

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Umpqua Valley Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  525 W. Umpqua Street Roseburg, OR 97471	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>35855</p> <p>Based on interview and record review it was determined the facility failed to provide medication-related risk and benefits information to residents or resident representatives prior to administration for 2 of 6 sampled residents (#s 77 and 52) reviewed for medications. This placed residents and resident representatives at risk for lack of informed consent. Findings include:</p> <p>1. Resident 77 admitted to the facility in 2023 with a diagnosis of stroke.</p> <p>A 6/18/23 physician order instructed staff to administer one tablet of Ativan (to treat anxiety) by mouth every eight hours PRN for anxiety and two tablets by mouth every eight hours PRN for anxiety.</p> <p>A 6/21/23 nurse practitioner order instructed staff to administer Escitalopram Oxalate (to treat depression and anxiety) one time a day for depression.</p> <p>A 6/23/23 nurse practitioner order instructed staff to administer buspirone (to treat anxiety) two times a day for anxiety.</p> <p>A 6/30/23 signed nurse practitioner order instructed staff to administer Seroquel (an antipsychotic to treat certain mental and mood disorders such as schizophrenia, bipolar, and sudden episodes of mania) every four hours as needed for anxiety.</p> <p>A 6/2024 MAR instructed staff to administer the following medications:</p> <p>-Ativan: administer one tablet by mouth every eight hours PRN with start date of 6/18/23 and a discontinue date of 6/30/23; Ativan was administered three times in 6/2024 under this order; Administer two tablets every eight hours PRN for anxiety; Ativan was administered six times in 6/2024 under this order.</p> <p>-Escitalopram: administer one time a day for depression with a start date of 6/22/23; Escitalopram was administered daily in 6/2024.</p> <p>-Buspirone: administer one tablet two times a day with start date of 6/24/23; buspirone was administered daily in 6/2024.</p> <p>-Seroquel: administer every six hours PRN for mood with start date of 6/18/23 and a discontinue date of 6/21/23; Seroquel was administered on 6/19/23 and 6/20/23.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No documentation was found in clinical records risk and benefits information or consent was provided or received for Resident 77 or her/his representative for the use of Ativan, Escitalopram, buspirone, or Seroquel.</p> <p>On 5/16/23 at 9:07 AM Witness 2 (Family Member and Representative) stated she did not receive any information about Resident 77's Ativan, Escitalopram, buspirone, or Seroquel.</p> <p>On 5/17/24 at 10:12 AM Staff 14 (LPN Unit Manager) confirmed no consents were completed for the above medications and it was expected of staff to complete these before administering the medications.</p> <p>34667</p> <p>2. Resident 52 admitted to the facility in 2023 with diagnoses including a stroke.</p> <p>On 5/7/24 a physician order was obtained to start Buspar (antianxiety medication).</p> <p>A review of the clinical record revealed no information Resident 52 was notified of the new medication and it's risks and benefits. There was no indication Resident 52 had a surrogate decision maker.</p> <p>On 5/17/24 at 9:26 AM Staff 10 (LPN Unit Manager) was asked about Resident 52's consent for the use of Buspar. Staff 10 stated she did not discuss the medication with Resident 52's son. Staff 10 was asked if Resident 52's son was Resident 52's representative. Staff 10 stated she assumed Resident 52's son could sign the consent.</p>		

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<p>F 0560</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect a residents' right to refuse some types of non-requested transfers within the nursing home.</p> <p>41455</p> <p>Based on interview and record review it was determine the facility failed to honor a resident's right to refuse a transfer to another room for 1 of 2 sampled residents (#25) reviewed for positioning. This placed residents at risk for lack of honored choices. Findings include:</p> <p>Resident 25 admitted to the facility in 2023 with diagnoses including depression and seizures.</p> <p>An 4/3/24 Written Notice of Room Change indicated Resident 25 was asked to move to a semi-private room from a private room on 4/17/24 and Resident 25 refused to sign the room change notification.</p> <p>An 4/3/24 facility Daily Census indicated multiple vacant resident rooms were available on this date.</p> <p>An 4/25/24 Profile for Resident 25 indicated she/he was moved to a different room.</p> <p>On 5/13/24 at 3:53 PM Resident 25 stated she/he refused to sign the 4/3/24 Written Notice of Room Change because she/he had the right to remain in her/his room and did not want to move.</p> <p>On 5/14/24 at 3:33 PM Staff 5 (Social Services) acknowledged the 4/3/24 notification was given to Resident 25 because the facility was choosing to repurpose the use of the resident's private room for the benefit of a new hospice admission. Staff 5 stated she was unsure if Resident 25's refusal to sign the document was an indication of her/his room transfer refusal.</p> <p>On 5/16/24 at 4:15 PM Staff 1 (Administrator) and Staff 2 (DNS) stated the room transfer for Resident 25 was completed because of the benefit to the facility and community. Staff 1 acknowledged she was unaware of the details of the requirements under the regulation.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47001</p> <p>Based on interview and record review it was determined the facility failed to issue a Notice of Medicare Non-Coverage (NOMNC) for 1 of 3 (#378) sampled residents reviewed for beneficiary notification. This placed residents at risk for lack of appeal information. Findings include:</p> <p>Resident 378 admitted to the facility with Medicare Part A services on 12/1/23 with diagnoses including cellulitis (an infection of the skin) of the right lower limb.</p> <p>A 1/12/2024 Social Services Note revealed Resident 378 had home health set up upon discharge from the facility, a ramp in place at home and Resident 378 was ready to discharge home once her/his IV antibiotics were completed.</p> <p>A 1/17/24 Progress Note revealed Resident 378's IV antibiotics were completed.</p> <p>Resident 378 discharged from the facility on 1/19/24.</p> <p>A 5/14/24 medical record review revealed no evidence the facility issued a NOMNC for Resident 378.</p> <p>On 5/14/24 at 1:24 PM Staff 35 (Social Service Director) confirmed Resident 378 discharged on [DATE] once her/his goals were met. Staff 35 stated Resident 378 was not issued a NOMNC prior to discharge.</p>

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>26991</p> <p>Based on observation, interview, and record review it was determined the facility failed to resolve a resident's report of missing clothing for 1 of 2 sampled residents (#6) reviewed for personal property. This placed residents at risk for missing items. Findings include:</p> <p>Resident 6 admitted to the facility in 2024 with diagnoses including a surgical infection.</p> <p>An 4/17/24 Admission MDS revealed Resident 6 was cognitively intact.</p> <p>On 5/13/24 at 1:12 PM Resident 6 stated over one week prior she reported to the laundry staff her/his black jacket and a shrinker sock (special sock to wear over an amputation prior to placing a prosthetic) was missing.</p> <p>On 5/14/24 at 1:04 PM Staff 6 (Laundry) stated if a resident reported a missing item staff immediately looked for the item. If the item was not found, staff wrote the resident's name and missing item on a chalk board and also on a piece of paper to alert staff to look for the item. With Staff 6 the chalk board was observed to not have Resident 6's name or missing items listed. Staff 6 stated she did not see Resident 6's name on any paper to alert staff to look for the missing items. Staff 6 also stated she was not aware Resident 6 was missing a shrinker sock or jacket.</p> <p>On 5/15/24 at 12:19 PM Staff 5 (Social Services) stated in 2023 Resident 6 had a shrinker sock replaced but she was not aware of current missing items. Staff 5 stated in addition to the laundry process for monitoring for reported lost items, grievances were addressed in the daily staff meetings.</p> <p>On 5/15/24 at 4:07 PM Staff 7 (Regional Activities and Social Service Consultant) stated if staff did not log a resident's missing item on a Grievance sheet the facility would not be able to track if the item was found, replaced, or if the concern had a resolution. Staff 7 also indicated grievances were to be addressed within seven days.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>47001</p> <p>Based on interview and record review it was determined the facility failed to report allegations of abuse and misappropriation to the state agency or local law enforcement for 2 of 6 sampled residents (#s 1 and 47) reviewed for abuse and medications. This placed residents at risk for abuse. Findings include:</p> <p>1. Resident 1 admitted to the facility in 10/2023 with diagnoses including quadriplegia.</p> <p>A review of a 2/22/24 grievance revealed Resident 1 had \$160 go missing on 2/15/24, and the facility replaced the money on 3/21/24.</p> <p>A review of an 4/22/24 MDS revealed Resident 1 was cognitively intact.</p> <p>On 5/16/24 at 10:48 AM Staff 1 (Administrator) stated she did not think the money was missing to begin with. Staff 1 acknowledged the allegation of missing money was not reported to the state agency or to local law enforcement, and stated if there was a trend of missing money in the facility, it would have been reported.</p> <p>34667</p> <p>2. Resident 47 admitted to the facility in 2021 with diagnoses including stroke and severe cognitive impairment.</p> <p>Resident 52 admitted to the facility in 2023 with diagnoses including a stroke.</p> <p>The clinical record indicated on 5/4/24 at 10:30 PM Resident 52 was sitting in the 100 hall near the nursing station. Resident 47 was mobilizing in her/his wheelchair on the 100 hall toward the nursing station and when she/he got near Resident 52, Resident 52 reached out and hit Resident 47 in the face. A nurse intervened and attempted to educate Resident 52 about the inappropriateness of hitting others and Resident 52 stated I do what I want.</p> <p>An investigation, finalized on 5/9/24, concluded there was no abuse as Resident 52 was not injured in the altercation and Resident 47 did not recall the event.</p> <p>On 5/17/24 at 10:52 AM Staff 1 (Administrator) acknowledged the facility reported the altercation late on 5/16/24 and additional education was needed.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>47001</p> <p>Based on interview and record review it was determined the facility failed to complete thorough investigations for allegations of abuse for 2 of 6 sampled residents (#s 1 and 47) reviewed for abuse and medications. This placed residents at risk for abuse. Findings include:</p> <p>1. Resident 1 admitted to the facility in 10/2023 with diagnoses including quadriplegia.</p> <p>A review of a 2/22/24 grievance revealed Resident 1 had \$160 go missing on 2/15/24, the facility replaced the money on 3/21/24.</p> <p>A review of an 4/22/24 MDS indicated Resident 1 was cognitively intact.</p> <p>On 5/16/24 at 10:48 AM Staff 1 (Administrator) stated she did not think the money was missing to begin with, and acknowledged the allegation of missing money was not investigated.</p> <p>34667</p> <p>2. Resident 47 admitted to the facility in 2021 with diagnoses including a stroke and cognitive impairment.</p> <p>Resident 52 admitted to the facility in 2023 with diagnoses including a stroke.</p> <p>A progress note dated 5/4/24 at 10:30 PM documented Resident 52 was sitting in her/his wheelchair on the 100 hall near the nursing station. Resident 47 was mobilizing in her/his wheelchair on the 100 hall toward the nursing station and as she/he got near Resident 52, Resident 52 reached out and started hitting Resident 47 in the face.</p> <p>On 5/16/24 at 11:27 AM Staff 11 (LPN) stated Resident 52 had a stroke and the facility was unable to determine what triggered her/his aggressive and combative behaviors but added Resident 52 was difficult to redirect.</p> <p>On 5/16/24 at 2:27 PM Staff 10 (LPN Unit Manager) stated Resident 52 was transferred to the 300 hall to maintain a distance from Resident 47. Staff 10 stated Resident 52 was always agitated and he clocked Resident 47 when passing in the hall.</p> <p>On 5/17/24 at 9:37 Staff 14 (LPN Unit Manager) relayed the event and added the residents passed each other often over the past few months and there were no issues. Staff 14 stated Resident 52 made it clear she/he hit Resident 47 on purpose.</p> <p>The Investigation dated 5/4/24 did not include witness statements, evaluation of either residents orientation, contained inaccurate cognitive information for Resident 52 or statements from the residents involved. The investigation ruled out abuse and neglect based on lack of injury to Resident 52 and Resident 47's lack of recall of the event.</p> <p>(continued on next page)</p>		

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F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 5/17/24 at 10:55 AM Staff 29 (Regional Director of Clinical) stated abuse was ruled out because Resident 47 was not injured and there was no mental anguish related to the event. Staff 29 was asked about witness statements from staff working on 5/4/24. Staff 29 added there may have been additional witness information completed on separate papers. No additional information was provided.		

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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>35855</p> <p>Based on interview and record review it was determined the facility failed to ensure a safe and orderly discharge for 1 of 2 sampled residents (#77) reviewed for discharge. This placed residents at risk for unmet medications needs. Findings include:</p> <p>Resident 77 admitted to the facility in 2023 with a diagnosis of stroke.</p> <p>A 12/7/23 Discharge Orders and Instructions (discharge packet) revealed instructions for Resident 77 to continue medication on the Discharge Medication List and the medications were sent to pharmacy of choice. The signed Orders and Summary report included the following: Amlodipine (to treat high blood pressure), Atorvastatin (to treat high bad cholesterol), Baclofen (to treat muscle spasms), buspirone (to treat anxiety), clopidogrel (used to prevent heart attacks and strokes), Diclofenac (to treat mild to moderate pain and swelling), Docusate (to treat constipation), Escitalopram (to treat depression), Ibuprofen (to treat mild to moderate pain), Insulin (to treat diabetes), Levoxyl (to treat an underactive thyroid), Lisinopril (to treat high blood pressure), and Miralax (to treat constipation). The Discharge Planning Review revealed a section to document medications sent with Resident 77 at the time of discharge, but the area was blank with no documentation of which medications were sent.</p> <p>No documentation was found in Resident 77's clinical record which medications were sent with the resident at the time of discharge, or if the pharmacy was provided the prescriptions by the facility.</p> <p>A public complaint was received on 2/1/24 which indicated Resident 77 was not provided her/his insulin and other medications upon discharge from the facility. Witness 1 (Complainant) stated during a discharge planning meeting she was informed she would receive 30 days of medications and the prescriptions. On the day of discharge Staff 21 (Agency LPN) informed Witness 1 Resident 77 was not on insulin which was not correct. When Witness 1 went to the pharmacy she was informed it was a typed list of medications and not a prescription. It took two days to get Resident 77's insulin and approximately three weeks to obtain all of Resident 77's medications.</p> <p>On 5/13/24 at 11:11 AM Witness 1 confirmed the above information.</p> <p>No documentation was found in Resident 77's clinical record the pharmacy was contacted for the missing medications.</p> <p>On 5/16/24 at 9:45 AM Staff 21 stated he did not complete many discharges at the facility. Staff 21 stated the facility did not go over the directions, policy, or check list with him on how to discharge a resident from the facility. Staff 21 stated he went over upcoming appointments and went over the medications list.</p> <p>On 5/17/24 at 10:12 AM Staff 14 (LPN Unit Manager) stated she was notified Resident 77 did not get all her/his medications upon discharge and she called the pharmacy the day after discharge. Staff 14 stated she did not remember which medications were missing and she did not document in Resident 77's clinical record about the missing medications or notify the pharmacy.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>26991</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure a resident was provided an activity program for 1 of 1 sampled resident (#63) reviewed for activities. This placed residents at risk for decreased quality of life. Findings include:</p> <p>Resident 63 admitted to the facility in 2023 with a diagnosis of chronic kidney disease.</p> <p>A 1/8/24 My Ways activity assessment revealed Resident 63 reported she he did not like group activities and did not want to be invited to church groups, really enjoyed short 1:1 visits, and appreciated the library cart when brought to her/him.</p> <p>A 1/31/24 Significant Change MDS revealed Resident 63 had memory issues. Activities Resident 63 identified as somewhat important included magazines, music, pets and being with groups of people. It was assessed Resident 63 thought it was very important to do her/his favorite activities.</p> <p>Resident 63's Care Plan revised on 2/8/24 revealed staff were to encourage ongoing family involvement, 1:1 bedside visits, reading, family visits, and rest.</p> <p>An 4/30/24 Nursing Note revealed staff and hospice met with Resident 63 and Witness 3 (Family Member) who participated by the phone. The note revealed Resident 63's family requested more magazines be provided to the resident. The note indicated the resident liked magazines, books, and television.</p> <p>Resident 63's clinical record revealed no activities were provided from 4/14/24 through 5/14/24.</p> <p>Observations revealed:</p> <p>-5/13/24 at 12:51 PM Resident 63 was observed in bed with her/his eyes shut. The television was off and music was not playing in the background.</p> <p>-On 5/15/24 at 11:52 AM Resident 63 was in bed with her/his eyes open, the television was off and the resident was observed to have a magazine on the bedside table. The magazine was under a book and not within reach of the resident.</p> <p>-On 5/15/24 at 1:46 PM Resident 63 was observed in bed with her/his eyes open and looking straight ahead. The television was not on and there was no music playing.</p> <p>On 5/14/24 at 9:25 AM Witness 3 stated Resident 63 reported she/he was bored. Witness 3 stated Resident 63 chose not to get out of bed and was very weak and dizzy when staff attempted to assist the resident out of bed. Witness 3 stated at a recent care conference she suggested staff offer more magazines to Resident 63 but was not sure if staff assisted the resident to sit upright in her/his bed and ensured the magazines were accessible. Witness 3 stated the resident did not like television but loved to interact with people. Witness 3 also indicated she was only able to visit once a day for short periods of time.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/15/24 at 11:28 AM and 1:48 PM Staff 8 (CNA) stated Resident 63 was usually in bed and did not participate in activities, tired easily, and slept most of the time. Staff 8 indicated Resident 63 did not ask for assistance and staff routinely checked on the resident to ensure she/he was clean and repositioned. Staff 8 stated if a resident participated in an activity she documented in the resident's record.</p> <p>On 5/15/24 at 11:30 AM Resident 63 stated she/he enjoyed family visits most but also loved music. Resident 63 stated music was good for a person and liked all genres. Resident 63 stated she liked magazines, but often was not able to reach the magazines. Resident 63 also stated she/he preferred not to be alone. Resident 63 stated she/he did not like to watch television, but sat with others if they watched television.</p> <p>On 5/15/24 at 1:29 PM Staff 37 (Activity Director) stated the activity department did not document activities in residents' clinical records, but tracked the activities provided, including 1:1 visits, on a monthly calendar. Activity staff documented the names of the residents who participated in the activity which was on the calendar. Staff 37 stated currently Resident 63 did not leave her/his room and enjoyed family visits. In 1/2024, prior to Resident 63's admission to hospice services, she/he used to go to church. Staff 37 reviewed the calendar of events and stated Resident 63 did not attend any activities for 4/2024 or 5/2024, including 1:1 visits. Staff 37 indicated the resident needed assistance and staff should provide assistance with magazines and 1:1 visits. Staff 37 also stated staff could provide a radio for music, but staff would need to assist the resident to ensure the music was played when the resident chose.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>35855</p> <p>Based on interview and record review it was determined the facility failed to respond to changes in condition in a timely manner and failed to follow physician orders for 3 of 9 sampled residents (#s 32, 52 and 77) reviewed for change of condition, pain, and medications. This placed residents at risk for delay of treatment. Findings include:</p> <p>1. Resident 77 admitted to the facility in 2023 with a diagnosis of stroke.</p> <p>A 6/17/23 Admission Readmission Evaluation indicated Resident 77 was alert with orientation of person, place, and situation with appropriate verbal skills with slow speech. Resident 77 was continent of bladder and had moderate complaints of pain.</p> <p>A 6/18/23 Administration Note revealed the following:</p> <p>-6:44 AM Resident 77 was agitated and yelling and screaming out that she/he was in pain and was going to die. Resident 77 stated she/he was getting worse and not better. Resident 77 only had Tylenol (to treat mild to moderate pain) available.</p> <p>-7:34 AM indicated Resident 77 was still agitated and yelling about random things and less about pain.</p> <p>-9:16 AM the on-call provider was notified the Tylenol was not effective.</p> <p>-9:36 AM a verbal order was received for Seroquel (to treat certain mental and mood disorders such as schizophrenia, bipolar, and sudden episodes of mania) every six hours PRN for mood.</p> <p>A 6/2023 Documentation Survey Report revealed on 6/18/23 Resident 77 weighed 167 pounds and on 6/25/23 she/he weighed 158 pounds. A five percent weight loss in seven days.</p> <p>A 6/20/23 Nutrition Dietary Note indicated Resident 77 had inadequate oral intake of less than 50 percent of all meals. Supplements were added to assist with nutritional needs.</p> <p>A 6/23/23 nurse practitioner order instructed staff to administer buspirone two times a day for anxiety and to obtain a urinalysis one time only for possible UTI.</p> <p>A 6/2023 Lab and Diagnostic Administration Report instructed staff to obtain a urinalysis one time only for possible UTI. It was documented as completed on 6/24/23.</p> <p>No documentation was found in clinical records Resident 77 received the 6/23/23 ordered urinalysis.</p> <p>A 6/2023 Monitors report revealed on 6/22/23, 6/23/23, and 6/24/23 Resident 77 had persistent crying and tearfulness during the night shift. There was no documentation for 6/23/23 through 6/25/23 and 6/28/23 through 6/30/23 during the day shift.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Umpqua Valley Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  525 W. Umpqua Street Roseburg, OR 97471	
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A 7/1/23 Nursing Note revealed Resident 77 was found with a blood and urine-soaked incontinent pad. Resident 77 stated she/he had to urinate, and a bed pan was placed with no urine output. When the bed pan was removed Resident 77 stated here it comes and bloody fluid drained out onto the incontinent pad in copious amounts. Resident 77 was on blood thinners. The Note documented additional relevant areas of change in condition: increased confusion, increased agitation, restless and not able to adequately verbalize what was bothering her/him, painful urination, blood in urine, and new or worsening incontinence. An order was received to start Pyridium (to relieve symptoms caused by irritation of a urinary tract), Ciprofloxacin (antibiotic to treat bacterial infections), and to complete a urinalysis and a bladder scan.</p> <p>A 7/2023 Lab and Diagnostic Administration Report instructed staff to obtain a urinalysis one time only for bladder pain and bleeding for three days. On 7/1/23 the report documented to hold the urinalysis and referred the reader to progress notes at 5:24 PM. 7/2/23 through 7/4/23 were blank with no documentation.</p> <p>A 7/1/23 Administration Note revealed to obtain a urinalysis one time only for bladder pain and bleeding for three days. The order was not completed because Resident 77 was no longer having pain, and the bleeding started to subside.</p> <p>No documentation was found in clinical records Resident 77 received a urinalysis or a bladder scan.</p> <p>A 7/3/23 fax from Staff 19 (RN) to the nurse practitioner revealed on 7/1/23, according to notes, Resident 77 had a hematuria (blood in the urine). The on-call provider was notified, and staff were instructed to obtain a urinalysis. The on-call provider also ordered ciprofloxacin and Pyridium. Both medications were started, but it appeared the urinalysis was not collected. The fax requested advisement on how the facility should proceed. The provider response on 7/6/23 indicated it was too late for a urinalysis and to continue with the medications until completed.</p> <p>On 2/1/24 a public complaint was received which indicated in late 6/2023 or early 7/2023 a CNA reported Resident 77 might have a UTI and they would obtain a urinalysis. For three weeks Witness 1 (Complainant) asked about the UA results and was told it was slow and they would have to wait. It was reported to Witness 1 that Resident 77 had blood in her/his urine and the facility never checked her/him for a UTI.</p> <p>On 5/13/24 at 11:11 AM Witness 1 confirmed the above public complaint.</p> <p>On 5/16/24 at 10:04 AM Staff 19 stated she would observe the urinalysis results before starting an antibiotic. Staff 19 stated in 6/2023 and 7/2023 there were a lot of agency staff working in the facility as well as new nurses and it was most likely a learning curve for them. Staff 19 stated she did not report the unaddressed urinalysis to management.</p> <p>On 5/17/24 at 10:28 AM Staff 29 (Regional Director of Clinical) was informed of the above findings, and she stated she would like to conduct a review. No additional information was provided.</p> <p>2. Resident 32 admitted to the facility in 2024 with a diagnosis of high blood pressure.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An 4/8/24 signed physician orders instructed staff to administer Cozaar (to treat high blood pressure) one time a day for high blood pressure with a start date of 4/6/24.</p> <p>An 4/2024 MAR instructed staff to administer Cozaar one time a day for high blood pressure. The MAR includes areas to document heart rate and blood pressure. On 4/11/24, 4/12/24, and 4/14/24 the MAR revealed Resident 32's vitals were outside of parameters for administration and her/his Cozaar was not administered. The order did not specify to hold administering the Cozaar if Resident 32's blood pressure or heart rate were within certain parameters.</p> <p>No documentation was found in clinical records the physician was notified Resident 32 was not administered Cozaar.</p> <p>On 5/17/24 at 8:41 AM Staff 10 (LPN Unit Manager) stated staff were going by their nursing judgement instead of notifying the physician on Resident 32's blood pressure and heart rate parameters to hold the Cozaar.</p> <p>34667</p> <p>3. Resident 52 admitted to the facility in 2023 with diagnoses including a stroke.</p> <p>On 1/20/24 the Consultant Pharmacist made a recommendation to obtain a lipid panel (used to evaluate cholesterol) and to discontinue a heart medication.</p> <p>On 1/31/24 the provider agreed to discontinue the heart medication, obtain a lipid panel and to monitor the resident's vital signs daily for 14 days.</p> <p>On 2/17/24 the Consultant Pharmacist made a recommendation to clarify whether twice a day parameters to hold carvedilol (a heart medication) were still appropriate based on the recent vital signs.</p> <p>On 2/22/24 the provider wrote an order to change blood pressure and pulse monitoring to once a week.</p> <p>On 5/16/24 a review of the clinical record revealed no lipid panel was completed or vital sign monitoring was changed as ordered.</p> <p>On 5/16/24 at 2:27 PM Staff 10 (LPN Unit Manager) was asked about Resident 52's orders and stated Resident 52 refused the lab draw when it was attempted on 2/8/24. Staff 10 agreed staff should reattempt the lab draw and the change in vital signs monitoring was not implemented as ordered.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>35855</p> <p>Based on interview and record review it was determined the facility failed to provide appropriate foot care for 1 of 2 sampled residents (#77) reviewed for ADLs. This placed residents at risk for lack of nail care, pain, and increased infections. Findings include:</p> <p>Resident 77 admitted to the facility in 2023 with diagnosis of diabetes.</p> <p>A 6/30/23 care plan indicated Resident 77 had diabetes. Interventions included to refer to a podiatrist or foot care nurse, to monitor and document foot care needs and to cut long nails.</p> <p>No documentation was found in clinical record Resident 77 was referred to a podiatrist or foot care nurse.</p> <p>From 6/18/23 through 11/5/23 no documentation was found in clinical record Resident 77 received nail care to her/his feet.</p> <p>On 11/6/23 a Nursing Note indicated Resident 77 was provided nail care.</p> <p>From 11/7/23 through 12/11/23 no documentation was found in clinical record Resident 77 received nail care to her/his feet.</p> <p>A public complaint was received on 2/1/24 which indicated while Resident 77 was residing at the facility between 6/2023 and 12/2023 she/he did not receive nail care to her/his feet. Resident 77 reported to Witness 1 (Complainant) her/his feet hurt, Witness 1 removed Resident 77's socks and her/his toenails were growing into her/his toes.</p> <p>On 5/13/24 at 11:11 AM Witness 1 confirmed Resident 77's toenails were growing into her/his feet because they were too long.</p> <p>On 5/17/24 at 10:10 AM Staff 2 (DNS) stated she did not find any documentation related to nail care for Resident 77's feet.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41455</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure a resident's environment remained free from smoking hazards for 1 of 6 sampled residents (#57) reviewed for accidents. This placed residents at risk for a hazardous environment. Findings include:</p> <p>Resident 57 admitted to the facility in 2023 with diagnoses including COPD (Chronic Obstructive Pulmonary Disease) and chronic pain.</p> <p>A 3/2023 revised Physical Environment Facility with Independent and Supervised Smokers policy indicated residents deemed as independent smokers were to store smoking materials in an individual storage box located outside the resident's room.</p> <p>A 2/7/24 Nursing Smoking Screen indicated Resident 57 was safely able to smoke or vape (inhaled nicotine mist created by an electronic device) independently and had a history of hiding her/his smoking materials from staff.</p> <p>A 2/7/24 revised care plan indicated to notify the charge nurse if Resident 57 violated the facility smoking policy which included the storage of her/his smoking materials in her/his room.</p> <p>A 5/15/24 Nursing Smoking Screen indicated Resident 57 was compliant with the facility smoking protocol and kept her/his smoking and vaping materials at the nurses' station.</p> <p>On 5/14/24 at 9:36 AM Resident 57 stated she/he kept her/his electronic vaping cartridges in a bag around her/his neck. An electronic vaping cartridge was observed charging on the resident's night stand. Staff 33 (CNA) entered Resident 57's room and removed the bag which contained Resident 57's smoking materials from the resident's room and the electronic vaping cartridge remained charging on Resident 57's night stand. Staff 33 acknowledged Resident 57 was to return her/his smoking materials to the nurses' station when she/he returned from smoking.</p> <p>On 5/17/24 at 8:59 AM Staff 10 (LPN Unit Manager) stated she was not informed of Resident 57's noncompliance with her/his smoking materials on 5/14/24. Staff 10 acknowledged Resident 57's electronic vaping cartridge should not be charged in her/his room.</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>26991</p> <p>Based on interview and record review it was determined the facility failed to ensure a resident was evaluated timely after weight loss for 1 of 5 sampled residents (#127) reviewed for nutrition. This placed residents at risk for continued weight loss. Findings include:</p> <p>Resident 127 admitted to the facility in 4/2024 with a diagnosis of a surgical infection.</p> <p>A 5/2/24 Admission MDS revealed Resident 127 was obese, but weight loss was not a goal at that time due to calories required to heal from a surgical infection. Staff were to weigh the resident weekly and then monthly.</p> <p>Resident 127's 4/2024 and 5/2024 weight record revealed on 4/26/24, the resident weighed 232 lbs, on 4/29/24 239 pounds, and on 5/7/24 was 217 pounds. From 4/29/24 to 5/7/24 Resident 127 had a 9.21% weight loss.</p> <p>Resident 127's clinical record did not contain an assessment, re-weigh, or rationale for the 9.21% weight loss.</p> <p>On 5/15/24 at 11:03 AM Staff 3 (LPN Resident Care Manager) stated if a resident had a significant weight change, staff were to re-weigh the resident to ensure the recorded weight was accurate. Staff 3 acknowledged Resident 127's record did not indicate she/he was re-weighed to verify an error. Staff 3 indicated on 5/11/24, four days after the resident had a weight loss, she/he weighed 332 pounds which was significantly more. On 5/12/24 the resident was re-weighed and was 232 pounds and it was determined the 332 pound weight on 5/11/24 was inaccurate and was identified in the record as an error. Staff 3 indicated the 5/7/24 weight was likely inaccurate but the resident was not re-weighed. Staff 3 stated she would provide additional weight data if the resident was weight etween 5/7/24 and 5/11/24. No additional information was provided.</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>35855</p> <p>Based on observation, interview and record review the facility failed to provide pain management for 3 of 10 sampled residents (#s 32, 61, and 77) reviewed for pain management, change of condition and unnecessary medications. This placed residents at risk for lack of pain control. Findings include:</p> <p>1. Resident 32 admitted to the facility in 2024 with diagnoses including surgical aftercare and disc degeneration in the lumbar region (age-related deterioration of the discs in the lower back).</p> <p>An 4/6/24 care plan revealed Resident 32 had pain, with interventions including evaluation of the effectiveness of the resident's pain management every shift, monitor and document the resident's pain characteristics; the quality, severity, anatomical location, onset, duration, aggravating factors, and relieving factors.</p> <p>An 4/11/24 MDS indicated Resident 32 was cognitively intact and had frequent pain presence which affected her/his sleep occasionally and affected therapy and day to day activities frequently. Resident 32 was at risk for uncontrolled pain, social isolation, and decline.</p> <p>An 4/2024 MAR instructed staff to administer Roxicodone (to treat moderate to severe pain) every four hours PRN for pain with a start date of 4/5/24.</p> <p>A review of Monitors from 4/6/24 through 4/30/24 instructed staff to question Resident 32 about presence of pain or burning including pressure points, and to monitor for pain using a zero to 10 scale with zero for no pain and 10 as the worst pain possible every day and night shift. Out of 50 opportunities Resident 32's presence of pain was not documented 33 times.</p> <p>A review of Administration Notes from 4/6/24 through 4/30/24 revealed no documentation of Resident 32's pain quality, anatomical location, aggravating factors or relieving factors before administration of PRN Roxicodone on the following dates: 4/6/24 two times, 4/7/24 two times, 4/8/24 three times, 4/9/24 two times, 4/10/24 four times, 4/11/24 three times, 4/12/24 three times, 4/13/24 four times, 4/14/24 five times, 4/15/24 five times, 4/16/24 four times, 4/17/24 five times, 4/18/24 three times, 4/19/24 four times, 4/20/24 four times, 4/21/24 four times, 4/22/24 six times, 4/23/24 four times, 4/24/24 four times, 4/25/24 six times, 4/26/24 five times, 4/27/24 six times, 4/28/24 five times, 4/29/24 five times, and 4/30/24 six times.</p> <p>On 5/13/24 at 1:18 PM Resident 32 stated she/he sometimes had to wait an hour to an hour and a half for her/his pain medication after the time it was due for administration.</p> <p>On 5/17/24 at 8:41 AM Staff 10 (LPN Unit Manager) stated she noticed on 5/16/24 about the missing monitoring and confirmed it should be completed.</p> <p>2. Resident 77 admitted to the facility in 2023 with diagnosis of stroke.</p> <p>A 6/21/23 MDS indicated Resident 77 was moderately impaired in cognition, she/he received PRN pain medications and had moderate pain.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A 6/22/23 care plan revealed Resident 77 was at risk for pain with interventions including to anticipate the need for pain relief and respond immediately, evaluate the effectiveness of pain interventions, review for compliance with alleviating of symptoms, dosing schedules, satisfaction with results, and impact on functional ability and cognition. The care plan also indicated to monitor, record and report signs and symptoms of non-verbal pain, changes in breathing, vocalizations, mood, and body changes such as appearing tense or rigid.</p> <p>A 6/26/23 nurse practitioner order instructed staff to administer Tramadol (To treat moderate to moderately severe pain) every eight hours PRN for pain.</p> <p>A 6/2024 MAR instructed staff to administer one tablet of Tramadol every eight hours PRN for pain with a start date of 6/26/23. From 6/26/23 through 6/30/23 Tramadol was administered eight times.</p> <p>A review of Administration Notes from 6/26/23 through 7/31/23 revealed no documentation of Resident 77s pain quality, anatomical location, aggravating factors or relieving factors before administration of PRN Tramadol on the following dates: 6/26/23 two times, 6/27/23 one time, 6/28/23 one time, 6/29/23 two times, 6/30/23 one time, 7/2/23 one time, 7/5/23 one time, 7/6/23 one time, 7/8/23 one time, 7/11/23 one time, 7/13/23 one time, 7/14/23 one time, 7/15/23 one time, 7/23/23 one time, 7/27/23 one time, 7/28/23 one time, 7/29/23 one time, and 7/30/23 one time.</p> <p>A 7/2024 MAR instructed staff to administer one tablet of Tramadol every eight hours PRN for pain. In 7/2024 Tramadol was administered 16 times.</p> <p>A 7/2023 Monitors report instructed staff to question Resident 77 about presence of pain or burning including pressure points, and to monitor for pain using a zero to 10 scale with zero for no pain and 10 as the worst pain possible every day and night shift. relevant to F697?Out of 62 opportunities Resident 77's presence of pain was not documented 26 times.</p> <p>On 2/1/24 a public complaint was received which indicated Witness 1 (Complainant) did not know why Resident 77 required Tramadol. During a visit Resident 77 stated she/he was in pain but could not identify where the pain was located. Witness 1 stated she was informed by a staff member when Resident 77 was administered Tramadol it knocked [her/him] out.</p> <p>On 5/17/24 at 10:28 AM Staff 29 (Regional Director of Clinical) was informed of the above findings, and she stated she would like to review the issue. No additional information was provided.</p> <p>47001</p> <p>3. Resident 61 admitted to the facility in 11/2023 with diagnoses including low back pain.</p> <p>A review of a 1/16/24 Progress Note revealed orders for a lumbar MRI (magnetic resonance imaging which is a medical imaging technique that uses magnets and radio waves to make detailed pictures of the inside of the body) due to sciatica pain (nerve pain that travels from the buttock and down each leg).</p> <p>A review of a 2/10/24 MDS revealed Resident 61 was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a 3/26/24 Physician Progress Note revealed Resident 61's health insurance denied payment for an MRI and the provider was going to order a lumbar CT scan (computed tomography scan which is a medical imaging technique used to obtain detailed internal images of the body) instead.</p> <p>On 5/14/24 at 8:42 AM Resident 61 stated her/his pain was not controlled. Resident 61 was observed lying on her/his right side with facial grimacing observed with movement.</p> <p>On 5/15/24 at 1:29 PM Staff 14 (LPN Unit Manager) stated Resident 61's provider did not order a CT scan and she was unaware of the provider's note regarding a lumbar CT scan. Staff 14 stated she did not read the provider's notes.</p> <p>On 5/15/24 at 3:57 PM Staff 2 (DNS) stated she was unaware of the provider's note regarding ordering a lumbar CT scan. Staff 2 acknowledged they should have read the note when the 24-hour report was reviewed. Staff 2 stated she would follow up with the provider.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>34667</p> <p>Based on interview and record review it was determined the facility failed to consistently monitor a dialysis access site for 1 of 1 sampled resident (#26) reviewed for dialysis. This placed residents at risk for dialysis complications.</p> <p>Resident 26 admitted to the facility in 2020 with diagnoses including stroke and end stage renal disease.</p> <p>An order dated 3/12/24 instructed staff to monitor the resident's dialysis access site for bruit (whooshing) and thrill (vibration) twice a day.</p> <p>A review of the clinical record revealed the site was monitored for bruit and thrill 11 of 39 opportunities in 3/2024, 14 of 60 opportunities in 4/2024, and one time in 32 opportunities in 5/2024.</p> <p>On 5/17/24 at 9:59 AM Staff 14 (LPN Unit Manager) was asked about dialysis monitoring. Staff 14 stated staff were expected to check the site for any bleeding, check bruit and thrill and to ensure there was a dressing in place. Staff 14 was asked about the lack of site monitoring. No additional information was provided.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>35855</p> <p>Based on interview and record review it was determined the facility failed to provide sufficient staffing to meet the needs of residents for 1 of 7 sampled resident (#77) and 1 of 1 facility reviewed for staffing. This placed residents at risk for unmet needs. Findings include:</p> <p>Resident 77 admitted to the facility in 2023 with a diagnosis of stroke.</p> <p>A 6/21/23 MDS indicated Resident 77 was moderately impaired in cognition and required extensive two-person assist with toilet use. Resident 77 was at risk for increased incontinence which could lead to skin rashes, infections, altered skin integrity, falls and isolation.</p> <p>An 8/7/23 care plan revealed Resident 77 had incontinence and decreased awareness of the need to eliminate. Interventions included a bladder retraining program. Resident 77 required assistance with ADLs with interventions including provide reminders and cueing as needed, and assistance of staff for toilet use and incontinence care. The plan also indicated to ensure Resident 77's call light was in reach while she/he was in the bathroom.</p> <p>A review of Council Minutes revealed the following:</p> <p>-6/2/23 after dinner CNAs could not be located.</p> <p>-9/14/23 call lights wait times at night were too long and CNAs did not check in on independent residents.</p> <p>-11/2023 after dinner call light wait times were too long.</p> <p>Review of the Direct Care Staff Daily Report sheets from 6/15/23 through 7/15/23, 9/1/23 through 9/15/23, and 11/1/23 through 11/15/23 revealed the facility did not meet State minimum CNA staffing requirements for 97 shifts out of 366 shifts.</p> <p>A public complaint was received on 2/1/24 which indicated Witness 1 (Complainant) observed call light wait times up to one to two hours long, staff did not respond timely to Resident 77's call light for toileting, and she/he had incontinent episodes as a result when otherwise she/he would not if calls were responded to timely.</p> <p>On 5/13/24 at 11:11 AM Witness 1 confirmed the above complaint and stated Resident 77 tried to hold bowel movements for a long time because of the call light wait times, and had incontinent episodes because she/he had to wait a long time for the call light to be answered. Witness 1 stated since Resident 77 discharged home she/he did not have incontinent episodes with the timely assistance at home.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Umpqua Valley Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  525 W. Umpqua Street Roseburg, OR 97471	
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/16/23 at 8:02 AM Staff 16 (Agency CNA) stated she worked in the facility between 8/2023 and 11/2023 and was assigned up to 15 residents on day shift. Staff 16 stated she did not have enough time to complete all care and services for residents. Some residents complained of long call light wait times. Residents also had incontinent episodes because they could not wait any longer for staff to assist them. At times residents had to wait over 30 minutes for call lights to be answered after activation.</p> <p>On 5/16/24 at 9:45 AM Staff 21 (Agency LPN) stated during 11/2023 and 12/2023 the facility was short-staffed. Staff 21 stated staff were running around trying to get everything done and it was overwhelming for some of the nurses. Staff 21 stated he had to help CNAs constantly because they were short-staffed and needed assistance with residents.</p> <p>On 5/17/24 at 8:15 AM Staff 23 (CNA) stated during the Summer and Fall of 2023 it was difficult because of low staffing at the facility. At times she did not have enough time to do all her rounds of checking on the residents and did not have time to complete all required showers for residents. Call light wait times were extensively long during mealtimes as the system for delivering meals did not allow time for CNAs to answer call lights. Residents were left on the toilet, bedside commode or bed pan too long for about one time period per shift.</p> <p>On 5/17/24 at 1:45 PM Staff 1 (Administrator) and Staff 2 (DNS) were informed of staffing concerns. No additional information was provided.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>49676</p> <p>Based on interview and record review it was determined the facility failed to ensure CNA staff annual performance reviews were completed for 5 of 5 sampled CNA staff (#s 24, 25, 26, 27 and 28) reviewed for staffing. This placed residents at risk for a lack of competent staff. Findings include:</p> <p>A review of staff records conducted on 5/14/24 revealed the following:</p> <ul style="list-style-type: none"> <li>- Staff 24 was hired on 3/9/22, performance evaluation not found.</li> <li>- Staff 25 was hired on 1/2/18, performance evaluation not found.</li> <li>- Staff 26 was hired on 1/25/17, performance evaluation not found.</li> <li>- Staff 27 was hired on 3/23/18, performance evaluation not found.</li> <li>- Staff 28 was hired on 5/13/20, performance evaluation not found.</li> </ul> <p>On 5/14/24 at 3:49 PM Staff 1 (Administrator) acknowledged the performance evaluations were not completed annually for Staff 24 (CNA), Staff 25 (CNA), Staff 26 (CNA), Staff 27 (CNA) and Staff 28 (CNA).</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>35855</p> <p>Based on observation, interview, and record review it was determined the facility failed to post accurate and complete staffing information for 1 of 1 facility reviewed for staffing. This placed residents at risk for incomplete and inaccurate staffing information. Findings include:</p> <p>A review of the DCSDR (Direct Care Staff Daily Reports) from 6/15/23 through 7/15/23, 9/1/23 through 9/15/23 and 11/1/23 through 11/15/23 revealed the following:</p> <ul style="list-style-type: none"> <li>-6/15/23 no staff hours listed on day shift.</li> <li>-6/16/23 no staff hours on day shift.</li> <li>-6/20/23 no staff hours for CNAs on evening shift.</li> <li>-6/21/23 no staff hours for CNAs on evening shift.</li> <li>-7/14/23 no staff hours for CNAs on evening shift.</li> <li>-9/8/23 no staff hours for CNAs on day shift.</li> <li>-11/3/23 no staff hours for CNAs on evening shift and no census on night shift.</li> <li>-11/15/23 no staff hours for CNAs on evening shift.</li> </ul> <p>On 5/13/24 at 11:36 AM the DCSDR was observed with no day shift resident census posted. At 3:53 PM the DCSDR was observed posted and not updated to include the evening shift information.</p> <p>On 5/15/24 at 4:11 PM the DCSDR was observed posted with no resident census completed on day shift and evening shift.</p> <p>On 5/17/24 at 1:45 PM Staff 1 (Administrator) and Staff 2 (DNS) were notified of the incomplete postings. No additional information was provided.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>47001</p> <p>Based on interview and record review it was determined to facility failed to consistently monitor residents for adverse side effects to anticoagulant medication for 3 of 5 (#s 18, 32 and 52) sampled residents reviewed for unnecessary medications. This placed residents at risk for adverse side effects to medications. Findings include:</p> <p>1. Resident 18 admitted to the facility in 2/2023 with diagnoses including atrial fibrillation (an irregular heart beat).</p> <p>A review of Resident 18's orders revealed a 1/29/24 order for Eliquis (an anticoagulant medication that thins the blood).</p> <p>A 5/16/24 review of Resident 18's 4/2024 MARs revealed an order to monitor twice a day for adverse side effects to the anticoagulant medication and revealed the task was signed as completed 11 out of 60 times.</p> <p>A 5/16/24 review of Resident 18's 5/1/24 through 5/15/24 MARs revealed an order to monitor twice a day for adverse side effects to the anticoagulant medication and revealed the task was signed as completed one out of 30 times.</p> <p>On 5/16/24 at 4:15 PM Staff 10 (LPN Unit Manager) stated adverse side effects to anticoagulant medications were monitored by the nurse twice a day and documented in the MAR. Staff 10 acknowledged the documentation in 4/2024 was sporadic and the task was signed as complete only once so far for Resident 18 in 5/2024.</p> <p>35855</p> <p>2. Resident 32 admitted to the facility in 2024 with a diagnosis of peripheral vascular disease (a buildup of fatty plaque in the arteries which narrows or blocks and reduces blood flow).</p> <p>An 4/8/24 signed physician order instructed staff to administer warfarin (blood thinner to prevent blood clots) five milligrams by mouth one time a day every day except Thursday and one and half milligrams on Thursdays.</p> <p>The 4/2024 MAR instructed staff to administer warfarin five milligrams by mouth one time a day every day except Thursday and one and half milligrams on Thursdays. Documentation indicated Resident 35 was administered warfarin as ordered.</p> <p>A Monitors report from 4/8/24 through 4/30/24 instructed staff to monitor of adverse reactions for use of the warfarin every day and night shift. Out of 46 opportunities there were 31 times Resident 35 was not monitored for adverse reactions for the use of an anticoagulant.</p> <p>On 5/17/24 at 8:41 AM Staff 10 (LPN Unit Manager) confirmed staff were not monitoring as expected.</p> <p>34667</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Resident 52 admitted to the facility in 2023 with diagnoses including a stroke.</p> <p>An order dated 1/4/24 instructed staff to monitor for adverse side effects of an anticoagulant medication on day and night shift.</p> <p>A review of the clinical record indicated adverse side effects of the anticoagulant medication were monitored 11 of 60 opportunities in 4/2024 and 2 of 16 opportunities in 5/2024.</p> <p>On 5/16/24 at 4:56 PM Staff 2 (DNS) and Staff 29 (Regional Director of Clinical) were asked about evaluation of medications, effectiveness, adverse side effects and resident behaviors. Staff 29 stated staff were expected to document each shift for behaviors and adverse side effects of medications.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41455</b></p> <p>Based on observation, interview and record review it was determined the facility failed to consistently and thoroughly monitor residents on psychotropic medications for 4 of 6 sampled residents (#s 4, 18, 52 and 77) reviewed for psychotropic medications and change of condition. This placed residents at risk for receiving unnecessary psychotropic medications. Findings include:</p> <p>1. Resident 4 admitted to the facility in 2021 with diagnoses including depression and psychosis (mental disruptions of reality).</p> <p>A 1/10/24 physician order indicated to administer quetiapine (antipsychotic medication) to Resident 4 twice daily due to psychotic disturbances.</p> <p>A 1/11/24 physician order indicated to administer Zoloft (antidepressant medication) to Resident 4 daily due to major depression.</p> <p>The 3/2024 through 5/14/24 nursing Monitors for Resident 4 indicated to monitor for behaviors and side effects of medication which included: excessive sleepiness, verbal expression of sadness, distressing hallucinations (a false perception of objects or events), yelling, combativeness during care or to reference progress notes every day and night related to the resident's antipsychotic and antidepressant medications. No behaviors or side effects were documented for Resident 4.</p> <p>The 4/2024 Documentation Survey Report (document completed by CNAs) indicated Resident 4 had 13 occurrence of behaviors during the month which included yelling and screaming. There was no option to document if Resident 4 had hallucinations.</p> <p>The 5/2/24 Psychotropic Medication Review indicated Resident 4's targeted behaviors related to the resident's antidepressant and antipsychotic medications included her/his hallucinations and tearfulness.</p> <p>On 5/14/24 at 8:10 AM Staff 28 (CNA) stated Resident 4 typically had hallucinations three times in a week, CNAs had no place to chart these episodes and nurses were aware. Resident 4 was observed to fall asleep while Staff 28 assisted with her/his meal intake.</p> <p>On 5/15/24 at 4:33 PM an attempted conversation with Resident 4 was not completed due to her/his inability to stay awake.</p> <p>On 5/16/24 at 9:05 AM Staff 38 (RD) stated Resident 4 was routinely awake for three days and then slept for three days.</p> <p>On 5/17/24 at 8:16 AM Staff 5 (Social Services) stated Resident 4's behaviors and hallucinations both required documentation in order to appropriately monitor any increase or decrease in behaviors and side effect episodes.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/17/24 at 12:00 PM Staff 29 (Regional Director of Clinical) acknowledged there were opportunities for improved documentation related to Resident 4's behaviors and medication side effects.</p> <p>47001</p> <p>2. Resident 18 admitted to the facility in 2/2023 with diagnoses including depression and insomnia.</p> <p>A review of Resident 18's orders revealed a 2/15/23 order for trazodone (a medication used to treat depression and insomnia) and a 5/11/23 order for citalopram (a medication used to treat depression).</p> <p>A 5/16/24 review of Resident 18's 4/2024 MARs revealed an order to monitor for adverse side effects to antidepressant medications twice a day and revealed the task was signed as completed 11 out of 60 opportunities.</p> <p>A 5/16/24 review of Resident 18's 5/1/24 through 5/15/24 MARs revealed an order to monitor for adverse side effects to antidepressant medications twice a day and revealed the task was signed as completed one time out of 30 opportunities.</p> <p>On 5/16/24 at 4:15 PM Staff 10 (LPN Unit Manager) stated adverse side effects to antidepressant medications were monitored by the nurse twice a shift and documented in the MAR. Staff 10 acknowledged the documentation in 4/2024 was sporadic and the task was signed as complete only once so far for Resident 18 in 5/2024.</p> <p>34667</p> <p>3. Resident 52 admitted to the facility in 2023 with diagnoses including a stroke.</p> <p>The clinical record indicated Resident 52 received antidepressant and anti-anxiety medications. The medications were ordered to be monitored for adverse side effects twice a day. Resident 52 was also having behaviors of aggression toward others which were to be monitored twice a day.</p> <p>Review of the 4/2024 and 5/2024 MARs revealed:</p> <ul style="list-style-type: none"> <li>-the antidepressant side effects and behaviors were monitored 11 of 60 opportunities in 4/2024.</li> <li>-the antidepressant side effects and behaviors were monitored 2 of 32 opportunities in 5/2024.</li> <li>-the anti-anxiety side effects were monitored one time in six opportunities in 5/2024.</li> </ul> <p>There was no consent for the use of Buspar (anti-anxiety medication) in the clinical record.</p> <p>On 5/16/24 at 11:27 AM Staff 11 (LPN) stated Resident 52 had a stroke and the facility was unable to determine what triggered her/his aggressive and combative behaviors, but added Resident 52 was difficult to redirect.</p> <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/17/24 at 9:26 AM Staff 10 (LPN Unit Manager) was asked about Resident 52's consent for the use of Buspar. Staff 10 stated she did not discuss the medication with Resident 52's son. Staff 10 was asked if Resident 52's son was the decision maker. Staff 10 stated she assumed Resident 52's son could sign the consent.</p> <p>On 5/16/24 at 4:56 PM Staff 2 (DNS) and Staff 29 (Regional Director of Clinical) were asked about evaluation of medications, effectiveness, adverse side effects and resident behaviors. Staff 29 added staff were expected to document each shift for behaviors and adverse side effects of medications.</p> <p>Surveyor: [NAME], [NAME] K.</p> <p>4. Resident 77 admitted to the facility in 2023 with a diagnosis of stroke.</p> <p>A 6/18/23 physician order instructed staff to administer one tablet of Ativan (to treat anxiety) by mouth every eight hours PRN for anxiety and two tablets by mouth every eight hours PRN for anxiety.</p> <p>A 6/21/23 nurse practitioner order instructed staff to administer Escitalopram Oxalate (to treat depression and anxiety) one time a day for depression.</p> <p>A 6/23/23 nurse practitioner order instructed staff to administer buspirone (to treat anxiety) two times a day for anxiety and to obtain a urinalysis one time only for possible UTI for one day.</p> <p>A 6/30/23 signed nurse practitioner order instructed staff to administer Seroquel (an antipsychotic to treat certain mental and mood disorders such as schizophrenia, bipolar, and sudden episodes of mania) every four hours as needed for anxiety.</p> <p>A 6/2024 MAR instructed staff to administer the following medications:</p> <p>-Ativan: administer one tablet by mouth every eight hours PRN with start date of 6/18/23 and a discontinue date of 6/30/23; Ativan was administered three times in 6/2024 under this order; Administer two tablets every eight hours PRN for anxiety; Ativan was administered six times in 6/2024 under this order.</p> <p>-Escitalopram: administer one time a day for depression with a start date of 6/22/23; Escitalopram was administered daily in 6/2024.</p> <p>-Buspirone: administer one tablet two times a day with start date of 6/24/23; buspirone was administered daily in 6/2024.</p> <p>-Seroquel: administer every six hours PRN for mood with start date of 6/18/23 and a discontinue date of 6/21/23; Seroquel was administered on 6/19/23 and 6/20/23.</p> <p>A 6/30/23 care plan indicated Resident 77 used psychotropic medications for anxiety and depression with interventions including to monitor for side effects and effectiveness every shift.</p> <p>A 7/2023 MAR instructed staff to administer Ciprofloxacin for UTI from 7/1/23 through 7/7/23.</p> <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>No documentation was found in clinical records Resident 77 was reassessed for the use of Ativan, Escitalopram and Bupirone after the treatment of UTI.</p> <p>An 8/13/23 Note to Attending Physician Prescriber revealed the pharmacist requested a review at the PRN Ativan which continued beyond 14 days for a clinical rationale. No clinical rationale was documented, but it was documented to continue for another 90 days.</p> <p>A Monitors reports for the following months instructed staff to monitor the following:</p> <p>6/18/23 through 6/30/23:</p> <p>-Adverse reactions for use of antidepressant medication; out of 19 opportunities monitoring was not completed six times.</p> <p>-Adverse reactions for antianxiety medications; out of 21 opportunities monitoring was not completed six times.</p> <p>7/2023:</p> <p>-Adverse reactions for use of antidepressant medication; out of 62 opportunities monitoring was not completed 26 times.</p> <p>-Adverse reactions for antianxiety medications; out of 62 opportunities monitoring was not completed 26 times.</p> <p>8/2023:</p> <p>-Adverse reactions for use of antidepressant medication; out of 62 opportunities monitoring was not completed 17 times.</p> <p>-Adverse reactions for antianxiety medications; out of 62 opportunities monitoring was not completed 17 times.</p> <p>9/2023:</p> <p>-Adverse reactions for use of antidepressant medication; out of 60 opportunities monitoring was not completed nine times.</p> <p>-Adverse reactions for antianxiety medications; out of 60 opportunities monitoring was not completed nine times.</p> <p>10/2023:</p> <p>-Adverse reactions for use of antidepressant medication; out of 62 opportunities monitoring was not completed 15 times.</p> <p>-Adverse reactions for antianxiety medications; out of 62 opportunities monitoring was not completed 15 times.</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>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26991</p> <p>Based on observation, interview, and record review it was determined the facility failed to implement EBP (Enhanced Barrier Precautions: implementation of personal protective equipment [gown, gloves, masks and/or goggles] when a resident has an indwelling medical device or wound) timely for 4 of 9 sampled residents (#s 6, 9, 32, and 127) reviewed for infection control and unnecessary medications. This placed residents at risk for cross-contamination. Findings include:</p> <p>1. Resident 6 admitted to the facility 4/11/24 with a diagnosis of wound infection.</p> <p>Resident 6's Care Plan revealed she/he was not started on EBP for her/his chronic wound infection until 5/2/24.</p> <p>On 5/14/24 at 1:52 PM Staff 3 (IP) stated all new residents, prior to admission, were reviewed for the need for EBP. Staff 3 acknowledged EBP were to be implemented in nursing homes, effective 4/1/24, but the facility did not educate and implement the process until the end of 4/2024. Staff 3 acknowledged Resident 6 was not placed on EBP until 5/2/24.</p> <p>2. Resident 9 admitted to the facility on [DATE] with a diagnosis of a fractured ankle.</p> <p>A 2/26/24 Admission CAA revealed Resident 9 had cellulitis (infection of the deeper layers of the skin usually caused by bacteria) of her/his left leg.</p> <p>An 4/15/24 Progress Note revealed Resident 9 was started on an antibiotic for cellulitis of the left leg. The leg had three open areas with yellow drainage.</p> <p>A 5/2024 TAR revealed Resident 9 had open areas to the left leg</p> <p>On 5/16/24 Resident 9's room was not identified to require EBP.</p> <p>On 5/16/24 at approximately 12:00 PM Staff 11 (LPN) stated Resident 9 had MRSA (methicillin-resistant Staphylococcus aureus [drug resistant bacterial]) in the past to the left leg and currently had blisters to the leg. Staff 11 also stated the blisters resolved then reappeared.</p> <p>On 5/16/24 at 12:04 PM Staff 10 (LPN Unit Manager) stated Resident 9 had abrasions and swelling which leaked fluid which started on 5/14/24. Staff 10 stated, previously, the resident was on EBP for this condition and when her/his skin issue resolved the EBP were removed. Staff 10 stated the EBP were not re-implemented on 5/14/24.</p> <p>On 5/16/24 at 12:16 PM Staff 3 (IP) stated she was not notified Resident 9's skin condition reopened. Staff 9 stated due to the resident's history of MRSA the resident should have been placed on EBP due to the drainage. A wound culture was sent but results were not yet available.</p> <p>3. Resident 32 admitted to the facility 4/5/24 with a nephrostomy tube (surgically placed tube in the kidney to drain urine).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Umpqua Valley Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  525 W. Umpqua Street Roseburg, OR 97471	
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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>Resident 32's care plan indicated EBP were not implemented until 5/2/24.</p> <p>On 5/14/24 at 1:52 PM Staff 3 (IP) stated all new residents, prior to admission, were reviewed for the need for EBP. Staff 3 acknowledged EBP were to be implemented in nursing homes effective 4/1/24 but the facility did not educate and implement the process until the end of 4/2024. Staff 3 acknowledged Resident 32 was not placed on EBP until 5/2/24.</p> <p>4. Resident 127 was admitted to the facility 4/26/24 with a surgical wound infection and received medications through a surgically placed catheter in a vein.</p> <p>Resident 6's care plan revealed EBP were implemented 5/6/24.</p> <p>On 5/14/24 at 1:52 PM Staff 3 (IP) stated all new residents, prior to admission, were reviewed for the need for EBP. Staff 3 acknowledged EBP were to be implemented in nursing homes effective 4/1/24 but the facility did not educate and implement the process until the end of 4/2024. Staff 3 acknowledged Resident 127 was not placed on EBP until 5/6/24.</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>47001</p> <p>Based on interview and record review it was determined the facility failed to ensure antibiotic stewardship for 3 of 9 sampled residents (#s 1, 32, and 77) reviewed for infection control, UTIs and change of condition. Findings include:</p> <p>1. Resident 1 admitted to the facility in 10/2023 with diagnoses including bladder cancer.</p> <p>A review of Resident 1's medical record revealed 4/19/24 orders to start Augmentin (an antibiotic) for 21 days.</p> <p>A review of Resident 1's labs revealed an 4/22/24 urine analysis (UA) with culture and sensitivity which grew pseudomonas aeruginosa (a type of bacteria), which was not sensitive to Augmentin.</p> <p>On 5/15/24 at 11:19 AM Staff 3 (Infection Preventionist) stated Resident 1's 4/22/24 UA was sent to the urologist. Staff 3 was unable to produce documentation of the urologist's review of the UA.</p> <p>A 5/15/24 review of Resident 1's medical record revealed no evidence for an antibiotic time-out.</p> <p>On 5/15/24 at 3:16 PM Staff 2 (DNS) and Staff 30 (Regional Director of Clinical) acknowledged an antibiotic time-out was not completed and pseudomonas aeruginosa was not sensitive to Augmentin.</p> <p>26991</p> <p>2. Resident 32 admitted to the facility in 2024 with a diagnosis of kidney stones.</p> <p>An 4/12/24 Emergency Department Document revealed Resident 32 was evaluated for increased pain and was started on an antibiotic for a possible UTI.</p> <p>An 4/2024 MAR revealed Resident 32 was administered antibiotics from 4/13/24 through 4/17/24.</p> <p>An 4/14/24 urine culture revealed no growth.</p> <p>Resident 32's clinical record did not reveal the facility staff communicated with the resident's physician for the continued use of an antibiotic when the resident's culture showed no growth.</p> <p>On 5/15/24 at 10:44 AM Staff 3 (IP) acknowledged Resident 32's urine culture was negative but the resident's antibiotics continued to be administered. Staff 3 stated if the floor staff obtained the urine culture and it was negative they should have notified the physician to determine if the resident benefitted from continued antibiotic use. A request was made to Staff 3 to provide documentation Resident 32's physician assessed the risk versus benefit of continued use of an antibiotic. No additional information was provided.</p> <p>35855</p> <p>3. Resident 77 admitted to the facility in 2023 with diagnosis of stroke.</p> <p>(continued on next page)</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>A 6/18/23 Administration Notes revealed the following:</p> <p>-6:44 AM Resident 77 was agitated and yelling and screaming out she/he was in pain and was going to die. Resident 77 stated she/he was getting worse and not better. Resident 77 only had Tylenol (to treat mild to moderate pain) available.</p> <p>-7:34 AM indicated Resident 77 was still agitated and yelling about random things and less about pain.</p> <p>-9:16 AM the on-call provider was notified the Tylenol was not effective.</p> <p>-9:36 AM verbal order of Seroquel (to treat certain mental and mood disorders such as schizophrenia, bipolar, and sudden episodes of mania) every six hours as needed for mood.</p> <p>A 6/23/23 Physician order instructed staff to obtain a urinalysis one time only for possible UTI for one day.</p> <p>A 6/2023 Lab and Diagnostic Administration Report instructed staff to obtain a urinalysis one time only for possible UTI for one day. It was documented as completed on 6/24/23.</p> <p>No documentation was found in clinical records Resident 77 received the 6/23/23 ordered urinalysis.</p> <p>A 7/1/23 Nursing Note revealed Resident 77 was found with blood and urine-soaked incontinent pad. Resident 77 stated she/he had to urinate, and a bed pan was placed with no urine output. When the bed pan was removed Resident 77 stated here it comes and bloody fluid drained out onto the incontinent pad in copious amounts. Resident 77 was on blood thinners. Relevant areas of change in condition: increased confusion, increased agitation, restless and not able to adequately verbalize what was bothering her/him, painful urination, blood in urine, new or worsening incontinence. An order was received to start Ciprofloxacin (antibiotic to treat bacterial infections) and to complete a urinalysis and a bladder scan.</p> <p>A 7/2023 Lab and Diagnostic Administration Report instructed staff to obtain a urinalysis one time only for bladder pain and bleeding for three days. On 7/1/24 the report documented to hold and referred the reader to progress notes at 5:24 PM. 7/2/23 through 7/4/23 notes were blank with no documentation.</p> <p>A 7/1/23 Administration Note revealed to obtain a urinalysis one time only for bladder pain and bleeding for three days. A urinalysis was not obtained because Resident 77 was no longer having pain, and the bleeding was starting to subside.</p> <p>A 7/2023 MAR instructed staff to administer Ciprofloxacin one tablet two times a day for UTI, bladder infection for seven days with a start date of 7/1/23. Resident 77 was administered Ciprofloxacin from 7/1/23 through 7/7/23.</p> <p>No documentation was found in clinical records Resident 77 received a urinalysis or a bladder scan.</p> <p>(continued on next page)</p>

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F 0881  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	On 5/17/24 at 10:28 AM Staff 29 (Regional Director of Clinical) was informed of the above findings, and she stated she would like to review the issue. No additional information was provided.		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to ensure pneumonia vaccines were offered for 2 of 5 sampled residents (#s 42 and 67). This placed residents at risk for respiratory illness. Findings include:</p> <p>A 2/9/23 CDC shared Clinical Decision-Making tool revealed:</p> <p>If a resident over 65 completed the pneumonia vaccine series with PCV 13 AND PPSV23, PCV20 was not routinely recommended. Factors including residing in a nursing home or residents who had more than one chronic medical condition including heart and lung disease, diabetes and a weakened immune system should be evaluated for PCV 20 appropriateness.</p> <p>1. Resident 42 admitted to the facility in 2021 with a diagnosis of heart disease.</p> <p>Immunization records revealed Resident 42 received two pneumonia vaccines. Resident 42 was eligible for but not assessed by the resident's physician for an additional vaccine.</p> <p>On 5/14/24 at 2:09 PM Staff 3 (IP) acknowledged Resident 42's pneumonia vaccines were complete but an additional vaccine could be administered after clinical evaluation. A request was made to Staff 3 to provide documentation the resident's physician evaluated the resident for an additional vaccine. No additional information was provided.</p> <p>2. Resident 67 admitted to the facility in 2024 with a diagnosis of heart disease.</p> <p>Immunization records revealed Resident 67 received two pneumonia vaccines. Resident 67 was eligible for but not assessed by the resident's physician for an additional vaccine.</p> <p>On 5/14/24 at 2:09 PM Staff 3 (IP) acknowledged Resident 42's pneumonia vaccines were complete but an additional vaccine could be administered after clinical evaluation. A request was made to Staff 3 to provide documentation Resident 42's physician evaluated the resident for an additional vaccine. No additional information was provided.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>47001</p> <p>Based on interview and record review it was determined the facility failed to provide abuse training for 3 of 5 (#s 26, 27, and 28) staff reviewed for abuse training. This placed residents at risk for abuse. Findings include:</p> <p>A review of the facility's in-service records identified the following issues:</p> <ul style="list-style-type: none"> <li>-Staff 26 (CNA) had no documentation of completing the annual abuse training.</li> <li>-Staff 27 (CNA) had no documentation of completing the annual abuse training.</li> <li>-Staff 28 (CNA) had no documentation of completing the annual abuse training.</li> </ul> <p>On 5/16/24 at 2:00 PM Staff 1 (Administrator) acknowledged the above staff did not complete their annual abuse training.</p>		