

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Teays Valley Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1390 North Poplar Fork Road Hurricane, WV 25526	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31826</p> <p>Based on observation, resident Interview and Record review the facility failed to ensure the resident environment was clean and in good repair. This was true for three (3) resident rooms on the 400 and 500 halls. Room identifiers: #404, #407, and #500. Facility census: 115.</p> <p>Findings Include:</p> <p>a) Resident Rooms</p> <p>During and initial tour of the facility on 12/09/24 the following issues were identified in resident rooms:</p> <p>room [ROOM NUMBER] - The blind had brown stains on it. The floor had a pink substance which was not able to be wiped up. The top of the toilet tank did not fit the tank appropriately and the sink was not affixed to the wall completely.</p> <p>room [ROOM NUMBER]- The light fixture in the bathroom was dislodged from the ceiling and was hanging down. The light fixture was also covered in dust.</p> <p>room [ROOM NUMBER]- Resident #24 who resided in room [ROOM NUMBER] stated she had been asking them for a year to paint over the flowers they have stuck to the wall. She stated she did not like them and wanted them covered up. She also pointed to the ceiling and stated, There are brown spots on the ceiling too.</p> <p>She indicated she had told them about them and she wishes they would clean them or paint over them because she is tired of looking at them. The surveyor observed the flowers on the wall and the brown spots the resident referred to. The surveyor also noted her fan which was sitting on the bed table was covered in dust. The light in the</p> <p>bathroom was also covered in dust.</p> <p>A tour with a Corporate Registered Nurse (CRN) in the afternoon of 12/11/24 confirmed the above issues. She stated, I will get these taken care of.</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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31826</p> <p>Based on record review and staff interview the facility to provide a notice and/or an accurate notice of the discharge to the resident, resident family and/or the receiving facility to ensure a safe and orderly continuance of care. This was true for Resident #99 on two (2) of three (3) of her transfers to an acute care facility. Resident identifier: #99. Facility Census: 115.</p> <p>Findings include:</p> <p>a) Resident #99</p> <p>A review of Resident #99's chart on 12/11/24 at 9:24 AM found she was discharged to an acute care facility on 07/19/24, 09/25/24 and 10/05/24. Further review of the record found a transfer form dated 09/25/24. On this form the date of the transfer was listed as 07/19/24. Further review of the record found there was no transfer form for the discharge date of [DATE].</p> <p>During an interview with the Director of Nursing (DON) in the afternoon of 12/16/24 she confirmed, there was not a transfer form completed for Resident #99's discharge on 07/19/24 and the transfer form for 09/25/24 listed the incorrect transfer date.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173</p> <p>Based on record review, staff interview, resident interview and observation, the facility failed to provide an accurate Minimum Data Set (MDS) for five (5) of 34 residents.</p> <p>MDS issues were found with Resident #10's hearing assessment, Resident #99's intravenous (IV) access, a cancer diagnosis for Resident #93, the use of insulin for Resident #79 and Resident #56's dental status. Resident Identifiers: #10, #99, #93, #79 and #56. Facility Census: 115.</p> <p>Findings include:</p> <p>a) Resident #10</p> <p>On 12/10/24 at approximately 11:30 AM, the resident was interviewed and found to be hard of hearing. A record review found the care plan recognized impaired communication due to impaired hearing.</p> <p>The MDS section B dated 12/04/24 indicated the resident's ability to hear is adequate. The medical record was found to not have any information regarding a hearing test or an assessment for hearing aids.</p> <p>On 12/16/24 at 5:15 PM, the Director of Nursing (DON) confirmed the resident did have impaired hearing and a hearing assessment had not been performed since admission to the facility on [DATE] .</p> <p>b) Resident #99</p> <p>On 12/11/24 at 9:30 AM, a record review was completed for Resident #99. The review found the MDS section O dated 11/22/24 did not indicate the resident had intravenous (IV) access for antibiotic therapy. The resident was noted with an implanted right subclavian port.</p> <p>On 12/11/24 at 11:50 AM, the Corporate Registered Nurse (RN) #155 confirmed the resident did have an implanted right subclavian port. Corporate RN #155 confirmed the MDS was incorrect.</p> <p>c) Resident #93</p> <p>On 12/11/24 at 10:15 AM, a record review was completed for Resident #93. The review found the MDS section I dated 11/08/24 did not indicate the resident's diagnosis of polycythemia vera (blood cancer).</p> <p>On 12/11/24 at 11:55 AM, the Corporate RN #155 confirmed the diagnosis of polycythemia vera was not indicated on the MDS.</p> <p>d) Resident #79</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/11/24 at 10:50 AM, a record review was completed for Resident #79. The review found the resident was noted for taking insulin for diabetes. The MDS section N dated 10/04/24 indicated the resident was receiving insulin. However, the review found the resident was prescribed Ozempic. Ozempic is a once-weekly injection used to treat diabetes as well as assist with weight loss. However, Ozempic is not an insulin.</p> <p>On 12/11/24 at 1:30 PM, the Corporate RN #155 confirmed the resident was not receiving insulin.</p> <p>31826</p> <p>e) Resident #56</p> <p>During an observation of Resident #56, on 12/09/24 at 2:30 PM, during the initial phase of the Long term care survey process it was noted Resident #56 had multiple missing teeth and the teeth remaining were in poor repair.</p> <p>An observation completed with the Director of Nursing (DON) on 12/11/24 at 3:00 PM found the resident had multiple missing teeth but did have some teeth remaining.</p> <p>Review of the residents record found a dental consultation dated 04/19/24. This consult indicated the resident had the following missing teeth 1, 2, 7-10, 13-19, 21-32. This indicated teeth 3-6, 11, 12, and 20 were not missing.</p> <p>A review of the Minimum Data Set (MDS) with an assessment reference date (ARD) of 01/26/24 indicated Resident #56 was edentulous under section L. Dental Status.</p> <p>This incorrect MDS was confirmed with the Director of Nursing (DON) on 12/11/24 at 3:00 PM.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>51553</p> <p>Based on record review and staff interview, the facility failed to identify diagnoses for two (2) of three (3) residents reviewed for the area of pre admission screening and resident review (PASARR). Resident identifiers: #55 and #18. Facility census: 115</p> <p>a) Resident #18</p> <p>A diagnosis of Bipolar Disorder and Post-Traumatic Stress Disorder (PTSD) were not identified on the most recent PASARR dated 11/14/23 for Resident #18. On 12/17/24 11:45 AM, the State Surveyor reviewed and confirmed the discrepancies with the orders, care plan and PASARR with the Director of Nursing.</p> <p>49751</p> <p>b) Resident 55</p> <p>Record review on 12/10/24 at 01:15 PM revealed the following medical diagnoses</p> <p>Schizoaffective Disorder</p> <p>Anxiety Disorder</p> <p>Bipolar Disorder</p> <p>Further record review on 12/10/24 revealed the Pre Admission Screening and Resident Review (PASRR) did not identify Bipolar disorder</p> <p>Corporate Registered Nurse # 155 confirmed the PASRR did not identify Bipolar disorder.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49751</p> <p>Based on record review and interviews the facility failed to develop and implement comprehensive care plans. This was found true for 12 of 34 residents' care plans reviewed. Resident identifiers: #48, #26, #366, #61, #103, #70, #102, #12, #99, #93, #65, and #98. Facility census:115.</p> <p>Findings include:</p> <p>a) Resident #26</p> <p>A record review on 12/16/24 revealed care plan stated no blood pressure (b/p) or lab stick to right extremities (RE).</p> <p>Further record review of the care plan contained a plan of care for not taking b/p in RE.</p> <p>Focus</p> <p>Resident at risk for decreased ability to perform ADL's in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, toileting, related to: recent illness, hospitalization resulting in fatigue, activity intolerance.</p> <p>Goal</p> <p>Resident will improve current level of function in: bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, toileting by next review as evidence by improved ADL scores.</p> <p>Interventions</p> <p>- No BP(Blood Pressure) or Lab sticks to RE(Right Extremity)</p> <p>Further record review of the documented blood pressures revealed on 13 occasions where b/p were being documented as taken in the RE. the following dates were documented:</p> <p>-12/09/24 (Lying r/arm{right/arm})</p> <p>-11/27/24 (Lying r/arm{right/arm})</p> <p>-11/24/24 (Lying r/arm{right/arm})</p> <p>-11/22/24 (Lying r/arm{right/arm})</p> <p>-11/21/24 (Lying r/arm{right/arm})</p> <p>-11/17/24 (Lying r/arm{right/arm})</p> <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 - Some</p>	<p>Resident #103 did not have a food allergy for shellfish care planned. The State Surveyor asked the DON how food allergies were care planned and the DON stated, I would have to look. No further information given.</p> <p>f) Resident #70</p> <p>Resident #70 did not have a food allergy for pecans care planned. The State Surveyor asked the DON how food allergies were care planned and the DON stated, I would have to look. No further information given.</p> <p>45173</p> <p>g) Resident #102</p> <p>On 12/16/24 at 11:45 AM, a record review was completed for Resident #102. The record review found the resident was noted with significant weight loss. Upon reviewing the care plan, an intervention was noted to monitor intake of all meals, offer alternate choices as needed, alert dietician and physician to any decline in intake.</p> <p>An additional review of the meal intake from October, 2024-December, 2024 was completed. The following dates did not include all intake of meals during this timeframe:</p> <ul style="list-style-type: none"> -11/29/24 two (2) meals were documented -12/02/24 two (2) meals were documented -12/04/24 zero (0) meals were documented -12/08/24 one (1) meal was documented -12/08/24 one (1) meal was documented -12/09/24 two (2) meals were documented -12/11/24 two (2) meals were documented -12/12/24 two (2) meals were documented -12/15/24 two (2) meals were documented <p>On 12/16/24 at 12:50 PM, Corporate Registered Nurse (RN) #156 confirmed all meals were not documented and the care plan was not implemented. Corporate RN #156 stated, we have issues with documentation.</p> <p>h) Resident #12</p> <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 - Some</p>	<p>On 12/16/24 at 10:00 AM, a record review was completed for Resident #12. The record review found the resident was noted with significant weight loss. Upon reviewing the care plan, an intervention of monitor for changes in nutritional status (changes in intake, changes in tube feeding tolerance, ability to feed self, unplanned weight loss/gain, abnormal labs) and report to food and nutrition/physician as indicated was noted . An additional review of the meal intake from October, 2024-December, 2024 was completed. The following dates did not include all intake of meals during this time:</p> <ul style="list-style-type: none"> -10/04/24 two (2) meals were documented -10/05/24 one (1) meal was documented -10/14/24 two (2) meals were documented -10/15/24 two (2) meals were documented -11/28/24 one (1) meal was documented -11/29/24 zero (0) meals were documented -12/04/24 two (2) meals were documented -12/05/24 two (2) meals were documented -12/06/24 two (2) meals were documented -12/07/24 two (2) meals were documented -12/08/24 one (1) meal was documented -12/09/24 zero (0) meals were documented -12/10/24 zero (0) meals were documented -12/12/24 two (2) meals were documented -12/13/24 zero meals were documented -12/15/24 one (1) meal was documented -12/16/24 two (2) meals were documented <p>On 12/17/24 at 11:30 AM, Corporate RN #156 confirmed all the meal intake was not documented and the care plan was not implemented. Corporate RN #156 stated, we have issues with documentation.</p> <p>i) Resident #99</p> <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 - Some</p>	<p>On 12/11/24 at 1:00 PM, a record review was completed for Resident #99. The review found the resident had a diagnosis of epilepsy. Upon further review, the care plan had not been developed regarding the epilepsy diagnosis.</p> <p>On 12/11/24 at 1:30 PM, Corporate RN #156 confirmed the diagnosis of epilepsy was not developed on the care plan.</p> <p>j) Resident #93</p> <p>On 12/11/24 at 9:00 AM, a record review was completed for Resident #93. The review found the resident has a diagnosis of cirrhosis and polyneuropathy. Upon reviewing the care plan, the diagnoses had not been developed.</p> <p>On 12/11/24 at 10:41 AM, Corporate RN #155 confirmed the diagnoses were not developed on the care plan.</p> <p>31826</p> <p>k) Resident #98</p> <p>A review of Resident #98's care plan found the following focus statement:</p> <p>Resident is at risk nutritional risk r/t (related to) AMS (altered mental status)</p> <p>Goal Read as follows:</p> <p>Resident will maintain a stabilized weight without any significant changes through next review.</p> <p>Interventions included:</p> <p>- Monitor intake at all meals</p> <p>Review of the residents meal percentages from 07/29/24 through 08/29/24 found the following:</p> <p>No documentation for any meals on 07/29/24, 08/02/24, 08/03/24, 08/04/24, 08/07/24, 08/09/24, 08/10/24, 08/12/24, 08/14/24, 08/16/24, 08/17/24, 08/26/24, 08/27/24, and 08/28/24.</p> <p>No documentation for breakfast and lunch on the following dates: 07/30/24, 07/31/24, 08/15/24, 08/18/24, and 08/19/24.</p> <p>No documentation for dinner on the following dates: 08/08/24, 08/11/24, 08/13/24, and 08/25/24.</p> <p>Review of the resident meal percentages from 10/01/25 through current on 12/16/24 found the following missing documentation:</p> <p>No Documentation for any meals 10/02/24, 10/07/24, 10/08/24, 10/12/24, 10/13/24, 10/28/24, 10/31/24, 11/01/24, 11/04/24, 11/05/24, 11/07/24 -11/10/24, 11/13/24, 11/21/24- 11/27/24, and 12/05/24.</p> <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 - Some</p>	<p>She was missing breakfast and lunch documentation on 10/01/24, 10/09/24, 10/28/24, 11/2/24, 11/11/24, 11/14/24, 11/18/24, 12/05/24, 12/12/24.</p> <p>She was missing documentation for the Breakfast and dinner meal on 11/15/24, 11/28/24.</p> <p>She was missing documentation for dinner on 11/19/24, 12/09/24, 12/13/24, 12/14/24, 10/14/24, 10/18/24, 10/26/24, 10/30/24.</p> <p>She was Missing documentation for Breakfast on 10/11/24 and 10/29/24.</p> <p>During an interview with the Director of Nursing on 12/16/24 at 3:45 PM she was made aware of the above findings. At the conclusion of the survey no other information was provided.</p> <p>I) Resident #65</p> <p>A review of Resident #65's medical record found the following care plan focus statement:</p> <ul style="list-style-type: none"> - Resident is at nutritional risk r/t related to advanced age and mechanically altered diet consistency. <p>Goal Read as follows:</p> <p>Resident will consume 75 percent or greater of 3 meals every day through next review</p> <p>Interventions included:</p> <ul style="list-style-type: none"> - Monitor for changes in nutritional status (changes in intake) as indicated. <p>A review of Resident #65's meal documentation from admission to current found the following:</p> <p>No documentation for any meals on 09/09/24, 09/14/24, 09/15/24, 09/18/24, 09/19/24, 09/22/24, 09/23/24, 09/24/24, 09/27/24, 10/02/24, 10/07/24, 10/08/24, 10/12/24, 10/13/24, 10/25/24, 10/27/24, 11/01/24, 11/02/24, 11/04/24, 11/05/24, 11/06/24, 11/07/24, 11/08/24, 11/09/24, 11/10/24, 11/13/24, 11/19/24, 11/21/24, 11/22/24, 11/23/24, 11/24/24, 11/25/24, 11/27/24, 11/29/24, 12/07/24, 12/13/24, 12/14/24 and 12/15/24.</p> <p>No documentation for breakfast and lunch on the following dates: 09/10/24, 09/21/24, 09/25/24, 09/28/24, 10/01/24, 10/09/24, 10/28/24, 11/11/24, 11/12/24, 11/14/24, 11/18/24, 11/28/24, 12/02/24, 12/05/24 and 12/12/24.</p> <p>No Documentation for breakfast and dinner on the following dates: 09/20/24, 09/26/24, 10/26/24, 10/31/24 and 11/15/24.</p> <p>No documentation for breakfast on the following dates: 09/16/24 and 10/11/24,</p> <p>No documentation for lunch on the following dates: 09/11/24 and 12/01/24.</p> <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 - Some</p>	<p>No documentation for dinner on the following dates: 09/13/24, 09/30/24, 10/14/24,10/18/24, 10/29/24, 10/30/24 and 12/09/24.</p> <p>Resident #65 was missing 52% of her meal percentage documentation since admission.</p> <p>During an interview with the Director of Nursing on 12/16/24 at 3:45 PM she was made aware of the above findings. At the conclusion of the survey no other information was provided.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>45173</p> <p>Based on record review and staff interview, the facility failed to revise the care plan for five (5) of 34 residents reviewed during the survey process.</p> <p>Care plan revisions were not done for Resident #31's actual fall, a house supplement for Resident #266, an incorrect diagnosis for Resident #79 and psychiatric diagnoses for Resident #55. Resident Identifiers: #31, #266, #79 and #55. Facility Census: 115.</p> <p>Findings Include:</p> <p>a) Resident #31</p> <p>On 12/14/24 at 2:08 PM, a record review was completed for Resident #31. The review found the care plan focus of at risk for falls: decreased mobility. However, the resident did have an actual fall on 12/09/24.</p> <p>On 12/16/24 at 12:19 PM, the Administrator was notified and confirmed the care plan had not been revised regarding the actual fall.</p> <p>b) Resident #266</p> <p>On 12/14/24 at 3:30 PM, a record review was completed for Resident #266. The review found an intervention under the focus of nutritional risk due to advanced age, therapeutic and mechanically altered diet and dysphagia as house supplement daily as ordered.</p> <p>A further review on the Medication Administration Record (MAR) found the resident had a physician's order for Nourishment two (2) times a day (Name of Supplement).</p> <p>On 12/16/24 at 4:00 PM, the Director of Nursing (DON) was notified and confirmed the care plan had not been revised regarding the supplement twice daily.</p> <p>c) Resident #79</p> <p>On 12/11/24 at 4:00 PM, a record review was completed for Resident #79. The review found the care plan had a focus area of diagnosis of diabetes: Insulin Dependent. Upon further review, the resident does not have a physician's order for insulin.</p> <p>On 12/12/24 at 8:57 AM, Corporate Registered Nurse (RN) #155 was notified and confirmed the resident was not receiving insulin.</p> <p>49751</p> <p>d) Resident #55</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During record review on 12/10/24 at 01:15 PM revealed the following medical diagnoses as written SCHIZOAFFECTIVE DISORDER, UNSPECIFIED</p> <p>ANXIETY DISORDER, UNSPECIFIED</p> <p>BIPOLAR DISORDER, UNSPECIFIED</p> <p>Further record review on 12/10/24 revealed the Pre Admission Screening and Resident Review (PASRR) did not identify Bipolar disorder. however did have Major depressive disorder marked with no medical diagnosis of Major Depressive disorder.</p> <p>Corporate Registered Nurse # 155 confirmed major depressive disorder was not revised in the care plan.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>31826</p> <p>Based on record review and staff interview the facility failed to ensure Resident #97 who is dependent on staff for showering received at least two showers per week as scheduled. This was true for one (1) of four (4) residents reviewed for the care area of Activities of Daily Living (ADLS) during the long term care survey process. Resident Identifier: 97. Facility Census: 115.</p> <p>Findings Include:</p> <p>a) Resident #97</p> <p>A review of Resident #97's medical record on 12/11/24 at 1:11 PM, found Resident #97 was scheduled to receive a shower twice a week on Monday and Thursday. From 09/01/24 through 12/11/24 the resident should have received 29 showers. She only received 10 showers; she refused one shower on 12/02/24. She received a shower on the following dates:</p> <p>09/02/24</p> <p>09/09/24</p> <p>10/03/24</p> <p>10/07/24</p> <p>10/24/24</p> <p>10/25/24</p> <p>11/04/24</p> <p>11/07/24</p> <p>11/21/24 and</p> <p>11/25/24.</p> <p>An interview with corporate Registered Nurse #155 on 12/11/24 at 1:20 PM confirmed Resident #97 did not receive her showers as scheduled.</p> <p>A follow up interview with the Director of Nursing at 1:50 PM on 12/11/24 confirmed if a resident was not scheduled for a shower they should receive a bed bath.</p> <p>A review of the record found Resident #97 only received the following bed baths:</p> <p>09/16/24</p> <p>(continued on next page)</p>		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>09/17/24</p> <p>09/26/24</p> <p>10/03/24</p> <p>10/08/24</p> <p>10/13/24</p> <p>10/14/24</p> <p>10/29/24</p> <p>10/31/24</p> <p>11/04/24</p> <p>11/11/24</p> <p>11/24/24</p> <p>11/28/24</p> <p>11/29/24</p> <p>12/03/24</p> <p>12/04/24</p> <p>12/09/24</p> <p>12/10/24 and</p> <p>12/11/24.</p> <p>Resident #97 should have received two (2) showers per week and five (5) bed baths per week for a total of 29 showers and 72 bed baths from 09/01/24 through the time of this review on 12/11/24. Resident #97 received 10 showers and had one refusal and received 19 bed baths with no documented refusals.</p> <p>The DON at 1:50 PM on 12/11/24 confirmed Resident #97 was not receiving her showers and/or bed baths as scheduled.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>49751</p> <p>Based on resident interview record review and staff interview the facility failed to provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities by failing to identify religious preferences in the care plan. This failed practice was found to be true for one (1) of three (3) residents reviewed under the activities care area during the Long-Term care survey process. Facility census:115 Resident identifier:#48</p> <p>Findings include:</p> <p>a) Resident #48</p> <p>On 12/09/24 At 12:34 PM An interview with Resident #48 who stated I can't say anyone comes to invite me to anything, I have gone to a church service and they do ask about bingo but I don't believe in gambling and I don't do that. I can turn on preaching on Sundays, I used to me a minister before i came here</p> <p>Record review completed on 12/10/24 at approximately 10:00 am revealed resident #48's care plan revealed no preferences to religion and being of the Baptist faith or history of being a minister.</p> <p>On 12/10/24 at 12:05 PM the Administrator confirmed the activity care plan did not identify resident religious preferences or history of being a minister.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>31826</p> <p>Based on record review, observation, resident interview and staff interview the facility failed to ensure residents were provided with the care and services to enable them to maintain and/or attain their highest practicable physical, mental and psychosocial well being. This was true for four (4) of 34 sampled residents. Resident identifiers: #98, #99, #89 and #26. Facility Census: 115.</p> <p>Findings Include:</p> <p>a) Resident #98</p> <p>During an interview with Resident #98 on 12/09/24 at 12:36 PM, she stated she had a lot of trouble with being Compacted in her bowels and it causes her pain. She stated, I don't know why they can not just give me stool softeners or anything to help with it.</p> <p>A review of Resident #98's medical record on 12/17/24, found the resident on 4 occasions since the beginning of September found on the following occasions Resident #97 went more than three (3) days without having a bowel movement those dates are as follows;</p> <p>09/17/24, 09/18/24, 09/19/24</p> <p>10/21/24, 10/22/24, 10/23/24, 10/24/24</p> <p>11/03/24, 11/04/24, 11/05/24, 11/06/24</p> <p>11/23/24, 11/24/24, 11/25/24, 11/26/24, 11/27/24, 11/28/24, 11/29/24.</p> <p>A review of Resident #98's physician orders found the following orders related to the lack of a bowel movement:</p> <p>-- Milk of Magnesia (MOM) Give 30 milliliters (ml) by mouth as needed for constipation as needed at bed time for no bowel movement in 3 days.</p> <p>-- Dulcolax Suppository 10 MG if no result from MOM.</p> <p>-- Fleet Enema 7-19 gram Insert one dose rectally as needed for constipation if no result from the dulcolax within two hours.</p> <p>A review of Resident #98's medication administration records for the months of 09/2024, 10/2024, and 11/2024 found none of the orders mentioned above were initiated when the resident had gone three (3) days or longer without a bowel movement.</p> <p>An interview with the Director of Nursing (DON) in the afternoon of 12/17/24 confirmed the bowel protocol had not been followed. She stated, it would have been documented on the MAR if they had followed the orders above.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b) Resident #99</p> <p>A review of Resident #99's medical record found she had an indwelling Foley catheter which was added to her care plan in 02/2024.</p> <p>A review of Resident #99's care plan found the following related to her indwelling catheter:</p> <p>Focus Statement:</p> <p>Resident requires indwelling catheter due to neuromuscular dysfunction of bladder. This care plan focus was initiated on 02/29/24.</p> <p>Goal:</p> <p>Resident will have no signs and symptoms of urinary tract infection x 90 days.</p> <p>Date Initiated: 02/29/2024 with a target date of 02/20/25.</p> <p>Interventions Included:</p> <p>-- Record Output Date Initiated: 02/29/2024</p> <p>-- Monitor output for odor, color, consistency, and amount Date Initiated: 02/29/2024</p> <p>The facility was asked to provide the output records for 09/2024, 10/2024, 11/2024, and 12/2024 on the morning of 12/16/24.</p> <p>At 12:37 pm on 12/16/24, the Nursing Home Administrator confirmed they had not been documenting on the medical record the residents output. She stated, We added that task today.</p> <p>45173</p> <p>c) Resident #89</p> <p>On 12/09/24 at approximately 2:00 PM, the resident was observed wearing a right hand splint. On 12/14/24 at 11:52 AM, a record review was completed for Resident #89. The review did not find a physician's order for the right hand splint. The care plan was reviewed and the right hand resting splint was listed.</p> <p>On 12/16/24 at 12:20 PM, the Administrator was notified and confirmed there was no physician's order regarding the hand splint .</p> <p>49751</p> <p>d) Resident #26</p> <p>A record review on 12/16/24 revealed an order of no blood pressure (b/p) to right extremities (RE).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further record review of the care plan contained a plan of care for not taking b/p in RE.</p> <p>A review of the documented blood pressures revealed on 13 occasions where b/p were being documented as taken in the RE. the following dates were documented:</p> <p>12/09/24 (Lying r/arm{right/arm})</p> <p>11/27/24 (Lying r/arm{right/arm})</p> <p>11/24/24 (Lying r/arm{right/arm})</p> <p>11/22/24 (Lying r/arm{right/arm})</p> <p>11/21/24 (Lying r/arm{right/arm})</p> <p>11/17/24 (Lying r/arm{right/arm})</p> <p>11/16/24 (Lying r/arm{right/arm})</p> <p>11/15/24 (Lying r/arm{right/arm})</p> <p>11/14/24 (Lying r/arm{right/arm})</p> <p>11/13/24 (Lying r/arm{right/arm})</p> <p>11/10/24 (Lying r/arm{right/arm})</p> <p>11/10/24 (Lying r/arm{right/arm})</p> <p>11/08/24 (Lying r/arm{right/arm})</p> <p>During an interview on 12/16/24 at 6:30 PM with the Director of Nursing (DON) who confirmed the care plan and orders for no blood pressure to right extremity was not being followed.</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173</p> <p>Based on record review, staff interview, resident interview and observation, the facility failed to evaluate Resident #10's hearing impairment. This was true for one (1) of three (3) residents reviewed under the care area of activities of daily living. Resident identifier: #10. Facility Census: 115.</p> <p>Findings Include:</p> <p>a) Resident #10</p> <p>On 12/10/24 at approximately 11:30 AM, the resident was interviewed and found to be hard of hearing. A record review found the care plan recognized impaired communication due to impaired hearing. The medical record was not found to have any information regarding a hearing test or an assessment for hearing aids.</p> <p>On 12/16/24 at 5:15 PM, the Director of Nursing (DON) confirmed the resident did have impaired hearing and a hearing assessment had not been performed since admission to the facility on [DATE] .</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31826</p> <p>Based on observation, record review and staff interview, the facility failed to ensure residents receive proper treatment and care to maintain mobility and good foot health. This was true for one (1) of four (4) residents reviewed for activities of daily living during the long-term care survey process. Resident identifier: #97. Facility Census: 115.</p> <p>Findings include:</p> <p>a) Resident #97</p> <p>An observation of Resident #97, on 12/10/24 at 9:06 AM, found she had long toenails on each foot. The nails extended out from the tip of the toe and were curled on the ends.</p> <p>A review of Resident #97's medical record, on 12/11/24, found Resident #97 was admitted to the facility on [DATE]. The resident did not have any diagnosis which would prevent the staff from providing nail care to the resident. There was no indication in the medical record that the resident had ever seen the podiatrist at the facility.</p> <p>An observation with the Director of Nursing (DON) on 12/11/24 at 8:38 am confirmed the residents toe nails were long and needed trimmed.</p> <p>A follow up interview, with the DON at 9:19 AM on 12/11/24, confirmed the resident had not seen the podiatrist recently and was placed on the list for next week. The DON stated, I told my wound care nurse and he has already trimmed her toe nails.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>45173</p> <p>Based on record review and staff interview, the facility failed to ensure nutritional maintenance was maintained for Resident #266, #102, #12, #65 and #98. This was true for five (5) of six (6) residents reviewed under the care area of nutrition. Resident Identifiers: #266, #102, #12, #65 and #98. Facility Census: 115.</p> <p>a) Resident #266</p> <p>On 12/16/24 at 3:25 PM, a record review was completed for Resident #266. The record review found the resident was noted to have significant weight loss. The care plan focus area was at nutritional risk related to advanced age, therapeutic and mechanically altered diet and dysphagia. An intervention listed house supplement day as ordered. (Typed as written.) However, the resident was scheduled to receive the house supplement twice daily. Upon further review, the documentation on the Medication Administration Record (MAR) from November, 2024 through December, 2024 indicated zero (0) % was taken on the following dates:</p> <p>--11/09/24 PM</p> <p>--11/10/24 AM and PM</p> <p>--11/12/24 AM and PM</p> <p>--11/23/24 AM</p> <p>--11/24/24 AM and PM</p> <p>--11/25/24 AM and PM</p> <p>--11/26/24 AM and PM</p> <p>--11/27/24 AM and PM</p> <p>--11/28/24 AM and PM</p> <p>--11/29/24 AM</p> <p>--12/16/24 AM</p> <p>On 12/6/24 at 4:10 PM, the Director of Nursing (DON) confirmed the resident did not take the house supplements. The DON stated, the intervention would be reviewed.</p> <p>b) Resident #102</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/16/24 at 11:45 AM, a record review was completed for Resident #102. The record review found the resident was noted with significant weight loss. Upon reviewing the care plan, an intervention of monitor intake of all meals, offer alternate choices as needed, alert dietician and physician to any decline in intake. An additional review of the meal intake from October, 2024-December, 2024 was completed. The following dates did not include all intake of meals during this time:</p> <ul style="list-style-type: none"> --11/29/24 two (2) meals were documented --12/02/24 two (2) meals were documented --12/04/24 zero (0) meals were documented --12/08/24 one (1) meal was documented --12/08/24 one (1) meal was documented --12/09/24 two (2) meals were documented --12/11/24 two (2) meals were documented --12/12/24 two (2) meals were documented --12/15/24 two (2) meals were documented <p>On 12/16/24 at 12:50 PM, Corporate Registered Nurse (RN) #156 confirmed all meal intake was not documented. Corporate RN #156 stated, we have issues with documentation.</p> <p>c) Resident #12</p> <p>On 12/16/24 at 10:00 AM, a record review was completed for Resident #12. The record review found the resident was noted with significant weight loss. Upon reviewing the care plan, an intervention of monitor for changes in nutritional status (changes in intake, changes in tube feeding tolerance, ability to feed self, unplanned weight loss/gain, abnormal labs) and report to food and nutrition/physician as indicated. An additional review of the meal intake from October, 2024-December, 2024 was completed. The following dates did not include all intake of meals during this time:</p> <ul style="list-style-type: none"> --10/04/24 two (2) meals were documented --10/05/24 one (1) meal was documented --10/14/24 two (2) meals were documented --10/15/24 two (2) meals were documented --11/28/24 one (1) meal was documented --11/29/24 zero (0) meals were documented <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--12/04/24 two (2) meals were documented</p> <p>--12/05/24 two (2) meals were documented</p> <p>--12/06/24 two (2) meals were documented</p> <p>--12/07/24 two (2) meals were documented</p> <p>--12/08/24 one (1) meal was documented</p> <p>--12/09/24 zero (0) meals were documented</p> <p>--12/10/24 zero (0) meals were documented</p> <p>--12/12/24 two (2) meals were documented</p> <p>--12/13/24 zero meals were documented</p> <p>--12/15/24 one (1) meal was documented</p> <p>--12/16/24 two (2) meals were documented</p> <p>On 12/17/24 at 11:30 AM, Corporate RN #156 confirmed all the meal intake was not documented. Corporate RN #156 stated, we have issues with documentation.</p> <p>31826</p> <p>692</p> <p>d) Resident #98</p> <p>A review of Resident #98's medical record found the following weights recorded for the previous six (6) months:</p> <p>05/30/24 - 141.6 pounds (Lbs)</p> <p>06/26/24 - 135 Lbs</p> <p>07/03/24 - 135.2 Lbs</p> <p>07/10/24 - 130.4 Lbs</p> <p>07/17/24 - 133.6 Lbs</p> <p>07/24/24 - 133.2 Lbs</p> <p>07/30/24 - 131.6 Lbs</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>08/07/24 - 129.1 Lbs</p> <p>08/14/24 - 127.8 Lbs</p> <p>08/27/24 - 129.1 Lbs</p> <p>09/25/24 - 128 Lbs</p> <p>11/26/24 - 122.4 Lbs</p> <p>The resident did not have a weight in October because she refused to be weighed.</p> <p>The following formula determines percentage of weight loss and was used to calculate the weight loss percentages for Resident #98 at the 30 day, 90 day, and six (6) month mark the results are as follows:</p> <p>Formula : % of body weight loss = (usual weight - actual weight) / (usual weight) x 100</p> <p>30 day: un able to calculate because the weight for 10/2024 was not available.</p> <p>90 day: $129.1 - 122.4 / 129.1 \times 100 = 5.12$ percent. This was not a significant or Severe weight loss.</p> <p>Six (6) months: $141.6 - 122.4 / 141.6 \times 100 = 13.56$ percent. This is considered a severe weight loss according to federal regulation.</p> <p>Further review of the medical record found Resident #98 was last seen by the Registered Dietician (RD) on 12/11/24. In this assessment the RD indicated Resident #98's meal intakes are usually between 50 % to 100 %. However in the 30 days prior to this note the resident was missing documentation for 35 of 90 meals for a percent of 39 % of the time.</p> <p>Resident #98 was also seen by the RD on 08/29/24 at which time she again stated, Resident is consuming 100 % of most meal per documentation. However the meal intake percentages for the previous 30 days was incomplete. However in the 30 days prior to this note the resident was missing documentation for 45 out of 75 meals consumed in the facility for a percentage of 60 %. The resident was at an acute care hospital from 08/20/24 to 08/24/24 those dates were excluded from this review.</p> <p>Review of the residents meal percentages from 07/29/24 through 08/29/24 found the following:</p> <p>No documentation for any meals on 07/29/24, 08/02/24, 08/03/24, 08/04/24, 08/07/24, 08/09/24, 08/10/24, 08/12/24, 08/14/24, 08/16/24, 08/17/24, 08/26/24, 08/27/24, and 08/28/24.</p> <p>No documentation for breakfast and lunch on the following dates: 07/30/24, 07/31/24, 08/15/24, 08/18/24, and 08/19/24.</p> <p>No documentation for dinner on the following dates: 08/08/24, 08/11/24, 08/13/24, and 08/25/24.</p> <p>Review of the resident meal percentages from 10/01/25 through current on 12/16/24 found the following missing documentation:</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>No Documentation for any meals 10/02/24, 10/07/24, 10/08/24, 10/12/24, 10/13/24, 10/28/24, 10/31/24, 11/01/24, 11/04/24, 11/05/24, 11/07/24 -11/10/24, 11/13/24, 11/21/24- 11/27/24, and 12/05/24.</p> <p>She was missing breakfast and lunch documentation on 10/01/24, 10/09/24, 10/28/24, 11/2/24, 11/11/24, 11/14/24, 11/18/24, 12/05/24, 12/12/24.</p> <p>She was missing documentation for the Breakfast and dinner meal on 11/15/24, 11/28/24.</p> <p>She was missing documentation for dinner on 11/19/24, 12/09/24, 12/13/24, 12/14/24, 10/14/24, 10/18/24, 10/26/24, 10/30/24.</p> <p>She was Missing documentation for Breakfast on 10/11/24 and 10/29/24.</p> <p>During an interview with the Director of Nursing on 12/16/24 at 3:45 PM she was made aware of the above findings. At the conclusion of the survey no other information was provided.</p> <p>e) Resident #65</p> <p>A review of Resident #65's medical record found the following weights recorded:</p> <p>09/08/24 - 112 pounds (Lbs)</p> <p>09/18/24 - 111.2 Lbs</p> <p>09/25/24 - 108 Lbs</p> <p>10/02/24 - 115.6 Lbs</p> <p>10/09/24 - 115.8 Lbs</p> <p>10/16/24 - 114.2 Lbs</p> <p>10/23/24 - 114 Lbs</p> <p>11/06/24 - 106.4 Lbs</p> <p>11/13/24 - 107.8 Lbs</p> <p>11/20/24 - 108 Lbs</p> <p>11/26/24 - 112.4 Lbs</p> <p>12/04/24 - 103.4 Lbs</p> <p>12/11/24 -104.6 Lbs.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The following formula determines percentage of weight loss and was used to calculate the weight loss percentages for Resident #65 at the 30 day and 90 day mark. Resident #65 was not admitted to the facility until 09/25/24 therefore a six (6) month weight loss percentage was not completed. The results are as follows:</p> <p>Formula : (usual weight - actual weight) / (usual weight) x 100 =% of body weight loss</p> <p>30 day: (107.8-104.6)/(107.8)X100= 2.97%. This was not a significant or severe weight loss for 30 days.</p> <p>90day: (112-104.6)/(112)x100= 129.1-122.4/129.1x100 = 6.61 %. This was not a significant or Severe weight loss. However the residents weight is on a downward trend.</p> <p>Further review of the medical record found Resident #65 has been seen by the Registered Dietician five (5) times since her admission to the facility.</p> <p>The RD assessed the resident on 09/10/24 this was the residents admission assessment. The RD noted the resident indicated her appetite had been improving. The RD noted consuming 75-100% of meal per resident. No intakes documented.</p> <p>The RD assessed the resident 10/24/24. The RD noted this was a significant weight change review. This RD noted the resident had a greater than 5 % weight gain in the last 30 days. The RD noted the resident is consuming 50-100 % meals per documentation.</p> <p>The RD assessed the resident on 11/07/24. The RD noted this was significant weight change review. Resident with a 5 % weight loss in 30 days. The RD noted the resident was consuming 50-75 % of most meals per documentation. Noted resident is a picky eater.</p> <p>The RD assessed the resident on 11/14/24. The RD noted this was a significant weight change review and the resident had lost greater than 5% in 30 days. Noted Resident with a recent weight gain. Resident is consuming 50-75 % of most meals per documentation.</p> <p>The most recent time assessment by the RD was on 12/12/24. This was quarterly assessment. The RD noted the resident is consuming 50-75% of her meals per documentation.</p> <p>The RD noted on all the assessments pertaining to Resident #65 her meal consumption per the documentation. However review of Resident #65's meal documentation found the documentation to be incomplete.</p> <p>A review of Resident #65's meal documentation from admission to current found the following:</p> <p>No documentation for any meals on 09/09/24, 09/14/24, 09/15/24, 09/18/24, 09/19/24, 09/22/24, 09/23/24, 09/24/24, 09/27/24, 10/02/24, 10/07/24, 10/08/24, 10/12/24, 10/13/24, 10/25/24, 10/27/24, 11/01/24, 11/02/24, 11/04/24, 11/05/24, 11/06/24, 11/07/24, 11/08/24, 11/09/24, 11/10/24, 11/13/24, 11/19/24, 11/21/24, 11/22/24, 11/23/24, 11/24/24, 11/25/24, 11/27/24, 11/29/24, 12/07/24, 12/13/24, 12/14/24 and 12/15/24.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>No documentation for breakfast and lunch on the following dates: 09/10/24, 09/21/24, 09/25/24, 09/28/24, 10/01/24, 10/09/24, 10/28/24, 11/11/24, 11/12/24, 11/14/24, 11/18/24, 11/28/24, 12/02/24, 12/05/24 and 12/12/24.</p> <p>No Documentation for breakfast and dinner on the following dates: 09/20/24, 09/26/24, 10/26/24, 10/31/24 and 11/15/24.</p> <p>No documentation for breakfast on the following dates: 09/16/24 and 10/11/24,</p> <p>No documentation for lunch on the following dates: 09/11/24 and 12/01/24.</p> <p>No documentation for dinner on the following dates: 09/13/24, 09/30/24, 10/14/24, 10/18/24, 10/29/24, 10/30/24 and 12/09/24.</p> <p>Resident #65 was missing 52% of her meal percentage documentation since admission.</p> <p>During an interview with the Director of Nursing on 12/16/24 at 3:45 PM she was made aware of the above findings. At the conclusion of the survey no other information was provided.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>51553</p> <p>Based on resident interview, staff interview and record review, the facility failed to ensure three (3) of four (4) resident's food allergies were acknowledged. food the Resident (#103) was allergic to was not served and the Resident #70 and #61 tray cards were accurate for documented food allergies. This was true for three (3) of four (4) residents with food allergies. Resident indentifiers: #103, #70, #61. Census: 115.</p> <p>a) Resident #103</p> <p>Resident #103 reported she was served shrimp on 11/10/24 for the lunch meal.</p> <p>Documentation and patient report stated the resident was allergic to shellfish.</p> <p>On 12/16/ 24 3:08 PM the resident reported she had a severe reaction to shellfish.</p> <p>The resident reported her face swells, she gets puffy patches on skin and her skin is itchy.</p> <p>The resident stated, If severe, I have problems breathing. In the past, I had to go to the hospital.</p> <p>The resident presented the State Surveyor a picture of a meal served 11/10/24 from lunch.</p> <p>The resident was served shrimp which was touching all other foods on the plate per photograph and verbal report. According to the lunch menu for that date, shrimp and grits with capri vegetables and cornbread were served as an alternate.</p> <p>b) Resident #70</p> <p>Resident #70's tray card did not have the food allergy to pecans listed.</p> <p>c) Resident # 61</p> <p>Resident #61's tray card had allergy to fish and shellfish on the tray card. Only fish is listed on the resident's list of allergies on the medical record.</p> <p>Food allergies for Resident #103, #70. and #61 were not documented on the care plan.</p> <p>On 12/16/24 5:20 PM, DON reported other staff member's are notified by nursing (dietary and activities). The DON stated, They just ask. The State Surveyor asked the DON how food allergies were care planned and the DON stated, I would have to look. No further information was given.</p> <p>d) On 12/16/24 12:50 PM, the State Surveyor interviewed the Certified Dietary Manager (CDM). The CDM reported the allergies to food are printed on the tray ticket in bold and black. CDM said,</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The unit manager lets me know about allergies and we verify the diet with the tray ticket.</p>

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<p>F 0807</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>51553</p> <p>Based on observation, record review, staff interview and resident review, the facility failed to provide liquids in the correct consistency to meet the resident's individual needs. This was true for five (5) of five (5) residents that were ordered nectar thickened liquids. This created an immediate jeopardy situation as residents could be physically harmed and suffer possible complications such as aspiration pneumonia by not receiving their liquids in the correct consistency. Resident identifiers: #73, #1, #12, #14, #62. Facility Census: 115</p> <p>Findings included:</p> <p>a) Resident #73</p> <p>During the initial resident interview process on 12/10/24 at 9:00 AM, Resident #73 reported he did not like his current diet level of soft food and thickened liquids.</p> <p>The resident reported, I just can't drink the water. Thin water was observed at the bedside with a straw in the cup. The cup was dated 12/2/24. The patient stated he wasn't going to drink it because it did not have ice. Nectar thickened juice was observed at the bedside. The patient reported he received thickened water with his medications.</p> <p>On 12/10/24 at 9:45 AM, the Surveyor interviewed the Registered Nurse (RN) #84 who, confirmed the resident was on nectar thickened liquids. RN #84 confirmed Resident #73 had thin water in a cup with a straw which was dated 12/2/24 at bedside.</p> <p>The RN removed the cup and disposed of the liquid. The Surveyor interviewed Resident #73, and the resident stated, I don't get anything myself. Coughing was observed throughout the interview.</p> <p>The Surveyor interviewed Nursing Assistant (NA) #16 at 9:30 AM concerning the amount of thickener she used in Resident #73's thickened water.</p> <p>Nursing Assistant #16 stated the cups were 16 oz and she used two (2) packages. When the State Surveyor asked her how much thickener to use when thickening liquids, Nursing Assistant #16 stated one package for 8 oz and two packages for 16 oz.</p> <p>On 12/10/24 at 11:25 AM observations by surveyors revealed Resident #73, #1, #12 and #14 were also observed to have liquids at their bedside that were not nectar consistency. Record review revealed all four (4) of these residents had orders for nectar consistency liquids.</p> <p>On 12/10/24 at 11:45 am, the Dietary Manager confirmed that all liquids were thickened on the floor by nursing staff utilizing the packets of thickener.</p> <p>The directions on the Hormel Thick and Easy packet stated for Nectar-like to Honey-like Consistency: Add one packet to 4 fl .oz. of liquid.</p> <p>(continued on next page)</p>		

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<p>F 0807</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Additional observations and interviews regarding the consistency of thickened liquids completed on 12/10/24 included:</p> <p>-11:23 AM Nurse Aide #11 stated, For the big white cup by the resident's bed side (16-ounce foam cup) I would use 1 packet of thickener.</p> <p>-11:25 AM LPN (Licensed Practical Nurse) #7 and Nurse Aide # 90 stated, For the big white cup by the resident's bedside (16-ounce foam cup) they would use 1 packet of thickener.</p> <p>-11:27 AM Resident #62 had a cup of thickened liquids in room that felt and appeared to be thin and not nectar thickened.</p> <p>-11:31 AM Nurse Aide #115 stated, For the big white cup by the resident's bedside (16-ounce foam cup) they would use 2 packets of thickener.</p> <p>-11:31 AM Registered Nurse (RN) #84 confirmed the liquids for Resident #62 were not thick enough stating It's the right color not the right consistency.</p> <p>-11:32 AM, RN #56 confirmed the liquid in the cup was probably not nectar thickened for Resident #14 and stated NO for Resident #12.</p> <p>The immediate jeopardy (IJ) template was given to the facility administration on 12/10/24 at 2:03 PM.</p> <p>The plan of correction was provided and accepted on 12/10/24 at 2:33 PM. The plan of correction stated:</p> <p>All residents of the facility have the potential to be affected.</p> <p>The Director of Nursing (DON)/designee conducted an observation round on 12/10/2024 to ensure residents who have an order for thickened liquids are receiving the correct consistency according to the manufacturer's guidelines at bedside with any corrective action immediately upon discovery.</p> <p>Reeducation will be provided by the Director of Nurses (DON)/designee to nursing staff on 12/10/24 regarding residents with an order for thickened liquids are receiving the correct consistency according to the manufacturer's guidelines at bedside with a posttest and return demonstration (per the attachment educational document) to validate understanding.</p> <p>Any nursing staff not available during this time frame will be provided reeducation, including posttest and returned demonstration by DON/designee prior to the beginning of their shift. New nursing staff will be provided education and return demonstration, including posttest during orientation by the DON/designee.</p> <p>The Unit Manager/designee will monitor residents who have an order for thicken liquids starting on 12/10/24 to ensure the residents are receiving the correct liquid consistency according to the manufacturer's guidelines at bedside daily for 2 weeks, including weekends and holidays, then 5 times a week for 4 weeks, then 3 times a week for 4 weeks, then randomly thereafter.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Teays Valley Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1390 North Poplar Fork Road Hurricane, WV 25526	
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<p>F 0807</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Results of monitors will be reported by the Director of Nursing (DON)/designee to the Quality Improvement Committee (QIC) monthly for any additional follow-up and or in-service until the issue is resolved, then randomly thereafter as determined by the Quality</p> <p>The Quality Improvement Committee.</p> <p>The immediate jeopardy was abated at 1:03 PM on 12/11/24.</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>51553</p> <p>Based on observation, record review and staff interview, the facility failed to store and label food and store utensils and in accordance with professional standards for food service safety. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 115</p> <p>Findings confirmed by the Certified Dietary Manager (CDM) on 12/09/24 during the initial kitchen investigation initiated at 11:00 AM included:</p> <ul style="list-style-type: none"> a) A Ziploc bag of soup was opened and not labeled or dated. b) An opened pie crust was not dated. c) A trash bag of French bread loaves tied in a knot that were not labeled or dated. d) Serving utensils were stored in a drawer in the dining room with handles all turned different ways. <p>The CDM reported the cook likes to keep her serving utensils in the drawer. The CDM stated, She keeps this drawer.</p> <p>The Certified Dietary Manager (CDM) stated, At one point there were dates. I'll go throw these out. concerning the food items found in the freezer.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>51553</p> <p>Based on observation, record review and staff interview, the facility failed to properly dispose of garbage in accordance with professional standards for food service safety and to ensure garbage was not hanging out of the trash can and onto clean pots and pans in the surrounding area. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 115</p> <p>Findings included:</p> <p>a) Observations made on 12/09/24 at 11:00 AM revealed the following:</p> <p>Garbage from the trash can was overflowing under the handwashing sink in the kitchen beside clean pots and baking sheets.</p> <p>Garbage from the trash can was on the storage rack with clean pots and baking sheets. CDM asked if he should remove the trash can.</p> <p>Food was on tables and floor with dirty napkins and straws in the dining room. The CDM reported housekeeping cleans this after dinner. Dirty silverware on table. The CDM reported breakfast was not served in the dining room.</p> <p>The CDM picked up some of the food and trash off the floor. The kitchen staff were preparing for lunch at this time.</p> <p>These findings were confirmed by the Certified Dietary Manager (CDM) on 12/09/24 during the initial kitchen investigation initiated at 11:00 AM.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>31826</p> <p>Based on record review and staff interview the facility failed to ensure the resident record was complete and accurate for four (4) of 34 sampled residents reviewed during the long term care survey. Resident identifiers: #99, #56, #14 and #55. Facility Census: 115.</p> <p>Findings Include:</p> <p>a) Resident #56</p> <p>During an observation, of Resident #56, on 12/09/24 at 2:30 PM, during the initial phase of the Long term care survey process it was noted Resident #56 had multiple missing teeth and the teeth remaining were in poor repair.</p> <p>An observation completed with the Director of Nursing (DON) on 12/11/24 at 3:00 PM found the resident had multiple missing teeth but did have some teeth remaining.</p> <p>Review of the residents record found a dental consultation dated 04/19/24. This consult indicated the resident had the following missing teeth 1, 2, 7-10, 13-19, 21-32. This indicates teeth 3-6, 11, 12, and 20 were not missing.</p> <p>The most recent oral health evaluation contained in Resident #56's medical record was dated 11/24/23. This assessment indicated Resident #56 was edentulous.</p> <p>This incorrect assessment was confirmed with the Director of Nursing (DON) on 12/11/24 at 3:00 PM. The DON also confirmed there was not a more recent dental assessment.</p> <p>b) Resident #99</p> <p>A review of Resident #99's medical record found a physician order which indicated the resident was NPO (Nothing by Mouth) and strictly fed by a feeding tube.</p> <p>Further review of the record found Resident #99 had meal percentages documented in her medical record. The following dates had documented meal percentages:</p> <p>-- 10/03/24</p> <p>-- 10/04/24</p> <p>-- 10/05/24</p> <p>-- 10/15/24</p> <p>-- 10/17/24</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-- 10/18/25</p> <p>-- 10/21/24</p> <p>-- 10/26/24</p> <p>-- 10/28/24</p> <p>-- 11/14/24</p> <p>-- 11/18/24</p> <p>-- 11/26/24</p> <p>-- 11/28/24</p> <p>-- 12/03/24</p> <p>-- 12/08/24</p> <p>-- 12/14/24</p> <p>During an interview with the Director of Nursing (DON), on 12/16/24 at 2:00 PM, DON confirmed this was an inaccurate medical record and they have disabled that task in the Nurse aides documentation.</p> <p>49751</p> <p>c) Resident #55</p> <p>Record review on 12/11/24 at 10:19 AM revealed the Pre Admission Screening and Resident Review (PASRR) was coded to have Major Depressive Disorder however there was not diagnosis for Major depressive disorder in the Medical Diagnosis or care plan</p> <p>During an interview with Corporate Registered Nurse (CRN) #155 the CRN stated, I'm not sure where that diagnosis came from, I'll get this check out now confirming there was no order for Major Depressive Disorder.</p> <p>45173</p> <p>d) Resident #14</p> <p>On 12/16/24 at 1:00 PM, a record review was completed for Resident #14. The review found no documentation regarding current vaccinations, such as influenza and COVID-19.</p> <p>On 12/16/24 at 2:45 PM, an interview was held with the Infection Preventionist Registered Nurse (IPRN) #91. IP RN #91 stated, We have contacted the Medical Power of Attorney (MPOA) on 10/14/24, 10/16/24 and 10/18/24 with no response. IPRN #91 was asked, Did you document the attempts to reach the MPOA? IPRN #91 stated, No, we didn't.</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>45173</p> <p>Based on observation, record review and staff interview, the facility failed to wear proper personal protective equipment (PPE) with Resident #12 during activities of daily living (ADL) and wound care while in Enhanced-Barrier Precautions (EBP). This was a random opportunity for discovery. Resident identifier: #12. Facility Census: 115.</p> <p>Findings included:</p> <p>a) Resident #12</p> <p>On 12/12/24 at 9:41 AM, Nurse Aide (NA) #35 was observed providing ADL care for Resident #12. The resident is in EBP due to wounds, suprapubic catheter and a feeding tube. When the resident is in EBP, the staff must wear gown and gloves while providing dressing, bathing, providing hygiene, changing linens, changing briefs and wound care. NA #35 was not wearing PPE while providing the ADL care. Upon entering the room to observe wound care, Registered Nurse (RN) #102 and Licensed Practical Nurse (LPN) #1 did not don PPE prior to providing wound care.</p> <p>On 12/12/24 at 11:25 AM, the Director of Nursing (DON) was asked to come to the resident's room. Upon arrival, the EBP signage was turned backward and could not be seen prior to entering the room. The DON stated, I don't know how the sign got turned around .the staff should have worn the proper PPE while providing ADL care as well as wound care.</p>