

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Medicine Wheel Village		STREET ADDRESS, CITY, STATE, ZIP CODE 24266 Airport Road Eagle Butte, SD 57625	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>49958</p> <p>Based on South Dakota Department of Health (SD DOH) facility reported incidents (FRI) review, interview, and policy review, the provider failed to provide timely and thorough notification to SD DOH for two of two sample residents (2 and 6) who required evaluation at the emergency room , after sustaining an injury during a transfer (2), and after an unwitnessed fall (6). Findings include:</p> <p>1. Review of the SD DOH FRI submitted on 3/01/24 at 9:30 p.m. revealed:</p> <p>*On 2/28/24 at 10:00 a.m. resident 2 reported she had heard a pop while staff transferred her from the toilet to her wheelchair.</p> <p>*She stated that her right knee was hurting.</p> <p>*No swelling or open sores noted to her R [right] knee.</p> <p>*The final report submitted on 3/4/24 stated:</p> <p>-Neither staff member heard anything, but they did report it to their nurse .</p> <p>-The nurse noted no redness or swelling at this time.</p> <p>*There was no indication that resident 2 had been sent to the emergency room for evaluation in the provider's FRI report.</p> <p>*There was no indication that resident 2 sustained a proximal right tibial fracture.</p> <p>*The assessment of pain and swelling did not match the progress notes (PN) in the residents' electronic medical record (EMR).</p> <p>Review of resident 2's EMR revealed:</p> <p>*On 2/28/24 at 10:00 a.m. there was no nurse progress note (PN) that indicated resident 2 had reported she had heard a pop while being transferred from the toilet to her wheelchair.</p> <p>*On 2/28/24 at 11:25 p.m. a PN indicated [Resident 2] Can't sleep. Right knee still hurts.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-This was the first PN after the incident that mentioned her right knee.</p> <p>*On 2/28/24 at 11:29 p.m. a PN indicated Right knee swollen and was elevated on a pillow from day shift. Muscle rub applied to both knees. This writer tried to elevate HOB [head of bed] to give resident her meds. Resident cried out in pain with tears noted. Resident was reassured that knee is just stiff and joint inflammation is what's going on here. Resident was reminded that she hasn't walked for awhile. Resident also received ice pack to right knee.</p> <p>*On 2/28/24 at 11:59 p.m. a PN indicated CNA [certified nursing assistant] stated that resident also cries out in pain when turning over to have brief [incontinence product] changed.</p> <p>*On 2/29/24 at 4:07 p.m. a PN indicated This writer was not able to measure wound, C/O [complains of] knee pain and wasn't able to have leg moved, [telehealth provider] was contacted in regards to knee pain.</p> <p>*On 3/1/24 at 9:34 a.m. a PN indicated knee pain rated a consistent 8. Pts [patient's] right knee is swollen to about double the size of her other knee, and it is discolored.</p> <p>-This information was omitted from the SD DOH FRI initial and final reports.</p> <p>*On 3/1/24 at 10:04 a.m. a PN indicated resident 2 had been transferred to the emergency room for evaluation of her right knee pain.</p> <p>-This information was omitted from the SD DOH FRI final report that was submitted on 3/4/24.</p> <p>*On 3/1/24 at 5:05 p.m. a PN indicated Pt was in the hospital today.</p> <p>*On 3/1/24 at 6:03 p.m. a telehealth provider note indicated Phone call to facility to speak with nurse. Fx [fracture] of tibia on the right side. She is back in LTC [long-term care] facility.</p> <p>*On 3/1/24 at 7:39 p.m. a PN indicated f/u [follow up] from [telehealth]. Gave them report of what happened at [hospital] with the Tibia break.</p> <p>-This information was omitted from the SD DOH FRI final report submitted on 3/4/24.</p> <p>*There was no PN that indicated the time that resident 2 returned to the facility.</p> <p>2. Interview on 10/1/24 at 9:15 a.m. with resident 6 revealed she:</p> <p>*Had fallen about a month ago.</p> <p>*Stated she went for a scan but nothing was broken.</p> <p>*Reported she still had some pain.</p> <p>Review of the SD DOH FRI submitted on 9/16/24 at 2:15 p.m. revealed:</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*She confirmed that the final report for resident 6 had not been completed on time.</p> <p>Review of the provider's 10/2/24 Reporting of injuries of Unknown Source and Reasonable Suspicion of a crime education packet revealed:</p> <p>*Review with all IDT [interdisciplinary team] team members and those designated to report to Department of Health Complaint office.</p> <p>*Copy of reporting guidelines given to each team member on this date.</p> <p>*IMMEDIATELY notify the Administrator of the Event, the 2 HOUR clock starts.</p> <p>*REPORT the reasonable suspicion not later than 2 HOURS after forming the suspicion.</p> <p>REPORT to: SD DOH COMPLAINT Coordinator .</p> <p>*CONDUCT a thorough internal investigation and Send in findings report within 5 working days.</p> <p>*DON B had signed that she was provided the above information.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>49958</p> <p>Based on interview, record review, and document review, the provider failed to provide a copy of the transfer notice to the Office of the State Long-Term Care Ombudsman for one of one sampled resident (13) reviewed for facility-initiated transfer to the hospital. Findings include:</p> <ol style="list-style-type: none"> Interview on 9/30/24 at 5:10 p.m. with resident 13 revealed she had gone to the hospital recently, but did not remember why., Review of resident 13's electronic medical record (EMR) revealed: <ul style="list-style-type: none"> *She was transferred to the hospital on 1/29/24. -Her power of attorney (POA) was notified of her transfer. -There was no documentation the bed hold information was given to the resident or her POA. *She was transferred to the hospital on 9/11/24. -Her POA was notified. -There was no documentation the bed hold information was given to the resident or her POA. Interview with the facility's local ombudsman on 10/3/24 at 8:19 a.m. and again at 11:02 a.m. regarding resident 13's transfers to the hospital revealed: <ul style="list-style-type: none"> *She stated that she had not received notifications for either of resident 13's hospital transfers above. *She had spoken with social services designee (SSD) C and social services employee D in May 2024 about the regulation and did share a document with them at that time as well. Interview on 10/3/24 at 9:11 a.m. with SSD C and social services employee D revealed: <ul style="list-style-type: none"> *The social services department was responsible for notifications to the ombudsman. -An email was often sent, however, sometimes we just call her. *They were not aware that they had to report every hospital transfer to the ombudsman. -They completed notifications to the ombudsman on day 5 if the resident was discharged . *No documentation was provided to verify the ombudsman was notified of resident 13's hospital transfers. <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5. Review of the document shared with the provider by the Ombudsman revealed:</p> <p>*Notice before transfer. Before a facility transfers or discharges a resident, the facility must - (i) Notify the resident and the resident representative(s) of the transfer or discharge and the reason for the move in writing and in a language and manner they understand. That facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>45683</p> <p>Based on record review, interview, and policy review the provider failed to ensure one of one sampled resident (1) had her as needed (PRN) lorazepam (antianxiety medication) order renewed for continued use beyond 14 days. Findings include:</p> <p>Review of resident 1's electronic medical record (EMR) revealed:</p> <p>*A physician's order on 8/1/24 for lorazepam 0.5 milligrams (mg) orally to be given every four hours as needed for increased anxiety and tooth pain.</p> <p>*Her revised care plan dated 8/6/24 indicated she used antidepressant/antianxiety medication related to depression and anxiety.</p> <p>*A pharmacist recommendation sheet for resident 1 dated 8/31/24 revealed:</p> <p>-PRN orders for psychotropic drugs are limited to 14 days.</p> <p>-Except if the attending or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days.</p> <p>-He or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>-It was signed by director of nursing (DON B) and the consultant pharmacist.</p> <p>-The physician's response, had an X marked on the following area:</p> <p>--I would like to specify a duration of this PRN psychotropic as indefinitely and will document the rationale below.</p> <p>--Patient needs meds when has stressful event.</p> <p>--The physician's signature was dated 9/30/24.</p> <p>--DON B's signature was dated 10/2/24.</p> <p>*From 8/15/24 through 9/30/24 PRN lorazepam was administered 21 times.</p> <p>Interview on 10/2/24 at 3:30 p.m. with DON B and restorative licensed practical nurse (LPN) H regarding resident 1's PRN lorazepam revealed:</p> <p>*They knew PRN lorazepam orders had to be renewed by the physician every 14 days for continued use.</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 - Few</p>	<p>*They were not aware the order had not been renewed.</p> <p>*They agreed the lorazepam order was not current.</p> <p>Review of the provider's July 2022 Psychotropic Medication Use policy revealed:</p> <p>*11. Residents on psychotropic medications receive gradual dose reductions (coupled with non-pharmacological interventions), unless clinically contraindicated, in an effort to discontinue these medications.</p> <p>*12. Psychotropic medications are not prescribed on a PRN basis unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record.</p> <p>a. PRN orders for psychotropic medications are limited to 14 days.</p> <p>(1) For psychotropic that are NOT antipsychotics: If the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rationale for extending the use and include the duration of the PRN order.</p> <p>(2) For psychotropic medications that ARE antipsychotics: PRN orders cannot be renewed unless the attending physician or prescriber evaluates the resident and documents the appropriateness of the medication.</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49958</p> <p>Based on observation, interview, record review, and policy review, the provider failed to serve a well-balanced diet that:</p> <p>A. Considered the food preferences for 3 of 3 sampled residents (6, 13, and 16).</p> <p>B. Contained dietician-approved nutritional equivalent food substitutions for 21 of 21 sampled residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21) for one of one observed meal service.</p> <p>Findings include:</p> <p>1. Observation and interview on 10/1/24 at 9:09 a.m. with resident 6 revealed:</p> <p>*She stated, You get what you get, when asked what she ordered for breakfast.</p> <p>*She had not received a menu of meals for the day.</p> <p>*She had not selected or been asked what she wanted to eat that day.</p> <p>*Menus had been posted in the hallway near the dining room, but it was not always accurate.</p> <p>*The residents had been quarantined in their rooms due to a COVID-19 outbreak and had not been able to check that menu.</p> <p>*She stated, If you refuse [the meal provided], you get soup.</p> <p>*She had requested softer foods because she did not wear dentures.</p> <p>-She stated, This fruit [[NAME] and grapes] is hard.</p> <p>Review of resident 6's electronic medical record revealed:</p> <p>*A 11/3/22 physician's order for Diet Regular diet, Mechanical Soft texture.</p> <p>*She had a Brief Interview for Mental Status (BIMS) score of 14 which indicated she was cognitively intact.</p> <p>Observation and interview on 10/1/24 at 10:34 a.m. with resident 13 revealed:</p> <p>*There were uneaten pancakes with syrup and sausage on her plate that had been covered.</p> <p>*She had not liked what was served that day and wanted another choice.</p> <p>-She had wanted malt-o-meal.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*She stated, You get what is provided.</p> <p>*If she had been given a choice she would have ordered something different.</p> <p>Review of resident 13's electronic medical record revealed:</p> <p>*A 4/13/2 physician's order for a Consistent Carbohydrate diet, Regular texture, Regular consistency.</p> <p>*She had a Brief Interview for Mental Status (BIMS) score of 12 which indicated she was moderately cognitively impaired.</p> <p>*Her diagnosis included Type 2 Diabetes Mellitus with Hyperglycemia.</p> <p>*Her care plan indicated:</p> <ul style="list-style-type: none"> -Poor appetite. -Refuses to eat at times. -Monitor nutritional status. -Serve diet as ordered. <p>Interview on 10/1/24 at 11:07 a.m. with resident 16 revealed she stated:</p> <p>*I don't care for a lot of things they have.</p> <p>*If I don't like what they bring me I can have soup.</p> <p>*They put it [the menu] up on the board.</p> <p>*I am tired of hamburgers.</p> <p>*You get what they bring.</p> <p>Review of resident 16's electronic medical record revealed:</p> <p>*A 12/1/23 physician's order for Diet Consistent Carb [carbohydrate], NAS [no added salt] diet, Regular texture, Regular consistency.</p> <p>*She had a Brief Interview for Mental Status (BIMS) score of 15 which indicated she was cognitively intact.</p> <p>*Her diagnosis included Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease and Essential (Primary) Hypertension.</p> <p>(continued on next page)</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 10/1/24 at 8:00 a.m. with dietary manager (DM) E regarding an alternative menu revealed they did not have an alternative menu, but if the resident did not like what was served they would be able to have soup or hot/cold cereal.</p> <p>50915</p> <p>2. Observation on 9/30/24 at 3:45 p.m. of unidentified CNA during the initial tour in the kitchen revealed:</p> <p>*CNA was making ham salad sandwiches for the residents' evening meal.</p> <p>*CNA was not using a measuring scoop to correctly portion the amount of salad put on each sandwich.</p> <p>*The bread used for the sandwich was a slider bun, approximately one-half the side of a standard hamburger bun.</p> <p>Observation on 10/2/24 at 4:13 p.m. of cook J revealed:</p> <p>*While preparing the cucumbers with ranch portions, she was not using a measuring utensil to measure the portion for each meal tray.</p> <p>*While preparing the three bean salad portions, she was not using a measuring utensil to measure the portion for each meal tray.</p> <p>Interview on 10/1/24 at 8:35 a.m. with dietary manager E revealed:</p> <p>*The CNA that was making the ham salad sandwiches was not part of the regular kitchen staff.</p> <p>-The CNA was helping due to short staffing.</p> <p>*She stated that she had trained the CNA to use the one-half cup scoop to portion the ham salad, but she thought the CNA must have been nervous because the surveyors were watching her.</p> <p>*When asked what options the resident would have if they did not like what was being served, she stated that the resident could have soup or cereal. There was no alternate meal prepared.</p> <p>Interview on 10/1/24 at 9:35 a.m. with resident 14 revealed:</p> <p>*This was the first time he had lived in a nursing home, and he had been there for a few months.</p> <p>*He stated that the food was good, but he did not get enough.</p> <p>*When asked if he was able to get more food if he asked for it, he stated, Sometimes.</p> <p>*When asked if he was offered an alternate option if he did not like what was being served, he stated No.</p> <p>*When asked if the staff brought him snacks between meals, he stated Sometimes.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*When asked how often staff brought him snacks, he stated Maybe two to three times a day.</p> <p>Interview on 10/2/24 at 10:52 a.m. with registered dietician M revealed:</p> <p>*She was a contracted employee, and her role was to approve food menus.</p> <p>*She did not visit the facility.</p> <p>*She approved the menus the facility used, they were provided to the facility by US Foods, which was the facility's food distributor.</p> <p>*She stated that the facility should have been notifying her when substitutions were made, but that was not happening.</p> <p>*She stated the diet extensions should be used, but that was difficult when staff were not making food from the menu.</p> <p>Interview on 10/3/24 at 9:40 a.m. with administrator A revealed:</p> <p>*The kitchen had recently had a difficult time with adequate staff due to COVID-19 and staff turnover.</p> <p>*She acknowledged that substitutions were made regularly, and this was due to food availability and resident preference.</p> <p>*She stated that substitutions were allowed to be done but needed to be documented as to why they were being done and the dietician needed to be made aware of the substitution menus.</p> <p>*It was her expectation that serving sizes would be consistent by using appropriate serving utensils.</p> <p>*She stated that the facility planned to work with a new company that would be able to accommodate the resident's dietary needs as well as cultural food preferences.</p> <p>Review of the provider's April 2019 Frequency of Meals policy revealed:</p> <p>*Policy Statement: Each resident shall receive at least three (3) meals daily, at times comparable to typical mealtimes in the community, or in accordance with resident needs, preferences, requests and the plan of care.</p>		

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NAME OF PROVIDER OR SUPPLIER Medicine Wheel Village		STREET ADDRESS, CITY, STATE, ZIP CODE 24266 Airport Road Eagle Butte, SD 57625	
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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>50915</p> <p>Based on observation, interview, record review, and policy review, the provider failed to provide the therapeutic diet prescribed by a physician for 16 of 21 (2,3,4,5,7,8,9,11,12,13,14,16,17,18,19,21) residents. Findings include:</p> <p>1. Observation on 9/30/24 at 3:40 p.m. revealed:</p> <p>* Spaghetti had been served for the lunch meal instead of the approved scheduled menu item of Asian barbecue turkey.</p> <p>*There was no indication on the kitchen menu that the substitution was approved by the dietician or documentation that the substitution was made.</p> <p>*All residents received the same meal with no differentiation between their individually prescribed diets (regular, heart healthy, renal, consistent carbohydrate, and no added salt diets).</p> <p>2. Observation on 9/30/24 at 4:45 p.m. revealed:</p> <p>*A ham salad sandwich on a slider-sized roll was served for the evening meal instead of spinach and cheese quiche that was listed on the approved scheduled menu.</p> <p>*There was no indication on the kitchen menu that the substitution was approved by the dietician or documented that the substitution was made.</p> <p>*All residents received the same meal with no differentiation between prescribed diets.</p> <p>3. Observation on 10/1/24 at 11:40 a.m. revealed:</p> <p>*Taco burgers and chicken noodle soup with potato wedges were served for lunch instead of the approved scheduled menu item of ham steak with honey mustard sauce, twice baked sweet potato, sauteed Brussel sprouts, dinner roll/margarine, and pineapple with toasted coconut.</p> <p>*There was no indication on the kitchen menu that the substitution was approved by the dietician or documentation that the substitution was made.</p> <p>*All residents received the same meal with no differentiation between their prescribed diets.</p> <p>4. Interview on 10/1/24 at 8:35 with dietary manager E revealed:</p> <p>*She stated that the kitchen made substitutions due to the lack of availability of the menu items.</p> <p>*She stated that she did not know what some of the items on the menu were.</p> <p>*She stated that she had not been documenting when and what substitutions had been made.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*She stated that she made taco burgers every Tuesday because the residents liked them.</p> <p>*When asked if the substitutions had been approved by the dietician, she stated that they had not been.</p> <p>*When asked if an alternate menu option was available, she stated that if a resident doesn't like what is being served, they can have soup or cereal.</p> <p>5. Interview by phone on 10/2/24 at 10:52 a.m. with registered dietician M revealed:</p> <p>*Her involvement with the facility is to review and approve the food menus for the facility.</p> <p>*She stated, They should be notifying me of the substitutions, but they are not.</p> <p>*She stated that she had previously voiced concerns about kitchen staff not following the menu.</p> <p>*She stated that she had previously asked for the menu substitution log but did not receive accurate substitutions menus.</p> <p>6. Interview on 10/3/24 at 8:40 am with administrator A revealed:</p> <p>*She was aware that ordered menus were not being followed.</p> <p>*She stated there were challenges to following the menu due to residents not wanting to follow their prescribed diet.</p> <p>*She stated that there were times when elderly protection would complain on behalf of the resident and that was part of the reason that diets were not being followed.</p> <p>*There was no written documentation that residents refused to follow their prescribed diets.</p> <p>*She agreed that diets ordered by a physician should be followed but stated many of the residents would not follow their prescribed diet.</p> <p>7. Record review on 10/2/24 of the provider's dietary orders revealed:</p> <p>*Residents 2,3,4,5,7,8,9,11,12,13,14,16,17,18,19, and 21 did not have specific dietary orders addressed.</p> <p>-Eight residents were ordered a consistent carbohydrate diet.</p> <p>-Five residents were ordered a heart healthy diet.</p> <p>-Six residents were ordered a no added salt diet.</p> <p>-Two residents were ordered a renal diet.</p> <p>8. Review of the provider's April 2019 Frequency of Meals policy revealed:</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Policy Statement: Each resident shall receive at least three (3) meals daily, at times comparable to typical mealtimes in the community, or in accordance with resident needs, preferences, requests and the plan of care.</p> <p>9. Policy review of the provider's October 2017 Foods Brought by Family/Visitor policy revealed:</p> <p>*Policy Interpretation and Implementation, line 13, When meals or snacks are provided by family/visitors, the nurse will inform the dietician of these substitutions.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50915</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure that one of one sampled resident (1) received a food prepared to correct temperature. Findings include:</p> <p>1. Observation on 9/30/24 at 3:40 p.m. of the kitchen warming cabinet revealed:</p> <ul style="list-style-type: none"> *The food warming cabinet thermometer was not functioning. *The dial for temperature control was set at 6.5 on 0-10 range. <p>2. Observation and interview on 10/1/24 at 12:00 with dietary manager E revealed:</p> <ul style="list-style-type: none"> *She had pureed and placed resident 1's noon meal in the warming cabinet. *She stated the food had been pureed with warm broth. *The dial on the food warming cabinet was set at 5.5, the dial ranged 0 to 10. *She said that before the warming cabinet thermometer stopped working, this was the normal setting to keep food warmed to the appropriate temperature. *The taco meat used for the pureed meal was documented to be 176 degrees Fahrenheit (F) before being placed in the food warming cabinet. *The temperature of the pureed food was 113.7 degrees Fahrenheit. *She stated she would not recheck the temperature or reheat the pureed food before serving it to the resident. <p>3. Observation and interview on 10/2/24 at 4:33 p.m. with cook J revealed:</p> <ul style="list-style-type: none"> *Hot chicken broth from the steamer was used to puree resident 1's. *After being pureed, the steamed vegetables were 113.3 degrees Fahrenheit. *After being pureed, the boneless pork rib was 107.9 degrees Fahrenheit. *After being pureed, the roasted potatoes were 107.9 degrees Fahrenheit. *Cook J stated that she would place pureed foods back in the warming cabinet until serving and she would not further heat the food. <p>4. Interview on 10/1/24 at 8:35 a.m. with dietary manager E revealed:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*The food warming cabinet thermometer has been broken for two to three months.</p> <p>*The maintenance department is aware and has ordered a new food warming cabinet.</p> <p>*There was no internal thermometer placed in the warming cabinet to ensure safe food temperatures.</p> <p>5. Interview on 10/2/24 at 8:40 a.m. with maintenance director F revealed:</p> <p>*He stated that he was made aware the food warming cabinet thermometer by dietary manager E on 5/20/24.</p> <p>*He stated there was a new food warming cabinet ordered on 10/1/24.</p> <p>6. Interview on 10/3/24 at 9:40 with administrator A revealed:</p> <p>*She stated that she was recently made aware that the food warming cabinet was not functioning properly.</p> <p>*She stated that she told maintenance director F to order a new food warming cabinet the previous week.</p> <p>*She expected that the facility's food preparation and service policy would be followed.</p> <p>7. Review of the facility's food temperature log revealed:</p> <p>*All cooked food's internal temperatures had been documented after cooking, before being placed in the food warming cabinet.</p> <p>*There was no record of food temperatures being documented after pureeing, before being served to the resident.</p> <p>8. Policy review on 10/3/24 of the facilities food preparation and service policy revealed:</p> <p>*The danger zone for food temperatures is between 41 degrees Fahrenheit and 135 degrees Fahrenheit. This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness.</p> <p>*Mechanically altered hot foods prepared for a modified consistency diet remain above 135 degrees Fahrenheit during preparation or they are reheated to 165 degrees Fahrenheit for at least 15 seconds.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>45683</p> <p>Based on Certification and Survey Provider Enhanced Reports (CASPER) reporting data review, interview, and policy review, the provider failed to ensure their Payroll Based Journal (PBJ), (information of the provider's daily staffing hours for the appropriate care of the residents) had been complete and the data had been submitted to the Center for Medicare and Medicaid Services (CMS) for one of four quarters (Quarter 1, 2024). Findings include:</p> <p>1. Review of the provider's CASPER reporting data revealed no PBJ data had been submitted for the time period of October 1, 2023, through December 31, 2023.</p> <p>Interview on 10/1/24 at 3:47 p.m. with administrator A regarding the submission of PBJ data to CMS revealed:</p> <ul style="list-style-type: none"> *She was aware the data had to have been submitted. *She knew there were deadlines to submit the data. *They had a vendor who kept track of payroll and PBJ data. *The vendor had missed the deadline for submitting the Quarter 1, 2024 PBJ data to CMS. <p>Interview on 10/3/24 at 9:00 a.m. with administrator A and outsourced chief financial officer (CFO) L regarding the submission of PBJ data to CMS revealed:</p> <ul style="list-style-type: none"> *Outsourced CFO L was responsible for ensuring the PBJ data was submitted to CMS. *His office would get the data from the provider and ensure it was submitted by the deadline. *A staff member from outsourced CFO L's office missed the deadline for submitting the data by one day. *It was both their expectations that the data would be submitted to CMS before the deadline each quarter. <p>Review of the providers revised 1/4/23 Payroll Based Journal policy revealed, It is the policy of this facility to electronically submit timely to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.</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>49958</p> <p>Based on observation, interview, record review and policy review the provider failed to ensure two of two sampled residents (2 and 18) with open wounds had been placed on enhanced barrier precautions (EBP). Findings include:</p> <p>1. Observation on 10/1/24 at 8:00 a.m. of two unidentified staff entering resident 2's room with the Hoyer lift (a mechanical lift with a body sling used for transfers) revealed neither staff member had worn a gown prior to entering the room.</p> <p>Observation and interview on 10/2/24 at 10:03 a.m. with resident 2 revealed:</p> <p>*The door to her room was open and held an over-the-door rack that contained gowns and gloves.</p> <p>*There was a sign indicating the need for EBP on that side of the door.</p> <p>*That sign and those supplies had not been visible with the door open and were located outside that resident's room when that door was closed.</p> <p>*Resident 2 stated that the staff had not worn a gown or gloves when they transferred her with the mechanical lift or the gait belt.</p> <p>Interview on 10/2/24 at 10:09 a.m. with certified nursing assistant (CNA) K revealed:</p> <p>*Resident 2 required the use of the Hoyer lift and two CNAs for all transfers.</p> <p>*Resident 2 sometimes refused the Hoyer lift and could be transferred with a gait belt and two CNAs</p> <p>*She had not worn a gown when she completed any transfers with resident 2.</p> <p>Review of resident 2's electronic medical record (EMR) revealed Dressing to right lower extremity related to non-pressure chronic ulcer of unspecified part of right leg .</p> <p>2. Observation and interview on 9/30/24 at 4:94 p.m. with resident 18 revealed:</p> <p>*There had not been any signage on the door or in the room that indicated EBP.</p> <p>*There had not been any gowns in the room or near the door.</p> <p>*She wore heel protector boots on both feet and stated she had an open wound on her left foot.</p> <p>*She stated that the staff did not wear a gown or gloves when they transferred her, but that they wore gloves when they had changed the bandage on her foot.</p> <p>Observation on 10/1/24 at 4:20 p.m. of licensed practical nurse (LPN) H, CNA K, with resident 18 revealed:</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>*LPN H and CNA K transferred resident 18 from her bed to the wheelchair.</p> <p>-LPN H and CNA K had not worn a gown or gloves.</p> <p>Observation on 10/1/24 at 4:40 p.m. of licensed practical nurse (LPN) H, certified nursing assistant (CNA) K, with resident 18 revealed:</p> <p>*CNA K assisted resident 18 with a whirlpool bath.</p> <p>-CNA K wore gloves but did not wear a gown.</p> <p>*LPN H applied a bandage to resident 18's left foot.</p> <p>-LPN H wore gloves but did not wear a gown.</p> <p>Interview on 10/01/24 at 5:31 p.m. with LPN H revealed she:</p> <p>*Did not know the facility policy on EBP.</p> <p>*Confirmed she had not worn a gown when she transferred or completed wound care for resident 18.</p> <p>Review of resident 18's electronic medical record (EMR) revealed a dressing change was ordered to be completed every day shift for Ischemic injury to right great toe.</p> <p>Interview on 10/2/24 at 11:37 a.m. with LPN H revealed she:</p> <p>*Received training on EBP on 4/2/24 from administrator (Admin) A.</p> <p>-Had been told that only residents with a multi-drug resistant organism (MDRO) required EBP.</p> <p>-Hnad not been educated that all residents with open wounds require EBP</p> <p>*Stated, I did not know.</p> <p>*Stated resident 2 required EBP only when they changed her dressings on her leg due to the presence of an MDRO.</p> <p>Interview on 10/2/24 at 4:36 p.m. with infection control registered nurse (ICRN) G revealed:</p> <p>*Residents with wounds would have only had EBP in place if they had an MDRO or the wound was seeping and could not be contained.</p> <p>*She expected the nurse to have worn a gown to complete a dressing change for resident 2 but not for resident 18.</p> <p>*She had not expected staff to wear gowns with residents 2 or 18 when completing transfers or bathing.</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>3. Review of the provider's 8/12/24 Enhanced Barrier Precautions policy revealed:</p> <p>*Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities.</p> <p>*An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds (e.g., Chronic wounds such as pressure ulcers diabetic foot ulcer's unhealed surgical wounds and chronic visa stasis ulcers) and/or indwelling medical devices .</p> <p>*High-contact resident care activities include: a. Dressing, b. Bathing, c. Transferring, h. Wound care: any skin opening requiring a dressing.</p>