

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Humphreys County Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 104 Fort Hill Road Waverly, TN 37185	

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 0565</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 organize and participate in resident/family groups in the facility.</p> <p>49311</p> <p>Based on review of the facility policy, observation, and interview the facility failed to provide a private space that prevented interference for the resident group meeting when 1 of 1 (Resident Council) sampled group was reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, Resident Council Meetings, dated 2/1/2024, revealed .This facility supports the rights of residents to organize and participate in resident groups, including a Resident Council . Observation in the Activity Room on 6/4/2024 at 2:11 PM, revealed the Resident Council Meeting was being held in the Activity Room and the location was not being conducted in a private setting. The Activity Room had large openings area on each side of the room, with no doors and was accessible to anyone on the 100 Hall, Administrators Offices, and Dining Room. No signs were posted that the meeting was in progress. There were 17 resident members present. It was very noisy and hard to hear to the point that a microphone was provided to amplify the speaker. <p>Observation in the Activity Room on 6/4/2024 at 2:37 PM, during the Resident Council Meeting, revealed the Assistant Director of Nursing (ADON) came into the Activity Room, went into an attached door, and then exited.</p> <p>Observation in the Activity Room on 6/4/2024 at 2:39 PM, during the Resident Council Meeting, revealed that Housekeeper I came in during the meeting and obtained the trash.</p> <p>Observation in the Activity Room on 6/4/2024 at 2:53 PM, during the Resident Council Meeting, revealed a visitor entered the Activity Room during the meeting to talk to a resident.</p> <p>Observation in the Activity Room on 6/4/2024 at 2:55 PM, during the Resident Council Meeting, revealed the Social Worker came and stood inside the doorway of the Activity Room.</p> <ol style="list-style-type: none"> During an interview on 6/5/2024 at 12:25 PM, the Director of Nursing (DON) was asked if a private place should be provided for uninterrupted resident council meetings. The DON stated, .That [the activities room] is where they always meet . Based on the federal guidelines should a private place be provided for resident council meetings. The DON replied, Yes. <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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/5/2024 at 6:54 PM, the Activities Director was asked if a private place should be provided for uninterrupted resident council meetings. The Activity Director stated, .The staff usually doesn't [don't] come in during the meetings . There were several people that came in during the meeting on 6/4/2024. The Activity Director stated, .I will start doing it in another location that can be private .I wasn't aware that it was supposed to be private .</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37530</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to implement Comprehensive Care Plans for 2 of 20 sample resident (Resident #33 and #46) reviewed for care planning.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled Comprehensive Care Plan, dated 3/5/2024, revealed .It is the policy of this facility to develop and implement a comprehensive person - centered care plan for each resident, consistent with resident rights, that includes measures objectives and timeframe to meet a resident's medial nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment . The comprehensive care plan will describe, at a minimum, the following .The services that are to be furnished to attain or maintain the resident's highest practicable physical, [NAME], and psychosocial well-being .Resident specific interventions that reflect the resident's needs . Review of medical record revealed Resident #33 was admitted on [DATE], with diagnoses of Diabetes, Atrial Fibrillation, Benign Prostatic Hyperplasia, Atherosclerotic Heart Disease, Hypertension, Urinary Tract Infection, and Depression. <p>Review of the Physician's Orders dated 5/6/2024, revealed .Furosemide [medication is known as a diuretic .it helps the body get rid of extra water] Oral Tablet 20 MG .Give 1 tablet by mouth one time a day for ATHEROSCLEROTIC HEART DISEASE . Rivaroxaban [used to treat or prevent blood clots] Oral Tablet 20 MG .Give 1 tablet by mouth one time a day for A-Fib-[Atrial Fibrillation is an irregular heart rhythm] .</p> <p>Review of the Physician's Orders dated 5/9/2024, revealed .Ciprofloxacin[used to treat bacterial infection] . Oral Tablet 500 MG .Give 500 mg by mouth two times a day for UTI [urinary tract infection] .</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #33 had a Brief Interview for Metal Status (BIMS) score of 13, which indicated he was cognitively intact and coded for Anticoagulants, Diuretics and Antibiotics.</p> <p>During an interview on 6/4/2024 at 2:24 PM, the MDS Coordinator was asked should resident #33 be Care Planned for anticoagulant, antibiotic, and diuretics. The MDS Coordinator confirmed Resident #33 should be monitored for bleeding, signs and symptoms of infection and dehydration.</p> <p>The facility failed to care plan Resident #33 to monitor for risk of bleeding, dehydration, and risk for infections.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #46 was admitted on [DATE], with diagnoses of Peripheral Vascular Disease, Chronic Kidney Disease, Diabetes, and Hypertension. <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly MDS dated [DATE], revealed Resident #46 had a BIMS score of 11, indicating he was moderately impaired and coded for indwelling catheter.</p> <p>Review of the Physician's Orders dated 12/18/2023, revealed .Foley Catheter (16 Fr [french] .) Change every 60 days and PRN [as needed] .urinary retention .</p> <p>Observations in the resident's room on 6/3/2024 at 10:01 AM, and 3:26 PM, on 6/4/2024 at 11:14 AM and 3:54 PM, revealed Resident #46 lying in bed, indwelling urinary catheter at beside with privacy cover.</p> <p>During an interview on 6/5/2024 at 4:44 PM, the MDS Coordinator confirmed Resident #46 is not care planned for an indwelling catheter. The MDS Coordinator was asked, should she be care planned for indwelling catheter. The MDS Coordinator stated, Yes, ma'am .</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50780</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to update and revise the Care Plan for 1 of 20 sampled resident (Resident #29) reviewed for falls.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, Care Plan Revisions (Named Facility), dated 3/5/2024, revealed .The purpose of this procedure is to provide a consistent process for reviewing and revising the care plan for those residents experiencing a status change .The comprehensive care plan will be reviewed, and revised as necessary when a resident experiences a status change .The care plan will be updated with the new or modified interventions . 2. Review of medical record revealed Resident #29 was admitted on [DATE], with a diagnosis of Muscle Weakness, Ataxic Gait, and Psychotic Disorder. <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #29 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated he was cognitively intact with no behaviors identified. Resident #29 required substantial staff assist with most activities of daily living (ADLs) and was occasionally incontinent of bowel and bladder.</p> <p>Review of the Care Plan dated 12/22/2020, revealed .I am at risk for falls .Interventions 1/22/2024, MD [Medical Doctor] to eval (evaluate) .</p> <p>Review of the Incident Scene Statement, dated 1/22/2024, revealed that Resident #29 had an unwitnessed fall.</p> <p>During an interview on 6/5/2024 at 2:02 PM, the Assistant Director of Nursing (ADON) confirmed that an appropriate intervention should have been added to the Care Plan post fall for Resident #29.</p> <p>The facility failed to revise, update, and add an appropriate intervention to the Care Plan for Resident #29 post fall.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37530</p> <p>Based on medical record review, observation, and interview, the facility failed to ensure for resident was free from accident hazards for 1 of 3 (Resident #65) reviewed for accident hazards.</p> <p>The findings include:</p> <p>1. Review of medical record revealed Resident #65 was admitted on [DATE], with diagnoses of After Care Joint Replacement, Pain, Hypertension, Urinary Tract Infection, Dementia, and Anxiety Disorder.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #65 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated she was cognitively impaired.</p> <p>Observation on 6/4/2024 at 9:09 AM, at the 700-Hall Nursing Station, revealed Resident #65 in her wheelchair going through the top left side drawer. The left side top drawer had the following items, 3 small tubes of toothpaste and a pair of blunt point scissors. The second drawer contained a can of Clorox 4 in one aerosol spray (Clean and disinfect multiple surfaces) and a can of suave aerosol hair spray. The Right side second drawer contained a bucket of Sani Wipes (disinfectant).</p> <p>2. During an interview on 6/4/2024 at 9:10 AM, at the 700-Hall Nursing Station, Certified Nursing Assistant (CNA) B was asked should the resident be going through the drawers at the nursing station that contain chemicals. CNA B stated, No .she should not .she was on the other side of the wall .they were mopping the floor .the reason she is in the hall is when she is in her room she gets out of her chair and has a fall .so we keep her at the nursing station so we can watch her .</p> <p>During an interview on 6/5/2024 at 9:54 AM, the Director of Nursing (DON) was asked should you have chemicals at the nursing station stored in the drawers unattended. The DON stated, No.</p> <p>During an interview on 6/5/2024 at 2:41 PM, the Registered Nursing (RN) H was asked should chemicals be stored at the nursing station. The RN H stated, No .she has a bad history of wandering and falling .she come out in the hallway with no walker or wheelchair .she does great if we bring her out here [nursing station] .</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37530</p> <p>Based on facility policy review, medical record review, observations, and interview the facility failed to provide appropriate indwelling urinary catheter (a tube in the bladder that drains the urine) care for 2 of 2 sampled residents (Resident #45 and Resident #56) reviewed for catheter care.</p> <p>The Findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled Catheter Care-(Named Facility), dated 3/5/2024 revealed .It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use .drape resident to expose only the perineal area .using circular motion, cleanse the meatus with a clean cloth moistened with water and perineal cleanser (soap) .With a new moistened cloth, starting at the urinary meatus moving down, cleanse the shaft of the penis .With a new moistened cloth, starting at the urinary meatus moving outward, wipe the catheter . Review of the medical record revealed Resident #45 was admitted on [DATE], with a diagnosis of Stroke, Neuromuscular Dysfunction of Bladder, Hypertension, and Hemiplegia. <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #45 had a Brief Interview for Mental Status (BIMS) score of 2, which indicated he was severely cognitively impaired with no behaviors identified and was dependent on staff for all activities of daily living (ADLs). Resident #45 was coded for an indwelling urinary catheter.</p> <p>Review of the Physician's Orders dated 12/18/2023, revealed .Foley cath [catheter] #[number]18 French 30cc [centimeter] bulb Change every 60 days and PRN [as needed] for .occlusion .</p> <p>During observation in Resident #45's room on 6/4/2024 at 1:35 PM, Certified Nursing Assistant (CNA E) was performing catheter care and exited the resident room leaving him uncovered in a brief and t-shirt to gather her supplies. CNA E cleaned the scrotum then cleaned catheter with the same washcloth. CNA E rinsed the scrotum and catheter with repeated strokes up and down with the same washcloth. CNA E failed to use a different part of the wash cloth during catheter care.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #56 was admitted on [DATE], with diagnosis of Hypertension, Acute Respiratory Failure, Dementia, and Urinary Tract Infection. <p>Review of the admission MDS dated [DATE], revealed Resident #56 was severely cognitively impaired. Resident #56 was coded for indwelling urinary catheter.</p> <p>Review of the Physician's Orders dated 4/23/2024, revealed .Foley Catheter (16Fr [french], 30cc) Change every 60 days and PRN [as needed] for .occlusion .</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation in the resident's room on 6/5/2024 at 10:07 AM, revealed CNA B failed to clean the over bed table or place down a barrier. CNA B donned her gloves, prepared water in basin, placed the basin on the over bed table, and adjusted bed with remote. CNA B removed her gloves, donned a new pair of gloves and failed to perform hand hygiene. CNA B with a washcloth saturated with water, applied soap to the washcloth, pulled the foreskin back, wiped with several strokes around the meatus with the same washcloth and failed to clean the shaft of the penis.</p> <p>During an interview on 6/5/2024 at 10:25 AM, CNA B was asked should she have performed hand hygiene when she removed her glove and donned a new pair of gloves. CNA B stated, Yes. CNA B was asked if she should have cleansed the shaft of the penis during indwelling catheter care. CNA B stated, Yes.</p> <p>During an interview on 6/5/2024 at 12:15 PM, The Director of Nursing (DON) confirmed that facility policy should be followed during indwelling catheter care. The DON confirmed that staff should not wipe back and forth during catheter care. The DON was asked if hand hygiene should be performed after removing their gloves and before donning a new pair of gloves. The DON replied Yes. The DON confirmed that a resident should not be left exposed while staff are gathering their supplies for catheter care.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37530</p> <p>Based on facility policy review, medical record review and interview, the facility failed to provide ongoing communication of care with the dialysis center for 1 of 1 sampled resident (Resident #64) reviewed for dialysis.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility policy titled Hemodialysis, dated 6/3/2024 revealed .The facility will coordinate and collaborate with the dialysis facility to assure that .The resident's needs related to dialysis treatment are met . The provision of the dialysis treatments and care of the resident meets current standards if practice for the safe administration of the dialysis treatment .There is ongoing communication and collaboration for the development and implementation of dialysis care plan by nursing home and dialysis staff . Review of medical record revealed Resident #64 was admitted on [DATE], with diagnoses of Atrial Fibrillation, Hypertension, End Stage Renal Disease, and Transient Ischemic Attack. <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #64 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated she was moderately impaired and coded for dialysis.</p> <p>Review of the Physician's Orders dated 5/15/2024, revealed .Dialysis at [Named City] clinic on Monday, Wednesday and Friday - Pick up time 6:45am-7:15am .Chair time 7:30am-11:30am .</p> <p>Review of the Dialysis pre (before)- and post (after) Vital Signs and Weight, Communication form dated 5/22/2024, 5/27/2024, and 5/29/2024 revealed the pre information was completed with the vital signs and weight and the post information was not completed by the dialysis clinic with the vital signs, weight, medication administered and the amount of fluid intake in ounces.</p> <p>Review of the Dialysis pre- and post Vital Signs and Weight, Communication form dated 6/3/2024, revealed the pre information was completed with the vital signs and weight and the post the post was completed by the dialysis clinic with the vital signs, weight. The form did not have the medication administered and the amount of fluid intake in ounces.</p> <p>The facility was unable to provide the following Dialysis Communication forms for Resident #64 on 5/13/2024, 5/15/2024, 5/17/2024, 5/20/2024, 5/24/2024, and 5/31/2024.</p> <ol style="list-style-type: none"> During an interview and record review on 6/5/2024 at 7:57 AM, the Assistant Director of Nursing (ADON) when reviewing the dialysis communication sheets the ADON was asked should the facility have copies of each time the resident goes out to dialysis. The ADON stated, .We should .yes ma'am . The ADON was asked in reviewing the communication sheets should the forms be completed on each dialysis visit. The ADON stated, .Yes ma'am .they should .dialysis should return them here . The ADON was asked who monitored the sheets for accuracy. The ADON stated, .The charge nurse should .when the forms are returned .we [management] should be a back up to monitor . <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50780</p> <p>Based on policy review, medical records review and interview the facility failed to ensure residents were free from significant medication errors for 1 of 5 sampled residents (Resident #3) reviewed for unnecessary medications.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled Medication Administration - (Named Facility), dated 3/5/2024, revealed . Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection .Obtain and record vital signs, when applicable or per physicians orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters . 2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses of Dementia, Delusional Disorder, Depression, Anxiety and Hypertension. <p>Review of the quarterly Minimum Data Set, dated dated dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 4, which indicated severe cognitive impairment, and received Antipsychotics, Antidepressants and Opioids.</p> <p>Review of the care plan dated 8/26/2021, revealed .I have hypertension (HTN) .Give anti hypertensive medications [lowers the blood pressure] as ordered. Monitor for side effects such as orthostatic hypotension and increased heart rate (Tachycardia) and effectiveness .</p> <p>Review of the Physician's Orders dated 2/17/2023 revealed .Metoprolol Tartrate [a medication to treat high blood pressure] 25 MG [Milligram] Tablet Give 1 tablet by mouth one time a day for HTN [Hypertension] HOLD FOR SBP [Systolic Blood Pressure] < [less than] 100 OR DBP [Diastolic Blood Pressure] < 60 . [order date] 2/17/2023 .</p> <p>Review of the Physician's Orders dated 2/18/2023 revealed .amlodipine Besylate [a medication to treat high blood pressure] 5 MG Tablet Give 1 tablet by mouth one time a day for HTN HOLD FOR SBP < 100 OR DBP < 60; HOLD FOR PULSE < 60 .{order date} 2/17/2023 .</p> <p>Review of the Medication Administration Record (MAR) dated March 2024 revealed amlODIPine Besylate Tablet 5 MG was marked as given on 3/1/2024 and 3/2/2024.</p> <p>Review of the MAR dated March 2024 revealed Metoprolol Tartrate Tablet 25 MG was marked as given on 3/1/2024 and 3/2/2024.</p> <p>Review of the MAR dated March 2024 revealed .Obtain BP and pulse prior to AM med [medication] administration one time a day . Resident #3's blood pressure was documented as 101 Systolic and 55 Diastolic on 3/1/2024 and 3/2/2024.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Humphreys County Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 104 Fort Hill Road Waverly, TN 37185	
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Weight and Vitals Summary, dated 3/1/2024 - 3/31/2024 revealed Resident #3's blood pressure was recorded as 101 systolic and 55 diastolic. No blood pressure was recorded for 3/2/2024.</p> <p>3. During an interview on 6/5/2024 at 12:40 PM, the Assistant Director of Nursing (ADON) confirmed Resident #3's Amlodipine and Metoprolol should have been held on 3/1/2024 and 3/2/2024 because her diastolic blood pressure was less than 60.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50780</p> <p>Based on policy review, observation and interview the facility failed to ensure medications were stored appropriately when unsecured and unattended medication for 2 of 67 sampled residents (Resident #3 and #65) were found at the bedside and at the nursing station.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled Resident Self-Administration of Medication - (Named Facility), revised 3/5/2024, revealed .It is the policy of this facility to support each resident's right to self administer medication. A resident may only self -administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely .When determining if self-administration is clinically appropriate for a resident, the interdisciplinary team should at a minimum consider .The resident's cognitive status .Bedside medication storage is permitted only when it does not present a risk to confused residents . The manner of storage prevents access by other residents .The medications provided to the resident for bedside storage are kept in containers dispensed by the provider pharmacy .</p> <p>2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses of Dementia, Delusional Disorder, Depression, Anxiety and Hypertension.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) score of 4, which indicated she had severe cognitive impairment.</p> <p>Random observation in the resident's room on 6/3/2024 at 9:57 AM, revealed a bottle containing mentholated ointment (treat minor aches and pains of the muscle/joints) on the over the bed table.</p> <p>Random observation in the resident's room on 6/3/2024 at 3:22 PM, revealed Resident #3 in the room sitting in her wheelchair and a bottle containing mentholated ointment sitting on the over bed table.</p> <p>Random observation and Interview on 6/3/2024 at 4:21 PM, in the residents room with the Director of Nursing (DON) revealed a bottle of mentholated ointment on the over bed table. The DON confirmed Resident #3 should not have the mentholated ointment in her room.</p> <p>Review of a Self Administration of Medication assessment dated [DATE], revealed .Capable of storing medications in a secure location .not capable .Administration of medication .Topical medication .Not capable .</p> <p>3. Review of medical record revealed Resident #65 was admitted on [DATE], with diagnoses of After Care Joint Replacement, Pain, Hypertension, Urinary Tract Infection, Dementia, and Anxiety Disorder.</p> <p>Review of the MDS dated [DATE], revealed Resident #65 had a BIMS score of 4, which indicated she was cognitively impaired.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Random observation on 6/4/2024 at 9:09 AM, at the 700-Hall Nursing Station, revealed Resident #65 in her wheelchair going through the top left side drawer. The left side top drawer had the following items, 26 packages of vit [vitamin] A & D oint [ointment] and one tube of phytoplex (medication is used as a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations (such as diaper rash, skin burns from radiation therapy).</p> <p>During an interview on 6/4/2024 at 9:10 AM, at the 700-Hall Nursing Station, Certified Nursing Assistant (CNA B) was asked should the resident be going through the drawers at the nursing station that contain chemicals. CNA B stated, No .she should not .</p> <p>During an interview on 6/5/2024 at 9:54 AM, the Director of Nursing (DON) was asked should you have medication at the nursing station stored in the drawers unattended. The DON stated, No.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50780</p> <p>Based on policy review, observation and interview the facility failed to ensure food was protected from contamination when 2 of 20 staff members (Certified Nursing Assistant (CNA) C and Admissions Coordinator) touched the food with their bare hands, when 3 of 20 staff members (CNA C, and D, and the Admissions Coordinator) failed to perform hand hygiene, when 1 of 20 staff members (CNA B) placed a dirty meal tray back on a clean cart with clean trays, failed to ensure 2 of 2 ice machines were clean, and open and undated food in 1 of 1 pantry refrigerators.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled Hand Hygiene - [Named facility], revised 3/5/2024, revealed .All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors .Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table .Before applying and after removing personal protective equipment (PPE), including gloves .</p> <p>Review of the facility policy titled Meal Supervision and Assistance - [Named facility], revised 3/5/2024, .The resident will be prepared for a well-balanced meal in a calm environment, location of his/her preference and with adequate supervision and assistance to prevent accidents, provide adequate nutrition, and assure and enjoyable event .Staff member must perform hand hygiene before serving food to resident. If contact is made with soiled dishes, clothing, food or personal effects, the staff must perform hand hygiene before continuing or serving food to the next resident .</p> <p>Review of the facility policy titled Food Receiving and Storage - [Named facility], revised 3/5/2024, revealed . Food shall be received and stored in a manner that complies with safe food handling practices .All foods belonging to residents must be labeled with the resident's name, the item and the use by date .</p> <p>2. Observation on 6/3/2024 at 11:39 AM, in the dining room, revealed CNA C removed the dinner roll from the plastic wrap with her bare hands and placed the dinner roll on Resident #44's plate.</p> <p>Observation in the dining room on 6/3/2024 at 11:43 AM, revealed CNA C was serving trays in the dining room. CNA C obtained Resident #5's tray from the kitchen and the roll fell off the tray onto the floor. CNA C picked up the roll off the floor with her bare hand and asked the kitchen staff for another roll. CNA C failed to perform hand hygiene, accepted the new dinner roll, in a plastic wrap, with the same bare hand, and placed the dinner roll on the resident tray, then served the tray to Resident #5.</p> <p>Observation in the resident's room on 6/3/2024 at 12:21 PM, revealed CNA D placed a meal tray on Resident #46's over bed table, raised the head of the bed with the bed control, moved a chair to the bed side, donned her gloves, sat down in the chair, removed the cover from the meal tray and began assisting Resident #46 with her meal. CNA D failed to perform hand hygiene before donning her gloves.</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 - Some</p>	<p>Observation in the resident's room on 6/3/2024 at 12:02 PM, revealed CNA B entered Resident #40's room and sat the meal tray on the over bed table. CNA B removed items from the meal tray and exited the room and placed the dirty breakfast tray back on the meal cart with 3 clean trays.</p> <p>Observation in the dining room on 6/4/2024 at 4:49 PM, revealed the Admissions Coordinator was assisting Resident #44 with her meal. The Admissions Coordinator cut Resident #44's sandwich with her bare hands, then picked up one piece of the sandwich with her bare hands and held it up to Resident #44's mouth, and picked up another piece of the sandwich with her bare hand and held it up to Resident #44 mouth.</p> <p>During an interview on 6/5/2024 at 7:45 AM, CNA B was asked, should you put the dirty meal trays back on the clean cart with clean trays. CNA B stated, No .I should not have done that .</p> <p>During an interview on 6/5/2024 at 1:36 PM, the Director of Nursing (DON) confirmed staff should perform hand hygiene after picking items up off the floor, before touching items to give to a patient. The DON confirmed staff should not touch food with their bare hands. The DON confirmed staff should wash hands before donning a new pair of gloves.</p> <p>3. Observations of the ice machine in the dining room on 6/3/2024 at 2:59 PM, and on 6/4/2024 at 8:29 AM, revealed the ice and water dispenser had white stains down the front side of the water and ice dispenser, dark discoloration under the water and ice dispenser, and the back of the drainage pan had a thick white substance along the back edge.</p> <p>Observation of the ice machine in the pantry on 6/4/2024 at 4:40 PM, revealed dark and pink (Biofilm or pink slime in the ice machines that could lead to serious health problems if ingested) discolorations along the water curtain, on top of the ice machine was a large amount of white buildup along the outside top portion, and a large amount of white stain going down the front under the door of the ice machine.</p> <p>During an observation and interview 6/4/2024 at 4:53 PM, in the pantry, CNA A was asked who uses the ice machine in the pantry. CNA A stated, .Every Hall .</p> <p>During an observation and interview 6/4/2024 at 5:32 PM, of the pantry's ice machine, the Administrator was asked should there be dark and pink discoloration on the water curtain and white build-up on the outside of the ice machine. The Administrator confirmed there should not be dark and pink discoloration along the water curtain and build-up on the ice machine. The Administrator was asked if she was aware of what the pink discoloration was. The Administrator stated, .No .I don't know what the pink discoloration is .</p> <p>During an observation and interview on 6/4/2024 at 5:35 PM, in the dining room, the Administrator was asked what the dark discoloration under the ice and water dispenser was. The Administrator stated, .it's either mold or dirt . The Administrator was asked how often the ice machines are cleaned and who cleans them. The Administrator stated, .They are cleaned monthly .by Maintenance .</p> <p>4. During an observation on 6/4/2024 at 4:42 PM, in the resident refrigerator in the pantry, revealed a sign on the door stating, All items must have name, date placed, and room number. Observation of the freezer revealed one gallon of ice cream opened, undated, with no name or room number.</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 - Some</p>	<p>During an observation and interview on 6/5/2024 at 2:33 PM, in the pantry, the Dietary Manager confirmed the ice cream should have a name and date on it.</p> <p>During an interview on 6/5/2024 at 4:41 PM, the Maintenance Director confirmed this was the first time he has deep cleaned the ice machine. The Maintenance Director was asked how often you should clean it. The Maintenance Director stated, I'm not sure. The Maintenance Director confirmed he took the position in February 2024.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38909</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infection were maintained for 5 of 7 sampled residents (#9, #39, #45, #56, and #319) reviewed for enhanced barrier precautions.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, Enhanced Barrier Precautions (Name Facility), dated 6/18/2024, revealed .It is the policy of this facility to implement enhanced barrier precaution for the prevention of transmission of multidrug-resistant organisms .An order for enhanced barrier precautions will be obtained for residents with any of the following .Wounds .indwelling medical devices .even if the resident is not known to be infected or colonized with a MDRO [multidrug-resistant organism] .Make gown and gloves available immediately near or outside of the residents room .Device care or use .central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC lines, midline catheters .Wound care .any skin opening requiring a dressing .Therapists should use gown and gloves when working with resident on EBP [enhanced barrier precaution] .in the resident's room . Review medical record revealed Resident #9 was admitted on [DATE], with diagnoses of Encephalopathy, Bipolar Disorder, Depression, Anxiety, and Pressure Ulcer. <p>Review of quarterly MDS dated [DATE], revealed Resident #9's BIMS was coded as 13 indicating her cognition was intact, and coded for a unhealed pressure ulcer.</p> <p>Review of Physician's Orders dated 5/15/2024, revealed .Cleanse stage 4 pressure injury to sacrum with sterile water, apply silver collagen (pad) and cover with a bordered super absorbent dressing .one time a day .</p> <p>Observation on 6/5/2024 at 10:00 AM, during wound care, revealed Licensed Practical Nurse (LPN I)) performed wound care on a stage 4 sacral wound without wearing Personal Protective Equipment (PPE) for enhanced barriers. Resident #9 had no PPE available for enhanced barrier precaution.</p> <p>During an interview on 6/5/2024 at 4:15 PM, LPN I was asked if she wears PPE for enhanced barriers for infection control. LPN I stated, .No I don't know what that is .</p> <ol style="list-style-type: none"> Review of medical record revealed Resident #39 was admitted on [DATE], with diagnoses of Chronic Obstructive Pulmonary Disease, Hypertension, Anxiety Disorder, Acute Respiratory Failure and Heart Failure <p>Review of the admission MDS dated [DATE], revealed Resident #39 had a Brief Interview for Metal Status (BIMS) score of 3, which indicated she was cognitively impaired and coded for indwelling urinary catheter.</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 - Few</p>	<p>Review of Physician's Orders dated 4/16/2024, revealed .Foley Catheter [tube in the bladder to drain urine] (16 Fr [french], 30cc [centimeters]) Change every 60 days and PRN [as needed] for out or occlusion .</p> <p>Observation in the resident's room on 6/4/2024 at 9:03 AM, Resident #39 was in the shower with Occupational Therapist Assistant (COTA) providing a shower, no PPE in use, indwelling catheter on the on the right side of shower chair. Resident #39 had no PPE available for enhanced barrier precaution.</p> <p>4. Review of medical record revealed Resident #45 was admitted on [DATE], with diagnoses of Stroke, Neuromuscular Dysfunction of Bladder, Hypertension, and Hemiplegia.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #45 had a Brief Interview for Metal Status (BIMS) score of 2, which indicated he was severely cognitively impaired, and was coded for an indwelling urinary catheter.</p> <p>Review of the Physician's orders dated 12/18/2023, revealed .Foley cath [catheter] #[number]18 French 30cc [centimeter] bulb Change every 60 days and PRN [as needed] for .occlusion .</p> <p>During an observation in Resident #45's room on 6/4/2024 at 1:35 PM, Certified Nursing Assistant (CNA E) was performing catheter care, there was no PPE available for enhanced barrier precautions. CNA E did not use any Personal Protective Equipment before doing indwelling urinary catheter care.</p> <p>5. Review of the medical record revealed Resident #56 was admitted on [DATE], with diagnosis of Hypertension, Acute Respiratory Failure, Dementia, and Urinary Tract Infection.</p> <p>Review of the admission MDS dated [DATE], revealed Resident #56 was severely cognitively impaired, and was coded for indwelling urinary catheter.</p> <p>Review of the Physician's Orders dated 4/23/2024, revealed . Foley Catheter (16Fr [french], 30cc) Change every 60 days and PRN [as needed] for .occlusion .</p> <p>Observation in the resident's room on 6/5/2024 at 10:07 AM, revealed CNA B performed indwelling urinary catheter care without donning PPEs. Resident #56 had no PPE available for enhanced barrier precaution.</p> <p>6. Review of medical record revealed Resident #319 was admitted on [DATE] with diagnoses of Cerebral Infarction, Traumatic Brain Injury, Dysphonia, and Gastrostomy.</p> <p>Review of the Physician's Order dated 5/30/2024, revealed .enteral nutrition diet NPO (nothing by mouth) texture, NPO /No fluids consistency .Check placement of Enteral tube prior to medication administration every shift .</p> <p>Observation in the resident's room on 6/4/2024 at 9:01 AM, revealed RN H administered peg tube (percutaneous endoscopic gastrostomy tube inserted in the stomach to receive nutrition) medications without wearing PPE. There was no PPE available for Resident #319's room for enhanced barrier precaution.</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 - Few</p>	<p>7. During an interview on 6/4/2024 at 9:30 AM, RN H was asked if she wears personal protective equipment (PPE) for enhanced barriers for infection control. RN H stated, .no I'm not aware of what that means .</p> <p>During an interview on 6/5/2024 at 3:11 PM, with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON), the DON was asked should about enhanced barrier precautions for residents if they have a indwelling urinary catheter (cath), wounds, PEG Tubes (Percutaneous Endoscopic Gastrostomy Tube) (is inserted through the abdomen wall and into the stomach), Central Lines (Thin flexible large bore tube inserted into a large vein), and Tracheostomy. The ADON stated, .is an add on to the standard precaution and it is recommended .for wounds, cath and indwelling medical devices for extra layer of protection .we had and initial education in April about it with the plans to implement it in June .as far as we are aware it was a recommendation .we have not implemented it yet . The DON confirmed they had no residents in enhanced barrier precaution.</p>		