| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 415120 | A. Building<br>B. Wing | 05/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Apple Rehab Clipper | 161 Post Road<br>Westerly, RI 02891 |

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|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>21613<br><br>Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to implement a comprehensive person-centered care plan for each resident to meet a resident's medical and nursing needs that are identified in the comprehensive assessment for 1 of 1 resident reviewed with lower leg edema (swelling), Resident ID #38.<br><br>Findings are as follows:<br><br>Record review revealed the resident was admitted to the facility in April of 2024 with diagnoses including, but not limited to, Alzheimer's disease and hypertension (high blood pressure).<br><br>Review of the care plan initiated on 4/8/2024, revealed the resident experienced lower extremity edema, with interventions including, but not limited to, apply ACE wraps (compression bandage) to both lower legs in the morning and remove the ACE wraps at bedtime.<br><br>Surveyor observations of the resident on 5/20/2024 at 1:16 PM and 5/22/2024 at 12:40 PM, failed to reveal evidence that the resident was wearing his/her ACE wraps, instead s/he was observed wearing non skid socks.<br><br>During a surveyor interview with the resident on 5/22/2024 at approximately 12:45 PM, the resident revealed s/he has been wearing the non skid socks since s/he has been admitted to the facility. The resident further revealed if s/he was provided the ACE wraps, s/he would wear them.<br><br>During a surveyor interview with Nursing Assistant (NA), Staff B, on 5/22/2024 at 12:46 PM, she revealed that she is the resident's primary NA and that the resident has been wearing the non skid socks since s/he was admitted to the facility in April of 2024. Additionally, she was unaware that the resident had a care plan for ACE wraps.<br><br>During a surveyor interview with Registered Nurse, Staff C, on 5/22/2024 at 1:18 PM, she revealed that she was unaware of the resident's care plan for bilateral leg edema to apply the ACE wraps every morning and to remove them at bedtime.<br><br>During a surveyor interview with the Director of Nursing Services on 5/22/2024 at 4:31 PM, she acknowledged that the above care plan for the resident's lower leg edema had not been implemented. |

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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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>21613<br><br>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and services in accordance with professional standards of practice, relative to following physician's orders for weekly body audits for 1 of 7 residents reviewed, Resident ID #12.<br><br>Findings are as follows:<br><br>According to Mosby's 4th Edition, Fundamentals of Nursing page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.<br><br>Record review revealed the resident was admitted to the facility in April of 2024 with diagnoses including, but not limited to, Parkinson's disease ( a chronic and progressive movement disorder that initially causes tremor in one hand, stiffness or slowing of movement) and dementia.<br><br>Further record review revealed a physician's order dated 4/17/2024 for Body Audit on Admission and Q [every] week by Licensed Nurse on Shower Day. Document on Body Audit Form .<br><br>Record review of the Body Audit form failed to reveal evidence that the weekly body audits were completed and documented on the Body Audit forms for 4 out of 5 opportunities, between 4/17/2024 through 5/21/2024.<br><br>During a surveyor interview with Registered Nurse, Staff C, on 5/22/2024 at 8:37 AM, she acknowledged the weekly body audits were not completed and documented on the Body Audit Forms, per the physician's order.<br><br>During a surveyor interview with the Director of Nursing Services on 5/23/2024 at 8:49 AM, she was unable to provide evidence that the weekly body audits were completed and documented on the Body Audit forms, as ordered. |

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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.<br><br>21613<br><br>Based on record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 1 of 2 residents reviewed with an indwelling catheter (a flexible tube that collects urine from the bladder and empties the urine into a drainage bag), Resident ID #4.<br><br>Findings are as follows:<br><br>According to Brunner & Suddarth's Textbook of Medical-Surgical Nursing, Volume 2, 10th Edition, page 252 states, .the usual daily urine volume in the adult is 1-2 Liters or 1000-2000 cubic centimeters (cc). Additionally, page 1282 states, For patients with indwelling catheters, the nurse assesses the drainage system to ensure that it provides adequate urinary drainage. The color, odor, and volume of urine are also monitored. An accurate record of fluid intake and urine output provides essential information about the adequacy of renal function and urinary drainage .<br><br>Record review revealed the resident was admitted to the facility in December of 2023 with diagnoses including, but not limited to, chronic obstructive pulmonary disease (chronic lung disease) and atrial fibrillation (an irregular and often very rapid heart rhythm).<br><br>Review of a care plan dated 1/6/2024, revealed the resident requires an SP (supra-pubic, a drainage tube that is inserted into the bladder through the abdominal wall to continuously drain urine from the bladder) tube related to urinary retention unresolved by other interventions. Further review of the care plan failed to reveal evidence of an intervention that includes measuring and recording the urinary output every shift.<br><br>Record review of the documented urinary output from 5/9/2024 through 5/21/2024, failed to reveal evidence that the output was measured and recorded each shift and only revealed documentation for 9 of 39 opportunities on the following dates and times:<br><br>-5/9/2024 at 2:36 PM, 0 milliliter (ml)<br><br>-5/10/2014 at 2:17 PM, 0 ml<br><br>-5/15/2024 at 6:39 AM, 100 ml<br><br>-5/15/2024 at 2:03 PM, 1450 ml<br><br>-5/17/2024 at 1:44 PM, 150 ml<br><br>-5/18/2024 at 2:00 PM, 0 ml<br><br>-5/19/2024 at 2:49 PM, 0 ml<br><br>-5/20/2024 at 1:59 PM, 0 ml<br><br>(continued on next page) |

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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -5/21/2024 at 2:16 PM, 150 ml<br><br>During a surveyor interview with the Staff Development Coordinator, Staff D, on 5/22/2024 at 12:09 PM, she acknowledged that the resident's urinary output was not documented every shift.<br><br>During a surveyor interview with the Director of Nursing Services on 5/23/2024 at 8:51 AM, she was unable to provide evidence that the facility provided appropriate treatment and services for a resident with a urinary catheter, including documenting the urinary output to assess for adequacy of renal function. |

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| F 0692<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Some | Provide enough food/fluids to maintain a resident's health.<br><br>21613<br><br>37158<br><br>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to maintain acceptable parameters of nutritional status, such as usual body weight and weight monitoring for 7 of 8 residents reviewed, Resident ID #s 4, 10, 12, 17, 38, 41 and 44.<br><br>Findings are as follows:<br><br>Review of the facility's undated policy titled, Weight Monitoring, states in part,<br><br>PURPOSE: To establish a reference for a resident's body weight that is realistic and individually appropriate and to effectively monitor and communicate weight changes.<br><br>CLINICAL POLICY:<br><br>.Accurate and timely measurement of weight changes in all residents is an important tool in assessing their nutritional status.<br><br>Residents will be weighed weekly for 4 weeks on admission and readmission then monthly, unless otherwise indicated by the MD [Medical Doctor] order and/or recommended by the RD [Registered Dietitian].<br><br>The following procedure is intended to assure that weight changes are identified and assessed as needed.<br><br>PROCEDURE:<br><br>.2. Residents will be weighed during the first seven days of the month and upon admission every week x 4 weeks. It is the responsibility of the charge nurse to assure that weights are taken.<br><br>3. Weights will be taken ad recorded on the weight sheet .or in Point Click Care. If there is a 5 lb. [pound] weight discrepancy (plus or minus) a reweight should be obtained. The Charge Nurse should then review the weight and compare this to the previous weights to determine a 5% weight change in 30 days or 10% change in 180 days.<br><br>4. Significant weight changes will be reported to:<br><br>a. Physician/APRN [Advance Practice Registered Nurse]<br><br>b. Responsible party<br><br>c. RD<br><br>d. DNS [Director of Nursing] .<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Some | e. Care Plan Coordinator<br><br>5. Residents who have experienced significant weight loss will be reviewed by the RD to evaluate the need for changes in the plan of care. The resident's care plan will be updated accordingly.<br><br>During a surveyor interview with Registered Nurse Practitioner (RNP), Staff E, on 5/22/2024 at 9:29 AM, she revealed her expectation is that weights will be obtained upon admission and then weekly for 4 weeks. Staff E also revealed her expectation is that if those weekly weights are stable, staff will then obtain monthly weights, unless there is a specific physician's order that states otherwise.<br><br>During a surveyor interview with the Staff Development Coordinator, Registered Nurse, Staff D, on 5/21/2024 at 2:59 PM, she revealed if residents do not have a physician's order for obtaining weights, staff are to follow the facility's policy and procedure.<br><br>During a surveyor interview with the DNS on 5/22/2024 at 9:02 AM, she revealed if there is a 5 lb. weight discrepancy (plus or minus), a reweigh should be obtained within 1 day. Additionally, she revealed if the resident is unavailable or refusing to be reweighed, staff should try to reweigh the resident on the following day.<br><br>1. Record review revealed Resident ID #12 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, Parkinson's disease (a chronic and progressive movement disorder that initially causes tremors, stiffness or slowing of movement) dementia and dysphagia (difficulty swallowing), and s/he has a gastrostomy tube (G-tube, a tube that delivers nutrition directly into the stomach).<br><br>Record review revealed the resident has a physician's order dated 4/17/2024 for, NPO [nothing by mouth] diet .<br><br>Further record review revealed the resident has a physician's order dated 4/18/2024 for, Jevity 1.5 Cal/Fiber Oral Liquid (Nutritional Supplement) give 474 ml [milliliter] via G-Tube three times a day for nutrition flush with 250ml water post jevity .<br><br>Review of care plan revealed a focus dated 4/22/2024 which states in part, I have the potential for a nutritional decline R/T [related to] multiple problems .dysphagia, need for tube feeding . with interventions including, but not limited to, .weigh me as ordered .<br><br>Record review of the resident's weights revealed the following:<br><br>4/17/2024 179 lbs.<br><br>4/24/2024 176.3 lbs.<br><br>4/26/2024 153.9 lbs.<br><br>5/2/2024 168 lbs.<br><br>Record review of the resident's weight record revealed the resident experienced a weight loss of 22.4 lbs. (12.7%) on 4/26/2024 from his/her previous weight obtained on 4/24/2024.<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Some | Record review revealed the resident experienced a weight gain of 14.1 lbs. (9.6%) on 5/2/2024 from his/her previous weight obtained on 4/26/2024.<br><br>Record review revealed the resident experienced a weight loss of 14.7 lbs. (8.7%) on 5/21/2024 from his/her previous weight obtained on 5/2/2024.<br><br>Additionally, the record failed to reveal evidence that the resident was reweighed when s/he had a weight loss/gain of 5 lbs. or more, per the facility's policy on 4/26/2024 and 5/2/2024.<br><br>Subsequently, on 5/21/2024 at approximately 4:00 PM, the facility staff was asked to provide a weight for Resident ID #12, which was 153.3 lbs.<br><br>Further review of the weight record revealed that the resident experienced an overall weight loss of 25.7 lbs. (14.3%) from his/her admission weight of 179 lbs. on 4/17/2024 to his/her current weight obtained on 5/21/2024 of 153.3 lbs., (approximately 1 month).<br><br>Record review of the care plan, failed to reveal evidence of any new interventions implemented to prevent the resident from further weight loss.<br><br>During a surveyor interview with the RD on 5/21/2024 at 11:15 AM, he revealed that he reviewed the resident's weight record on 4/26/2024 and asked staff to obtain a reweigh. The RD further revealed there was no reweigh documented and he did not push them to obtain a reweigh to verify the weight change. Additionally, he did not add any interventions as the resident is receiving nutrition via the G-Tube. Further, the RD revealed that the facility's policy is to obtain weights upon admission and weekly for 4 weeks and if the weight is stable, staff will obtain monthly weights thereafter.<br><br>During a surveyor interview with the Minimum Data Set Coordinator on 5/21/2024 at 12:31 PM, she revealed she was unaware of the above-mentioned weight loss. Additionally, she was unable to provide evidence of any new interventions added to the resident's care plan for nutrition.<br><br>During a surveyor interview with the RNP, Staff E, on 5/21/2024 at 12:35 PM, she revealed she is aware of the resident's weight loss and is waiting for the RD to assess the resident and make any recommendations. Staff E further revealed when a weight loss is identified, she will usually communicate with staff to have the RD assess the resident or she will ask staff to enter the weight loss in the Dietitian Communication log for the RD to review. Additionally, Staff E revealed due to Resident ID #12 having a G-tube, she wants to ensure the resident is receiving enough nutrition/calories. Further, she expects staff to continue to monitor the resident's weight, especially for a recently admitted resident or a resident with a weight discrepancy.<br><br>During a surveyor interview with the DNS on 5/22/2024 at 4:00 PM, she was unable to provide evidence that the resident was reweighed per the facility policy or that any new interventions were implemented to prevent the resident from having further weight loss.<br><br>2. Record review revealed Resident ID #4 was admitted to the facility in December of 2023 with diagnoses including, but not limited to, chronic obstructive pulmonary disease (chronic lung disease) and atrial fibrillation (an irregular and often very rapid heart rhythm).<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Some | Review of a care plan dated 12/11/2023, .I have the potential for a nutritional decline R/T multiple medical problems . with interventions including, but not limited to, .weigh me as ordered .<br><br>Record review of the resident's weights revealed the following:<br><br>1/16/2024 141.6 lbs.<br><br>2/19/2024 154.9 lbs.<br><br>Record review of the resident's weight record revealed the resident experienced a weight gain of 13.3 lbs. on 2/19/2024 from his/her previous weight obtained on 1/16/2024. Further, the record failed to reveal evidence of a reweigh when s/he had a weight loss/gain of 5 lbs. or more, per the facility's policy.<br><br>Additionally, the record failed to reveal evidence of a weight after 2/19/2024, as per the facility policy which indicates monthly weights will be obtained in the first 7 days of the month, until it was brought to the facility's attention on 5/21/2024. Subsequently, the resident was weighed on 5/21/2024 at approximately 3:30 PM with a weight of 153.4 lbs.<br><br>During a surveyor interview with the DNS on 5/22/2024 at 10:04 AM, she revealed the resident was admitted on hospice services and that staff usually do not obtain monthly weights for hospice residents, although, the facility's policy does not specify. Additionally, the DNS was unable to provide evidence of a physician's order to discontinue the resident's weights and she was unable to provide his/her monthly weights, after February of 2024.<br><br>3. Record review revealed Resident ID #10 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, Alzheimer's Disease, paraplegia (paralysis of the legs and lower body), unstageable pressure ulcer (a full-thickness injury with a wound base covered by a layer of dead tissue) to the left buttocks and hypothyroidism (abnormally low activity of the thyroid gland).<br><br>Record review of the care plan revised on 4/8/2024, revealed the resident has the potential for a nutritional decline related to a history of multiple medical problems, including recent hospitalization with interventions including, but not limited to, weigh him/her as ordered.<br><br>Review of the resident's weights revealed the following:<br><br>-3/23/2024 130.0 lbs.<br><br>-3/25/2024 124.4 lbs.<br><br>-4/1/2024 117.6 lbs.<br><br>-4/1/2024 117.8 lbs.<br><br>-4/2/2024 117.6 lbs.<br><br>-4/8/2024 120.2 lbs.<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Some | -4/15/2024 122.2 lbs.<br><br>Record review of the resident's weight record revealed the resident experienced a weight loss of 5.6 lbs. on 3/25/2024 from his/her previous weight obtained on 3/23/2024. Additionally, the record failed to reveal evidence of a reweigh when s/he had a weight loss/gain of 5 lbs. or more, per the facility's policy.<br><br>Further review failed to reveal evidence of a monthly weight for May 2024, per the facility policy, which indicates monthly weights will be obtained in the first 7 days of the month.<br><br>During a surveyor interview with the DNS on 5/23/2024 at approximately 8:30 AM, she was asked to provide a weight for Resident ID #10. Subsequently, the resident was weighed that morning with a weight of 119 lbs.<br><br>During an interview with the DNS on 5/22/2024 at 11:30 AM, she was unable to explain why the resident was not reweighed after s/he lost 5.6 lbs. and she would expect a reweigh to be obtained within 24 hours. Additionally, she was unable to explain why there was no weight obtained in May of 2024 and she further revealed she would expect the weight policy to be followed.<br><br>4. Record review revealed Resident ID #17 was admitted to the facility in June of 2021 with diagnoses including, but not limited to, vascular dementia and high cholesterol.<br><br>Record review of the care plan initiated on 6/14/2021 revealed the resident has the potential for a nutritional decline related to a history of multiple medical problems, including dementia and weight loss, with interventions including, but not limited to, weigh him/her as ordered.<br><br>Record review of the resident's weight record revealed the following:<br><br>-1/4/2024 182.2 lbs.<br><br>-2/2/2024 163.8 lbs.<br><br>-2/5/2024 182.2 lbs.<br><br>-4/2/2024 162.5 lbs.<br><br>-4/8/2024 171.9 lbs.<br><br>-5/13/2024 177.2 lbs.<br><br>Record review of the resident's weight record revealed the resident experienced a weight loss of 18.4 lbs. on 2/2/2024 from his/her previous weight obtained on 1/4/2024.<br><br>Record review revealed the resident experienced a weight loss of 19.7 lbs. (10.8%) on 4/2/2024 from his/her previous weight obtained on 2/5/2024.<br><br>Record review revealed the resident experienced a weight gain of 9.4 lbs. (5.78%) on 4/8/2024 from his/her previous weight obtained on 4/2/2024.<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Some | Record review revealed the resident experienced a weight gain of 5.3 lbs. (3%) on 5/13/2024 from his/her previous weight obtained on 4/8/2024.<br><br>Additionally, the record failed to reveal evidence that the resident was reweighed when s/he had a weight loss/gain of 5 lbs. or more, per the facility's policy on 4/2/2024, 4/8/2024 and 5/13/2024. Additionally, the record failed to reveal evidence of a monthly weight obtained in March 2024.<br><br>During a surveyor interview on 5/22/2024 at 9:31 AM with RNP, Staff E, she reviewed the above-mentioned weights and revealed there were large fluctuations in the resident's weights and indicated the resident should have been reweighed the day the weight fluctuations were identified.<br><br>During a surveyor interview on 5/22/2024 at 10:53 AM with the DNS, she could not explain why a reweigh was not obtained when the resident had a 5 lb. or greater weight loss/gain and she further revealed she would expect the reweigh to be obtained within 24 hours. Additionally, she acknowledged that there was no weight obtained in March 2024 and would expect the policy to be followed.<br><br>5. Record review revealed Resident ID #38 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, dementia and hypertension (high blood pressure).<br><br>Record review revealed a care plan dated 4/8/2024 for .I have the potential for a nutritional decline R/T multiple medical problems ., with interventions including but not limited to .weight me as ordered . Further review of the care plan revealed s/he is at risk for cardiac compensation related to hypertension with interventions including but not limited to .Encourage weight loss and/or maintaining a healthy weight in accordance with height .<br><br>Record review of the resident's weight record revealed the following:<br><br>4/21/2024 127.1 lbs.<br><br>4/28/2024 133.0 lbs.<br><br>Record review revealed the resident experienced a weight gain of 5.9 lbs. on 4/28/2024 from his/her previous weight obtained on 4/21/2024. Additionally, the record failed to reveal evidence that the resident was reweighed when s/he had a weight loss/gain of 5 lbs. or more, per the facility's policy.<br><br>Further record review failed to reveal evidence that a monthly weight was obtained in May 2024.<br><br>Record review failed to reveal evidence of new interventions implemented to prevent the resident from further weight gain.<br><br>During a surveyor observation of Resident ID #38 in the presence of Registered Nurse, Staff C, on 5/22/2024 at 1:25 PM, she acknowledged the resident had bilateral lower leg edema (swelling).<br><br>(continued on next page) |

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|---|---|---|---|
| | 415120 | A. Building<br>B. Wing | 05/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Apple Rehab Clipper | 161 Post Road<br>Westerly, RI 02891 |

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| F 0692<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Some | During a surveyor interview with the DNS on 5/22/2024 at 10:00 AM, she was unable to provide evidence that the reweigh was obtained when the resident had a weight loss/gain of 5 lbs. or more per the facility's policy. Additionally, the DNS was unable to provide evidence that the monthly weight for May 2024 was obtained within the first seven days of the month per the facility's policy. Furthermore, the DNS was unable to provide evidence that new interventions were implemented to prevent the resident from further weight gain.<br><br>6. Record review revealed Resident ID #41 was readmitted to the facility in April of 2024 with diagnoses including, but not limited to, chronic obstructive pulmonary disease (chronic lung disease) and hypertension.<br><br>Record review of the physician's orders revealed an order dated 4/13/2024 for weekly weights for 4 weeks, then monthly.<br><br>Record review of the resident's weight record revealed the following:<br><br>-4/6/2024 141.8 lbs.<br><br>-4/15/2024 135.0 lbs.<br><br>-4/21/2024 140.6 lbs.<br><br>-5/13/2024 133.2 lbs.<br><br>Record review of the resident's weights failed to reveal evidence that the weekly weights were obtained for 2 of 4 opportunities, on 4/28/2024 and 5/5/2024:<br><br>Record review revealed the resident experienced a weight loss of 6.8 lbs. on 4/15/2024 from his/her previous weight obtained on 4/6/2024.<br><br>Record review revealed the resident experienced a weight gain of 5.6 lbs. on 4/21/2024 from his/her previous weight obtained on 4/15/2024.<br><br>Record review revealed the resident experienced a weight gain of 7.4 lbs. on 5/13/2024 from his/her previous weight obtained on 4/21/2024.<br><br>Additionally, the record failed to reveal evidence that the resident was reweighed when s/he had a weight loss/gain of 5 lbs. or more, per the facility's policy on 4/15/2024, 4/21/2024 and 5/13/2024.<br><br>During a surveyor interview on 5/22/2024 at 9:45 AM with the DNS, she acknowledged that a reweigh was not obtained when the resident had a weight loss/gain of 5 lbs. or more per the facility's policy.<br><br>7. Record review revealed Resident ID #44 was admitted to the facility in November of 2023 with diagnoses including, but not limited to, hypertension, gastroesophageal reflux disease (GERD, a condition where the stomach acid repeatedly flows back up into the esophagus, causing irritation and discomfort) and chronic kidney disease.<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Some | Record review revealed the resident has a care plan initialed on 11/29/2023 for .I have the potential for a nutritional decline R/T multiple medical problems ., with interventions including, but not limited to, .weigh me as ordered .<br><br>Record review of the resident's weight record revealed the following:<br><br>11/18/2023 135.0 lbs.<br><br>12/12/2023 131.1 lbs.<br><br>1/4/2024 125.6 lbs.<br><br>3/1/2024 128.6 lbs.<br><br>4/2/2024 123.4 lbs.<br><br>4/11/2024 123.4 lbs.<br><br>Record review revealed the resident experienced a weight loss of 5.5 lbs. on 1/4/2024 from his/her previous weight obtained on 12/12/2023.<br><br>Record review revealed the resident experienced a weight gain of 5.2 lbs. on 4/2/2024 from his/her previous weight obtained on 3/1/2024.<br><br>Additionally, the record failed to reveal evidence that the resident was reweighed when s/he had a weight loss/gain of 5 lbs. or more, per the facility's policy on 1/4/2024 and 4/2/2024.<br><br>Further record review failed to reveal evidence that a monthly weight was not obtained in May 2024.<br><br>Record review failed to reveal evidence of any new interventions implemented to prevent the resident from further weight loss.<br><br>During a surveyor interview with the DNS on 5/22/2024 at 4:00 PM, she was unable to provide evidence that the reweighs were obtained or that a monthly weight for May 2024 was obtained per the facility policy. Additionally, the DNS was unable to provide evidence that new interventions were implemented to prevent the resident from further weight loss. |

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| F 0730<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Observe each nurse aide's job performance and give regular training.<br><br>21613<br><br>Based on record review and staff interview, it has been determined that the facility failed to complete an annual performance review for every nurse aide (nursing assistant), at least once every 12 months, for 3 of 3 nursing assistants personnel records reviewed, Staff F, G, and H.<br><br>Findings are as follows:<br><br>Record review of the personnel files failed to reveal evidence that an annual performance evaluation was completed for the following nursing assistants:<br><br>-Staff F, Date of hire 11/23/2022<br><br>-Staff G, Date of hire 7/17/2007<br><br>-Staff H, Date of hire 12/4/2000<br><br>During a surveyor interview on 5/22/2024 at 3:25 PM with the Director of Nursing Services, she was unable to provide evidence of a completed performance evaluation wihtin the last 12 months for the above-mentioned employees.<br><br>45855 |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.<br><br>21613<br><br>37158<br><br>Based on record review and staff interview, it has been determined that the facility failed to ensure that the irregularities identified by the Clinical Consultant Pharmacist during the monthly pharmacist Medication Regimen Review (MRR) were acted upon for 2 of 2 residents reviewed, Resident ID #s 10 and 12.<br><br>Findings are as follows:<br><br>1. Record review for Resident ID #10 revealed a physician's order dated 5/3/2024 for Seroquel (an antipsychotic medication that treats several kinds of mental health conditions) 25 mg (milligrams) daily in the morning, Seroquel 50 mg daily in the evening. Additional review revealed a physician's order dated 5/20/204 for Seroquel 25 mg PRN (as needed) once daily for anxiety.<br><br>Record review of the pharmacist's Consultation Report dated 4/19/2024 states in part, Recommendation: Please include the following guidance for Seroquel in the interdisciplinary care plan and ensure the following are monitored and documented in the medical record:<br><br>- Identify common behavioral expressions and describe how the behaviors impact the resident and others (e. g., increases resident distress, dangerous to the resident or others) .Implement and periodically reassess appropriate, individualized, person centered interventions, documenting the results.<br><br>- Communicate to the interdisciplinary team anything that may contribute to the observed behaviors (e.g., noise, hearing<br><br>deficit) .<br><br>- Perform ongoing monitoring for neuroleptic malignant syndrome (e.g., fever, muscle cramps, tremors, unstable blood pressure, delirium) .<br><br>- Monitor for metabolic complications such as weight gain, hyperlipidemia, and hyperglycemia.<br><br>- Monitor routinely for other medication specific side effects (e.g., anticholinergic effects, irregular heartbeat, falls, drowsiness, signs/symptoms of trans ischemic attack [a brief episode of neurological dysfunction resulting from an interruption in the blood supply to the brain]. or stroke).<br><br>Response required.<br><br>Record review for Resident ID #10 failed to reveal evidence that the Consultation Report, with noted irregularities, was reviewed and acted upon by the resident's provider. Additionally, the record failed to reveal evidence of ongoing monitoring for neuroleptic malignant syndrome, evidence of monitoring for metabolic complications, evidence of monitoring routinely for medication specific side effects or that the resident's behaviors were monitored and documented.<br><br>(continued on next page) |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. Record review for Resident ID #12 revealed a physician's order dated 4/27/2024 for Haloperidol (antipsychotic medication) 2 ml (milliliter) via peg tube (a feeding tube that is inserted into the stomach) twice daily. Additional review revealed a physician's order dated 5/16/2024 for Haloperidol 1 ml via peg tube every 8 hours PRN for increased restlessness.<br><br>Record review of the pharmacist's Consultation Report dated 4/19/2024 states in part, Recommendation: Please include the following guidance for Haloperidol in the interdisciplinary care plan and ensure the following are monitored and documented in the medical record:<br><br>- Identify common behavioral expressions and describe how the behaviors impact the resident and others (e. g., increases resident distress, dangerous to the resident or others).<br><br>- Implement and periodically reassess appropriate, individualized, person centered interventions, documenting the results.<br><br>- Communicate to the interdisciplinary team anything that may contribute to the observed behaviors (e.g., noise, hearing<br><br>deficit).<br><br>- Discuss with the prescriber the clinical appropriateness of a gradual dose reduction (at least quarterly)<br><br>- Perform ongoing monitoring for neuroleptic malignant syndrome (e.g., fever, muscle cramps, tremors, unstable blood pressure, delirium) .<br><br>- Monitor for metabolic complications such as weight gain, hyperlipidemia, and hyperglycemia.<br><br>- Monitor routinely for other medication specific side effects (e.g., anticholinergic effects, irregular heartbeat, falls, drowsiness, signs/symptoms of trans ischemic attack or stroke).<br><br>Response required.<br><br>Record review of Resident ID #12's care plan failed to reveal evidence that a care plan was developed relative to mood or behavior.<br><br>Further record review failed to reveal evidence that the Consultation Report, with noted irregularities, was reviewed and acted upon by the resident's provider. Additionally, the record failed to reveal evidence of ongoing monitoring for neuroleptic malignant syndrome, evidence of monitoring for metabolic complications, monitoring routinely for medication specific side effects or that the resident's behaviors were monitored and documented.<br><br>During a surveyor interview on 5/21/2024 at 12:40 PM and again on 5/22/2024 at 9:10 AM with the residents' provider, Registered Nurse Practitioner (RNP), Staff E, she was unsure if she had reviewed the above-mentioned consultation reports with the recommendations. Additionally, Staff E revealed she would expect that the pharmacist's recommendations would be followed. Lastly, she was unable to provide evidence that she reviewed the Consultation Reports.<br><br>(continued on next page) |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a surveyor interview on 5/22/2024 at 12:34 PM with the Director of Nursing Services, she was unable to provide evidence that the pharmacy consultation reports were reviewed by the provider and revealed the pharmacy medication irregularity reports are placed in the provider's folder for review. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39496<br><br>Based on surveyor observation and staff interview, it has been determined that the facility failed to store drugs and biologicals in accordance with currently accepted professional principles for 1 of 1 medication room observed.<br><br>Findings are as follows:<br><br>Review of a facility policy titled, Storage and Expiration Dating of Medications, Biological's revealed in part, . Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the primary medication container (vial, bottle, inhaler) when the medication has a shortened expiration date once opened .<br><br>Surveyor observation on [DATE] at 12:20 PM of the medication storage room in the presence of Registered Nurse, Staff C, revealed the following:<br><br>-1 vial of tuberculin purified protein derivative (used to test for the diagnosis of tuberculosis) opened and undated. Manufacturer's instructions states, vial once entered should be discarded after 30 days.<br><br>-1 bottle of lorazepam intensol (a medication used to treat anxiety) 2 milligram/milliliter (mg/ml) unopened with a manufacturer expiration date of [DATE].<br><br>-1 bottle of lorazepam intensol 2 mg/ml unopened with a manufacturer expiration date of [DATE].<br><br>-1 bottle of lorazepam intensol 2 mg/ml opened, with the open date of [DATE] documented on the box. Manufacturer's instructions states, discard opened bottle after 90 days.<br><br>During a surveyor interview immediately following the above observation, Staff C acknowledged that the vial of tuberculin purified protein derivative was open and undated. She further revealed that the above lorazepam intensol bottles were expired and could not explain why they were not discarded.<br><br>21613 |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>39496<br><br>21613<br><br>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to provide a safe and sanitary environment to help prevent the transmission of infections related to disinfecting blood glucose meters (a device used to monitor blood glucose) for 1 of 1 resident observed, Resident ID #28. Additionally, the facility failed to help prevent the transmission of infections related to Enhanced Barrier Precautions (EBP) (an infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes) for 4 of 5 residents reviewed, Resident ID #'s 4, 12, 46, and 152.<br><br>Findings are as follows:<br><br>Record review of an undated facility policy titled, .Blood Glucose Monitoring Via Glucometer/Accu-Check revealed in part, .Points to keep in mind .<br><br>1. All components that come into contact with blood samples should be considered to be biohazards capable of transmitting viral diseases between patients and healthcare professionals .4. The meter should be cleaned and disinfected after use on each patient with any one of any EPA approved disinfectants and/or any of the ones listed below [Manufacturer Clorox] .Dispatch Hospital Cleaner Disinfectant with bleach, Clorox Healthcare Bleach Germicidal wipes, Clorox Healthcare Hydrogen Peroxide Cleaner .[Manufacturer PDI] . Super Sani Cloth germicide .[Manufacturer Medline] .Medline Micro-Kill Disinfecting, deodorizing, cleaning wipes with alcohol .5. Cleaning and Disinfecting Using either the Clorox OR PDI OR Medline product<br><br>a. Use two wipes (Clorox OR PDI OR Medline) use the first wipe for cleaning the glucometer and the second wipe for disinfecting the strip/meter site .<br><br>Surveyor observation on 5/20/2024 at approximately 11:45 AM during the medication administration task with Registered Nurse, Staff C, revealed the following:<br><br>Staff C obtained Resident ID #28's blood sugar with a blood glucose meter. After obtaining the resident's blood sugar, Staff C proceeded to clean the glucometer with an alcohol wipe and placed the glucometer into a basket filled with clean supplies including lancets and alcohol wipes, on the medication cart.<br><br>During a surveyor interview immediately following the observation with Staff C, she revealed that the glucometers are utilized for more than one resident. She further revealed that it is her practice to use alcohol wipes to clean the glucometer after each use.<br><br>Record review of the May 2024 Medication Administration Record revealed Staff C obtained the resident's blood sugar on the following dates and times:<br><br>-5/2/2024 at 7:30 AM and 11:30 AM<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -5/3/2024 at 7:30 AM and 11:30 AM<br><br>-5/6/2024 at 7:30 AM and 11:30 AM<br><br>-5/8/2024 at 7:30 AM and 11:30 AM<br><br>-5/9/2024 at 7:30 AM and 11:30 AM<br><br>-5/12/2024 at 7:30 AM and 11:30 AM<br><br>-5/14/2024 at 7:30 AM and 11:30 AM<br><br>-5/20/2024 at 7:30 AM and 11:30 AM<br><br>During a surveyor interview on 5/20/2024 at approximately 2:30 PM with the Director of Nursing Services (DNS), she acknowledged that the glucometer is used for more than one resident. Additionally, she could not provide evidence that the glucometer was disinfected per the facility policy.<br><br>2. Review of the facility's policy dated 4/1/2024 for Enhanced Barrier Precautions [EBP] states in part, .The facility will implement enhanced barrier precautions to include any resident with an indwelling medical device (e.g .urinary catheters, feeding tube .Appropriate signage for EBP will be visible).<br><br>During surveyor observations during the initial tour on 5/20/2024 revealed the following residents were identified as requiring EBP. Additionally, the residents identified as requiring EBP, were not observed with the required visible signage.<br><br>a. Record review for Resident ID #4 revealed s/he was admitted to the facility in December of 2023 and has a supra-pubic tube (a drainage tube that is inserted into the bladder through the abdominal wall to continuously drain urine from the bladder).<br><br>b. Record review for Resident ID #12 revealed s/he was admitted to the facility in April of 2024 with a gastrostomy tube (G-tube, tube that delivers nutrition directly to stomach).<br><br>c. Record review for Resident ID #46 revealed s/he was admitted to the facility in March of 2024 and has a urinary catheter (a flexible tube that collects urine from the bladder and empties the urine into a drainage bag).<br><br>d. Record review for Resident ID #152 revealed s/he was admitted to the facility in April of 2024 and has a Peripherally Inserted Central Catheter (a thin, soft tube that is inserted into a vein in the arm, leg, or neck for long-term IV antibiotics, nutrition, medications, and blood draws).<br><br>Furthermore, during a surveyor observation of the medication administration task on 5/20/2024 at approximately 1:50 PM, revealed the DNS was administering a medication via the resident's G-tube without wearing a gown.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Additional surveyor observation on 5/21/2024 at approximately 4:00 PM, revealed Nursing Assistant, Staff I, and Registered Nurse Staff D, enter the resident's room to transfer the resident via a Hoyer lift (a transfer device) without donning ( putting on) a gown or gloves.<br><br>During a surveyor interview with the DNS on 5/23/2024 at approximately 9:00 AM, she was unable to explain why staff did not follow the infection control policy for EBP. |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0944<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.<br><br>21613<br><br>Based on record review and staff interview, it has been determined that the facility failed to include a part of Quality Assurance Performance Improvement (QAPI) mandatory training, which outlines and informs staff of the elements and goals of the facility's QAPI program for all staff.<br><br>Findings are as follows:<br><br>Record review failed to reveal evidence that the mandatory QAPI training was completed for the following staff:<br><br>-Registered Nurse (RN), Staff C - Date Of hire 8/6/2022<br><br>-RN, Staff P - Date of hire 8/3/2020<br><br>-RN, Staff Q - Date of hire 12/20/2017<br><br>-Nursing Assistant (NA), Staff F - Date of hire 11/23/2022<br><br>-NA, Staff G - Date of hire 7/17/2007<br><br>-NA, Staff H - Date of hire 12/4/2000<br><br>Further record review failed to reveal evidence that any current staff had received the mandatory QAPI training.<br><br>During a surveyor interview with the Director of Nursing Services on 5/23/2024 at 10:45 AM, she was unable to provide evidence that the facility provided the mandatory QAPI training to all staff.<br><br>45855 |