

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Lawton Post Acute & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Northwest Fort Sill Blvd Lawton, OK 73507	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41873</b></p> <p>Based on record review and interview, the facility failed to ensure residents were offered the choice to formulate advanced directives for three (#19, 42 and #55) of four sampled residents reviewed for advanced directives.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>The facility's Advance Directives policy, not dated, read in part The facility will provide to each resident or his surrogate his rights under State law to formulate advance directives .</p> <p>1. Resident #42 was admitted to the facility on [DATE]. The resident had diagnoses which included chronic pain.</p> <p>Resident #42's advanced directive acknowledgement form was not completed.</p> <p>Resident #42's electronic medical record documented the resident's code status was full code</p> <p>2. Resident #55 was admitted to the facility on [DATE] with diagnoses which included hypertension.</p> <p>Resident #55's advanced directive acknowledgement form was not completed.</p> <p>Resident #55's electronic medical record documented the resident's code status was full code.</p> <p>On 06/04/24 at 2:08 p.m., the business office manager provided the advance directive acknowledgement form from resident #42's and #55's admission packet. The business office manger reported the forms had not been signed. The business office manager reported they needed to be better about ensuring the advance directive acknowledgment form was discussed and signed.</p> <p>46387</p> <p>3. Res #19 admitted to the facility 02/17/22.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An advance directive acknowledgement form, dated 02/17/22, did not document Res #19's initials or signature.</p> <p>On 06/04/24 at 2:08 p.m., the BOM stated the resident did not sign that portion of the form. They stated they would have to be better about filling out the admission packets.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>46387</p> <p>Based on record review and interview, the facility failed to complete a SNF ABN for two (#226 and #227) of three sampled residents reviewed for beneficiary notices.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>The BOM identified 23 residents who had been discharged from a Medicare Part A covered stay with benefit days remaining in the past 6 months</p> <p>1. Res #226 admitted to Part A skilled services on 03/06/24 and discharged from skilled services 03/26/24.</p> <p>There was no documentation a SNF ABN was provided to Res #226 or their representative.</p> <p>2. Res #227 admitted to Part A skilled services on 01/04/24 and discharged from skilled services 01/22/24.</p> <p>There was no documentation a SNF ABN was provided to Res #227 or their representative.</p> <p>On 06/04/24 at 2:13 p.m., the social services director stated the SNF ABN's for Res #1 and #2 were not completed.</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46387</p> <p>Based on record review and interview, the facility failed to accurately complete a level 1 pre-screening assessment for one (#56) of two sampled residents reviewed for pre-screening assessments.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>Res #56 admitted to the facility on [DATE] with diagnoses that included schizoaffective disorder.</p> <p>A level 1 pre-screening assessment, dated 06/08/23, documented the resident did not have a serious mental illness.</p> <p>On 06/07/24 at 8:44 a.m., admissions RN #2 stated the documentation on Res #56's level 1 screening was an oversight. They stated the diagnosis should have been documented on the form.</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>41873</p> <p>Based on record review and interview, the facility failed to develop a comprehensive care plan related to anticoagulant therapy, chronic pain and opioid medication for one (#26) of five residents reviewed for unnecessary medications.</p> <p>1. Resident #26 had diagnosis which included cerebrovascular accident and chronic pain medication.</p> <p>A care plan, dated 05/20/24, documented no care areas related to anticoagulant therapy, chronic pain, or opioid use.</p> <p>A quarterly assessment, dated 05/22/24, documented severely impaired cognition. The assessment documented anticoagulant and opioid medication use.</p> <p>Resident #26's order summary report, dated 06/05/24, documented Eliquis oral tablet 2.5 mg give by mouth two times a day .Norco oral tablet 7.5-325 mg give 1 tablet by mouth every 6 hours .</p> <p>On 06/06/24 at 1:30 p.m., the DON reported anticoagulant therapy, chronic pain and any prescribed medication should have been included on the resident care plans.</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46387</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement interventions to prevent falls with serious injury for one (#56) of one sampled residents reviewed for accidents. The lack of intervention development and implementation resulted in Res #56 suffering a broken hip.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>Res #56 admitted to the facility 06/01/23 with diagnoses which included dementia.</p> <p>A baseline care plan was not developed within 48 hours of admission.</p> <p>An incident report, dated 06/06/23 at 8:25 p.m., documented Res #56 had an unwitnessed fall. The incident report did not document an intervention.</p> <p>A progress note, dated 06/06/23 at 10:53 p.m., documented Res #56 had an unwitnessed fall in the bathroom. The progress note documented the resident was reminded to use their walker. The care plan was not developed after the fall.</p> <p>An admission MDS, dated [DATE], documented Res #56 was moderately cognitively impaired.</p> <p>A care plan, dated 06/15/23, documented interventions as monitor and provide needed assistance with ambulation.</p> <p>An incident report, dated 06/18/23 at 4:48 a.m., documented Res #56 had an unwitnessed fall from the bed without injury. The incident report documented the mattress was replaced. The care plan was not updated after this fall. Neuro checks were not documented as completed after the fall.</p> <p>An incident report, dated 06/27/23 at 1:00 p.m., documented Res #56 had a witnessed fall with minor injury. No interventions were documented.</p> <p>A fall risk assessment, dated 06/27/24, documented the resident was at risk for falls.</p> <p>An incident report, dated 08/14/23 at 1:30 p.m., documented Res #56 had a witnessed fall without injury, an intervention was not documented.</p> <p>A fall scene investigation report, dated 08/14/23, documented an intervention of requested restorative care three times per week. The intervention was not documented as implemented in the residents record. The care plan was not updated.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A progress note, dated 09/28/23 at 5:45 a.m., documented Res #56 had an unwitnessed fall without injury. An intervention was not documented. No incident report was documented. The care plan was not updated.</p> <p>An incident report, dated 10/16/23 at 2:24 a.m., documented Res #56 had an unwitnessed fall with minor injury. An intervention was documented as resident placed in center of bed and staff educated. The care plan was not updated.</p> <p>A discharge MDS, dated [DATE], documented Res #56 was moderately cognitively impaired and was independent to required moderate assistance with transfers.</p> <p>An incident report, dated 01/30/24 at 3:30 p.m., documented Res #56 had an unwitnessed fall without injury. An intervention was not documented. The care plan was not updated. Neuro checks were not documented as completed.</p> <p>An incident report, dated 02/02/24 at 5:42 p.m., documented Res #56 had an unwitnessed fall without injury. An intervention was not documented. The care plan was not updated. Neuro checks were not documented as completed.</p> <p>A discharge MDS, dated [DATE], documented Res #56 was severely cognitively impaired and required moderate to maximal assistance with transfers.</p> <p>An incident report, dated 02/05/24 at 10:25 a.m., documented Res #56 had an unwitnessed fall without injury. An intervention was not documented. The care plan was not updated. Neuro checks were not documented as completed.</p> <p>An incident report, dated 02/05/24 at 6:36 p.m., documented Res #56 had an unwitnessed fall with head injury and was sent to the emergency room for evaluation. The incident report documented the resident was found in the floor with bleeding to their head from a laceration.</p> <p>A progress note, dated 02/05/24 at 8:49 p.m., documented Res #56 was sent to the emergency room for evaluation related to the fall and head laceration.</p> <p>A hospital record, dated 02/05/24, documented a CT of the pelvis without contrast was completed due to the resident's fall with hip pain. The report documented Res #56 had an age-indeterminate impacted left subcapital femoral neck fracture. The report documented the fracture was new since 10/11/23.</p> <p>On 02/07/24, Res #56 returned to the facility.</p> <p>A quarterly MDS, dated [DATE], documented Res #56 was severely cognitively impaired and required maximal assistance with transfers.</p> <p>A fall risk assessment, dated 03/22/24, documented the resident was at risk for falls.</p> <p>On 06/04/24 at 10:38 a.m., Res #56 was observed seated in a wheelchair outside the door to their room. The resident was unable to participate in an interview due to cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 06/04/24 at 11:19 a.m., Res #56's spouse stated they had concerns related to the resident's falls. They stated they had spoken to the DON about the falls and had reported their concerns.</p> <p>On 06/06/24 at 1:32 p.m., the DON stated the post fall process was to perform an initial assessment to include vital signs. They stated neuro checks were started if the resident hit their head, and the resident should be sent out if they hit their head. They stated an incident report should be completed and a progress note attached to the incident report. They stated if the resident was unable to state if they hit their head they would be placed on neuro checks for three days. They stated the MDS coordinator and DON were responsible for development of interventions. They stated the MDS coordinator was responsible for updating the care plan with interventions. They stated the DON was responsible for ensuring an intervention was documented on the incident report since they sign off on the incident reports. The DON stated the only thing to prevent Res #56 from falling was to tie them down, which was illegal.</p> <p>The MDS coordinator was not available at any point during the survey for interview.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>46387</p> <p>Based on observation, record review, and interview, the facility failed to notify the physician of dislodgement of PEG tube per policy for one (#48) of one sampled residents reviewed for enteral nutrition.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>An undated facility Feeding Tubes policy, documented in part .The resident's physician must be notified i the tube becomes clogged or displaced .</p> <p>An undated facility Care and Treatment of Feeding Tubes policy, documented in part .Direction for staff regarding the conditions and circumstances under which a tube is to be changed will be provided: a. when to replace and/or change a feeding tube (generally as ordered/scheduled by the physician, when a long-term feeding tube comes out unexpectedly, or when the tube is worn or clogged) .Notification of the practitioner when the need for a tube change arises unexpectedly .The facility will notify and involve the physician or designated practitioner of any complications, and in evaluating and managing care to address the complications and risk factors .</p> <p>Res #48 had diagnoses which included history of stroke.</p> <p>A progress note, dated 06/02/24 at 2:35 a.m., documented Res #48's PEG tube became dislodged. The note documented EMSA was called to replace the tube or take the resident to the hospital. The note documented the paramedics were unable to replace the tube. The note documented the nurse was able to replace the tube. The note did not document the physician was contacted regarding the dislodgment or an order to replace the tube was received.</p> <p>On 06/07/24 at 9:55 a.m., Res #48 was observed resting in bed. The resident was unable to participate in interview due to cognitive impairment.</p> <p>On 06/07/24 at 9:59 a.m., LPN #2 stated if a PEG tube became dislodged they would put something over the site so nothing comes out. They stated they would tell the ADON and physician. They stated they would try to reinsert the tube if an order for it was received. They stated they would only attempt to replace the tube under physician order. They stated the order would be entered into the computer.</p> <p>On 06/07/24 at 10:00 a.m., the DON stated some of the nurses were trained to replace the tube. They stated they were unaware of what the policy was without looking.</p> <p>On 06/07/24 at 10:56 a.m., the DON stated the nurse should have documented the contact with the physician in the progress notes.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46387</p> <p>Based on observation, record review and interview, the facility failed to ensure communication between the dialysis center and facility, and failed to obtain a physician order for dialysis for one (#14) of one sampled residents reviewed for dialysis.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>Res #14 admitted [DATE] with diagnoses which included end stage renal disease.</p> <p>A care plan, dated 04/14/24, documented Res #14 required hemodialysis due to renal failure.</p> <p>A physician order, dated 04/30/24, documented to remove dialysis bandage the morning after dialysis and check for bleeding on Tuesday, Thursday, and Saturday.</p> <p>On 06/04/24 at 9:40 a.m., Res #14 was observed in their bed resting. They stated they were sent with a notebook to dialysis and bring it back and forth to their appointments.</p> <p>Dialysis communication forms were missing or incomplete for 20 of 23 opportunities.</p> <p>On 06/06/24 at 8:31 a.m., ADON #2 stated the resident went to dialysis on Monday, Wednesday, and Friday. They stated it was the responsibility of the nurse on the morning shift to completed the top section of the communication form, the middle portion is completed by dialysis, and the nurse on duty when the resident returns is responsible for the bottom section. They stated a physician order indicating when and where dialysis was provided should have been entered into the resident's chart.</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>46387</p> <p>Based on observation and interview, the facility failed to ensure daily staffing was posted and contained the required information.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>On 06/04/24 at 9:31 a.m., the north hall nurses station was observed. A clipboard containing daily assignments was observed with staff names and hall assignments. The document did not document the facility name, the total number and the actual hours worked, or the census. The required information was not observed posted elsewhere on the unit.</p> <p>On 06/04/24 at 9:33 a.m., the south hall nurses station was observed. A clipboard containing daily assignments was observed with staff names and hall assignments. The document did not document the facility name, the total number and the actual hours worked, or the census. The required information was not observed posted elsewhere on the unit.</p> <p>On 06/04/24 at 11:30 a.m., the south hall nurses station was observed. A clipboard containing daily assignments was observed with staff names and hall assignments. The document did not document the facility name, the total number and the actual hours worked, or the census. The required information was not observed posted elsewhere on the unit.</p> <p>On 06/05/24 at 7:31 a.m., the north hall nurses station was observed. A clipboard containing daily assignments was observed with staff names and hall assignments. The document did not document the facility name, the total number and the actual hours worked, or the census. The required information was not observed posted elsewhere on the unit.</p> <p>On 06/07/24 at 12:58 p.m., the DON stated they were unaware of the required information or posting requirements for the daily nursing staff posting.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46387</p> <p>Based on record review and interview, the facility failed to administer medications according to physician's orders for two (#14 and #69) of eight sampled residents whose orders were reviewed.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>1. Res #14 had diagnoses which included diabetes and hypertension.</p> <p>A physician order, dated 04/11/24, documented to administer Carvedilol 6.25 mg two times per day for hypertension. The order did not document a hold parameter.</p> <p>A physician order, dated 04/11/24, documented to administer Lisinopril 20 mg one time per day for hypertension. The order did not document a hold parameter.</p> <p>A physician order, dated 04/11/24, documented to administer Hydralazine 50 mg three times per day for hypertension. The order did not document a hold parameter.</p> <p>A physician order, dated 04/13/24, documented to administer Insulin Glargine 20 units two times per day for diabetes. The order did not document a hold parameter.</p> <p>A physician order, dated 04/13/24, documented to administer Insulin Lispro 13 units three times per day for diabetes. The order did not document a hold parameter.</p> <p>A MAR for April 2024 documented the Carvedilol was held without parameters 15 out of 38 opportunities. The Lisinopril was held without parameters three out of 18 opportunities. The Hydralazine was held without parameters 14 out of 57 opportunities.</p> <p>A TAR for April 2024 documented the Insulin Glargine 20 units was held without parameters one out of 29 opportunities. The Insulin Lispro 13 units was held without parameters 23 out of 43 opportunities.</p> <p>A MAR for May 2024 documented the Carvedilol was held without parameters 20 out of 62 opportunities. The Lisinopril was held without parameters two out of 31 opportunities. The Hydralazine was held without parameters 20 out of 93 opportunities.</p> <p>A TAR for May 2024 documented the Insulin Glargine 20 units was held without parameters seven out of 63 opportunities. The Insulin Lispro 13 units was held without parameters 51 out of 93 opportunities.</p> <p>A MAR through June 5 2024 documented the Carvedilol was held without parameters two out of nine opportunities. The Hydralazine was held without parameters two out of 13 opportunities.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A TAR through June 5 2024 documented the Insulin Glargine 20 units was held without parameters two out of nine opportunities. The Insulin Lispro 13 units was held without parameters nine out of 13 opportunities.</p> <p>On 06/05/24 at 11:41 a.m., LPN #2 stated Res #14's insulin was sometimes held before dialysis if their FSBS was below 100. They stated in order to hold a medication a physician order must be obtained. They stated the staff used their personal cell phones to contact the provider. They stated any contact with the provider should be documented in the progress notes and orders updated as needed. They stated there were no hold parameters for Res #14's insulin, Carvedilol, or Hydralazine. They stated there was no progress note documenting the physician was contacted to hold the resident's medications.</p> <p>On 06/05/24 at 11:55 a.m., ADON #2 stated the CMA's should notify the nurse if a medication is being held. They stated usually a progress note is entered documenting the nurse's assessment and the physician notification and any orders received. They stated there were no hold parameters for the orders.</p> <p>2. Res #69 had diagnoses which included hypertension.</p> <p>A physician order, dated 04/16/24, documented to administer Amlodipine 5mg two times per day for hypertension.</p> <p>A MAR for April 2024 documented the Amlodipine was held without parameters two out of 29 opportunities.</p> <p>A MAR for May 2024 documented the Amlodipine was held without parameters 16 out of 62 opportunities. Five administrations were blank on the MAR.</p> <p>On 06/05/24 at 11:52 a.m., LPN #2 stated the CMA's should notify the nurse when a medication is being held. They stated usually the nurse will enter a progress note containing the assessment of the resident and physician contact. They stated there were no progress notes documenting Res #69 was assessed by the nurse or the physician was contacted when the blood pressure medications were held.</p> <p>On 06/05/24 at 11:56 a.m., ADON #2 stated there were no hold parameters on Res #69's blood pressure medications. They stated there should have been. When asked if the nurse should have assessed the resident they nodded yes. The ADON stated there should be a progress note but there was not.</p>		

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NAME OF PROVIDER OR SUPPLIER  Lawton Post Acute & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Northwest Fort Sill Blvd Lawton, OK 73507	
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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>46387</p> <p>Based on record review and interview, the facility failed to ensure a MRR was responded to in a timely manner for one (#56) of five sampled residents reviewed for unnecessary medications.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>Res #56 had diagnoses which included schizoaffective disorder.</p> <p>A MRR, dated 03/11/24, documented a request for a GDR. The physician documented their declination on 04/16/24.</p> <p>On 06/06/24 at 1:32 p.m., the DON stated the MRR's must be responded to according to what is on the form. They stated 30 days was designated on the form.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46387</p> <p>Based on observation, record review, and interview, the facility failed to follow infection control practices during wound care for Res #19, and failed to conduct infection surveillance and tracking.</p> <p>The administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>A Infection Prevention and Control Program policy, not dated, read in part : .The facility has established and maintains 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 as per accepted national standards and guideline .</p> <p>The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases .</p> <p>A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable disease for all residents, staff, volunteers, visitors, and other individuals providing services .The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee .</p> <p>Laundry and direct care staff shall handle, store, process, and transport linens to prevent spread of infection . Linen shall be stored on all resident care units on covered carts, shelves, in bins, drawers, or linen closets .</p> <p>All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services .All staff shall use personal protective equipment according to established facility policy governing the use of PPE .</p> <p>1. Res #19 had diagnoses which included diabetes and peripheral vascular disease.</p> <p>A physician order, dated 05/10/24, documented to apply Gentamycin (an antibiotic) ointment to the wound bed daily for skin infection.</p> <p>On 06/06/24 at 2:51 p.m., wound care was observed being performed by the IP for Res #19.</p> <p>The soiled dressing was observed saturated with a green tinged liquid. The nurse removed the dressing and placed it into the resident's regular trash. The trash was bagged in a clear standard trash bag and moved to the trash can by the resident's hand sink. The soiled dressing was not placed into a red biohazard bag, or removed from the resident's room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/06/24 at 3:30 p.m., the IP stated biohazard should be placed into red bags and disposed of in the soiled linen closet. They stated they did not do that because the resident was not on isolation. They stated because the resident was receiving an antibiotic, the soiled linens should have been treated as biohazard and disposed of as such.</p> <p>41873</p> <p>2. On 06/05/24 at 1:30 p.m. the IP reported tracking and trending of infections had not been monitored in accordance with facility policy since January 2024. The IP reported not being aware of how the new owner wanted infection control to be conducted and was waiting to be trained.</p> <p>On 06/06/24 at 8:30 a.m., the IP provided a list of four residents that had been treated for pneumonia since January 2024. The four residents pneumonia infections were not documented in the infection control book.</p> <p>On 06/06/24 at 1:30 p.m., the DON reported the IP conducts the tracking and trending of infections throughout the facility. The DON reported not being aware that tracking and trending surveillance of infections had not been conducted since January 2024. The DON reported changes had been made since new ownership took over, but surveillance of infections should still be conducted monthly.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>41873</p> <p>Based on record review and interview, the facility failed to maintain an antibiotic stewardship program to monitor antibiotic use for residents.</p> <p>The Administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>An Infection Prevention and Control Program policy, not dated, read in part .Antibiotic Stewardship: An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program .Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program .The Infection Preventionist, with oversight from the DON, serves as the leader of antibiotic stewardship program .</p> <p>On 06/05/24 at 1:30 p.m., IP reported they used the SBAR screening for antibiotic use. The IP reported antibiotic use and infection tracking and trending had not been done since January 2024. The IP reported tracking and trending of infections and antibiotics had not been monitored in accordance with facility policy. The IP reported not being aware of how the new owner wanted infection control to be conducted.</p> <p>On 06/06/24 at 1:30 p.m., the DON reported the IP conducts the antibiotic stewardship program and they use the McGeers screening for antibiotic use. The DON reported not being aware that antibiotic monitoring and infection tracking and trending had not been conducted since January 2024.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41873</b></p> <p>Based on record review and interview, the facility failed to ensure residents were assessed for, offered, and received pneumococcal immunizations upon admission or when needed for seven (#6, 12, 18, 23, 26, 28, and #44) of eight residents reviewed for immunizations.</p> <p>The Administrator reported 69 residents resided in the facility.</p> <p>Findings:</p> <p>An Infection Prevention and Control Program policy, not dated, read in part .Influenza and Pneumococcal Immunization: Resident will be offered the pneumococcal vaccines recommended by the CDC upon admission .Education will be provided to the residents and/or representative regarding the benefits and potential side effects of the immunizations prior to offering the vaccines .Resident will have the opportunity to refuse the immunizations .Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations .</p> <p>1. Resident #6 was admitted on [DATE].</p> <p>On 06/05/24, resident #6's medical record documented pneumovax dose one on 02/03/14.</p> <p>2. Resident #12 was admitted [DATE].</p> <p>On 06/05/24, resident # 12's medical record documented no pneumonia vaccine. The medical record documented no consent or declination for the pneumonia vaccine.</p> <p>3. Resident #18 was admitted on [DATE].</p> <p>On 06/05/24, resident 18's medical record documented no immunization dates or proof that education on vaccines had been discussed.</p> <p>4. Resident #23 was admitted on [DATE].</p> <p>On 06/05/24, resident #23's medical record documented a historical pneumonia vaccine given 10/15/15.</p> <p>5. Resident #26 was admitted on [DATE].</p> <p>A pneumonia immunization consent, dated 01/27/17, documented resident #26 consented to getting the pneumonia vaccine.</p> <p>On 06/05/24, resident #26's medical record documented no pneumonia vaccine.</p> <p>On 06/06/24 at 11:03 a.m., the IP reported not being aware resident #26 had not had the pneumonia vaccine and had signed a consent form for the vaccine.</p> <p>(continued on next page)</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>6. Resident #28 was admitted on [DATE].</p> <p>On 06/05/24, resident #28's medical record documented no pneumonia vaccine.</p> <p>7. Resident #44 was admitted on [DATE].</p> <p>On 06/05/24, resident #44's medical record documented no pneumonia vaccine.</p> <p>On 06/05/24 at 2:11 p.m., the IP reported residents #12, 18, 28, and #44 had not signed a consent or refusal for the pneumonia vaccine on admission.</p> <p>On 06/06/24 at 11:03 a.m., the IP reported not being aware resident #26 had signed the consent form to receive the pneumonia vaccine on admission and had never received it.</p> <p>On 06/07/24 at 12:08 p.m., the IP reported no process was in place to track when additional pneumonia vaccines were due for residents. They reported not being aware that resident #6 and #23 had not had a pneumonia vaccine in over 5 years and may need an additional pneumonia vaccine. The IP reported not being aware of vaccine consents or refusals if they did not receive them from the admissions nurse.</p>