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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675527 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Whisperwood Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 5502 W 4th St Lubbock, TX 79416 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04033</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental, and psychosocial needs that were identified in the comprehensive assessment, for 1 of 5 residents (Resident #1)</p> <p>The facility failed to complete a comprehensive care plan for Resident #1's need for nail care.</p> <p>The deficient practice could place residents at risk of not receiving proper care and services.</p> <p>The findings included:</p> <p>Record review of Resident #1's Order Summary Report dated 04/09/24 indicated she was admitted on [DATE], and her diagnoses included Alzheimer's Disease (progressive disorder that destroys memory and other important mental functions), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), recurrent severe without psychotic features (if remission is not sustained, episodes tend to recur with greater severity), mild intellectual disabilities (slower in all areas of conceptual development and social and daily living skills), generalized anxiety disorder (is an exaggerated anxiety about everyday life events for no reason), catatonic disorder due to known physiological condition (is a group of symptoms that usually involve a lack of movement and communication, and also can include agitation, confusion, and restlessness), paranoid schizophrenia (when a person experiences paranoia that feeds into delusions and hallucinations), and bipolar disorder (disorder associated with episodes of mood swings ranging from depressive low to manic highs).</p> <p>Record review of Resident #1's Initial Skin assessment dated [DATE] included the area of other skin findings as resident didn't want me to check under her breast. This report did not include nail care.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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>Record review of Resident #1's Care Plan Detail with review start date 02/09/24, indicated she refuses showers and changing clothing. The interventions included allowing the resident to make decisions about treatment regime to provide sense of control, encourage as much participation/interaction by the resident as possible during care activities, and if resident resist with ADLS, reassure resident, ensure safety, leave and return 5-10 minutes later and try again. Resident 1's Care Plan included Activities of Daily Living (ADLs) for needing one staff with assistance for dressing; skin inspection for redness, open areas, scratches, cut, bruises, and report changes to the nurse, and requires one staff participation with bathing.</p> <p>Record review of Resident #1's Weekly Skin Assessment included Other skin findings not described above with choices (did not include nail care), and the responses provided were No, Yes, and Resident Refused Assessment. In addition, this report included Are there any new areas that have been communicated to the physician/NP or family? And the responses included No and Yes. The flowing Weekly Skin Assessments were marked as follows:</p> <p>05/06/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/29/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/22/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/15/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/08/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/01/24, No for skin findings and communication to physician, NP, or family.</p> <p>03/23/24, No for skin findings and communication to physician, NP, or family.</p> <p>03/16/24, No for skin findings and communication to physician, NP, or family.</p> <p>03/05/24, No for skin findings and communication to physician, NP, or family.</p> <p>02/27/24, No for skin findings and communication to physician, NP, or family.</p> <p>02/20/24, No for skin findings and communication to physician, NP, or family.</p> <p>02/13,24, No for skin findings and communication to physician, NP, or family.</p> <p>02/05/24, No for skin findings and communication to physician, NP, or family.</p> <p>Review of Resident #1's Progress Notes from 05/09/24 to 1/26/24 did not include refusal for nail care.</p> <p>During an interview with Resident #1 on 05/08/24 at 5:15 pm, indicated she wanted her toenails trimmed because they were hurting her feet.</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 an interview with Certified Nurse Aide (CNA A) on 05/08/24 at 5:35 pm, indicated Resident #1 does not like being touched, and her toenails have been long since March 2024. CNA A said she used to report Resident #1's toenails to the charge nurse but hasn't done that recently.</p> <p>Observation of Resident #1's toenails on 05/08/24 at 6:01 pm, revealed the left foot toenail plates (the visible part of the nail) were longer than the nail bed (the skin beneath the nail plate). These toenail plates were overgrown, thick, curved, ragged, chipped, uneven, cracked, and had a yellowish color. These toenails were approximately 1/4 inch to 1/2 inch past the nail bed and had reddened areas around the nail bed. The big toenail plate was thick, jagged, cracked, yellowish, and had 1/2 by 1/4 nail plate missing, which exposed the nail bed. The second toenail plate was approximately 1/2 inch long, was growing sideways and stabbing into the big toe. The third toenail plate was approximately 3/4 inch long. The fourth toenail plate was approximately 3/4 inch long and curved down in front of the toe and under the 2nd toe. The little toenail plate was approximately 1/2 long. The right foot toenail plates were overgrown, thick, curved, ragged, chipped, uneven, cracked, and had a yellowish color. The big toenail plate was yellow and 1/4 of inch long. The second toenail bed was approximately 3/4 inch long and curved down in front of the toe. The third toenail plate was approximately 1/2 inch long and curved sideways under the second toe. The fourth toenail plate was 1/2 long. The little toeplate was approximately 1/2 inch long.</p> <p>During an interview with Registered Nurse (RN A) on 05/08/24 at 5:45 pm, indicated she was not informed of Resident #1's need for nail care. RN A said Resident A had 2two visits with the podiatrist but refused care.</p> <p>During an interview on 05/10/24 at 1:05 pm, DON said since Resident #1's admission (01/26/24) into this facility, she had not been scheduled to see a podiatrist.</p> <p>During an interview on 05/08/24 at 5:47 PM with Resident #1 indicated she would allow pictures to be taken of her toenails and agreed to have RN A assist her and trim her nails.</p> <p>Observation of Resident #1 on 05/08/22 at 6:08 pm indicated RN A attempted trimming Resident #1's toenails with a 2-inch nail clipper and a 3-inch nail clipper but was unsuccessful. Resident #1 was cooperative with this process.</p> <p>Observation of Resident #1 on 05/08/24 at 6:10 pm indicated ADON A used a 3-inch scissor type nail clipper and was able to trim them; however, she said she needed to see the podiatrist to trim her nails appropriately. Resident #1 was cooperative with this process.</p> <p>During an interview on 05/08/24 at 6:14 pm RN A indicated Resident #1 would have to see the podiatrist to trim her nails with their tools.</p> <p>During an interview on 05/09/24 at 12:03 pm with Licensed Vocational Nurse (LVN A), indicated she was unaware Resident #1 needed nail care. LVN A said the CNA should report it to the charge nurse (CN) the need for nail care; however, if the CN is unable to provide the nail care, she would inform the wound care nurse (WCN). If the WCN is unable to provide nail care she would report it to the CN, who should notify the social worker (SW), who would place the resident on podiatrist's list to see the podiatrist.</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 an interview on 05/09/24 at 2:28 pm with Registered Nurse (RN A), indicated resident nail care starts with the certified nurse aide (CNA), who bathes and dresses resident as needed. This CNA should provide care, if they are unable to do so, they should inform the charge nurse (CN). If the CN was unable to provide the care, she should inform the wound care nurse (WCN). If the WCN is unable to provide care, she should report to the CN. The CN should inform the social worker (SW), who should place resident on the podiatrist's list to be seen at the next podiatrist clinic. The podiatrist usually schedules their podiatry clinic once every 3 months. RN A said upon admission Resident #1 refused a skin assessment and attempts to have her nails trimmed, and since her admission could not recall being informed of Resident #1's need for nail care.</p> <p>During an interview on 05/09/24 at 2:55 pm with Certified Nurse Aide (CNA B), indicated when she has cared for Resident #1, she has refused nail care, showers, and grooming, but at times will allow her to brush her hair. CNA B said if Resident #1 refuses care, she should inform the charge nurse (CN) but couldn't recall the last time she reported this to the CN. The CN said when she showers a resident, she will fill out a shower sheet (Skin Monitoring Comprehensive CNA Shower Review: that includes the question, does resident need nail care, yes or no. After filling out this sheet, she turns it in to the CN.</p> <p>During an interview on 05/09/24 at 3:16 pm, Certified Nurse Aide (CNA C), indicated Resident #1 does not like to be touched, and she refuses showers. CNA C recalled informing the charge nurse Resident #1 had long nails, but unable to specify which charge nurse and when was the last time she report her long nails. CNA C said if a resident needs nail care, she should be able to trim them; however, she prefers to report this to the nurse.</p> <p>During an interview on 05/10/24 at 8:38 pm, Assistant Director of Nurses (ADON A), indicated the Skin Monitoring Comprehensive CNA Shower Review dated 04/06/24 did not indicated Resident #1 needed nail care. ADON A said the system of nail care requires a CNA to provide nail care during showers. If the resident was diabetic, then a licensed nurse should provide the nail care. If the licensed nurse was unable to trim the nails, then she should refer the resident to the social worker, who should place the resident on the podiatrist's list for nail care at their next podiatry clinic, which is once every 3 months. ADON A said Resident #1's nail care was not done, because she refuses care. The resident's Interdisciplinary Team (IDT) should have met to incorporate interventions; however, if these interventions were not working, the interventions should have been updated. ADON A said she was unaware Resident #1's toenails needed trimming.</p> <p>During an interview on 05/10/24 at 11:27 am with Social Worker (SW A) indicated she is responsible for making referrals to the podiatrist for nail care. SW A said any of the facility's staff can request referrals directly to her if they have concerns about resident's nail care. The podiatrist has a clinic at the facility every 3 months, and the last time he was at the facility was 01/26/24 and was scheduled to return on 05/20/24. However, if a resident needs nail care between podiatrist visits, the nurses are expected to trim their nails. SW A said if she had been informed Resident #1 needed nail care, she would have spoken directly to the resident but not forced her to have nails trimmed. If resident refused, she would have shared the toenails concern via an email with the administrator, DON, and/or ADON to determine what should be done to address her nails. SW A, who reviewed the pictures of Resident #1's toenails said she was not informed they were this bad, and she would have asked the nurse to trim them.</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 an interview on 05/10/24 at 12:03 pm with the Wound Care Nurse (WCN A), indicated a resident's Weekly Skin Assessment should cover from head to toe, including toenails. WCN A said she reviewed Resident #1's Skin Monitoring: Comprehensive CNA Shower Review dated 05/02/24, indicating she had refused her shower and nail care. This report included Does the resident need /his/her toenails cut? WCN A said she saw and attempted to trim Resident #1's toenails, but she refused. On the following day (05/03/24) WCN A said she tried again to trim Resident #1's toenails, but she refused. WCN A said she was going to inform SW A, who is responsible for referring and placing resident on the podiatry clinic's list, but as of 05/08/24 she had not informed SW A.</p> <p>During an interview on 05/10/24 at 12:27 pm with Minimum Date Set Coordinator (MDS A), indicated Resident #1 refuses all care, which includes shower and grooming. If she was informed a resident was refusing care, she would pursue updating the care plan to include refusals and interventions needed. MDS A said refusals would be shared during the morning meeting, this is passed on to the nurses' report, and the nurse should update the care plan as needed. MDS A, who reviewed pictures of Resident #1's toenails, said these toenails were bad and inflamed. MDS A said nothing flagged Resident #1's need for nail care, and she was unaware they were in bad condition.</p> <p>During an interview on 05/10/24 at 1:05 pm with Director of Nurses (DON), who reviewed the picture of Resident #1's toenails, indicated her toenails were long, she had fungus and lots of dry skin. The DON said the CNAs are responsible for filling out a shower report and reporting to the CN the need for nail care. Afterwards, the toenails should be trimmed by the CN or the WCN. The DON said he reviewed Resident #1's Skin Monitoring Comprehensive CNA Shower Review dated 02/17/24 and 02/29/24, and they did not include her refusal for nail care. The DON said since Resident #1's admission (01/26/24) into this facility, she had not been scheduled to see a podiatrist. The DON said prior to 05/09/24, Physician A had not been notified of the condition of Resident #1's toenails.</p> <p>Review of the facility's policy and procedure for Comprehensive Care Planning (not dated) indicated The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan will describe the following-</p> <p>The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; and the right to refuse treatment.</p> <p>Each resident will have a person-centered comprehensive care plan developed and implemented to meet his other preferences and goals, and address the resident's medical, physical, mental and psychosocial needs.</p> <p>Through the care planning process, facility staff will work with the resident and his/her representative, if applicable, to understand and meet the resident's preferences, choices and goals during their stay at the facility. The facility will establish, document and implement the care and services to be provided to each resident to assist in attaining or maintaining his or her highest practicable quality of life. Care planning drives the type of care and services that a resident receives.</p> <p>Resident goals set the expectation for the care and services he or she wishes to receive. Measurable objectives describe the steps toward achieving the resident's goals, and can be measured, quantified, and/or verified.</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>The comprehensive care plan will reflect interventions to enable each resident to meet his/her objectives. Interventions are the specific area and services that will be implemented.</p> <p>When developing the comprehensive care plan, facility staff will at a minimum, use the Minimum Data Set (MDS) to assess the resident's clinical condition, cognitive and functional status, and use of services. If a Care Area Assessment (CAA) is triggered, the facility will further assess the resident to determine whether the resident is a risk of developing, or currently has a weakness or need associated with that CAA, and how the risk, weakness or need affects the resident. Documentation regarding these assessments and the facility's rationale for deciding whether to proceed with care planning for each area triggered will be recorded in the medical record.</p> <p>In situations where a resident's choice to decline care of treatment (e.g., due to preferences, maintain autonomy, etc.) poses a risk to the resident's health or safety, the comprehensive care plan will identify the care or service being declined, the risk the declination poses to the resident, and efforts by the interdisciplinary team to educate the resident and representative, as appropriate. The facility's attempt to find alternative means to address the identified risk/need should be documented in the care plan.</p> <p>The resident's care plan will be reviewed after each Admission, Quarterly, Annual and/or Significant Change MDS assessment, and revised based on changing goals, preferences and needs of the resident and in response to current interventions.</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** 04033</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received proper treatment and care to maintain mobility and good foot health for 1 of 5 residents (Resident #1) reviewed for foot care.</p> <p>The facility failed to ensure Resident 1 toenails were trimmed.</p> <p>The deficient practice placed residents at risk of discomfort, poor foot hygiene, and a decline in resident's physical condition.</p> <p>The findings were:</p> <p>Review of Resident #1's Order Summary Report dated 04/09/24 indicated she was admitted on [DATE], and her diagnosis included Alzheimer's Disease (progressive disorder that destroys memory and other important mental functions), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), recurrent severe without psychotic features (if remission is not sustained, episodes tend to recur with greater severity), mild intellectual disabilities (slower in all areas of conceptual development and social and daily living skills), generalized anxiety disorder (is an exaggerated anxiety about everyday life events for no reason), catatonic disorder due to known physiological condition (is a group of symptoms that usually involve a lack of movement and communication, and also can include agitation, confusion, and restlessness), paranoid schizophrenia (when a person experiences paranoia that feeds into delusions and hallucinations), and bipolar disorder (disorder associated with episodes of mood swings ranging from depressive low to manic highs).</p> <p>Review of Resident #1's Admission MDS dated [DATE], indicated she scored a 9 on her Brief Interview for Mental Status.</p> <p>Review of Resident #1's Weekly Skin Assessment included Other skin findings not described above with choices (did not include nail care), and the responses provided were No, Yes, and Resident Refused Assessment. In addition, this report included Are there any new areas that have been communicated to the physician/NP or family? And the responses included No and Yes. The flowing Weekly Skin Assessments were marked as follows:</p> <p>05/06/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/29/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/22/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/15/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/08/24, No for skin findings and communication to physician, NP, or family.</p> <p>04/01/24, No for skin findings and communication to physician, NP, or family.</p> <p>(continued on next page)</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>Observation of Resident #1's toenails on 05/08/24 at 6:01 pm, revealed the left foot toenail plates (the visible part of the nail) were longer than the nail bed (the skin beneath the nail plate). These toenail plates were overgrown, thick, curved, ragged, chipped, uneven, cracked, and had a yellowish color. These toenails were approximately 1/4 inch to 1/2 inch past the nail bed and had reddened areas around the nail bed. The big toenail plate was thick, jagged, cracked, yellowish, and had 1/2 by 1/4 nail plate missing, which exposed the nail bed. The second toenail plate was approximately 1/2 inch long, was growing sideways and stabbing into the big toe. The third toenail plate was approximately 3/4 inch long. The fourth toenail plate was approximately 3/4 inch long and curved down in front of the toe and under the 2nd toe. The little toenail plate was approximately 1/2 long. The right foot toenail plates were overgrown, thick, curved, ragged, chipped, uneven, cracked, and had a yellowish color. The big toenail plate was yellow and 1/4 of inch long. The second toenail bed was approximately 3/4 inch long and curved down in front of the toe. The third toenail plate was approximately 1/2 inch long and curved sideways under the second toe. The fourth toenail plate was 1/2 long. The little toeplate was approximately 1/2 inch long.</p> <p>During an interview with Registered Nurse (RN A) on 05/08/24 at 5:45 pm, indicated she was not informed of Resident #1's need for nail care. RN A said Resident A had 2two visits with the podiatrist but refused care.</p> <p>During an interview with Resident #1 on 05/08/24 at 5:47 PM indicated she would allow pictures to be taken of her toenails and agreed to have RN A assist her and trim her nails.</p> <p>Observation of Resident #1 on 05/08/22 at 6:08 pm indicated RN A attempted trimming Resident #1's toenails with a 2-inch nail clipper and a 3-inch nail clipper but was unsuccessful. Resident #1 was cooperative with this process.</p> <p>Observation of Resident #1 on 05/08/24 at 6:10 pm indicated ADON A used a 3-inch scissor type nail clipper and was able to trim them; however, she said she needed to see the podiatrist to trim her nails appropriately. Resident #1 was cooperative with this process.</p> <p>During an interview on 05/08/24 at 6:14 pm RN A indicated Resident #1 would have to see the podiatrist to trim her nails with their tools.</p> <p>During an interview on 05/09/24 at 12:03 pm with Licensed Vocational Nurse (LVN A), indicated she was unaware Resident #1 needed nail care. LVN A said the CNA should report to the charge nurse (CN) the need for nail care; however, if the CN is unable to provide the nail care, she would inform the wound care nurse (WCN). If the WCN is unable to provide nail care she would report it to the CN, who should notify the social worker (SW), who would place the resident on podiatrist's list to see the podiatrist.</p> <p>(continued on next page)</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675527 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Whisperwood Nursing & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 5502 W 4th St Lubbock, TX 79416 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
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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>During an interview on 05/09/24 at 2:28 pm with Registered Nurse (RN A), indicated resident nail care starts with the certified nurse aide (CNA), who bathes and dresses resident as needed. This CNA should provide care, if they are unable to do so, they should inform the charge nurse (CN). If the CN was unable to provide the care, she should inform the wound care nurse (WCN). If the WCN is unable to provide care, she should report to the CN. The CN should inform the social worker (SW), who should place resident on the podiatrist's list to be seen at the next podiatrist clinic. The podiatrist usually schedules their podiatry clinic once every 3 months. RN A said upon admission Resident #1 refused a skin assessment and attempts to have her nails trimmed, and since her admission could not recall being informed of Resident #1's need for nail care.</p> <p>During an interview on 05/09/24 at 2:55 pm, Certified Nurse Aide (CNA B). indicated Resident #1 refuses nail care, showers, and grooming, but at times will allow her to brush her hair. CNA B said if she refuses care, she should inform the charge nurse (CN) but couldn't recall the last time she reported this to the CN. The CN said when she showers a resident, she will fill out a shower sheet that includes the question, does resident need nail care, yes or no. After filling out this sheet, she turns it in to the CN.</p> <p>During an interview on 05/09/24 at 3:16 pm, Certified Nurse Aide (CNA C), indicated Resident #1 does not like to be touched, and she refuses showers. CNA C recalled informing the charge nurse Resident #1 had long nails, but unable to specify which charge nurse and when was the last time she report her long nails. CNA C said if a resident needs nail care, she should be able to trim them; however, she prefers to report this to the nurse.</p> <p>During an interview on 05/10/24 at 8:38 pm, Assistant Director of Nurses (ADON A), indicated the Skin Monitoring Comprehensive CNA Shower Review dated 04/06/24 did not indicated Resident #1 needed nail care. ADON A said the system of nail care requires a CNA to provide nail care during showers. If the resident was diabetic, then a licensed nurse should provide the nail care. If the licensed nurse was unable to trim the nails, then she should refer the resident to the social worker, who should place the resident on the podiatrist's list for nail care at their next podiatry clinic, which is once every 3 months. ADON A said Resident #1's nail care was not done, because she refuses care. The resident's Interdisciplinary Team (IDT) should have met to incorporate interventions; however, if these interventions were not working, the interventions should have been updated. ADON A said she was unaware Resident #1's toenails needed trimming.</p> <p>During an interview on 05/10/24 at 11:27 am with Social Worker (SW A) indicated she is responsible for making referrals to the podiatrist for nail care. SW A said any of the facility's staff can request referrals directly to her if they have concerns about resident's nail care. The podiatrist has a clinic at the facility every 3 months, and the last time he was at the facility was 01/26/24 and was scheduled to return on 05/20/24. However, if a resident needs nail care between podiatrist visits, the nurses are expected to trim their nails. SW A said if she had been informed Resident #1 needed nail care, she would have spoken directly to the resident but not forced her to have nails trimmed. If resident refused, she would have shared the toenails concern via an email with the administrator, DON, and/or ADON to determine what should be done to address her nails. SW A, who reviewed the pictures of Resident #1's toenails said she was not informed they were this bad, and she would have asked the nurse to trim them.</p> <p>(continued on next page)</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>During an interview on 05/10/24 at 12:03 pm with the Wound Care Nurse (WCN A), indicated a resident's Weekly Skin Assessment should cover from head to toe, including toenails. WCN A said she reviewed Resident #1's Skin Monitoring: Comprehensive CNA Shower Review dated 05/02/24, indicating she had refused her shower and nail care. This report included Does the resident need /his/her toenails cut? WCN A said she saw and attempted to trim Resident #1's toenails but she refused. On the following day (05/03/24) WCN A said she tried again to trim Resident #1's toenails, but she refused. WCN A said she was going to inform the social worker so she could refer her to the podiatrist, but as of 05/08/24 she had not informed the social worker.</p> <p>During an interview on 05/10/24 at 12:27 pm with Minimum Date Set Coordinator (MDS A), indicated Resident #1 refuses all care, which includes shower and grooming. If she was informed a resident was refusing care, she would pursue updating the care plan to include refusals and interventions needed. MDS A said refusals would be shared during the morning meeting, this is passed on to the nurses' report, and the nurse should update the care plan as needed. MDS A, who reviewed pictures of Resident #1's toenails, said these toenails were bad and inflamed. MDS A said nothing flagged Resident #1's need for nail care, and she was unaware they were in bad condition.</p> <p>During an interview on 05/10/24 at 1:05 pm with Director of Nurses (DON), who reviewed the picture of Resident #1's toenails, indicated her toenails were long, she had fungus and lots of dry skin. DON said the CNAs are responsible for filling out a shower report and reporting to the CN the need for nail care. Afterwards, the toenails should be trimmed by the CN or the WCN. DON said he reviewed Resident #1's Skin Monitoring Comprehensive CNA Shower Review dated 02/17/24 and 02/29/24, and they did not include her refusal for nail care. DON said since Resident #1's admission (01/26/24) into this facility, she had not been scheduled to see a podiatrist. DON said prior to 05/09/24, Physician A had not been notified of the condition of Resident #1's toenails.</p> <p>Review of the facility's policy and procedure for Nail Care dated 2003 indicated Nail management is the regular care of the toenails and fingernails to promote cleanliness, and skin integrity of tissues, to prevent infection, and injury from scratching by fingernails or pressure of shoe on toenails. It includes cleansing, trimming, smoothing, and cuticle care and is usually done during the bath. Nails can become thinner and more brittle in the elderly and thicker if peripheral circulation is impaired. Nails are also important in assessment, as changes occur with certain medical condition, such as clubbing, with chronic obstructive pulmonary disease or cardiac disease. Color changes with circulatory or lymphatic impairment and certain drug therapy is common. Ingrown toenails are also common in the elderly. Fungal infections of the toenails, dry, brittle ridges and thickening of the nails all occur in the elderly with some frequency. Nail care, especially trimming, is performed by a podiatrist in those with diabetes and peripheral vascular disease. The goals included nail care will be performed regularly and safely, and the resident will be free from abnormal nail conditions and free from infections. The procedures included Nails that are ingrown, thickened, or infected should be cared for by a podiatrist. Report conditions immediately to the primary nurse. The nurse will ensure a referral to the podiatrist.</p> <p>(continued on next page)</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>Review of the facility's policy and procedure for Foot Care dated 2003 indicated Foot management is the daily assessment, bathing, lubrication, and protection of the feet. It is done to promote cleanliness and peripheral circulation of the feet. Foot care is especially important in those residents with diabetes mellitus or peripheral circulatory conditions because of the susceptibility to infection and skin breakdown. If required, trimming of the toenails is performed by a podiatrist. Goals: The resident will maintain intact skin integrity, be free from infection, and remain free from injury to the feet. The procedures included Daily assessment of the feet should be done when care is given. Any breaks in skin, blisters, cracks, or other abnormalities should be noted and reported to the primary nurse immediately. The primary nurse will advise the physician and obtain a referral to the wound care nurse or the podiatrist.</p> |