

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Le Reve Rehabilitation & Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3309 Dilido Road Dallas, TX 75228	

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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44021</p> <p>Based on interview, and record review the facility failed to notify the physician when a resident experienced ant bites and pain for 1 (Resident #21) of 5 residents reviewed for a notification of a change of condition, in that:</p> <p>RN II did not notify the Physician of Resident #21's change of condition on 08/13/24 when CNA R reported that Resident #21 had indicated experiencing pain to the anterior area of her right elbow to RN II concerns that Resident #21 had suffered ant bites that had resulted in welts on Resident #21's right arm.</p> <p>An Immediate Jeopardy was (IJ) was identified on 08/14/24 at 5:53 PM while the IJ was removed on 08/16/24, the facility remained out of compliance at a severity of No actual harm with a potential for more than minimal harm that is not immediate and a scope of isolated due to the facility still monitoring the effectiveness of their Plan of Removal.</p> <p>This deficient practice could place residents at risks of not obtaining the care that was needed, which could lead to a worsening of their condition, hospitalization , or death.</p> <p>Findings Included:</p> <p>Record review of Resident #21's Face Sheet, dated 08/14/2024, revealed a [AGE] year-old female who initially admitted to the facility on [DATE]. Resident #21 had a diagnoses which included the following: Aphasia (cannot speak), Hemiplegia (paralyzed on one side) and Hemiparesis (weakness on one side of the body) following Cerebral Infarction (Stroke) affecting Right Dominant side, Type 2 Diabetes Mellitus (Too much sugar), and Cerebral Infarction due to Thrombosis (blood clots) of Unspecified Cerebral Artery. (Family member #1 was listed as the Responsible Party/POA.)</p> <p>Record review Resident #21's Quarterly MDS Assessment, dated 05/22/24, revealed the resident was rarely/never understood and was cognitively severely impaired. Resident #21 required total or extensive assistance for bed mobility, dressing, toilet use, and personal hygiene. Further review of Resident #21's MDS reflected that Resident #21 was always incontinent of urine and bowel.</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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #21's Care Plan initiated on 02/22/2022 reflected Resident #21 had an Activities of Daily Living self-care deficit, and the interventions included that Resident #21 required limited-extensive assist to turn and reposition in bed and as necessary. Resident #21 required supervision to eat. Resident #21 required 2 staff for personal hygiene and oral care. The Care Plan reflected that Resident #21 had impaired cognitive function/dementia or impaired thought processes with interventions that included communicating with family family/caregivers regarding her capabilities and needs and to monitor/document/report PRN any changes in cognitive function, specifically changes in: decision making ability, memory, level of consciousness, mental status. The Care Plan reflected that Resident #21 had a communication problem related to Cerebral Vascular Accident. Resident #21 was Aphasic (inability to communicate). Resident #21 smiles when approached and could head/nod to yes and no questions and the interventions included encouraging Resident #21 to continue stating thoughts even if resident is having difficulty and to monitor/document/report as needed any changes in ability to communicate, potential contributing factors for communication problems. The Care Plan reflected that Resident #21 had Diabetes Mellitus and was taking medications per Medical Doctors orders, with interventions that included checking all of body for breaks in skin and treat promptly as ordered by doctor. The Care Plan reflected that Resident #21 had hemiplegia/hemiparesis (paralyzation of one side of the body), with interventions that included discuss with Resident #21's family/caregivers any concerns, fears, issues regarding diagnosis or treatments.</p> <p>Record review of Resident #21's electronic health record revealed that there were no progress notes, skin assessments, treatment for ant bites, follow up treatments, assessments, or record of notifying Resident #21's family or physician in relation to Resident #21 having to temporarily move rooms due to an ant infestation and ant bites. No Situation, Background, Assessment Recommendation Communication Report could be found in relation to Resident #21 being bit by ants, assessment, post treatment or room movement.</p> <p>An interview on 08/12/24 at 1:23 PM with Family Member #1 revealed on 07/14/24 Resident #21 was not in her regular room. CNA R explained on 07/14/24 Resident #21 had been moved to another room because ants and ant bites that were discovered on Resident #21. The family member stated were not notified of the ants or the room move before the family member had asked about it.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview on 08/12/24 at 1:56 PM CNA R stated that Resident #21 was non-verbal, and that CNA R had worked with Resident #21 for a long time and was familiar with how to communicate with Resident #21 with yes/no questions and pointing. CNA R stated that while delivering Resident #21's breakfast tray, Resident #21 indicated she had pain in her right arm. CNA R stated she reported to RN ii that Resident #21 had indicated pain in her arm around 7:40AM on 07/13/24 and then continued with her morning duties. CNA R stated that when she returned to Resident #21's room around 8:20 AM, she was unsure if RN II had assessed Resident #21 yet. CNA R stated she had discovered ants on Resident #21 on the morning of 7/13/24 around 8:20 AM, while getting Resident #21 ready for a bed bath. CNA R stated that there had been between 20 to 30 small black ants in the crook of Resident #21's arm that Resident #21 had indicated to before. CNA R stated that she immediately reacted and used the gathered bed bath equipment to immediately wipe off Resident #21's arm. CNA R stated that the area on Resident #21's arm where the ants had been present had been [NAME] and red. CNA R stated she then informed RN ii about the ants and then took Resident #21 to a shower where CNA R made sure there were no more ants on Resident #21. CNA R stated that Resident #21 was then temporarily moved to another room from the 100 hall to the 300 hall. CNA R stated that the welts on Resident #21's arm were much less noticeable after the shower and move. CNA R stated that housekeeping had cleaned out Resident #21's room and that Resident #21 had been moved back to Resident #21's original room on 07/16/24 on the 100 hall from the temporary room on the 300 hall.</p> <p>An interview on 08/13/24 at 1:54 PM RN II stated that she did not remember if she had written any progress notes about the ants on Resident #21 or if she had contacted the ADON face to face or had contacted the ADON via phone. RN II stated she had not contacted the MD or Resident #21's family member/Power of Attorney about the ants or the room move.</p> <p>An interview on 08/13/24 ADON stated that there were no messages about Resident #21 moving rooms or being bitten by ants. The ADON stated that the facility uses a phone messaging app to make sure that all nursing staff are informed of developments with residents and that information is passed. The ADON stated that if there was no evidence of any message being passed and that she had not been informed that it would have been up to RN II to contact the MD and the family of Resident #21. The ADON stated that she could find no evidence of an initial assessment, after treatment for ant bites notification of any room movements, notifications or new orders from the MD or skin assessments. The ADON stated that she was not on the schedule on 07/13/24 and that the facility did not have a DON from 07/07/24 to 07/22/24.</p> <p>In an interview on 08/14/24 at 10:03 AM the DON stated that she had started employment at the facility on 07/22/24 and that she had not known about Resident #21 had been bitten by ants, but that it should have been reported to head nursing staff so that Resident #21 could have been properly assessed and treated for ant bites, the MD should have been notified and the family should have been notified and they had not been informed. The DON stated that there could have been medical complications or undue pain caused to Resident #21 by not being properly treated for ant bites.</p> <p>In an interview on 08/14/24 at 11:33 AM The MD stated that he was not informed that Resident #21 had suffered ant bites or had moved rooms. The MD stated that he could find no evidence that Resident #21 had been issued any new orders for topical ointments for ant bites or evidence of any assessment or post assessments of Resident #21 related to ant bites. The MD stated that it was important that he should have been informed about the ant bites on Resident #21 because of the risk of complications depending on Resident #21's morbidities and that Resident #21 may have missed care that Resident #21 might have needed.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of the facility's policy titled Change of Condition and Physician/Family Notification, dated January 2023, reflected Purpose: To ensure that resident's family and/or legal representative and physician are notified of resident changes that fall under the following categories: . A significant change in resident's physical, mental, or psychosocial status. (See below for examples). A need to significantly alter treatment. Transfer of the resident from the facility. Procedures: When any of the above situations exist, the licensed nurse will contact the resident's family and their physician . Each attempt will be charged as to time the call was made, who was spoken to, and what information was given to the physician .</p> <p>This failure resulted in an identification of an Immediate Jeopardy on 08/14/2024 at 5:53 PM. The Administrator was informed and provided the IJ template on 08/14/2024 at 5:55 PM and a Plan of Removal (POR) was requested.</p> <p>The Plan of Removal reflected:</p> <p>Per the information provided in the IJ template given on 8/14/24, the facility failed to take proper action in notification of resident change of condition. Facility failed to further notify executive administration, and/or resident family member. Per template, on 07/13/24, CNA discovered ants on resident with noticeable welts on resident right arm. CNA notified charge nurse, who advised to bathe and relocate resident to different room. Charge nurse failed to take further action in obtaining order for medical treatment, and notification of resident change to physician, administration, and family.</p> <p>The MD, was notified of IJ on 8/14/24 at 06:00p.m.</p> <p>DON and ADON initiated In-service with nursing staff (CNA, CMA, LVN, RN) 8/14/24 on identifying when to conduct assessment on residents and where to document assessments. This in-service will be completed by 8.15.24.</p> <p>DON and ADON initiated in-service with nursing staff (CNA, CMA, LVN, RN) on 8/14/24 regarding when to provide treatment and/or care to residents. This in-service will be completed by 8.15.24.</p> <p>DON and ADON initiated in-service with nursing staff on 8/14/24 (CNA, CMA, LVN, RN) regarding when to communicate with nursing supervisor, administrative team, physician, and family. This in-service will be completed by 8.15.24. This in-service will be completed by 8.15.24.</p> <p>ADON initiated in-service when nursing staff (CNA, CMA, LVN, RN) on 8/14/24 regarding when to report significant changes in resident's condition. This in-service will be completed by 8.15.24.</p> <p>In-service initiated with all staff (Facility Wide) on 8/14/24 regarding notification of observed pest(s) by ADON or ADM. This in-service will be completed by 8.15.24.</p> <p>Each department to provide in-service to every employee, prior to working next assigned shift. To be completed by 8.15.24.</p> <p>If staff member(s) are present for in-person training, training will be conducted by appropriate department head (Director of Culinary Services. Director of Environmental Services. ADON and DON. Director of Rehab. ADM for monitoring of Department Heads). To be completed by 8.15.24.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>If staff member(s) unavailable for in-person training, phone call will be performed as witnessed phone call with ADM and DON. Phone call dialogue will provide pre-test to employee, followed by in- service education, finishing with post-call test. To be completed by 8.15.24.</p> <p>If staff member(s) do not answer/return phone call, notification will be given to scheduling manager (ADON. Director of Culinary Services. Director of Environmental Services. Director of Rehab. ADM department head monitoring), to place hold on staff member shift availability until complete.</p> <p>Monitoring of understanding by clinical staff to be performed by DON. Monitoring to include daily review of 24-hr log with follow-up of employee to ensure notification appropriately made. Monitoring will also include educational pre/post-test to be administered by 8.15.24. Pre/Post Test with correlating policy will also be added to new-hire packet. ADM to monitor compliance of DON.</p> <p>Skin assessments, performed by ADON, and [NAME] President of Clinical Services, completed on every resident, to be completed by 8/15/24. Results to be submitted upon completion.</p> <p>Environmental sweep of hallways, resident rooms, and exterior perimeter performed by Director of Environmental Services, on 8/14/24 with no findings of pest(s). Director of Environmental Services will monitor pest control by daily review of pest binder. Pest Control scheduled twice per month with 3rd party source and PRN for sightings. ADM to monitor compliance of Director of Environmental Services.</p> <p>Summary of IJ and corrective action to be reviewed by QAPI committee weekly x4 weeks or until substantial compliance established and continue monthly for 90 days to ensure ongoing compliance.</p> <p>Monitoring of the Plan of Removal included:</p> <p>Interviews were conducted on 08/15/24 at 9:18 AM to 08/16/24 at 1:23 PM with 4 RN's, 10 LVN's, 4 MA's, 18 CNA's, 2 Dietary Cooks, 2 HSK's, the ADM, ADON, SW, Director of Environmental Services, Director of Rehab, and Director of Culinary Services, who worked multiple shifts, revealed that they had all been in-serviced on Conducting and Reporting Assessments, Providing Treatment and/or Care to Residents, Communicating with Nursing Supervisor, Administrative Team, Physician and Family, Reporting significant Changes in resident Condition, and Notification of Observed Pest(s). The staff were able to identify examples on who, when, and where to report Assessments, Changes in Condition and Pest(s) sightings. Interviewed staff were knowledgeable on protocols and who they needed to report too. The staff reported verifying their competencies via a pre and post quiz.</p> <p>An interview on 08/16/24 at 11:40 AM [NAME] President of Clinical Services stated that the ADM and DON were in-serviced on all in-service topics and [NAME] president of Clinical Services stated their competency was verified via quizzes. The [NAME] president of Clinical Services stated for the next 30 days [NAME] president of Clinical Services and DON would be monitoring, and stated if they identified any changes, they would contact the MD and family/POA immediately.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of in-services titled Conducting and Reporting Assessments, Providing Treatment and/or Care to Residents, Communicating with Nursing Supervisor, Administrative Team, Physician and Family, Reporting significant Changes in resident Condition, and Notification of Observed Pest(s), conducted by the ADM, DON, Director of Rehab, Director of Environmental services and the Director of Culinary services, reflected that all staff were educated on policy and procedures including assessments and notification to MD and Nurse Practitioners regarding change of condition. All Nursing staff were in-serviced and educated on policy and procedures regarding providing treatment and/or care to residents.</p> <p>The ADM and DON were informed the Immediate Jeopardy was removed on 08/16/24 at 1:35 PM. The facility remained out of compliance at a severity of No actual harm with a potential for more than minimal harm that is not immediate and a scope of isolated due to the facility still monitoring the effectiveness of their corrective systems.</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44021</p> <p>Based on interview and record review, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice for 1 of 4 residents (Resident #1) reviewed for quality of care.</p> <p>1) The facility nurses failed to assess, treat, or monitor ant bites and pain for Resident #21 or seek treatment instructions from the physician.</p> <p>An Immediate Jeopardy was (IJ) was identified on 08/14/24 at 5:53 PM while the IJ was removed on 08/16/24, the facility remained out of compliance at a severity of No actual harm with a potential for more than minimal harm that is not immediate and a scope of isolated due to the facility still monitoring the effectiveness of their Plan of Removal.</p> <p>This deficient practice could place residents at risks of not obtaining the care that was needed, which could lead to a worsening of their condition, hospitalization , or death.</p> <p>Findings Included:</p> <p>Record review of Resident #21's Face Sheet, dated 08/14/2024, revealed a [AGE] year-old female who initially admitted to the facility on [DATE]. Resident #21 had a diagnoses which included the following: Aphasia (cannot speak), Hemiplegia (paralyzed on one side) and Hemiparesis (weakness on one side of the body) following Cerebral Infarction (stroke) affecting Right Dominant side, Type 2 Diabetes Mellitus (to much sugar), and Cerebral Infarction due to Thrombosis (blood clots) of Unspecified Cerebral Artery. (Family member #1 was listed as the responsible party/POA.)</p> <p>Record review Resident #21's Quarterly MDS Assessment, dated 05/22/24, revealed the resident was rarely/never understood and was cognitively severely impaired. Resident #21 required total or extensive assistance for bed mobility, dressing, toilet use, and personal hygiene. Further review of Resident #21's MDS reflected that Resident #21 was always incontinent of urine and bowel.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/13/24 at 2:07 PM the ADON stated that there were no messages about Resident #21 moving rooms or being bitten by ants. The ADON stated that the facility used a phone messaging app to make sure that all nursing staff were informed of developments with residents and that information was passed. The ADON stated that if there was no evidence of any message being passed and that she had not been informed that it would have been up to RN II to contact the MD and the family of Resident #21. The ADON stated that she could find no evidence of an initial assessment, after treatment for ant bites notification of any room movements, notifications or new orders from the MD or skin assessments. The ADON stated she was not on the schedule on 07/13/24 and that the facility did not have a DON from 07/07/24 to 07/22/24.</p> <p>Record review of the facility pest sighting log of the last 6 months revealed that ants were sighted in Resident #21's room on 07/15/24 and treated by the pest control on 07/25/24.</p> <p>Record review of the facility's Incident Accident log dated 06/01/24 to 08/12/24 revealed that there were no incidents listed regarding any resident being bitten by ants or having to move rooms.</p> <p>Record review of Resident #21's progress notes from 06/01/24 to 08/12/24 revealed that there were no notes regarding Resident #21 having been bit by ants or having been discovered with ants on Resident #21's body. No notes were discovered that indicated that Resident #21's MD or Resident #21's family members had been notified that Resident #21 had been bitten by ants or that Resident #21 had received any post treatment for ant bites or pain resulting from ant bites.</p> <p>In an interview on 08/14/24 at 9:57 AM the ADM stated she had never been told that Resident #21 had been bitten by ants until the investigator informed her on 08/13/24. The ADM stated that Resident #21's family member had spoken to her on 07/14/24 about Resident #21 being moved to another room but that Resident #21's family member had not mentioned ants or ant bites.</p> <p>In an interview on 08/14/24 at 10:03 AM the DON stated she had started employment at the facility on 07/22/24 and she had not known about Resident #21 being bitten by ants, but that it should have been reported to head nursing staff so that Resident #21 could have been properly assessed and treated for ant bites; the MD should have been notified and the family should have been notified and they had not been informed. The DON stated that there could have been medical complications or undue pain caused to Resident #21 by not being properly treated for ant bites.</p> <p>In an interview on 08/14/24 at 11:33 AM the MD stated he had been unaware that Resident #21 had suffered ant bites or had moved rooms. The MD stated that he could find no evidence that Resident #21 had been issued any new orders for topical ointments for ant bites or evidence of any assessment or post assessments of Resident #21 related to ant bites. The MD stated that it was important he be informed about the ant bites on Resident #21 because of the risk of complications depending on Resident #21's morbidities and that Resident #21 may have missed care that Resident #21 might have needed.</p> <p>In an interview on 08/14/2024 at 2:32 PM Resident #21 was observed supine. Resident #21 indicated through hand gestures that she was fine. Resident #21 indicated through nodding her head that she had been bitten by ants on her right arm and indicated through nodding her head that the ant bites had caused her pain.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Le Reve Rehabilitation & Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3309 Dildo Road Dallas, TX 75228	
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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/14/24 at 4:25 PM the Director of Environmental Services stated that Pest control came to the facility twice a month and could be called in for extra visits. Director of Environmental services stated she did external rounds of the building to direct pest control services to active ant mounds near the building and that all staff were directed to note any insects in the facility in the pest sighting log. The Director of Environmental services stated that there had been no reports made that any residents had been bitten by ants and that staff cleaned rooms every day to make sure that pests like ants were not attracted to resident rooms.</p> <p>A record review of the facility's policy titled Change of Condition and Physician/Family Notification, dated January 2023, reflected Purpose: To ensure that resident's family and/or legal representative and physician are notified of resident changes that fall under the following categories: . A significant change in resident's physical, mental, or psychosocial status. (See below for examples). A need to significantly alter treatment. Transfer of the resident from the facility. Procedures: When any of the above situations exist, the licensed nurse will contact the resident's family and their physician . Each attempt will be charged as to time the call was made, who was spoken to, and what information was given to the physician . Prior to notifying the physician or health care provider, the nurse will make detailed observations and gather relevant and pertinent information to the provider, including (for example information prompted by the Situation, Background, Assessment Recommendation Communication Form .</p> <p>A record review of the facility's policy titled Requesting, Refusing and/or Discontinuing Care or Treatment, dated May 2017, reflected .Treatment is defined as services provided for purposes of maintaining/restoring health, improving functional level, or relieving symptoms .</p> <p>This failure resulted in an identification of an Immediate Jeopardy on 08/14/2024 at 5:53 PM. The Administrator was informed and provided the IJ template on 08/14/2024 at 5:55 PM and a Plan of Removal (POR) was requested.</p> <p>The Plan of Removal reflected:</p> <p>Per the information provided in the IJ template given on 8/14/24, the facility failed to take proper action in notification of resident change of condition. Facility failed to further notify executive administration, and/or resident family member. Per template, on 07/13/24, the CNA discovered ants on a resident with noticeable welts on the resident right arm. The CNA notified the charge nurse, who advised to bathe and relocate the resident to different room. The charge nurse failed to take further action in obtaining orders for medical treatment, and notification of a resident change to the physician, administration, and family.</p> <p>The MD, was notified of IJ on 8/14/24 at 06:00p.m.</p> <p>The DON and ADON initiated an in-service with nursing staff (CNA, CMA, LVN, RN) 8/14/24 on identifying when to conduct assessment on residents and where to document assessments. This in-service will be completed by 8.15.24.</p> <p>The DON and ADON initiated an in-service with nursing staff (CNA, CMA, LVN, RN) on 8/14/24 regarding when to provide treatment and/or care to residents. This in-service will be completed by 8.15.24.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The DON and ADON initiated in-service with nursing staff on 8/14/24 (CNA, CMA, LVN, RN) regarding when to communicate with nursing supervisor, administrative team, physician, and family. This in-service will be completed by 8.15.24. This in-service will be completed by 8.15.24.</p> <p>The ADON initiated in-service when nursing staff (CNA, CMA, LVN, RN) on 8/14/24 regarding when to report significant changes in resident's condition. This in-service will be completed by 8.15.24.</p> <p>In-service initiated with all staff (Facility Wide) on 8/14/24 regarding notification of observed pest(s) by the ADON or ADM. This in-service will be completed by 8.15.24.</p> <p>Each department to provide in-services to every employee, prior to working next assigned shift. To be completed by 8.15.24.</p> <p>If staff member(s) are present for in-person training, training will be conducted by appropriate department head (The Director of Culinary Services. The Director of Environmental Services. The ADON and DON. The Director of Rehab. The ADM for monitoring of Department Heads). To be completed by 8.15.24.</p> <p>If staff member(s) are unavailable for in-person training, phone call will be performed as witnessed phone call with the ADM and DON. Phone call dialogue will provide a pre-test to employee, followed by in- service education, finishing with a post-call test. To be completed by 8.15.24.</p> <p>If staff member(s) do not answer/return phone call, notification will be given to scheduling manager (The ADON. The Director of Culinary Services. The Director of Environmental Services. The Director of Rehab. The ADM department head monitoring), to place hold on staff member shift availability until complete.</p> <p>Monitoring of understanding by clinical staff to be performed by the DON. Monitoring to include daily review of the 24-hr log with follow-up of the employee to ensure notification appropriately made. Monitoring will also include educational pre/post-test to be administered by 8.15.24. Pre/Post Tests with correlating policy will also be added to new-hire packet. The ADM to monitor compliance of DON.</p> <p>Skin assessments performed by the ADON, and [NAME] President of Clinical Services, completed on every resident, to be completed by 8/15/24. Results to be submitted upon completion.</p> <p>Environmental sweep of hallways, resident rooms, and exterior perimeter performed by the Director of Environmental Services, on 8/14/24 with no findings of pest(s). The Director of Environmental Services will monitor pest control by daily review of pest binder. Pest Control scheduled twice per month with 3rd party source and PRN for sightings. The ADM to monitor compliance of Director of Environmental Services.</p> <p>Summary of the IJ and corrective action to be reviewed by QAPI committee weekly x4 weeks or until substantial compliance established and continue monthly for 90 days to ensure ongoing compliance.</p> <p>Monitoring of the Plan of Removal included:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of in-services dated 8/14/2024, titled Conducting and Reporting Assessments, Providing Treatment and/or Care to Residents, Communicating with Nursing Supervisor, Administrative Team, Physician and Family, Reporting significant Changes in resident Condition, and Notification of Observed Pest(s), conducted by the ADM, DON, Director of Rehab, Director of Environmental services and the Director of Culinary services, reflected that all staff were educated on policy and procedures including assessments and notification to MD and Nurse Practitioners regarding change of condition. All Nursing staff were in-serviced and educated on policy and procedures regarding providing treatment and/or care to residents.</p> <p>Interviews were conducted on 08/15/24 at 9:18 AM to 08/16/24 at 1:23 PM with 4 RNs , 10 LVNs, 4 MAs, 18 CNAs, 2 Dietary Cooks, 2 HSKs, the ADM, ADON, SW, Director of Environmental Services, Director of Rehab, and Director of Culinary Services, who worked multiple shifts, revealed that they had all been in-serviced on Conducting and Reporting Assessments, Providing Treatment and/or Care to Residents, Communicating with Nursing Supervisor, Administrative Team, Physician and Family, Reporting significant Changes in resident Condition, and Notification of Observed Pest(s). The staff were able to identify examples on who, when, and where to report Assessments, Changes in Condition and Pest(s) sightings. Interviewed staff were knowledgeable on protocols and who they needed to report too. The staff reported verifying their competencies via a pre and post quiz.</p> <p>In an interview on 08/16/24 at 11:40 AM the [NAME] President of Clinical Services stated that the ADM and DON were in-serviced on all in-service topics and they stated their competency was verified via quizzes. The [NAME] president of Clinical Services stated for the next 30 days they and the DON would be monitoring, and stated if they identified any changes, they would contact the MD and family/POA immediately.</p> <p>The ADM and DON were informed the Immediate Jeopardy was removed on 08/16/24 at 1:35 PM. The facility remained out of compliance at a severity of No actual harm with a potential for more than minimal harm that is not immediate and a scope of isolated due to the facility still monitoring the effectiveness of their corrective systems.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44021</p> <p>Based on interviews, and record review the facility failed to maintain an effective pest control program so that the facility was free of pests for 1 (Resident #21) of 5 Residents reviewed for pest infestations.</p> <p>The facility failed to ensure the facility was free from ants.</p> <p>These failures could place residents at risk for insect borne illness, not having a home free of pests and a comfortable environment in which to live.</p> <p>Findings included :</p> <p>Record review of Resident #21's Face Sheet, dated 08/14/2024, revealed a [AGE] year-old female who initially admitted to the facility on [DATE]. Resident #21 had a diagnoses which included the following: Aphasia (cannot speak), Hemiplegia (paralyzed on one side) and Hemiparesis (weakness on one side of the body) following Cerebral Infarction (Stroke) affecting Right Dominant side, Type 2 Diabetes Mellitus (Too much sugar), and Cerebral Infarction due to Thrombosis (blood clots) of Unspecified Cerebral Artery. (Family member was listed as the Resident Representative and Durable power of Attorney)</p> <p>Record review Resident #21's Quarterly MDS, dated [DATE], revealed the resident was rarely/never understood and was cognitively severely impaired. Resident #21 required total or extensive assistance for bed mobility, dressing, toilet use, and personal hygiene. Further review of Resident #21's MDS reflected that Resident #21 was always incontinent of urine and bowel.</p> <p>Record review of Resident #21's Care Plan initiated on 02/22/2022 reflected Resident #21 had an Activities of Daily Living self-care deficit, and the interventions included that Resident #21 required limited-extensive assist to turn and reposition in bed and as necessary. Resident #21 required supervision to eat. Resident #21 required 2 staff for personal hygiene and oral care. The Care Plan reflected Resident #21 had impaired cognitive function/dementia or impaired thought processes with interventions that included communicating with family family/caregivers regarding her capabilities and needs and to monitor/document/report PRN any changes in cognitive function, specifically changes in: decision making ability, memory, level of consciousness, mental status. The Care Plan reflected that Resident #21 had a communication problem related to Cerebral Vascular Accident. Resident #21 was Aphasic (inability to communicate). Resident #21 smiles when approached and could head/nod to yes and no questions and the interventions included encouraging Resident #21 to continue stating thoughts even if resident is having difficulty and to monitor/document/report as needed any changes in ability to communicate, potential contributing factors for communication problems. The Care Plan reflected that Resident #21 had Diabetes Mellitus and was taking medications per Medical Doctors orders, with interventions that included checking all of body for breaks in skin and treat promptly as ordered by doctor. The Care Plan reflected that Resident #21 had hemiplegia/hemiparesis (paralyzation of one side of the body), with interventions that included discuss with Resident #21's family/caregivers any concerns, fears, issues regarding diagnosis or treatments.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 08/12/24 at 1:23 PM a family member (the Resident Representative and Durable power of Attorney) of Resident #21 stated that the family member had visited Resident #21 on 07/14/24 only to discover that Resident #21 was not in their regular room. The family member was told by CNA R that Resident #21 had been moved to another room because ants and ant bites that had been discovered on Resident #21. The family member stated that they had never been notified of the ants or the room move until the family member had asked about it. Resident #21's family member stated that this was the fourth time that Resident #21 has had a problem with ants. She stated that Resident #21 did eat snacks and meals in bed and that her bed was closest to the window in the room.</p> <p>In an interview on 08/12/24 at 1:56 PM CNA R stated that Resident #21 was non-verbal, and that she had worked with Resident #21 for a long time and was familiar with how to communicate with Resident #21 with yes/no questions and pointing, and that while delivering Resident #21's breakfast tray, Resident #21 indicated that she had pain in her right arm. CNA R stated that she reported to RN ii that Resident #21 had indicated pain in Resident #21's right arm in the anterior area of the elbow around 7:40AM on 07/13/24 and continued with her morning duties. CNA R stated that when she returned to Resident #21's room around 8:20 AM, she was unsure if RN ii had assessed Resident #21 yet. CNA R stated that she had discovered ants on Resident #21 on the morning of 7/13/24 around 8:20 AM, while getting Resident #21 ready for a bed bath. CNA R stated that there had been between 20 to 30 small black ants in the crook of Resident #21's arm. CNA R stated that she immediately reacted and used the gathered bed bath supplies to immediately wipe off Resident #21's arm. CNA R stated that the area on Resident #21's arm where the ants had been present had been [NAME] and red. CNA R stated that she then informed RN ii about the ants and then took Resident #21 to a shower where she made sure there were no more ants on Resident #21. CNA R stated that Resident #21 was then temporarily moved to another room from the 100 hall to the 300 hall. CNA R stated that the welts on Resident #21's arm were much less noticeable after the shower and move. CNA R stated that housekeeping had cleaned out Resident #21's room and that Resident #21 had been moved back to Resident #21's original room on 07/16/24 on the 100 hall from the temporary room on the 300 hall.</p> <p>Record review of the facility's pest sighting log over the last six months revealed that ants had been sighted and reported in the facility on 06/25/24 on the 100 hall and the 200 hall, and both instances were treated on 06/26/24. Ants were sighted and reported on 06/28/24 on the 100 hall and again on 07/15/24 in Resident #21's room on the 100 hall, both areas were treated by pest control services on 07/25/24.</p> <p>In an interview on 08/13/24 at 2:07 PM the ADON stated that the shehad heard about ants being in the facility sometime in the past and the procedure for ants was to assess the body for bites, or if anything was going on, staff clean then off and then send off resident's clothes for cleaning , clean the room and notify the exterminator.</p> <p>In an interview on 08/14/24 at 4:25 PM the Director of Environmental Services stated that pest control came to the facility twice a month and pest control could be called in for extra visits. The Director of Environmental services stated she did external rounds of the building to direct pest control services to active ant mounds near the building and that all staff are directed to note any insects in the facility in the pest sighting log. The Director of Environmental Services stated that there had been no reports made that any residents had been bitten by ants and that staff clean rooms every day to make sure that pests like ants are not attracted to resident rooms.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 08/15/24 at 12:16 CNA ff stated she had been at the facility for 2 years. CNA ff stated staff should report ants on a resident to the nurse any time they see them, and the DON. CNA ff stated the pest sighting log was behind the receptionist desk, it was important to report sightings because residents could have been allergic to pest bites . She stated that she had not seen any ants in the facility for many months.</p> <p>In an interview on 08/15/24 at 12:20 PM CNA G stated that staff should get the ants off of a resident immediately and possibly move the resident away from where the ants were and immediately tell the nurse. CNA G stated the resident should then be showered. CNA G stated that the pest control log was near the receptionist desk and that pests need to be logged to alert the pest control where to spray. CNA G stated that it was important to keep residents from getting bit because bites could be painful and possibly have resulted in harm to the residents. CNA G stated staff should notify the nurse if staff see any type of insects inside of the facility. She stated that she had not seen any ants or any other pests inside of he facility in the last few months.</p> <p>In an interview on 08/15/24 at 12:53 PM the Director of Environmental Services stated that she should walk around the entire facility 1-2 times per week and look for ant mounds. The Director of Environmental services stated she will be checking every day for ant mounds and report sightings in the pest sighting log.</p> <p>Record review of an undated facility policy and procedure titled Pest Control reflected Purpose: to provide an environment free of pests. Policy: 1. The facility will have pest control that provides frequent treatment of the environment for pests. It will allow for periodic treatment when a problem is detected. There will be emphasis on the pest control in the kitchens, cafeterias, laundries, loading docks, construction activities and other areas prone to infestation. Monitoring of the environment will be done by the facility's staff. Pest control problems will be reported promptly. Screens will be maintained in all windows that open to the outside.</p>