

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/07/2024
NAME OF PROVIDER OR SUPPLIER  Brookdale Riverwalk Snf (CA)		STREET ADDRESS, CITY, STATE, ZIP CODE  350 Calloway Drive, Building C Bakersfield, CA 93312	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>47444</p> <p>Based on observation, interview, and record review, the facility failed to ensure three of three sampled residents (Resident 364, Resident 33 and Resident 3) were assessed for self administration of medications. This failure had the potential for the facility not to identify and resolve any risks for self administration of medications for Resident 364, Resident 33, and Resident 3, and the potential to place mobile residents at risk for harm.</p> <p>Findings:</p> <p>a. During a concurrent observation and interview on 11/04/24 at 11:34 a.m. with Resident 364, a box labeled Lidocaine Viscous 2% (medication used to numb the mouth) was on Resident 364's bedside table. Resident 364 stated he had thrush (fungal infection) in his mouth which made it painful to eat, so he used the Lidocaine Viscous to rinse his mouth before each meal.</p> <p>During an interview on 11/07/24 at 8:53 a.m. with Clinical Manager (CM) 2, CM 2 stated if a resident wanted to self administer medications a Physician's order for self administration of the medication would be needed. CM 2 stated a Self Administration of Medication Data Collection (SAMDC) form would need to be completed for the resident.</p> <p>During a concurrent interview and record review on 11/07/24 at 8:58 a.m. with CM 2, Resident 364's medical record (MR) was reviewed. The MR indicated there was no physician's order for self administration of Lidocaine Viscous medication. The MR indicated there was no SAMDC for Resident 364.</p> <p>b. During a concurrent observation and interview on 11/06/24 at 9:58 a.m. with Licensed Vocational Nurse (LVN) 4 in Resident 33's room, a box labeled Voltaren [medication to treat pain of the joints] Arthritis [joint pain] Pain 1% was on Resident 33's bedside table. LVN 4 stated Resident 33 was not allowed to have medications in her room. LVN 4 stated Resident 33 would need a physician order to self administer the medication.</p> <p>During a concurrent interview and record review on 11/07/24 at 9:02 a.m. with CM 2, Resident 33's MR was reviewed. The MR indicated there was no physician's order for self administration of medication. The MR indicated there was no SAMDC for Resident 33.</p> <p>32946</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. During an observation on 11/4/24 at 10:52 a.m. in Resident 3's bedroom, a plastic container labeled Vicks VapoRub ( over the counter mentholated ointment used to relief symptoms associated with cough and congestion) was seen on the bed side table of Resident 3. The jar of Vicks VapoRub had no lid, exposing the content of the container to the environment.</p> <p>During a concurrent observation and interview on 11/4/24 at 11:02 a.m. with Registered Nurse (RN) 1 and CM 1 inside Resident 3's bedroom. RN 1 removed the Vicks VapoRub from Resident 3's bedside table and stated, I have no idea where it came from. RN 1 stated the Resident had not been trained on self administration and there were no physician orders for Resident 3 to self administer the Vicks VapoRub rub.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Storage and Expiring Dating of Medications and Biological's, dated 12/01/07, the P&amp;P indicated, 2. Facility should ensure that medications and biologicals are stored in an orderly manner in cabinets, drawers, carts, refrigerators/freezers. 5. Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors. 19. Bedside Medication Storage: 19.1 Facility should not administer/provide bedside medications or biologicals without a Physician/Prescriber order and approval by the Interdisciplinary Care Team and facility administrator. 19.2 Facility should store bedside medications or biologicals in a locked compartment within the resident's room.</p> <p>During a review of the facility's P&amp;P titled, Resident Self-Administration of Medications, dated 3/2019, the P&amp;P indicated, Policy Overview It is the policy of [facility name] that those residents who desire to self-administer medications may do so if the review determines the resident is capable. Policy Detail 1. If the resident desires to self-administer medications, the charge nurse will review the resident's mental and physical abilities in conjunction with a Self-Administration of Medications Data Collection. 3. The result of the Interdisciplinary Team [IDT - team of health care professionals] assessment is documented on the Self-Administration of Medications Data Collection form, which is placed in the medical record. 5. Obtain health care provider's order that the resident may self-administer. 6. The Interdisciplinary Team (IDT) shall develop and implement a care plan to monitor the resident's ongoing ability to self-administer medication(s).</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42148</b></p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure proper accommodations were made for one of 25 sampled residents (Resident 269) when Resident 269 was given a call bell that could not be heard at the nurse's station.</li> <li>2. Implement its policy and procedure (P&amp;P) titled, Call System, Residents for 8 of 25 sampled residents (Resident 48, Resident 18, Resident 8, Resident 31, Resident 92, Resident 34, and Resident 67) when call lights were not answered within 5 minutes.</li> </ol> <p>These failures contributed to residents not being assisted timely which negatively affected their psychosocial and personal hygiene needs.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 269's Admission Record (AR), dated 10/21/24, the AR indicated, Resident 269 is a [AGE] year-old admitted to the facility after a fall that resulted in a right hip fracture requiring physical therapy and a leg brace to be worn 24 hours a day. Resident 269 also has diagnoses of abnormalities of gait and mobility with history of falling.</li> </ol> <p>During a review of Resident 269's Care Plans (CPs), dated 10/22/24, the CPs indicated, [Resident 269] is at risk for falls. Be sure [Resident 269's] call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. [Resident 269] has occasional bowel and urine incontinence related to immobility and requires assistance after each incontinence episode. [Resident 269] has an ADL [activities of daily living] self-care performance deficit secondary to hip fracture and requires assistance to dress, bathing/showering, and toileting.</p> <p>During a concurrent observation and interview on 11/4/24 at 10:07 a.m. with Resident 269 in Resident's room, a call bell was on Resident 269's bedside table. The Resident's call light was not functioning. Resident 269 stated she does not have a call light that works and was provided a bell to ring instead. Resident 269 stated she cannot reach it sometimes; staff can't hear the bell and it takes hours for staff to come. Resident 269 stated I lay in urine and stool for hours. Resident 269 stated this makes her feel dirty and embarrassed, It takes even longer for staff to come. Resident 269 stated there was staff last night that gave her a hard time for using the bell. Resident 269 stated I shouldn't have to sit in a dirty brief. Resident 269 stated she sits in her brief so long that she is now being treated for a rash in her vaginal and rectum area. Resident 269 stated she has been without a call light for days.</p> <p>During an interview on 11/4/24 at 10:36 a.m. with Licensed Vocational Nurse (LVN) 3, LVN 3 stated, Resident 269's call light has not been functioning for a few days and the staff gave her a bell to use.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/4/24 at 10:40 a.m. with Certified Nursing Assistant (CNA) 4, CNA 4 stated, We [staff] try to get to the bell as much as we can, but the bell is hard to hear at the nurse's station. CNA 4 stated she noticed a moisture rash on Resident 269 today and notified the Nurse.</p> <p>During an interview on 11/4/24 at 10:56 a.m. with Director of Nursing (DON), DON stated she thought resident 269's call light was fixed and did not realize she still had a call bell. DON stated when she left Friday night (4 days ago) she told staff to fill out an hourly rounding form on Resident 269.</p> <p>During an interview on 11/4/24 at 11:08 a.m. with CNA 5, CNA 5 stated she was one of two CNAs on the unit where Resident 269's resides. CNA 5 stated she did not know that Resident 269's call light was not working and that she had a call bell. CNA 5 stated she did not know anything about filling out a hourly rounding form on Resident 269.</p> <p>During an interview on 11/4/24 at 11:12 a.m. with CNA 4, CNA 4 stated that she did not know anything about filling out a hourly rounding form on Resident 269.</p> <p>During an observation on 11/04/24 at 11:31 a.m. Resident 269's room is seven doors down from the closest nurse's station.</p> <p>During a concurrent observation and interview on 11/4/24 at 11:59 a.m. with Registered Nurse Supervisor (RNS) at Unit 1's nursing station, Resident 269's call bell was pressed by staff in resident 269's room, Resident 269's call bell could not be heard. RNS stated staff would not be able to hear the bell from the nurse's station and that she should have been moved closer to accommodate her needs.</p> <p>51540</p> <p>2.a. During an interview on 11/4/24 at 4:26 p.m. with Resident 48, Resident 48 stated, Sometimes it takes a while for the CNA's to answer the call lights.</p> <p>During a review of Resident 48's Minimum Data Set (MDS-assessment tool), dated 9/30/24, the MDS indicated Resident 48's Brief Interview for Mental Status (BIMS, cognition assessment tool, 15-point scale: 0-7 severe impairment, 8-12 moderate impairment, 13-15 cognitively intact) score was 15. Resident 48's MDS indicated Resident 48 was dependent on personal hygiene and toileting.</p> <p>During a review of Resident 48's, Call light communication log (CLCL), dated, 10/30/24 to 11/6/24 Resident 48's, CLCL indicated:</p> <p>Event Time 11/2/24 6:08 a.m. Clear Time 11/2/24 6:27 a.m. Response Time 19:16 [minutes:seconds]</p> <p>Event Time 11/2/24 1:15 p.m. Clear Time 11/2/24 1:44 p.m. Response Time 28:50</p> <p>b. During an interview on 11/5/24 at 12:20 p.m. with Resident 18, Resident 18 stated, it takes staff a long time about 20 minutes to respond to call lights and makes her (Resident 18) feel bad.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Event Time 11/2/24 8:19 a.m. Clear Time 11/2/24 8:50 a.m. Response Time 30:07</p> <p>e. During an interview on 11/5/24 at 9:15 p.m. with Resident 92, Resident 92 stated one time it took an hour and half wait for staff to answer the call light. Resident 92 stated her daughter called the front office to send someone down to assist me. Now, staff take up to 40 minutes to come.</p> <p>During a review of Resident 92's MDS, dated [DATE], the MDS indicated Resident 92's BIMS score was 15. Resident 92's MDS indicated Resident 92 required touching assistance with toileting hygiene.</p> <p>During a review of Resident 92's, CLCL, dated, 10/30/24 to 11/4/24, Resident 92's, CLCL, indicated:</p> <p>Event Time 10/31/24 12:33 a.m. Clear Time 10/31/24 1:09 a.m. Response Time 36:04</p> <p>f. During an interview on 11/5/24 at 9:15 p.m. with Resident 34, Resident 34 stated it took about an hour for the call light to be answered.</p> <p>During a review of Resident 34's MDS, dated [DATE], the MDS indicated Resident 34's BIMS score was 15. Resident 34's MDS indicated, Resident 34 required maximal assistance with toileting hygiene.</p> <p>During a review of Resident 34's, CLCL, dated, 10/30/24 to 11/6/24, Resident 34's, CLCL, indicated:</p> <p>Event Time 11/2/24 8:38 p.m. Clear Time 11/2/24 9:02 p.m. Response Time 24:02</p> <p>Event Time 11/5/24 5:51 a.m. Clear Time 11/5/24 6:16 a.m. Response Time 25:23</p> <p>g. During a review of Resident 67's MDS, dated [DATE], the MDS indicated Resident 67's BIMS score was 15. Resident 67's MDS indicated Resident 67 required maximal assistance with toileting hygiene.</p> <p>During a review of Resident 67's, CLCL, dated, 10/30/24 to 11/6/24, Resident 67's, CLCL, indicated:</p> <p>Event Time 10/31/24 1:20 p.m. Clear Time 10/31/24 1:50 p.m. Response Time 29:32</p> <p>Event Time 11/1/24 1:41 p.m. Clear Time 11/1/24 2:22 p.m. Response Time 41:11</p> <p>Event Time 11/1/24 7:06 p.m. Clear Time 11/1/24 7:44 p.m. Response Time 38:14</p> <p>Event Time 11/1/24 8:10 p.m. Clear Time 11/1/24 8:38 p.m. Response Time 28:51</p> <p>Event Time 11/2/24 3:43 p.m. Clear Time 11/2/24 4:07 p.m. Response Time 23:58</p> <p>Event Time 11/2/24 9:48 p.m. Clear Time 11/2/24 10:18 p.m. Response Time 30:20</p> <p>Event Time 11/3/24 1:09 p.m. Clear Time 11/3/24 2:07 p.m. Response Time 58:04</p> <p>Event Time 11/3/24 9:16 p.m. Clear Time 11/3/24 9:49 p.m. Response Time 32:17</p> <p>Event Time 11/4/24 6:26 p.m. Clear Time 11/4/24 7:06 p.m. Response Time 39:52</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&amp;P titled, Call System, Residents, dated 09/2022, indicated, Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately.</p> <p>During a review of the facility's P&amp;P titled, Quality of Life-Dignity, dated 10/2022, the P&amp;P indicated, Residents should be cared for in a manner that promotes and enhances their sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. 1. Residents should be treated with dignity and respect. 2. The community culture supports dignity and respect for residents by honoring resident goals, choices, preferences, values, and beliefs. This begins with the initial admission and continues throughout the resident's community stay. 3. Individual needs and preferences of the resident are identified through the assessment process. 8. Associates should speak respectfully to residents, including addressing the resident by their name of choice.</p>		

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<p>F 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>47444</p> <p>Based on interview and record review, the facility failed to ensure one of 25 sampled residents (Resident 84) personal preference was honored when Certified Nurse Assistant (CNA) 2 was assigned to care for Resident 84 after Resident 84 requested CNA 2 not be assigned to her care. This failure resulted in Resident 84 experiencing emotional distress.</p> <p>Findings:</p> <p>During an interview on 11/05/24 at 9:15 a.m. with Resident 84 and Resident 84's family member (FM) 1, FM 1 stated CNA 2 was rude to Resident 84. FM 1 stated on 10/30/24 a request was made for CNA 2 not be assigned to care for Resident 84. Resident 84 stated CNA 2 had continued to be assigned to care for her.</p> <p>During an interview on 11/07/24 at 10:37 a.m. with Clinical Manager (CM) 2, CM 2 stated Resident 84's FM 2 stated CNA 2 had an attitude and requested CNA 2 not be assigned to care for Resident 84. CM 2 stated on 10/30/24 he contacted Scheduler and requested CNA 2 be removed from caring for Resident 84. CM 2 stated it was expected that Scheduler would not assign CNA 2 to care for Resident 84 in the future. CM 2 stated he did not notify Administrator of Resident 84's request.</p> <p>During a concurrent interview and record review on 11/07/24 at 10:50 a.m. with Scheduler, the facility's Clinical Services Sign-In Sheet - Skilled Nursing (CSSS) noc [night] Shift, dated 10/30/24 was reviewed. Scheduler stated on 10/30/24 CM 2 requested CNA 2 not be assigned care of Resident 84.</p> <p>During a concurrent interview and record review on 11/7/24 at 11 a.m. with Scheduler, the CSSSSs, dated 10/31/24 through 11/6/24 were reviewed. The CSSSSs indicated:</p> <p>11/2/24 CNA 2 was assigned to care for Resident 84.</p> <p>11/3/24 CNA 2 was assigned to care for Resident 84.</p> <p>11/5/24 CNA 2 was assigned to care for Resident 84.</p> <p>11/6/24 CNA 2 was assigned to care for Resident 84.</p> <p>Scheduler stated CNA 2 had been assigned to care for Resident 84 for four shifts since 10/30/24.</p> <p>During an interview on 11/07/24 at 11:26 a.m. with Resident 84, Resident 84 stated she was afraid of CNA 2.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Resident Rights, dated 10/2022, the P&amp;P indicated, Policy Overview Associates should adhere to and respect resident's rights as applicable to state and federal regulations . 4. The community should make every effort to assist residents in exercising his/her rights. Residents should be treated with respect, kindness, and dignity.</p> <p>(continued on next page)</p>		

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>34510</p> <p>Based on interview and record review, the facility failed to ensure four of six sampled residents (Resident 93, Resident 414, Resident 76, and Resident 164) had an Advance Directive (AD- a legal document that provides instructions for medical care and only go into effect if the individual is unable to make decisions for themselves) in the medical record. This failure had the potential for responsible parties and/or medical professionals to not honor resident's healthcare wishes and to not provide appropriate treatment in the event of an emergency medical situation.</p> <p>Findings:</p> <p>a. During a review of Resident 93's Social Services Progress Notes (SSPN), dated 7/3/24, the SSPN indicated, There is a DPAHC [Durable Power of Attorney for Health Care- advance directive] in place.</p> <p>During a concurrent interview and record review on 11/5/24 at 10:26 a.m. with Social Services Director (SSD), Resident 93's medical record (MR) was reviewed. SSD stated there was no copy of DPAHC in Resident 93's MR.</p> <p>b. During a review of Resident 414's SSPN, dated 10/28/24, the SSPN indicated, There is a DPAHC in place.</p> <p>During a concurrent interview and record review on 11/5/24 at 10:37 a.m. with SSD, Resident 414's MR was reviewed. SSD stated there was no copy of DPAHC in Resident 414's MR.</p> <p>32946</p> <p>c. During a concurrent interview and record review on 11/6/24 at 8:26 a.m. with SSD, Resident 164's MR was reviewed. SSD stated there was no copy of the AD in Resident 164's MR.</p> <p>d. During a concurrent interview and record review on 11/6/24 at 8:29 a.m. with SSD, Resident 76's MR was reviewed. SSD stated there was no copy of AD in Resident 76's MR.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Advance Directives, dated 12/2016, the P&amp;P indicated, A copy of the Advance Directive should be obtained and placed in the resident's medical record.</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>51540</p> <p>Based on observation, interview, and record review, the facility failed to ensure care plans were developed and implemented for two of five sampled residents (Resident 18 and Resident 268). This failure resulted in Resident 18 and Resident 268 having unmet care needs.</p> <p>Findings:</p> <p>a. During an observation on 11/04/24 at 9:15 a.m. in Resident 18's room, Resident 18 was lying in bed without her legs elevated.</p> <p>During an interview on 11/05/24 at 12:25 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated, Resident 18's heel should be floated [legs elevated so heel does not touch surface] but they are not.</p> <p>During an interview on 11/07/24 at 8:29 a.m. with Resident 18, Resident 18 stated, I have pain in my feet. I'm supposed to have them elevated but they [staff] don't do it. My pain is constant, but elevating does help with the pain.</p> <p>During a review of Resident 18's Minimum Data Set (MDS-assessment tool), dated 11/1/24, the MDS indicated, Resident 18's Brief Interview for Mental Status (BIMS - cognition assessment tool, 15-point scale: 13-15 cognitively intact) score was 14.</p> <p>During a concurrent interview and record review on 11/07/24 at 8:36 a.m. with Registered Nurse (RN) 1, Resident 18's Care Plan (CP), dated 9/11/24 was reviewed. The CP indicated, [Resident 18] at risk for pain r/t [related to] DVT [deep vein thrombosis - blood clot], diffuse [wide area] joint pain r/t [Resident 18] has shooting pain to bilateral feet. Provide non-pharmacological pain interventions. RN 1 stated Resident 18 complains of pain in her legs, they should be elevated from the knee to ankle but they are not.</p> <p>42148</p> <p>b. During a concurrent observation and interview on 11/04/24 at 10:43 a.m. with Resident 268, in resident's room, resident had an indwelling foley catheter (a flexible tube that drains urine from the bladder into a collection bag) with collection bag hanging on the side of the bed. Resident 268 stated she does not know why or how long she has had the catheter.</p> <p>During a concurrent interview and record review on 11/07/24 at 12:10 p.m. with Clinical Manager (CM) 2, Resident 268's CP, dated 11/24 were reviewed. The record review indicated, Resident 268 did not have a care plan in place for her foley catheter. CM 2 stated Resident 268 should have a care plan in place for her foley catheter.</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 - Few</p>	<p>During a review of the facility's policy and procedure (P&amp;P), titled Comprehensive Care Plan, dated 8/09, the P&amp;P indicated, The Comprehensive Care Plan will describe treatments and services to assist the resident to attain or maintain the highest level of physical, mental, and psychosocial wellbeing [sic]. Interventions will be implemented to enable each resident to meet his/her objectives.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>42148</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 25 sampled residents (Resident 1) received the necessary care and services to prevent the development and promote healing of pressure ulcers (open wounds caused by consistent pressure on the skin). This failure had the potential to cause Resident 1 to experience development or deterioration of pressure ulcers.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), dated 10/4/24, the AR indicated, Resident 1 has diagnoses of Diabetes Mellitus (DM- disease that causes abnormal blood sugars) with foot ulcer (an open sore that can be shallow or deep), Peripheral Vascular Disease (PVD- abnormal circulation to the extremities), difficulty in walking, and history of falling.</p> <p>During a concurrent observation and interview on 11/4/24 at 11:55 a.m. with Resident 1 in resident's room, Resident 1 had multiple open sores on both of his legs, dried black colored wounds on 2nd, 3rd, and 4th left toes, black colored wounds on both sides of the left foot, and a black colored wound to bottom of his left heel. Resident stated he is a diabetic and gets blisters that pop open and turn into sores.</p> <p>During an observation on 11/5/24 at 10:42 a.m. in Resident 1's room, Resident 1 was not wearing a Prevalon boot (a cushioned bottom boot that floats the heels off the surface of the mattress helping to reduce pressure).</p> <p>During a concurrent observation and interview on 11/05/24 at 3:52 p.m. with Clinical Manager (CM) 2 in Resident 1's room, CM 2 completed wound care on Resident 1's left foot. CM 2 stated Resident 1 has pressure ulcers with black tissue to his left heel, the last 3 of his left toes and on both of the bony sides of his left foot. CM 2 stated that Resident 1 does not wear any type of boot while in bed and just wears gauze wraps and socks with his legs propped up on a flat cushion.</p> <p>During an observation on 11/06/24 at 1:42 p.m. in Resident 1's room, Resident 1 was not wearing a Prevalon boot.</p> <p>During a concurrent observation and interview on 11/6/24 at 2:09 p.m. with Resident 1's Physician's Case Manager Registered Nurse (CMRN) 3 and Resident 1, in Resident 1's Room, Resident 1 was not wearing a Prevalon boot or lying on a special mattress. CMRN 3 found the Prevalon boot in Resident 1's closet. Resident 1 stated he has never seen nor worn the Prevalon boot. CMRN 3 stated Resident 1 is supposed to wear the Prevalon boot at all times while in bed.</p> <p>During a concurrent observation and interview on 11/06/24 at 3:17 p.m. with Licensed Vocational Nurse (LVN) 4 in Resident 1's room, Resident 1 was wearing the Prevalon boot. LVN 4 stated [Resident 1] hasn't had it on all day.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 11/07/24 at 10:15 a.m. with CM 2 in Resident 1's room, CM 2 stated Resident 1 does not have a special air mattress or bed, and this would prevent and help with the healing process of the pressure ulcers the resident is currently suffering from.</p> <p>During a review of Resident 1's Admission Skin Assessment (ASA), dated 10/4/24, the ASA indicated, Resident 1 had diabetic ulcer on the left lateral [outside] side of the foot, diabetic ulcer on the left inner foot, diabetic ulcer to right plantar [bottom] area of foot, diabetic ulcer on the top of left heel, diabetic ulcer to top of right heel . pressure ulcer on the right buttock.</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 10/5/24, the OSR indicated, Monitor placement of prevalon [boots] when in bed; Monitor skin underneath the prevalon for redness and irritation; Prevalon to both feet when in bed; Prevalon boots to left heel while in bed.</p> <p>During a review of Resident 1's Physician Progress Note (PPN), dated 10/23/24 and 10/28/24, the PPN indicated, 10/23/24 There is a new pressure ulcer of the left heel. 10/28/24- Nursing staff is not dressing his wounds correctly. I ordered PREVALON boot to protect his left heel. The boot was not on him. It was on a chair on the other end of the room. DECLINE IN FUNCTIONAL STATUS; PRESSURE ULCER OF LEFT HEEL, UNSPECIFIED STAGE; Note: PRevalon [sic]. Float [elevate legs so heels do not touch surface] heels.</p> <p>During a review of Resident 1's Weekly/Monthly Summary (WMS), dated 10/6/24, the WMS indicated, Cognitive Patterns- Oriented to person, place, time, memory OK, modified independence. E. Physical Functioning- 1. Bed Mobility: extensive assistance. 11. Assistive Devices- Wheelchair.</p> <p>During a review of Resident 1's Skin Impairment Care Plan (SICP), dated 10/5/24, the SICP indicated, [Resident 1] will be free from skin breakdown. Interventions/Tasks- Prevalon boot at both feet when in bed and monitor skin integrity. Provide treatment per physician order. The resident needs a specialty bed.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Pressure Injury/Ulcer Treatment, dated 4/2024, the P&amp;P indicated, The purpose of this procedure is to provide guidelines for the care of existing pressure injuries/ulcers and the prevention of additional pressure injuries/ulcers. 1. Review the resident's care plan for special needs of the resident.</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>51540</p> <p>Based on observation, interview, and record review, the facility failed to ensure for one of five sampled residents (Resident 48) fall precautions were in place. This failure had the potential for Resident 48 to fall and sustain injuries.</p> <p>Findings:</p> <p>During an observation on 11/04/24 at 8:53 a.m. in Resident 48's room, Resident 48 was lying in bed and fall mat was folded up next to nightstand.</p> <p>During a concurrent observation and interview on 11/04/24 at 3:03 p.m. with Licensed Vocational Nurse (LVN) 1, in Resident 48's room, one fall mat was folded and placed behind Resident 48's bed, and one (mat) was folded next to the nightstand. LVN 1 stated, they [fall mats] should be placed on the floor next to each side of the bed.</p> <p>During a review of Resident 48's Physician Order (PO), dated 9/1/23, the PO indicated, bilateral [both sides] floor matts [sic].</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Falls Prevention Policy, dated 8/2023, the P&amp;P indicated, The safety precautions for high-risk residents may include, but are not limited to the following: review for adaptive equipment at the bedside (fall mat).</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47444</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure three of five medication carts did not contain controlled medications (medications with high potential for abuse and addiction) that were unaccounted for. This failure had the potential for drug diversion (illegal use of prescription drugs) and inaccurate documentation of controlled medication disposal.</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE] at 1:55 p.m. with Registered Nurse (RN) 2, at nursing station medication cart 2, contained 18 sealed envelopes in the controlled medication drawer dated from [DATE] through [DATE]. RN 2 stated the envelopes contained wasted [not administered] controlled medications and should have been given to the Director of Nursing (DON) for disposal. RN 2 stated the wasted medications were not counted and documented each shift.</p> <p>During a concurrent observation and interview on [DATE] at 2:11 p.m. with RN 1, at nursing station two medication cart 2, contained two sealed envelopes in the controlled medication drawer, dated [DATE] and [DATE]. RN 1 stated the envelopes contained wasted controlled medications but was not sure what to do with the envelopes. RN 1 stated the wasted medication envelopes are not included in the controlled medication counts and documentation each day.</p> <p>During a concurrent observation and interview on [DATE] at 2:51 p.m. with Licensed Vocational Nurse (LVN) 5 and DON, at nursing station one medication cart 3, contained one sealed envelope in the controlled medication drawer. LVN 5 stated the envelope was to be given to DON. DON stated the discontinued and wasted controlled medications should be in a double locked cabinet in her office and disposed of monthly with the pharmacy consultant.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Controlled Substances Policy, dated , d+[DATE], the P&amp;P indicated, Controlled drugs (schedule II-V [medications with high potential for abuse and addiction]) will be properly stored and accounted for as outlined by State and Federal Regulations. An accounting of all controlled drugs will be conducted each shift by licensed nurses at the community to promote the proper storage and security of controlled drugs, to minimize the potential for abuse of controlled drugs and to comply with state and federal laws. A. Storage: . All discontinued drugs need to be logged, locked and stored in a designated area until drugs can be properly disposed of. B. Accounting Procedures: . Controlled drugs shall be counted by the oncoming Charge Nurse and the outgoing Charge Nurse.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&amp;P, titled Storage and Expiration Dating of Medications and Biologicals [medications that come from living organisms, like proteins and genes], dated [DATE], the P&amp;P indicated, Procedure. 7. Facility should dispose of discontinued medication, outdated medications, or medications left in facility after a resident has been discharged or deceased , in a timely fashion, no more than 90-days of the date the medication was discontinued by physician/prescriber, or sooner per applicable law. Controlled Substances. 13. Wasted medications are defined as medications contaminated or refused that require disposal. This procedure should apply to the disposal of unused doses (whole tablets, partial tablets, unused portions of single dose ampules and doses of controlled substances) wasted for any reason. 13.2 Wasted single doses of medication for disposal should disposed of in a manner that limits access to them by unauthorized personnel or residents.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>34510</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure titled, Medication and Treatment Orders to ensure the physician orders for two of two sampled residents (Resident 164 and Resident 57) included the clinical condition or symptoms for its use. This failure had the potential for residents to be taking unnecessary medications with potential for experiencing adverse health outcomes.</p> <p>Findings:</p> <p>1. During a review of Resident 164's Medication Administration Record (MAR), dated 11/7/24, the MAR indicated, Meropenem [strong antibiotic to treat infections] Intravenous Solution Reconstituted [mixed with liquid] 500 mg [milligram] Use 500 mg intravenously [given via the veins] two times a day for infection for 7 days.</p> <p>During an interview on 11/6/24 at 1:35 p.m. with Infection Preventionist Nurse (IPN), IPN stated, The physician's order [for Resident 164] should have the type of infection. IPN stated she had not reviewed the antibiotic order.</p> <p>2. During a review of Resident 57's MAR, dated 11/7/24, the MAR indicated, Cefepime [strong antibiotic to treat infections] HCl Intravenous Solution 2 GM(gram)/100 ML(millileters) Use 2 gram intravenously two times a day for infection for 3 weeks.</p> <p>During an interview on 11/6/24 at 1:35 p.m. with IPN, IPN stated there was no specific type of infection in the physician's order.</p> <p>During a review of facility policy and procedure (P&amp;P) titled, Medication and Treatment Orders, dated July 2016, the P&amp;P indicated, Orders for medications must include: clinical condition or symptoms for which the medication is prescribed.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47444</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 25 sampled residents (Resident 87) was free from significant medication errors. This failure had the potential for Resident 87 to have adverse health outcomes.</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE] at 2:51 p.m. with Licensed Vocational Nurse (LVN) 6 at Station 1 Medication Cart 3 contained a bag labeled [Resident 87's name] Morphine Sulf [sulfate - MS - pain medication] 20mgs [milligrams]/1ml [milliliter] Sol [solution] Discard After [DATE] in the controlled medication (medications with high potential for abuse and addiction) drawer. Inside the bag were two syringes each with Resident 87's name, medication name, medication dose, and discard date. LVN 6 stated the label on each syringe indicated a discard date of [DATE].</p> <p>During a review of Resident 87's [Facility name] Order Audit Report ([NAME]), dated [DATE], the [NAME] indicated, Morphine Sulfate (Concentrate) Oral Solution 20mg/ml Give 5mg by mouth every 1 hour as needed for pain/SOB [shortness of breath] was ordered on [DATE].</p> <p>During a concurrent interview and record review on [DATE] at 3 p.m. with Director of Nursing (DON), Resident 87's Controlled Substance Record (CSR), dated [DATE] through [DATE] was reviewed. The CSR indicated MS was administered to Resident 87 on the following dates and times:</p> <p>[DATE] at 10:30 p.m.</p> <p>[DATE] at 7:04 p.m. and 11:01 p.m.</p> <p>[DATE] at 7:29 p.m.</p> <p>[DATE] at 1:44 p.m.</p> <p>[DATE] at 4:20 a.m. and 10:50 a.m.</p> <p>[DATE] at 11:26 p.m.</p> <p>DON stated Resident 87 received eight doses of the medication after the discard date of [DATE]. DON stated the medication needed to be discarded on [DATE] and was not.</p> <p>During a review of Resident 87's Medication Administration Record (MAR), dated [DATE], the MAR indicated LVN 4 administered MS to Resident 87 on [DATE] at 10:55 a.m.</p> <p>During an interview on [DATE] at 3:01 p.m. with LVN 4, LVN 4 stated she had administered MS to Resident 87. LVN 4 stated when she administers medications to residents, she does not routinely check the expiration date of the medications.</p> <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>During a review of the facility's policy and procedure (P&amp;P), titled Storage and Expiration Dating of Medications and Biologicals [medications that come from living organisms, like proteins and genes], dated [DATE], the P&amp;P indicated, 7. Facility should dispose of discontinued medication, outdated medications, or medications left in facility after a resident has been discharged or deceased , in a timely fashion, no more than 90-days of the date the medication was discontinued by physician/prescriber, or sooner per applicable law.</p> <p>During a review of the facility's P&amp;P, titled Disposal/Destruction of Expired or Discontinued Medication, dated [DATE], the P&amp;P indicated, 4. Facility should place all discontinued or outdated medications in a designated, secure location which is solely for discontinued medications or marked to identify the medications are discontinued and subject to destruction.</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>51540</p> <p>Based on interview and record review the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure dental services were provided for one of two sampled Residents (Resident 18).</li> <li>2. Implement care plan interventions for one of two sampled Residents (Resident 18).</li> </ol> <p>This failure had the potential for Resident 18 to experience difficulty maintaining nutritional needs and could result in unintended weight loss.</p> <p>1. During an interview on 11/05/24 at 12:23 p.m. with Resident 18, Resident 18 stated, my teeth are rotting in the back. I told them I needed to see a dentist at least 4 months ago.</p> <p>During an interview on 11/06/24 at 2:35 p.m. with Social Service Director (SSD), SSD stated Resident 18 had a dental consult sent on 9/12/24. No follow-up to this consult as of today (11/6/24). Resident 18 saw a dental hygienist on 9/4/24 for cleaning. She (Resident 18) gets referred to the dentist after a dental hygienist appointment. Last annual checkup from the dentist was on 5/7/24 (lost a tooth). I did not follow up.</p> <p>During an interview on 11/07/24 at 8:29 a.m. with Resident 18, Resident 18 stated, My teeth are hurting this morning. It hurts when I eat. It makes me not want to eat. Food gets stuck in them [teeth]. They hurt in the back because they are rotted. They have cleaned my teeth since I've been here. I do tell the nurse and I have mentioned to social services before.</p> <p>During a concurrent interview and record review on 11/7/24 at 8:40 a.m. with Clinical Manager (CM 1), Resident 18's Care Plan (CP), dated 9/12/24, was reviewed. The CP indicated, [Resident 18] has potential for oral/dental problems R/T [related to] broken and/or carious [sic] [rotten teeth] teeth. Intervention: Dental consult as ordered. CM 1 stated, Resident 18 has complained of dental pain to me [CM 1]. With dental pain and because the resident has complained to me [CM 1], someone should have followed up by now for her to see the dentist.</p> <p>During a review of Resident 18's Dental Notes (DN), dated 8/2/24, the DN indicated, Eval per s.w. [social worker].</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Oral Health Care and Dental, (OHCD) dated 11/2017, the P&amp;P indicated, Social Services or designee will be responsible for making necessary dental appointments. All requests for routine and emergency dental services are directed to social services.</p> <p>2. During a concurrent interview and record review on 11/07/24 at 8:40 a.m. with CM 1, CP dated 9/12/24 was reviewed. The CP indicated, Resident 18 has potential for oral/dental problems R/T broken and/or carious [sic] teeth. Intervention: monitor oral cavity for redness, pain, swelling, or change in taste daily, and provide good oral care after meals and at bedtime. CM 1 verified Resident 18 oral cavity should be monitored daily, and good oral care should be provided before meals and at bedtime. Nurses should complete daily assessments, and this will include the oral assessment.</p> <p>(continued on next page)</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/07/24 at 3:27 p.m. with DON, DON stated there is no documentation for Resident 18 that the nurses are monitoring oral cavity daily.</p> <p>During a review of Resident 18's Minimum Data Set (MDS-assessment tool), dated 11/1/24, the MDS indicated Resident 18's Brief Interview for Mental Status (BIMS, cognition assessment tool, 15-point scale: 13-15 cognitively intact) score was 14. Resident 18's MDS indicated Resident 18 needed setup or cleanup assistance with oral hygiene.</p> <p>During a review of Resident 18's Activity of Daily Living Flowsheet (ADL), dated 11/1/24 through 11/7/24, the ADL's indicated:</p> <p>11/1/24 oral hygiene was performed at 1:59 p.m., 8:41p.m., and 10:50 p.m.</p> <p>11/2/24 oral hygiene was performed at 6:32 a.m., 4:22 p.m., and 10:09 p.m.</p> <p>11/3/24 oral hygiene was performed at 12:31p.m., 2:53 p.m., and 10:52 p.m.</p> <p>11/4/24 oral hygiene was performed at 12:59 p.m., 6:13 p.m., and 10:49 p.m.</p> <p>11/5/24 oral hygiene was performed at 12:39 p.m., 3:38 p.m., and 11:52 p.m.</p> <p>11/6/24 oral hygiene was performed at 1:06 p.m., 3:51 p.m., and 11:19 p.m.</p> <p>11/7/24 oral hygiene was performed at 09:07 a.m.</p> <p>During a review of Resident 18's Treatment Administration Record (TAR), dated 10/1/24 through 10/31/24, the TAR indicated there was no monitoring of oral cavity daily.</p> <p>During a review of Resident 18's TAR, dated 11/1/24 through 11/7/24, the TAR indicated there was no monitoring of oral cavity daily.</p> <p>During a review of the facility's policy and procedure (P&amp;P), titled Comprehensive Care Plan, dated 8/09, the P&amp;P indicated, Interventions will be implemented to enable each resident to meet his/her objectives. Reflect currently recognized standards of practice for problem areas and conditions. The Care Plan process assesses and is developed to meet the resident's medical, nursing, mental and psychosocial needs.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>42148</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 25 sampled resident's (Resident 269) meal tray ticket (MTT - guidance to staff on what to serve for a meal to a resident) was accurate and followed. This failure had the potential to result in a negative health outcome.</p> <p>Findings:</p> <p>During a review of Resident 269's Admission Record (AR), dated 10/21/24, the AR indicated, Resident 269 had a diagnosis of Gout (inflammatory arthritis caused by high levels of uric acid [waste product created when the body breaks down a chemical compound]] in the body).</p> <p>During an interview on 11/4/24 at 10:11 a.m. with Resident 269, Resident 269 stated she gets a glass of tomato juice with every meal. Resident 269 stated, I have told staff several times I can't have it because I have Gout and can't have acidic juices but staff bring it to me anyway's.</p> <p>During a concurrent observation and interview on 11/4/24 at 12:26 p.m. with Resident 269 in Resident's room, Resident 269 was eating lunch and got a glass of tomato juice with her meal. Resident 269 stated, See, I told you it comes with every meal, and I can't have it!</p> <p>During a concurrent interview and record review on 11/4/24 at 2:56 p.m. with Clinical Dietician (CD), Resident 269's MTT, dated 11/4/24 was reviewed. The MTT indicated, Preferences: Tomato Juice. CD stated a resident with a diagnosis of Gout should not be given tomato juice and if the resident lets staff know then it should be listed as a dislike. RD stated she did not know why it was listed as a preference instead of a dislike and that it was incorrect.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Resident Nutrition Services, dated 04/2021, the P&amp;P indicated, Each resident shall receive the correct diet, with preferences accommodated as feasible. A. The interdisciplinary team, including Clinical Services, the Healthcare Provider and the Dining Services shall review each resident's nutritional needs, food likes, dislikes and eating habits. They shall develop a resident care plan based on this review.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42344</p> <p>Based on observation, interview, and record review, the facility failed to implement their policies for cleaning, drying, and storing clean dishes. This failure had the potential for contaminating food placing residents at risk for foodborne illnesses.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 11/5/24 at 10:53 a.m. with the Certified Dietary Manager (CDM) in the kitchen, on the clean side of the dish washing area, there were two plastic bins without lids, filled with plastic dessert dishes. The dessert dishes were piled up in the bins and not upside down. One of the dessert dishes on top of the pile had some debris inside. Some of the dessert dishes had dark debris on the rims. CDM stated the dessert dishes had been through the dish washer and should be clean. CDM stated the dark color on the rims looked like it was from the blueberry dessert served the previous night. CDM stated the dessert dishes should have been air dried upside down then stored upside down in a clean area. CDM stated the dishes needed to go through the dishwasher again.</p> <p>During a concurrent observation and interview on 11/5/25 at 11 a.m. with CDM in the kitchen, there was an open cart with trays that contained clean dishes. CDM stated the dishes were for side dishes and they stored them close to the tray line. CDM stated the dishes were clean and ready for use. The trays appeared to be dirty, and when the surveyor ran her finger along the inside lip of the tray, the finger was covered with dust. CDM stated the trays needed to be washed.</p> <p>During a concurrent observation and interview on 11/5/24 at 11:30 a.m. in the kitchen at the tray line, the lids that cover the plates of hot food were stored under the tray line with the inside of the lids facing up. CDM stated they should be stored with the lid facing down, so the inside of the lid is protected from exposure.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, DRY STORAGE - DISHES AND UTENSILS, revised 2/1/2012, the P&amp;P indicated, Dish storage areas should be cleaned and sanitized. Dish storage areas should be kept closed or covered when not in use. Dishes must be stored to promote air drying i.e. use dish racks or trays with plastic mesh that allow air to circulate and air dry the dishes.</p> <p>During a review of the facility's P&amp;P titled, DISH AND UTENSIL PROCEDURE, revised 3/3/2020, the P&amp;P indicated, Dishes, trays and utensils shall be routinely checked for stains or spots. Any dish, tray or utensil with debris should not be used. Send back to the dish room to be properly washed and sanitized.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51540</p> <p>Based on observation and interview the facility failed to implement infection control practices when:</p> <ol style="list-style-type: none"> <li>1. The facility's policy &amp; procedure (P&amp;P) for hand hygiene was not followed when two staff members did not perform hand hygiene before entering and after exiting residents' rooms.</li> <li>2. The facility's P&amp;P for laundry and bedding was not followed when the cover to the clean linen cart was ripped and unable to cover the clean linen completely for transport.</li> <li>3. The facility's P&amp;P for enhanced barrier precautions (EBP - measures to prevent infection which involves wearing gowns and gloves) was not followed for one of six sampled residents (resident 268) who had an indwelling foley catheter (flexible tubing that drains urine from the bladder into a collection bag).</li> </ol> <p>These failures had the potential to spread infectious diseases to residents, staff, and visitors.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a concurrent observation and interview on 11/04/24 at 9:47 a.m. with Certified Nursing Assistant (CNA) 3, CNA 3 was observed coming from resident room [ROOM NUMBER] and walked into resident room [ROOM NUMBER], then 216, 217, 214 and resident room [ROOM NUMBER] without using hand hygiene. CNA 3 stated, I am supposed to use hand hygiene when entering and exiting the rooms. I do not have a reason for not doing it. Is it an infection control thing.</li> </ol> <p>During a concurrent observation and interview on 11/05/24 at 11:08 a.m. with Student Licensed Vocational Nurse (SLVN) 1, SLVN 1 was observed entering and exiting resident room [ROOM NUMBER] and 212 without performing hand hygiene. SLVN 1 stated, It is an infection control thing. I did not use hand hygiene coming in and out.</p> <p>During a review of the facility's P&amp;P titled, Hand Hygiene Resident Policy, dated 4/2024, the P&amp;P indicated, This community considers hand hygiene the primary means to help reduce the spread of infections.</p> <ol style="list-style-type: none"> <li>2. During a concurrent observation and interview on 11/06/24 at 7:13 a.m. with Laundry Assistant (LA) 1 in the laundry room, there was a hole in the cover of the linen cart used to transport clean linen. LA 1 stated, It looks dingy, old but dirty looking. The cover of the clean linen cart should be clean and able to close completely. The cover was a little too small to cover the entire cart. It had been that way for a couple weeks. LA 1 stated she told her supervisor a new cover was needed.</li> </ol> <p>During an interview on 11/6/24 at 7:23 a.m. with the Supervisor of Housekeeping and Laundry Services (SHSK), SHSK stated, I see a rip on the cover of the clean linen cart. It's infection control because dust can get in. It has to be covered completely.</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 - Many</p>	<p>During a review of the facility's P&amp;P titled, Laundry and Bedding, dated 7/2009, the P&amp;P indicated, clean linen should be handled, transported, and stored properly to assist with maintaining cleanliness.</p> <p>42148</p> <p>3. During a concurrent observation and interview on 11/7/24 at 12:36 p.m. with Infection Preventionist Nurse (IPN), Resident 268 had an indwelling Foley catheter hanging on the side of her bed. IPN stated Resident 268 should be on EBP and that did not happen. IPN stated signage notifying staff of EBP was not posted in her room and Personal Protective Equipment (PPE) was not provided.</p> <p>During a review of the facility's P&amp;P titled, Enhanced Barrier Precautions Policy, dated 10/2023, the P&amp;P indicated, Enhanced barrier precautions (EBPs) should be utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. 6. EBPs are indicated for residents with wounds and/or indwelling medical devices. 7. EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk. 10. Signs are posted on the door or wall outside the resident room indicating EBP precautions and PPE are required. 11. PPE is available prior to entering the resident rooms.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>34510</p> <p>Based on interview and record review, the facility failed to implement an effective antibiotic (range of powerful medications that kill bacterial infections) stewardship program (the practice of ensuring antibiotics are used appropriately and only when necessary) when antibiotic use was not monitored for three of three sampled residents (Resident 414, Resident 164, and Resident 57) . This failure had the potential for unnecessary use of antibiotics which could contribute to negative health outcome for residents.</p> <p>Findings:</p> <p>During a review of the facility's Order Listing Report (OLR-list of residents on antibiotic), dated 11/6/24, the OLR indicated, [Resident 414] Order Summary: Vancomycin HCl Intravenous Solution [strong antibiotic to treat infections] Use 750 gram intravenously [medications administered through the veins] two times a day related to Urinary Tract Infection [bladder infection].</p> <p>During an interview on 11/6/24 at 1:35 p.m. with Infection Preventionist Nurse (IPN), IPN stated Resident 414's antibiotic use is not currently on her tracking sheet (log for monitoring the residents' use of antibiotics if its used appropriateley and if necessary). IPN stated, I have not spoken to the nurse [regarding Resident 414's use of antibiotics]. IPN stated she did not have a documentation of tracking/log for the use of antibiotic for Resident 414.</p> <p>During a review of the facility's OLR dated 11/1/24, the OLR indicated, [Resident 164] Order Summary: Meropenem [strong antibiotic to treat infections] Intravenous Solution Reconstituted [mixed with liquid] 500 mg [milligram] Use 500 mg intravenously two times a day for Infection for 7 days.</p> <p>During an interview on 11/6/24 at 1:35 p.m. with IPN, IPN stated, The physician's order [for Resident 164] should have the type of infection. IPN stated she had not reviewed the antibiotic order.</p> <p>During a review of the facility's OLR, dated 11/1/24, the OLR indicated, [Resident 57] Order Summary: Cefepime [strong antibiotic to treat infections] HCl Intravenous Solution 2 GM[gram]/100 ML[millileter] Use 2 gram intravenously two times a day for infection for 3 weeks.</p> <p>During an interview on 11/6/24 at 1:35 p.m. with IPN, IPN stated there was no tracking of antibiotic use for Resident 57 and there was no type of infection in the physician's order.</p> <p>42148</p> <p>During a review of Resident 268's Medication Administration Record (MAR), dated November 2024, the MAR indicated, an order for CefTRIAXone Sodium (antibiotic used to treat bacterial infections) Solution 1 GM Inject 1gram intramuscularly (into the muscle) in the afternoon for possible Infection for 7 days starting 11/2/24.</p> <p>During an interview on 11/6/24 at 2:13 p.m. with Administrator, Administrator stated there was no facility tracking of antibiotic use (for the month of October 2024).</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&amp;P) titled, Antibiotic Stewardship, dated May 2022, the P&amp;P indicated, The Antibiotic Stewardship Program is a collaborative effort of community leadership, nursing associates, physicians and pharmacists focused in continuous improvement in the use of antibiotic agents in an effort to combat the emergence of resistant organisms. This community realizes the importance of this program as a necessary component of an overall patient/resident infection prevention program.</p> <p>During a review of the facility's Job Description (JD) titled, LPN [Licensed Practical Nurse] Infection Prevention, dated October 2019, the JD indicated, Addendum to Job Description: 1. Plans, implements, evaluates, and directs the communities Infection Prevention and Control Program by overseeing the operations of the infection prevention, epidemiology, industrial hygiene, and relevant safety programs. 2. Accountable for surveillance of healthcare acquired and community acquired infections.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42148</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure the call light system was working properly for one of 25 sampled residents (Resident 269). This failure resulted in delayed care and unmet needs of Resident 269.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 11/4/24 at 10:07 a.m. with Resident 269 in Resident's room, a call bell was on Resident 269's bedside table. The call light was tested and not functioning. Resident 269 stated she does not have a call light that works and was given a call bell to ring instead. Resident 269 stated she can't reach it sometimes; staff can't hear the bell and it takes hours for staff to come. Resident 269 stated she has been without a call light for days.</p> <p>During an interview on 11/4/24 at 10:36 a.m. with Licensed Vocational Nurse (LVN) 3, LVN 3 stated, Resident 269's call light has not been functioning for a few days and the staff gave her a call bell to use.</p> <p>During an interview on 11/4/24 at 10:40 a.m. with Certified Nursing Assistant (CNA) 4, CNA 4 stated maintenance has known about the call light not functioning.</p> <p>During an interview on 11/4/24 at 10:56 a.m. with Director of Nursing (DON), DON stated she thought resident 269's call light was fixed and did not realize she still had a call bell. DON stated she knew it was not working on Friday (3 days ago). DON stated maintenance has been aware of Resident 269's call light not working.</p> <p>During a concurrent observation and interview on 11/04/24 at 11:20 a.m. with Maintenance Technician (MT) in Resident 269's room, call light was tested . MT stated he found out the call light was not working last Wednesday (October 30th). MT stated he told another technician that it wasn't the actual call box, it was an IT [technical] issue. MT stated the issue was never followed up on and should have been fixed by now.</p> <p>During a review of the facility's Work History Report (WHR), dated 11/7/24, the WHR indicated, On 10/31/24, [Room number] call light not working.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Resident Call System and Door Alarm Response, dated 10/2022, the P&amp;P indicated, Associates should respond to resident call system alerts in a reasonable and timely manner. F. 1. During loss of power or functionality, utilize alternative emergency downtime system. Initiate the community's alternative protocols for call system in the event of the call system not working. b. Verify alternatives enable residents to directly contact associates, are accessible at bedside.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&amp;P titled, Call System, Residents, dated 9/2022, the P&amp;P indicated, Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station. 1. Each resident is provided with a means to call staff directly for assistance from his/her bed. 3. The resident call system remains functional at all times. If audible communication is used, the volume is maintained at an audible level that can be easily heard. 4. If the resident has a disability that prevents him/her from making use of the call system, an alternative means of communication that is usable for the resident is provided and documented in the care plan. 6. Calls for assistance are answered as soon as possible, by no later than 5 minutes. Urgent request for assistance are addressed immediately.</p>		

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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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>34510</p> <p>Based on observation, interview, and record review, the facility failed to ensure three of three sampled resident's rooms (Resident 10, Resident 51, Resident 56) were maintained in good repair. This failure had the potential to impact residents' psychosocial needs and quality of life.</p> <p>Findings:</p> <p>During an observation on 11/5/24 at 11:06 a.m. in Resident 10's room, Resident 10 was lying in bed. The ceiling tiles in Resident 10's room had large round patches of brownish discolorations in four areas.</p> <p>During an interview on 11/5/24 at 11:44 a.m. with Maintenance Director (MD), MD stated he had not seen the large brownish round discolorations in the ceiling tiles of Resident 10's room. MD stated the large round patches of brownish discolorations were not reported and not listed in the computer for repairs. MD stated he does daily rounds with maintenance assistants (MA) but was not sure if they (MA) had seen it (large round patches of brownish discolorations in Resident 10's ceiling tiles).</p> <p>During a review of the facility's Tasks Due This Week (list of locations for maintenance inspections), (undated), the Tasks Due This Week indicated there was no inspection specific to residents' rooms ceiling tiles.</p> <p>During an interview on 11/7/24 at 11:03 a.m. with Executive Director (ED), ED stated the inspection of the residents' rooms ceiling tiles was not on the form Tasks Due This Week to inspect.</p> <p>51540</p> <p>During an observation on 11/04/24 at 09:22 a.m. in Resident 56's room there were missing and broken blinds.</p> <p>During a concurrent observation and interview on 11/04/24 at 09:29 a.m. with Resident 51 in Resident 51's room, there were broken blinds and broken curtain rods. Resident 51 stated, They have always been this way.</p> <p>During an interview on 11/05/24 at 11:59 a.m. with the Director of Maintenance (MD), MD stated blinds were broken and missing and needed to be ordered.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Maintenance Service, dated December 2009, the P&amp;P indicated, Maintenance service shall be provided to all areas of the building, grounds, and equipment. 1. The maintenance department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times. 2. Functions of maintenance personnel include but are not limited to: b. maintaining the building in good repair and free from hazards. i. providing routinely scheduled maintenance service to all areas.</p>		