incontinence, chronic pain, and morbid obesity.</p> <p>A care plan, dated 04/09/24, documented Res #51 was at risk for self-care deficit related to disease process. The care plan documented use of left half rail to assist with turning.</p> <p>A quarterly assessment, dated 04/13/24, documented the resident was moderately cognitively impaired, and dependent with ADLs and transfers.</p> <p>On 04/22/24 at 9:21 a.m., Res #51 was observed lying in bed. A half bed rail was observed in the up position to the upper left side of the bed. Res #51 stated the rail was used to assist with turning.</p> <p>2. Res #57 was admitted with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and vascular dementia.</p> <p>A quarterly assessment, dated 03/17/24, documented the resident was severely cognitively impaired, dependent with most ADLs, and required substantial assistance with transfers.</p> <p>A care plan, dated 03/18/24, documented the resident was at risk for falls related to hemiplegia. The care plan documented to reposition the resident every two to three hours per shift. The care plan had no documentation of bed rail use.</p> <p>On 04/22/24 at 8:36 a.m., Res #57 was observed lying supine in bed. A half bed rail was observed in the up position to the upper right side of the bed. Res #57 stated the rail was used to assist with turning.</p> <p>On 04/23/24 at 1:37 p.m., the DON was asked to provide documentation of regular bed rail inspections for Res #51 and Res #57.</p> <p>On 04/24/24 at 9:00 a.m., the administrator stated the maintenance man routinely checked bed rails but doubted they kept documentation of the inspections.</p> <p>(continued on next page)</p>		

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