

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>95039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MENORAH HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9945 CENTRAL PARK BLVD N BOCA RATON, FL 33428</b>
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N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Relicensure and Complaint survey, complaint number 2025003509 was conducted on _____ through _____ at Menorah House. The facility had deficiencies at the time of the survey.</p>	N 000		
N 072 SS=D	<p>59A-4.109(2), FAC; Comprehensive Care Plans</p> <p>59A-4.109 FAC</p> <p>(2) The nursing home licensee develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and social well-being. The care plan must be completed within 7 days after completion of the resident assessment.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to initiate an activities care plan for 1 of 1 sampled resident reviewed for activities (Resident #12) and failed to initiate a care plan for 1 of 2 sampled residents reviewed for _____ (Resident #39).</p> <p>The findings included:</p> <p>Review of the facility's policy untitled, undated, provided by the Director of Nursing, documented "Resident Activities policy and procedure ensures resident's rights to participate in activities to promote well-being and engagement ...Individualized care planning ...develop a comprehensive activity plan that includes a</p>	N 072	<p><b>N072 COMPREHENSIVE CARE PLANS</b></p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>1) In the allegation of Resident #12, not having an activities care plan or documentation of activities participation. The Activities Director will be in-serviced about activities care-plans and documentation for activities participation.</p> <p>2) In the allegation of Resident #39, not having a care plan for right heal or right _____, and no care plan for Enhanced Barrier Precautions. Missing Enhanced Barrier Precautions signage on the door,</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Electronically Signed /25

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N 072	<p>Continued From page 1</p> <p>variety of activities, schedules and staff responsibilities ...".</p> <p>1) Review of Resident #12's clinical record documented an initial admission to the facility on and readmission . The resident's diagnoses included . Left Nuclear . Left Ankle, Age-Related Affecting Left Nondominant Side, . and</p> <p>Review of Resident #12's Minimum Data Set (MDS) quarterly assessment dated documented a Brief Interview of the Mental Status ( ) score of 15, indicating that the resident had no cognition . The assessment documented under "Functional Abilities and Goals" that the resident needed /total assistance from the staff to complete the activities of daily living, does have upper extremities and uses a wheelchair.</p> <p>Review of Resident #12's MDS Annual assessment dated documented a of 15, indicating that the resident have no . The Activities section of the assessment documented the following:</p> <p>*How important is it to you to have books, newspapers and magazines to read? Somewhat important. *How important is it to you to listen to music you like? Not very important. *How important is it to you to do things with groups of people? Not important at all. *How important is it to you to do your favorites activities? Somewhat important. *How important is it to you to go outside to get</p>	N 072	<p>missing isolation cart near the resident's door. Nursing staff will be in-serviced about care and Enhanced Barrier Precautions care plans and protocols.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <ul style="list-style-type: none"> <li>o Activities Director will be in-serviced about activities care-plans and documentation for activities participation.</li> <li>o Nursing staff will be in-serviced about care and Enhanced Barrier Precautions care plans and protocols.</li> </ul> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p>	

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N 072	<p>Continued From page 2</p> <p>fresh air when the weather is good? Very important. *How important is it to you to participate in religious services or practices? Very important.</p> <p>Resident #12's clinical record lacked written evidence of an activities care plan developed.</p> <p>On at 1:03 PM, an interview was conducted with Resident #12 who stated she felt lonely in her room, could not remember short or long-term things. The resident stated she used to have a workbook, but it was lost when she was moved from another room and the facility staff couldn't find it. Resident #12 was asked if someone from activities comes to her room to do any type of activity and stated, "No". The resident was asked if she would like to do some in-room activities and stated, "Yes".</p> <p>On at 11:42 AM, an interview was conducted with the Activities Director (AD) who stated she has been working at the facility since . The AD was asked about Resident #12's Activities care plan and stated she did a care plan on . A side-by-side review with the AD of Resident # 12's IDT (Interdisciplinary Team) Care Conference Summary dated . The AD stated that it was the activities care plan.</p> <p>On at 12:20 PM, a side-by-side review of Resident # 12's active/current care plans was conducted with Staff N, MDS Coordinator and MDS Lead. They were asked for Resident #12's activities care plan, Staff N stated he did not see one. The MDS Lead stated the activities department was supposed to create an activities care plan. Staff N stated the Activities Department staff should have completed the care plan. The MDS Lead stated when they meet for care plan</p>	N 072	<p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>	

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N 072	<p>Continued From page 3</p> <p>conferences, the IDT goes over the care plan and updates or creates a care plan.</p> <p>On                    at 3:45 PM, during an interview, the Director of Nursing and the Administrator were apprised of Resident #12's lack of a written care plan and the lack of documentation of activities provided. The Administrator acknowledged that if it is not documented, it was not done.</p> <p>2) Record review for Resident #39 revealed the resident was originally admitted to the facility on                    and a most recent readmission on                    , with diagnoses that included in part,                    and                    Status. The Minimum Data Set assessment dated                    documented in Section C, a Brief Interview of Mental Status score of 14, indicating a                    response.</p> <p>Review of the Physician's Orders for Resident #39 revealed an order dated                    as cleanse Right Heel                    with normal                    dry, apply                    , cover with gauze, and wrap with Kerlix every day shift for                    .</p> <p>Review of the Physician's Orders for Resident #39 revealed an order dated                    for cleanse to Right                    with normal                    dry, apply                    , cover with dry protective every day shift for                    .</p> <p>Review of the Physician's Orders for Resident #39 revealed an order dated                    for Enhanced Barrier Precautions for                    care.</p> <p>Review of the Care Plans for Resident #39 revealed no care plan for the right heel or right                    , and no care plan for Enhanced Barrier Precautions.</p>	N 072		

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N 072	<p>Continued From page 4</p> <p>On _____ at 8:55 AM, an observation was made of an already in-progress _____ care, being provided for Resident #39, performed by Staff J, a _____ Care Licensed Practical Nurse, who was assisted by Staff I, a Certified Nursing Assistant (CNA). There were no Enhanced Barrier Precautions sign on the resident's door, and no isolation cart near the resident's door.</p> <p>An interview was conducted on _____ at 12:50 PM with Staff N, MDS Coordinator, who stated he has been in his position for just under one year. When asked if he is responsible for creating care plans for the residents, he said yes, if they are nursing care plans. When asked when he would enter the care plan for a resident with a _____, he stated it would be the same day or the next day. When asked about Resident #39 he acknowledged there was no care plan for the right _____ and right heel _____ that was identified on _____. Additionally, he acknowledged there was no care plan for Enhanced Barrier Precautions for Resident #39.</p> <p>An interview was conducted on _____ at 1:15 PM with Staff J _____ Care Licensed Practical Nurse who stated she has been with the facility for almost 1 year. When asked if she creates a care plan or enters orders for Enhanced Barrier Precautions when she enters an order for a new _____, she said no. She stated the MDS department will review her notes and create a care plan and the _____ Preventionist will review her notes and enter an order for Enhanced Barrier Precautions.</p> <p>Class III</p>	N 072		
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N 092 N 092 SS=D	Continued From page 5  59A-4.112(3), FAC Controlled Drugs - Records  (3) The consultant pharmacist must establish a system to accurately record the receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation.  This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to provide pharmaceutical services including procedures that assure the accurate dispensing and administering of all drugs and ensure a system of records of administering all controlled drugs in sufficient detail to enable an accurate reconciliation and that drug records are in order and an account of all controlled drugs is maintained for 3 of 8 sampled residents reviewed for controlled drugs (Resident #487, #28, and 82).  The findings included:  1) Record review for Resident #487 revealed the resident was admitted to the facility on _____ with most recent readmission on _____ with diagnosis that included in part the following: _____ and _____ Essential (Primary) _____ . The Minimum Data Set (MDS) assessment dated _____ documented in Section C a Brief Interview of Mental Status ( _____ ) could not be completed due to the resident is rarely/never understood.  Review of the Physician's Orders for Resident #487 revealed an order dated _____ for _____ Oral Tablet 5 MG ( _____ ) give 1 tablet by _____ every 4 hours as needed for Agitation for 14 Days.  Review of the Medication Monitoring/Control Record for Resident #487 _____ 5mg	N 092  N 092	N092 FAC CONTROLLED DRUGS - RECORDS  1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice: 1) In the allegation of Resident #487, the resident's medication was shown as signed out, but no documentation that it had been administered to the resident. Nursing staff will be in-serviced to sign out medication and to also document the administration of the medication. 2) In the allegation of Resident #28, the resident's medication was shown as signed out, but no documentation that it had been administered to the resident. Nursing staff will be in-serviced to sign out medication and to also document the administration of the medication. 3) In the allegation of Resident #82, the resident's Medication was not signed out but was documented as administered. Nursing staff will be in-serviced to sign out medication and to also document the administration of the medication.  2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:	

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N 092	<p>Continued From page 6</p> <p>documented at 2:29 PM the medication was removed from the med cart.</p> <p>Review of the Medication Administration Record (MAR) for Resident #487 for the month of revealed no documentation of ( ) 5mg being administered.</p> <p>In summary the ( ) 5mg for Resident #487 was signed on the Medication Monitoring/Control Record as removed from the med cart, but not documented as being administered on the resident's Medication Administration Record.</p> <p>2) Record review for Resident #28 revealed the resident was admitted to the facility on with diagnoses that included in part the following: Displaced of Right . Subsequent Encounter for Closed with Routine Healing. The MDS assessment dated documented in Section C, a ( ) score of 13, indicating a response.</p> <p>Review of the Physician's Orders for Resident #28 revealed an order dated for Capsule 5mg give 1 capsule by every 6 hours, as needed for moderate to severe .</p> <p>Review of the Medication Monitoring/Control Record for Resident #28 5mg documented on at 4:57 PM the medication was removed from the med cart.</p> <p>Review of the MAR for Resident #28 for the month of revealed no documentation of 5mg being</p>	N 092	<p>All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <p>Nursing staff will be in-serviced to sign out medication and to also document the administration of the medication.</p> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p>	

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N 092	<p>Continued From page 7</p> <p>administered.</p> <p>In summary the _____ 5mg for Resident #28 was signed on the Medication Monitoring/Control Record as removed from the cart but not documented as being administered on the resident's Medication Administration Record.</p> <p>3) Record review for Resident #82 revealed the resident was admitted on _____ with diagnoses that included in part the following: _____ and Mild with Agitation. The MDS dated _____ Documented in Section C, a _____ was not performed due to the resident is rarely/never understood.</p> <p>Review of the Physician's Orders for Resident #82 revealed an order dated _____ for _____ Tablet 50 mg give 1 tablet by _____ every 8 hours as needed for moderate and severe _____.</p> <p>Review of the Medication Monitoring/Control Record for Resident #82 for _____ 50mg revealed no documentation of the med being signed out as removed from the med cart.</p> <p>Review of the Medication Administration Record for Resident #82 documented the 50mg was administered on _____ at 12:00 AM and the Medication.</p> <p>In summary the _____ 50 mg for Resident #82 was documented as administered but not signed out on the Medication Monitoring/Control Record as removed from the med cart.</p> <p>During an interview conducted on _____ at _____</p>	N 092	Corrective action completion date:	
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N 092	Continued From page 8  12:45 PM with the DON (Director of Nursing) who was asked who completes the monitoring or auditing of the medication reconciliation of controlled substances, she stated the Unit Managers does.  During an interview conducted on _____ at 1:05 PM with Staff G -Licensed Practical Nurse Unit Manager who said she does the audit of the controlled medication by checking the Medication Monitoring/Control Record to make sure all entries have a signature, and it matches the residents Medication Administration Record . She is supposed to do this once a week, but she does it usually three times a week.  Class III	N 092		
N 110 SS=D	400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike  400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.  59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible  This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a safe, clean, comfortable and homelike environment for 9 of 64 rooms.	N 110	N110 PHYSICAL ENVIRONMENT – SAFE, CLEAN, HOMELIKE  1. What corrective action(s) will be	

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N 110	Continued From page 9  The findings included:  1). On _____ at 11:01 AM, an observation of _____ revealed the flooring and wall behind the resident's bed were stained and the baseboard was in disrepair.  2). On _____ at 11:15 AM, an interview was conducted with Resident #16 who stated her privacy curtains needed to be washed. Observation revealed the residents' privacy curtain was stained. Further observation revealed the flooring was stained and the baseboard behind the bed was in disrepair.  3). On _____ at 11:20 AM, an observation revealed the bathroom light of _____ was dim and blinking. The baseboard behind the resident's bed was in disrepair.  4). On _____ at 8:35 AM, an observation and interview with Resident #27 revealed her privacy curtain did not cover the window area. The resident further added that the curtain had been like that since she was moved to the room (Photographic evidence obtained).  5). On _____ at 12:12 PM, observation revealed _____'s wall outside the room door was in disrepair. Further observation inside of the room revealed the resident's dresser drawer with a broken piece of wood and a TV connected to a power strip.  6). On _____ at 11:40 AM, observation revealed _____'s baseboard behind the resident's bed and nightstand was in disrepair and the flooring was stained.  On _____ at 4:15 PM, an environmental tour	N 110	accomplished for those residents found to have been affected by the practice: 1) In the allegation of _____, flooring, wall and baseboard behind residents bed where stained and in disrepair. Maintenance/Housekeeping staff will fix, and or clean flooring, wall and baseboard behind resident's bed. 2) In the allegation of _____, privacy curtain stained, floor stained and baseboard in disrepair. Maintenance/Housekeeping staff will change privacy curtain, fix, and or clean flooring, wall and baseboard behind resident's bed. 3) In the allegation of _____, Bathroom light dim and blinking and baseboard behind resident's bed in disrepair. Maintenance/Housekeeping staff will change or fix the bathroom light, and or clean/fix baseboard behind resident's bed. 4) In the allegation of _____, privacy curtain does not cover window area. Maintenance staff will fix or replace privacy curtain to ensure it cover the window area. 5) In the allegation of _____, wall outside of room in disrepair, broken dresser drawer, power strip for the TV. Maintenance staff will repair the wall outside of the room, they will fix or place the dresser drawer, and they will remove the power strip from the TV. 6) In the allegation of _____, baseboard in disrepair and floor stained behind residents nightstand and bed. Maintenance/Housekeeping staff will fix, and or clean flooring, and baseboard behind resident's bed and nightstand.	

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N 110	<p>Continued From page 10</p> <p>was conducted with the Environmental Services Representative and the Housekeeping Director. The tour revealed the following:</p> <p>7). revealed a strong -like odor in the bathroom. The room baseboards were blackened in various sections. The bathroom wall near the door was soft and the plaster was not smooth.</p> <p>8). revealed a strong -like odor.</p> <p>The Environmental Services Representative stated all of the room baseboards were previously painted over and added that the baseboard material is plastic and when they clean and buff the floor, the paint comes off. The Environmental Services Representative stated they have a plan to change all room baseboards and flooring and are awaiting on a tile delivery.</p> <p>Upon interview on at 4:35 PM, during the tour, the Environmental Services Representative acknowledged the environmental concerns that were identified on and</p> <p>Class III</p>	N 110	<p>7) In the allegation , strong -like odor in bathroom, room baseboards blackened, bathroom wall near the door soft and plaster not smooth. Maintenance/Housekeeping staff will clean the bathroom to remove the -like odor, baseboards will be repaired or replace, and the wall will be repaired and smoothed out.</p> <p>8) In the allegation of , strong -like odor. Housekeeping will scrub and clean rooms to remove -like odor.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <p>o , Maintenance/Housekeeping staff will fix, and or clean flooring, wall and baseboard behind resident's bed.</p> <p>o , Maintenance/Housekeeping staff will change privacy curtain, fix, and or clean flooring, wall and baseboard behind resident's bed.</p> <p>o ,</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>MENORAH HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9945 CENTRAL PARK BLVD N BOCA RATON, FL. 33428</b>		
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N 110	Continued From page 11	N 110	<p>Maintenance/Housekeeping staff will change or fix the bathroom light, and or clean/fix baseboard behind resident's bed.</p> <ul style="list-style-type: none"> <li>o Maintenance staff will fix or replace privacy curtain to ensure it covers the window area.</li> <li>o Maintenance staff will repair the wall outside of the room, they will fix or place the dresser drawer, and they will remove the power strip from the TV.</li> <li>o Maintenance/Housekeeping staff will fix, and or clean flooring, and baseboard behind resident's bed and nightstand.</li> <li>o Maintenance/Housekeeping staff will clean the bathroom to remove the -like odor, baseboards will be repaired or replaced, and the wall will be repaired and smoothed out.</li> <li>o Housekeeping will scrub and clean rooms to remove -like odor.</li> </ul> <p>Random QA audits will be conducted by the Director of Maintenance or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Maintenance or a qualified</p>	

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N 110	Continued From page 12	N 110	Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.  Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Maintenance or a qualified Designee for a period of three months and until substantial compliance is met.  Corrective action completion date:	
N 201 SS=D	400.022(1)(l), FS Right to Adequate and Appropriate Health Care  (l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.  This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to provide assistance during dining for 2 of 2 sampled residents reviewed for Activities of Daily Living (ADL) for Resident #1 and Resident #276; the facility failed to provide an ongoing activities program to support resident's preferences for 1 of 1 sampled resident for Activities (Resident #12); the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice for 3 out of 31 sampled residents including a Pleur-X (a type of tube) being	N 201	N201 FS RIGHT TO ADEQUATE AND APPROPRIATE HEALTH CARE  1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice: 1) In the allegation of Resident #1, having multiple meals where trays were not set up for the resident to eat. The resident ate minimal at all the observed meals. Nursing staff will be in-serviced to ensure ADLs are followed for mealtimes	

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N 201	<p>Continued From page 13</p> <p>drained as ordered (Resident #73) medications being administered in a timely manner as ordered (Residents #73 and #481); and failure to ensure a resident had an Abduction Pillow in place, as ordered by the physician (Resident #46); the facility failed to initiate _____ in a timely manner for 1 of 2 sampled residents reviewed for _____ (Resident #475) and failed to follow physician's orders for _____ for 2 of 2 sampled residents reviewed for _____ (Residents #475 and Resident #109).</p> <p>The findings included:</p> <p>Based on observations, interviews, and record review, the facility failed to provide assistance during dining for 2 of 2 sampled residents reviewed for Activities of Daily Living (ADL) (Resident #1 and Resident #276).</p> <p>The findings included:</p> <p>A review of the facility policy titled "Activities of Daily Living Policy" (undated), documented the following: Identify the specific needs and goals of each Resident, considering their individual preferences and abilities. Provide assistance with feeding as needed and ensure proper nutrition and hydration.</p> <p>1) A chart review revealed Resident #1 was admitted to the facility on _____ with diagnoses of _____ and _____. The Minimum Data Set (MDS) assessment dated _____ revealed Resident #1 is severely _____. Under section GG for eating, Resident #1 was coded as partial to _____ during dining. This means the helper does less than half the effort. The helper lifts, holds, or supports trunks or _____ but provides _____</p>	N 201	<p>for residents that need assistance, i.e. set up, assistance or encouragement with eating.</p> <p>2) In the allegation of Resident #275, needing help and encouragement during meals. Nursing staff will be in-service to ensure ADLs are followed for meal times for residents that need assistance, i.e. set up, assistance or encouragement with eating.</p> <p>3) In the allegation of resident #12, and 1 on 1 activities in room visits not being documented. The Activities Director will be in-serviced about activities 1 on 1 room visits and proper documentation of the visits.</p> <p>4) In the allegation of Resident #73, and the Pleur-X not being drained on it's schedule. And not following medication administration times of an hour prior or an hour post scheduled administration times. The Nursing staff will be in-serviced to follow doctors' orders regarding the drainage times of the Pleur-X. The Nursing staff will be in-serviced to follow Doctor's orders and medication administration times.</p> <p>5) In the allegation of Resident #481, having not received multiple medication at their prescribed times. Nursing staff will be in-serviced to follow Doctor's orders and medication administration times.</p> <p>6) In the allegation of Resident #46, and the resident's abduction pillow not being used. Nursing staff will be in-serviced to follow Doctor's orders and the use of assistive devices.</p> <p>7) In the allegation of Resident #475, and the facility not receiving an order for _____ for almost 20 hours. Nursing staff</p>		

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N 201	<p>Continued From page 14</p> <p>less than half the effort.</p> <p>In an observation conducted on _____ at 12:48 PM, the lunch tray came into Resident #1's room. The tray was noted with corn beef, parslied potatoes, buttered cabbage, Jello cubes, and a dinner roll. Continued observation at 12:55 PM revealed the tray was still untouched. At 1:02 PM, the tray was barely touched, with only a few bites from the buttered cabbage and no staff in the room. At 1:03 PM, Staff K, a Certified Nursing Assistant (CNA), took the lunch tray out of the room.</p> <p>In an observation conducted on _____ at 5:32 PM, Resident #1 received her dinner tray, and no staff were noted in the room to assist the Resident with her dinner. At 5:45 PM, no staff were noted in the room to assist. Continued observation at 5:53 PM revealed Resident #1 ate about 10% of her dinner meal, with no staff in the room to assist. The dinner tray was noted with the following: Baked macaroni and cheese, stewed tomatoes, a brownie, a slice of bread, and a carton of milk. The carton of milk was noted unopened, and the brownie and slice of bread were still wrapped.</p> <p>In an observation conducted on _____ at 8:32 AM, Resident #1 was eating her breakfast with no staff in the room to assist her. The tray was noted with the following: pancakes, scrambled eggs, hot cereal, juice and a carton of milk that was not poured into a cup. Closer observation showed that Resident #1 ate 20% of her breakfast meal.</p> <p>In an interview conducted on _____ at 4:30 PM with Staff C, a Certified Nursing Assistant (CNA), stated that Resident #1 needed help during mealtimes, but now you only need to open the</p>	N 201	<p>will be in-serviced to get and follow doctor's orders in timely fashion as to not delay treatment to the residents.</p> <p>8) In the allegation of Resident #109, not _____ for almost 22 hours and the tube-feeding not running at proper rate. Nursing staff will be in-serviced to get and follow doctor's orders in timely fashion as to not delay treatment to the residents.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <ul style="list-style-type: none"> <li>o In-service will be conducted with nursing staff to ensure ADL are followed for mealtimes for residents that need assistance, i.e. set up, assistance or encouragement with eating.</li> <li>o Activities Director will be in-serviced about activities 1 on 1 room visits and proper documentation of the visits.</li> <li>o Nursing staff will be in-serviced to follow doctors' orders regarding the drainage times of the Pleur-X.</li> <li>o Nursing staff will be in-serviced to follow Doctor's orders and medication administration times.</li> <li>o Nursing staff will be in-serviced to</li> </ul>		

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N 201	<p>Continued From page 15</p> <p>food containers and set up her tray, and she can eat independently.</p> <p>2) A chart review revealed that Resident #275 was admitted to the facility on _____ with diagnoses of _____'s and protein-calorie _____. The Admission MDS assessment dated _____ revealed Resident #275 has a Brief Interview of Mental Status score ( _____ ) score of 05, which is severely _____. Section GG for eating showed Resident #275 needed partial to _____.</p> <p>In an observation conducted on _____ at 11:00 AM, Resident #275 was still in the room with his breakfast tray, and there were no staff in the room. The meal ticket noted the following: hot cereal, Western egg baked, soft white toast, fruit of the day, juice, and milk. Closer observation showed Resident #275 ate about 30% of his breakfast meal.</p> <p>In an observation conducted on _____ at 12:53 PM, Staff F (CNA) came with the lunch tray for Resident #275. She sat down near the resident and started feeding him his lunch meal. In this observation, Staff F stated Resident #275 can eat independently, but some days, he cannot. He needs pushing and encouragement to eat his meals.</p> <p>In an interview conducted on _____ at 5:40 PM with Resident #275's family member, he stated Resident #275 needs help and encouragement with all his meals.</p> <p>An interview conducted on _____ at 8:34 AM with Staff D, Minimum Data Set Lead, who reported partial to _____ during _____.</p>	N 201	<p>follow Doctor's orders and the use of assistive devices.</p> <ul style="list-style-type: none"> <li>o Nursing staff will be in-serviced to get and follow doctor's orders in timely fashion as to not delay treatment to the residents.</li> </ul> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>	

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N 201	<p>Continued From page 16</p> <p>dining, means that residents can feed themselves but need some assistance. The resident needs observation during mealtimes and assistance completing their meals.</p> <p>3) Based on observation, interviews and record review, the facility failed to provide an ongoing activities program to support resident's preferences for 1 of 1 sampled resident for Activities (Resident #12).</p> <p>The findings included:</p> <p>Review of the facility's policy untitled, undated, provided by the Director of Nursing documented "Resident Activities policy and procedure ensures resident's rights to participate in activities to promote well-being and engagement ...Individualized care planning ...develop a comprehensive activity plan that includes a variety of activities, schedules and staff responsibilities ..."</p> <p>Review of Resident #12's clinical record documented an initial admission to the facility on and readmission . The resident's diagnoses included . . . , Left . . . , Left Ankle, Age-Related Nuclear Affecting Left Nondominant Side, . . . , and . . .</p> <p>Review of Resident #12's Minimum Data Set (MDS) quarterly assessment dated documented a "Brief Interview of the Mental Status ( ) score of 15 indicating that the resident had no cognition . . . . The assessment documented under "Functional Abilities and Goals" that the resident needed / total assistance from the</p>	N 201		

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N 201	<p>Continued From page 17</p> <p>staff to complete the activities of daily living, does have upper extremities and uses a wheelchair.</p> <p>Review of Resident #12's MDS Annual assessment dated documented a of 15, indicating that the resident had no . The resident's Activities section of the assessment documented the following:                      *How important is it to you to have books, newspapers and magazines to read? Somewhat important.                      *How important is it to you to listen to music you like? Not very important.                      *How important is it to you to do things with groups of people? Not important at all.                      *How important is it to you to do your favorites activities? Somewhat important.                      *How important is it to you to go outside to get fresh air when the weather is good? Very important.                      *How important is it to you to participate in religious services or practices? Very important.</p> <p>Resident #12's clinical record lacked written evidence of an activities care plan developed.</p> <p>On at 1:03 PM, an interview was conducted with Resident #12 who stated she felt lonely in her room, could not remember short or long term things. The resident was asked if she had an I- , and replied she used to have a workbook and it was lost when she was moved from another room, the facility staff couldn't find it. The resident stated she was out of bed on Wednesday, it was her choice because her swell up and in . Resident #12 was asked if someone from activities comes to her room to do any type of activity, and she stated "No". The resident was asked if she would like to do some</p>	N 201		
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N 201	<p>Continued From page 18</p> <p>in-room activities, and she stated "Yes".</p> <p>On _____ at 12:45 PM, observations revealed Resident #12 in bed, talking to her roommate.</p> <p>On _____ 11:42 AM, an interview was conducted with the Activities Director (AD) who stated she had been working at the facility since _____. The AD stated she does 1:1 in room activities, walks the units daily and knows who is in bed and who is not. She asks the residents if they want company, sometimes bring the coloring and crafts, talk and read to them. The AD was asked if she keeps a record of activities provided to the resident and stated she did not do or keep a lot of in-room activities, added she was supposed to but got side-tracked and did not do it. The AD stated she goes to do room visit 1:1 once a week and sometimes pops up twice a week. The AD stated she had two Activities Assistant always and three on Wednesday, Thursday and Fridays and two on the weekends. The AD was asked about Resident # 12's activities and stated she did her makeup three (3) times a week last week, and added she mostly reads and sits to talk with her because she likes company. The AD added the resident cries because of _____, likes the makeup, brings her to music events, and added the resident gets visits from friends from church every day. The AD was asked if she brings magazines or anything like that to the resident and stated she does not bring magazines because the resident had not asked for it. The AD stated she asked the resident what she likes and offered coloring. The AD stated the department had an i- _____, but she had not offered it to Resident #12. The AD was asked to submit written evidence of 1:1 activities for Resident #12 and stated she does not document 1:1 visits or the activities provided for Resident # 12.</p>	N 201		
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N 201	<p>Continued From page 19</p> <p>On _____ at 12:04 PM, a _____ visit with the AD and Resident #12 was conducted. Resident #12 was up in a wheelchair. The AD asked the resident about her make up, the resident replied, "you only had done it once, honey".</p> <p>On _____ at 12:20 PM, a side by side review of Resident #12's active/current care plans was conducted with Staff N, MDS Coordinator and MDS Lead. The MDS Lead stated when they meet for care plan conference, the IDT goes over care plans and updates or create a care plan.</p> <p>On _____ at 3:45 PM, during an interview, the Director of Nursing and the Administrator were apprised of Resident #12's lack of a written care plan and the lack of documentation of activities provided. The Administrator acknowledged that if it is not documented it was not done.</p> <p>4) Record review for Resident #73 revealed the resident was admitted to the facility on _____ with diagnoses that included, in part, the following: _____ of Unspecified Part of Unspecified _____ or _____ and _____ Review of the Minimum Data Set (MDS) assessment dated _____ documented in Section C a Brief Interview of Mental Status ( _____ ) score of 15, indicating a _____ response.</p> <p>Review of the Physician's Orders for Resident #73 revealed an order dated _____ for Drain Pleur-X every day shift every Monday, Wednesday, Friday and as needed.</p> <p>Review of the Physician's Orders for Resident #73 revealed in part the following orders:</p>	N 201		
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N 201	<p>Continued From page 20</p> <p>-An order dated _____ for Inhalation Nebulization Solution 1.25mg/3ml inhale orally via _____ every 4 hours for _____</p> <p>-An order dated _____ for _____ 10mg give 1 tablet by _____ one time a day for _____</p> <p>An order dated _____ for _____ 40mg give 1 tablet by _____ one time a day for _____ hold for _____ less than 100.</p> <p>-An order dated _____ for _____ 2.5mg give 1 tablet by _____ two times a day for Prevention of /PE ( _____ )</p> <p>-An order dated _____ for _____ HFA Inhalation Aerosol 17 mcg/act 2 puff inhale orally four times a day for _____</p> <p>Review of the Medication Administration Audit Report for Resident #73 revealed the following:</p> <p>-On _____ Inhalation Nebulization Solution 1.25mg/3ml scheduled for 8:00 AM was administered at 10:42 AM</p> <p>-On _____ 10mg scheduled for 8:00 AM was administered at 10:33 AM</p> <p>-On _____ 40mg scheduled for 9:00 AM was administered at 10:42 AM</p> <p>-On _____ 2.5mg scheduled for 9:00 AM was administered 10:33 AM</p> <p>-On _____ 5mg scheduled for 9:00 AM was administered at 10:33 AM</p> <p>-On _____ scheduled for 9:00 AM was administered at 10:32 AM</p> <p>-On _____ scheduled for 12:00 PM was administered at 11:04 AM</p> <p>-On _____ Inhalation Nebulization Solution 1.25mg/3ml scheduled for 12:00 PM was administered at 11:04 AM</p>	N 201		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>95039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2025</b>
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N 201	<p>Continued From page 21</p> <p>In summary the Medication Administration Audit Report for Resident #73 revealed 6 medications were given late by as much as an hour and forty-two minutes. Additionally, breathing medications were not administered 4 hours apart as ordered, they were administered 32 minutes apart.</p> <p>Review of the Medication Administration Record (MAR) for Resident #73 for the month of revealed no documentation of the Pleur-X being drained on .</p> <p>Review of the Nurse's notes for Resident #73 revealed no documentation of Pleur-X being drained or not being drained.</p> <p>Review of the Care Plan for Resident #73 dated with a focus on Management of Pleur-X drainage and a goal of the resident will have no complications related to Pleur-X drainage. The interventions included the following: Staff will maintain appropriate function of tube. Monitor for . Monitor for signs and symptoms of , leakage or and report to Medical Doctor. Verify the appropriate equipment is at the bedside.</p> <p>During an interview conducted on at 11:14 AM Resident #73 stated the nurse did not give him his , this morning when she came into the room at 9:00 AM this morning. He said this has been an issue in this facility with not getting medications, sometimes you do get them and sometimes they are very late.</p> <p>During an interview conducted on at 10:00 AM with Resident #73 who stated he has a tube that needs to be drained 3 times a week and staff did not drain his tube yesterday all</p>	N 201		
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N 201	<p>Continued From page 22</p> <p>day. He was very upset and said, "This is a serious life and issue". In this interview, it was quite evident the resident was angry, irrigated and . He then said to the Surveyor that he was concerned for his health.</p> <p>During an interview conducted on . . . at 10:30 AM with Staff L Licensed Practical Nurse (LPN) who was asked if she was aware Resident #73 did not have his Pleur-X drained yesterday, she stated she was not aware, she did not have the resident yesterday and she was not given any information in report about his Pleur-X not being drained.</p> <p>During an interview conducted on . . . at 10:33 AM with Staff G Licensed Practical Nurse Unit Manager who said she worked yesterday and was unaware of Resident #73 not having his Pleur-X drained yesterday. She acknowledged there was no documentation of the Pleur-X being drained and there was no progress note to indicate reason why not drained or the physician being notified.</p> <p>During an interview conducted on . . . at 10:45 AM with Resident #73, it was noted that he was visibly upset and talking fast with a raised voice and stated his drain was not drained yesterday as it should have been. He stated that he had surgery to have the drain inserted and he desperately needs the fluid drained as the fluid builds up and causes pressure in his . . . He stated the drainage process is painful and he needs . . . medication for the . . . until his . . . goes . . . to being fully inflated.</p> <p>During an interview conducted on . . . at 5:24 PM with the Attending Physician for Resident #73 who was asked what is the reason</p>	N 201		
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N 201	<p>Continued From page 23</p> <p>Resident #73 has a Pleur-X, the Attending Physician stated it is usually because fluid keeps on reaccumulating, so a _____ with a valve was put in and it is not difficult to drain. The Attending Physician went on to say it can stay in for a long time. When asked about the importance of it being drained as ordered, he said when it gets full you drain it or if the resident is out of breath. It was clarified with the Attending Physician that the Pleur-X _____ is not connected to any drainage type of collection. The Attending Physician stated he was driving and does not remember every detail of every patient and stated it would be the orders from the pulmonologist that would be followed. It was then clarified with the Attending Physician that the order was given by him. When asked what happens if it is not drained as ordered he stated it is not necessary to drain it, but if fluid is accumulating the resident would be out of breath and would need to be drained. When asked if the Pleur-X was not drained should he be informed he said he should be informed but could not recall if he was informed if the Pleur-X had not been drained.</p> <p>During an interview conducted on _____ at 10:00 AM with Resident #73 who was asked how he felt, he said thank you for intervening on my behalf, things really started happening. They drained my Pleur-X yesterday and he feels much better and feels confident they will not let it happen again.</p> <p>5) Record review for Resident #481 revealed the resident was admitted to the facility on _____ with diagnoses that included in part, the following: Aftercare Following _____ Replacement Surgery, _____ of Specified Part of _____ of Right _____ Subsequent Encounter for Closed _____ with _____ Routine Healing, Unspecified _____</p>	N 201		
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N 201	<p>Continued From page 24</p> <p>Essential (Primary) . . . . . Review of the MDS for Resident #481 dated documented in Section C a score of 15, indicating a . . . response.</p> <p>Review of the Physician's Orders for Resident #481 revealed in part, the following:</p> <p>An order dated . . . . . for . . . . . oral tablet 120 mg give 1 tablet by . . . . . every 12 hours for . . . . .</p> <p>An order dated . . . . . for . . . . . oral tablet 120 mg give 1 tablet by . . . . . every 12 hours for . . . . .</p> <p>Review of the Medication Administration Audit Report for Resident #481 revealed the following:</p> <p>-On . . . . . 120 mg was scheduled to be administrated at 9:00 PM and was not given until 10:15 PM.</p> <p>-On . . . . . 120 mg was scheduled to be administrated at 9:00 PM and was not given until 10:14 PM.</p> <p>-On . . . . . 120 mg was scheduled to be administrated at 9:00 PM and was not given until . . . . . at 12:29 AM.</p> <p>-On . . . . . 120 mg was scheduled to be administrated at 9:00 PM and was not given until . . . . . at 12:28 AM.</p> <p>-On . . . . . 120 mg was scheduled to be administrated at 9:00 PM and was not given until 10:51 PM.</p> <p>-On . . . . . 120 mg was scheduled to be administrated at 9:00 PM and was not given until 10:52 PM.</p> <p>-On . . . . . 120 mg was scheduled to be administrated at 9:00 PM and was not given until 11:02 PM.</p>	N 201		

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N 201	<p>Continued From page 25</p> <p>-On 120 mg was scheduled to be administrated at 9:00 PM and was not given until 10:53 PM.</p> <p>In summary the Medication Administration Audit Report for Resident #481 revealed medications were administered late on 8 occasions as late as 2 hours and 29 minutes. During an interview conducted on _____ at 1:05 PM with Staff A, Registered Nurse who was asked when a medication administration is considered late or early she stated they have an hour before and an hour after the medication scheduled time to give the medication.</p> <p>During an interview conducted on _____ 10:43 AM with Resident #481, she stated they give her medications late sometimes, more than two hours. When asked if she knew the names of her medications she said _____ and _____.</p> <p>During an interview conducted on _____ at 10:00 AM with the Consultant Pharmacist who was asked about medications being given late, such as _____ and _____ for Resident #481, she stated some could be detrimental but not life threatening. When asked about the _____ and _____ inhalation medications being given close together (less than 30 minutes) she stated it could be detrimental but not life threatening.</p> <p>6) Review of Resident #46's clinical record documented an admission to the facility on _____ with a readmission on _____. The resident's diagnoses included Disturbance, Aphasia Following other _____</p> <p>of Left _____, Subsequent Encounter for Closed _____ with Routine Healing, Presence of Left _____, Aftercare Following _____</p>	N 201		

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N 201	<p>Continued From page 26</p> <p>Replacement Surgery, and Need for Assistance with Personal Care.</p> <p>Review of Resident #46's Minimum Data Set (MDS) 5 days-admission assessment dated , documented a "Brief Interview of the Mental Status ( ) was not conducted due to resident is rarely/never understood indicating the resident had severe cognition .". The assessment documented under "Functional Abilities and Goals"; the resident was dependent on the staff to complete the activities of daily living.</p> <p>Review of Resident #46's care plan titled, "[resident name] is at risk for complications related to left , " initiated on with interventions to include "encourage and assist the resident with the use of adaptive equipment as indicated ...".</p> <p>Review of Resident #46's physician order dated documented, " Abduction Pillow while in bed every shift".</p> <p>Review of Resident #46's Admission Notes dated documented, "...Primary diagnosis Left , ...Skin dry and warm to touch. Dry , noted to Left (Surgical site) ... Safety and comfort measures maintained. Bed placed in low position with call light in reach."</p> <p>On . at 11:33 AM, observation revealed Resident # 46 in bed, grimacing, and Staff BB, CNA was at the bedside. The surveyor attempted to interview the resident, who did not answer the questions asked. An interview was conducted with Staff BB who stated the resident is out of bed sometimes and gets , medication. Further observation did not reveal the</p>	N 201			

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N 201	<p>Continued From page 27</p> <p>resident had an abduction pillow.</p> <p>On _____ at 12:43 PM, observation revealed Resident #46 in bed being fed by Staff E, Licensed Practical Nurse (LPN). An interview was conducted with Staff E who stated Resident #46 _____ last month and had a _____, but did not know the details. Observation revealed the resident did not have an abduction pillow.</p> <p>On _____ at 8:10 AM, observations revealed Resident #46 in a low position bed, moaning, lying down on her left side. Observation revealed the resident did not have an abduction pillow.</p> <p>On _____ at 08:28 AM, observation revealed Resident # 46 in bed being fed by Staff O, CNA. The resident said hello and started to cry, and stated she had _____, unable to tell location. Observation revealed the resident did not have an abduction pillow.</p> <p>On _____ at 9:00 AM, an interview was conducted with Staff BB, CNA. She stated she took care of Resident #46 on _____, did the personal care by herself but asked for help when she was ready to turn her. Staff BB stated she used regular pillows when repositioning the resident.</p> <p>On _____ at 3:03 PM, a _____ interview was conducted with Staff N, MDS Coordinator and MDS Lead. The MDS Lead was asked for Resident #46's Abduction pillow and stated the care plan was updated on _____, with an intervention to include the use of adaptive equipment. Consequently, a side-by-side observation was conducted of Resident #46's closet with the MDS Lead Staff M, Unit Manager. The observation revealed no abduction pillow in</p>	N 201		
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N 201	<p>Continued From page 28</p> <p>the resident's room. Staff M stated the resident brought the abduction pillow with her from the hospital ( ).</p> <p>On at 3:25 PM, an interview was conducted with Staff S, CNA who stated she works the shift. Staff S was asked what kind of pillow she used with Resident #46 while she was in bed and stated regular pillows. Staff S was asked if she had used a special pillow with the resident and stated she had not seen one in her room.</p> <p>On at 3:27 PM, an interview was conducted with Staff Q, CNA who stated she works the shift. Staff S was asked what kind of pillow she used with Resident #46 while she was in bed and stated regular pillows on her and left heel. Staff Q was asked if she had used a special pillow with the resident and she stated she had not.</p> <p>On at 3:46 PM, during an interview, Staff M, Unit Manager stated she was not aware that Resident #46 did not have the abduction pillow.</p> <p>7) Record review for Resident #475 revealed the resident was admitted to the facility on at 6:00 PM with diagnoses that included in part, the following: Acute Failure with and Status. The resident did not have a completed Minimum Data Set at time of review.</p> <p>Review of the Physician's Orders for Resident #475 revealed in part, the following orders: An order dated at 2:00 PM Feed Order every 4 hours Formula</p>	N 201		
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N 201	<p>Continued From page 29</p> <p>Jevity. Administer 240 ml bolus feeding every 4 hours. The order was discontinued on _____ at 2:11 PM.</p> <p>An order dated _____ at 5:00 PM for Feed Order five times a day Formula Jevity 1.5. Administer 237 ml bolus feeding every 5 cans QD every day. Flush with 120 ml (water) before and after each feeding.</p> <p>An order dated _____ to check for skin integrity under the _____ binder every shift.</p> <p>Review of the Care Plan for Resident #475 dated _____ with a focus on the resident requires _____ related to _____ and _____. The goals were for resident to maintain adequate nutritional and hydration status and to remain free of side effects or complications related to _____ through review date. The interventions included in part, the following: Follow physician orders regarding nutrition order and flushes.</p> <p>On _____ at 11:10 AM, an observation was made of Resident # 475 lying on his side in bed with the covers off, and what appeared to be a _____ coming out from under his shirt and draped over the resident's side.</p> <p>On _____ at 5:02 PM an observation was made of Staff A Registered Nurse (RN) _____ for Resident #475. Staff A RN applied a gown, entered the resident's room, washed her _____, applied gloves, touched the privacy curtain, and the bed control, then removed her gloves, washed her _____ and applied gloves. The end of the _____ (type of _____) had no cover or cap and was just clamped off. The resident did not have an _____ binder on. Staff A RN checked for</p>	N 201		
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N 201	<p>Continued From page 30</p> <p>residual and there was none. The resident kept repeating "Is this my food am I finally getting some food". The resident was also asking about medication. Staff A, RN stated he does not have any medication ordered, and she will have to call the doctor. Staff A RN poured Jevity 1.5 (formulary type) from a closed system bottle that was opened and at the 450 mark and was dated but had no time the bottle was opened.</p> <p>During an interview conducted on at 11:10 AM with Resident #475 he said his hurts and he is hungry and hasn't eaten in days.</p> <p>During an interview conducted on at 04:20 PM with Staff A RN who was asked if Resident #475 had received any today, she said yes, she gave him at 3:02 PM today.</p> <p>During an interview conducted on at 5:20 PM with Staff A RN who was asked about the being provided, she said they do not have cans, so they pour it from the larger bottle. When asked if Resident #475 has an order for nothing by she acknowledged he does. When asked if a resident comes in with a and has no orders for or a diet, what they do, she stated they would look at the hospital paperwork to see what the resident was receiving and then call the physician within two hours to get an order.</p> <p>During an interview conducted on at 10:00 AM with Staff G Licensed Practical Nurse Unit Manager who was asked about a resident who is admitted with a and no orders and no diet, she said the nurse</p>	N 201		

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N 201	<p>Continued From page 31</p> <p>would get the order from the physician within two hours. She checks the chart the next day as the Unit Manager to ensure all orders are in place. When asked about Resident #475 she acknowledged the resident was admitted to the facility on _____ at 6:00 PM and did not have an order for _____ until _____ at 2:00 PM.</p> <p>8) A record review revealed Resident #109 was readmitted to the facility on _____ at 5:32 PM with diagnoses of _____ and Unspecific Protein-Calorie _____. The Significant Change Minimum Data Set assessment dated _____ showed Resident #109 was severely _____.</p> <p>A review of the Dietitian evaluation dated _____ revealed the Resident had an admission _____ His Ideal day _____ was noted at _____, and he was readmitted with a decline in _____.</p> <p>The Physician's orders showed an order for _____ Jevity 1.5 ( _____ formulary) at 50 milliliters (ml) an hour for 20 hours off at 8:00 AM and starting at 12:00 PM, which was placed on _____ at 3:00 PM. This was almost 22 hours after Resident #109 was admitted.</p> <p>In an observation conducted on _____ at 11:24 AM, Resident #109 was sitting in a chair with the _____ not running. Continued observation at 12:34 PM revealed a bottle of _____ Jevity 1.5 with a start date of _____ at 12:00 PM, running at 50 milliliters (ml) an hour. The _____ was at the 1000 ml mark out of a 1000 ml capacity bottle.</p> <p>In an observation conducted on _____ at 3:43</p>	N 201		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>95039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MENORAH HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9945 CENTRAL PARK BLVD N BOCA RATON, FL 33428</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 201	Continued From page 33 as ordered.  In an interview conducted on _____ at 8:05 AM with the facility 's Clinical Dietitian, she stated Resident #109 _____ should be running at 50 ml an hour for 20 hours to meet nutritional needs. When asked about the observation done by this Surveyor on _____, she acknowledged that the _____ should have been around the 750 ml mark at 5:00 PM. You may see a _____ ml variance in the _____ level, but no more than that. The Clinical Dietitian said that a variance of 100-200 ml was too much, especially if Resident #109 was tolerating his _____  Class III	N 201		
N 203 SS=D	400.022(1)(n), FS Right to be Treated with Dignity  (n) The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis.  This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide eating assistance in a dignified manner for 2 of 2 sampled residents (Resident #103 and #276) observed for in-room dining, and failed to treat residents with dignity for 4 of 4 sampled residents observed by failing to provide a privacy pouch for an _____ bag (Resident #103); calling resident as a "Feeder" (Residents #82) failing to provide privacy during _____ care (Resident #175); and failing to provide privacy to body parts and exposure resident (Resident #475).	N 203	N203 RIGHT TO BE TREATED WITH DIGNITY  1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice: 1) In the allegation of Resident #82, being referred to as a "feeder". Staff will be In-serviced regarding dignity, not calling residents "feeders" but as someone who needs assistance with feeding. 2) In the allegation of Resident #103,	

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N 203	<p>Continued From page 34</p> <p>The findings included:</p> <p>Review of the facility policy provided by the Director of Nursing, untitled and undated documented, "Dignity policy and procedure to ensure residents are treated with respect and individuality, promoting their self-esteem and well-being ...respectful communication: address residents by their preferred name (not "honey" or "sweetie" ...) ...Maintaining privacy and confidentiality: ensure privacy during personal care activities ...by using curtains or screens and minimizing unnecessary exposure ...".</p> <p>1) Review of Resident #82's clinical record documented an admission to the facility on _____ with no readmissions. Resident #82's diagnoses included _____, Mild, Agitation and _____. The resident's Minimum Data Set (MDS) quarterly assessment dated _____ documented a Brief Interview of Mental Status ( _____ ) assessment was not conducted due to the "resident is rarely/never understood". The assessment documented that the resident was dependent on the staff to eating.</p> <p>On _____ at 12:44 PM, during in-room dining observation at the Masada Unit, Staff R, Certified Nursing Assistant (CNA) and Staff M, Unit Manager, were asked for Resident # 82's lunch intake. Staff M stated she would ask the aide, Staff M and Staff R both stated the resident "is a feeder".</p> <p>On _____ at 11:25 AM, an interview was conducted with Staff R, CNA who was apprised of calling Resident #82 a feeder on ( _____ ) Monday. Staff R stated "No, I said they need assistance".</p>	N 203	<p>waiting a long time to be fed. Staff will be in-serviced not to leave trays in the room, but to feed residents in a timely manner as to not cause dignity issues.</p> <p>3) In the allegation of Resident #103, not having a privacy pouch for _____ bags. Nursing staff will be in-serviced to ensure residents with _____ bags have privacy covers for them.</p> <p>4) In the allegation of Resident # 175, privacy during _____ care. Nursing staff will be in-serviced to provide privacy for residents while they are receiving care.</p> <p>5) In the allegation of Resident # 275, Delay in feeding, residents in same room should be brought their trays at the same time. Staff will be in-serviced to bring food trays to all residents in the same room at the same time not to cause dignity issues.</p> <p>6) In the allegation of Resident #475, Door open no covers (linens) covering resident, resident exposed in only a brief and a shirt. Nursing staff will be in-serviced to ensure residents are dressed or covered for privacy and dignity</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p>	





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N 203	<p>Continued From page 37</p> <p>Resident #103 in bed and Staff P, CNA repositioning and setting up the resident for breakfast. Observation revealed a drainage bag with no privacy pouch. An interview was conducted with Staff P who stated the resident had a . The surveyor attempted to interview the resident who kept his open and fixed looking at the surveyor and did not answer any questions asked. At 8:43 AM, observation revealed Staff P left the resident's room and did not place a privacy pouch on the resident's bag to provide privacy.</p> <p>On at 8:46 AM, observation revealed the Preventionist and Staff M, UM, placing a cart with Personal Protective Equipment outside of Resident #103's room. An interview was conducted with Staff M and the Preventionist who both stated the resident had a .</p> <p>On at 9:22 AM, an interview was conducted with Staff M, UM who was apprised that Resident #103 did not have a privacy pouch to cover the drainage bag that was observed on .</p> <p>4) Review of Resident #175's clinical record documented an admission to the facility on with no readmissions. The resident's diagnoses included and .</p> <p>Review of Resident #175's MDS admission assessment in progress dated documented a score of 13, indicating that the resident had no cognition .</p> <p>Review of Resident #175's care plan titled "[resident's name] has a , to</p>	N 203		

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N 203	<p>Continued From page 38</p> <p>initiated on _____ documented intervention to include ...Administer medications and treatments as ordered by the MD (Medical Doctor)".</p> <p>On _____ at 12:17 PM, observation revealed Resident #175's room door wide open, a treatment cart parked in front of the door, and the resident's privacy curtain halfway open (Photographic evidence). The surveyor knocked at the door and was allowed to enter the room. Staff I stated Staff J was doing the resident's _____ care. The observation revealed Staff I, CNA and Staff J, _____ Care Nurse (WCN) next to the resident's bedside. The resident had his cover down and was exposing a _____, tubing and his _____. Staff J stated she was finishing the resident's _____ care. Observation then revealed Staff J and Staff I pull the cover sheet and blanket up.</p> <p>On _____ at 2:36 PM, during an interview, the Director of Nursing was apprised of the findings. 5) A chart review revealed that Resident #275 was admitted to the facility on _____ with diagnoses of _____'s and unspecific protein-calorie _____. The Admission MDS assessment dated _____ revealed Resident #275 has a Brief Interview of Mental Status score ( _____ ) of 05, which is severely _____. Section GG for eating showed Resident #275 needed partial to _____.</p> <p>In an observation conducted on _____ at 12:34 PM, Resident #275 's roommate received his lunch tray. At 12:46 PM, Resident #275 still awaited his lunch tray. At 12:53 PM, which was 19 minutes later, Staff F, a Certified Nursing Assistant, came with the lunch tray for Resident #275. Closer observation showed that Resident #275 's roommate was done with his lunch meal.</p>	N 203		

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N 203	<p>Continued From page 39</p> <p>In an interview conducted on _____ at 8:50 AM with Staff F, who stated all residents must be treated with dignity. The curtain and the door need to be closed when providing patient care and ensuring residents are not exposed. It is important not to call residents names or use the word "feeders." Staff F further said during dining, you need to pass the meal trays one room at a time so that you do not have one resident eating while the other resident is not.</p> <p>6) Record review for Resident #475 revealed the resident was admitted to the facility on _____ with diagnoses that included in part, the following: _____, Acute _____, Failure with _____ and _____ _____. Status. The resident did not have a completed Minimum Data Set at time of review.</p> <p>On _____ at 11:10 AM an observation was made of Resident #475 lying on his side in bed with the bed covers off, his shorts unbuttoned and half off with a disposable brief partially exposed and a _____ coming out from under his shirt and draped over the resident's side.</p> <p>On _____ at 12:45 PM and 3:05 PM to 3:40 PM, the observation revealed Resident #475 with the door to the room open and full view from the hallway. The resident was lying in bed with no bed linens covering him while wearing only an adult brief and a shirt with his _____ to the door.</p> <p>Class III</p>	N 203		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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F 000	INITIAL COMMENTS  An unannounced Recertification and Complaint survey, complaint number 2025003509 was conducted on _____ through _____ at Menorah House. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The complaint #2025003509 was substantiated under Quality of Care/Treatment and cited at F580.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.  §483.10(b) Exercise of Rights.	F 550		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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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F 550	<p>Continued From page 1</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews and record review, the facility failed to provide eating assistance in a dignified manner for 2 of 2 sampled residents (Resident #103 and #276) observed for in-room dining, and failed to treat residents with dignity for 4 of 4 sampled residents observed by failing to provide a privacy pouch for an _____ bag (Resident #103); calling resident as a "Feeder" (Residents #82) failing to provide privacy during _____ care (Resident #175); and failing to provide privacy to body parts and exposure resident (Resident #475).</p> <p>The findings included:</p> <p>Review of the facility policy provided by the Director of Nursing, untitled and undated documented, "Dignity policy and procedure to ensure residents are treated with respect and individuality, promoting their self-esteem and well-being ...respectful communication: address residents by their preferred name (not "honey" or</p>	F 550	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p> <p>F550 RESIDENT RIGHTS/EXERCISE OF RIGHTS</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>1) In the allegation of Resident #82, being referred to as a "feeder". Staff will be In-serviced regarding dignity, not calling residents "feeders" but as someone who needs assistance with</p>		

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F 550	<p>Continued From page 2</p> <p>"sweetie" ...) ...Maintaining privacy and confidentiality: ensure privacy during personal care activities ...by using curtains or screens and minimizing unnecessary exposure ...".</p> <p>1) Review of Resident #82's clinical record documented an admission to the facility on _____ with no readmissions. Resident #82's diagnoses included _____, Mild Agitation and _____. The resident's Minimum Data Set (MDS) quarterly assessment dated _____ documented a Brief Interview of Mental Status ( _____ ) assessment was not conducted due to the "resident is rarely/never understood". The assessment documented that the resident was dependent on the staff to eating.</p> <p>On _____ at 12:44 PM, during in-room dining observation at the Masada Unit. Staff R, Certified Nursing Assistant (CNA) and Staff M, Unit Manager, were asked for Resident # 82's lunch intake. Staff M stated she would ask the aide. Staff M and Staff R both stated the resident "is a feeder".</p> <p>On _____ at 11:25 AM, an interview was conducted with Staff R, CNA who was apprised of calling Resident #82 a feeder on ( _____ ) Monday. Staff R stated "No, I said they need assistance".</p> <p>On _____ at 11:35 AM, an interview was conducted with Staff M, Unit Manager (UM), who was apprised of calling Resident #82 a feeder.</p> <p>2) Review of Resident #103's clinical record documented an initial admission to the facility on _____. Resident 103's diagnoses included _____ Depolarization,</p>	F 550	<p>feeding.</p> <p>2) In the allegation of Resident #103, waiting a long time to be fed. Staff will be in-serviced not to leave trays in the room, but to feed residents in a timely manner as to not cause dignity issues.</p> <p>3) In the allegation of Resident #103, not having a privacy pouch for _____ bags. Nursing staff will be in-serviced to ensure residents with _____ bags have privacy covers for them.</p> <p>4) In the allegation of Resident # 175, privacy during _____ care. Nursing staff will be in-serviced to provide privacy for residents while they are receiving care.</p> <p>5) In the allegation of Resident # 275, Delay in feeding, residents in same room should be brought their trays at the same time. Staff will be in-serviced to bring food trays to all residents in the same room at the same time not to cause dignity issues.</p> <p>6) In the allegation of Resident #475, Door open no covers (linens) covering resident, resident exposed in only a brief and a shirt. Nursing staff will be in-serviced to ensure residents are dressed or covered for privacy and dignity</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p>	

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F 550	<p>Continued From page 3 and ..</p> <p>Review of Resident #103's MDS Quarterly assessment dated / documented a Brief Interview of Mental Status ( ) assessment was not conducted due to the "resident is rarely/never understood". The assessment documented that the resident needed supervision/touching assistance during eating.</p> <p>On at 8:42 AM, observation revealed Resident #103 in bed and Staff P, CNA repositioning and setting up the resident for breakfast. An interview was conducted with Staff P who stated the resident feeds himself. The surveyor attempted to interview the resident, who kept his open and fixed looking at the surveyor and did not answer any questions asked. At 8:43 AM, observation revealed Staff P left the resident's room.</p> <p>On at 9:06 AM, observation revealed Resident #103 sitting up in bed, asleep, closed and his food tray across from him. Further observation revealed the food tray items were untouched. Furthermore, observation revealed Resident #103 did not have a staff cuing him to eat or assisting him to eat from 8:42 AM until 9:07 AM.</p> <p>On at 9:07 AM, observation revealed Staff M, UM entered Resident #103's room, and asked if he finished eating. Staff M repositioned a chair and started feeding the resident who was observed eating his breakfast as he was fed by Staff M.</p> <p>On at 9:22 AM, an interview was conducted with Staff M, UM, who stated that</p>	F 550	<p>The measures put into place/systemic changes made to ensure the standards are met:</p> <ul style="list-style-type: none"> <li>o In-service staff about dignity, not calling residents "feeders" but as someone who needs assistance with feeding.</li> <li>o In-service staff not to leave trays in room, to feed residents in a timely manner as to not cause a dignity issue</li> <li>o In-service Nursing staff to ensure residents with , bags have privacy covers for them.</li> <li>o In-service nursing staff to provide privacy for residents while they are receiving care</li> <li>o In-service staff to bring food trays to all residents in the same room at the same time not to cause a dignity issue.</li> <li>o In-service nursing staff to ensure residents are dressed or covered for privacy and dignity</li> </ul> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then</p>		

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F 550	<p>Continued From page 4</p> <p>Resident #103 usually goes to the dining room and feeds himself and added that the aide probably did not know the resident. She further stated the aide should have come to the nurse and tell her that he was not eating. Staff M was apprised of the surveyor's concerns that the resident waited approximately 25 minutes to be fed. Staff M stated it is concerning.</p> <p>3) Review of Resident #103's clinical record documented an initial admission to the facility on . Resident's diagnoses included Depolarization, and Status, and .</p> <p>Review of Resident #103's MDS Quarterly assessment dated / documented a Brief Interview of Mental Status ( ) assessment was not conducted due to the "resident is rarely/never understood". The assessment documented that the resident had an ( ).</p> <p>Review of Resident #103's care plan titled "[resident's name] has a risk for injury/ r/t (related to) presence of secondary to a dx (diagnosis) of initiated on with interventions to include "Privacy bag/cover in place," initiated on .</p> <p>On at 8:42 AM, observation revealed Resident #103 in bed and Staff P, CNA repositioning and setting up the resident for breakfast. Observation revealed a drainage bag with no privacy pouch. An interview was conducted with Staff P who stated the resident had a . The surveyor attempted to interview the resident who kept his</p>	F 550	<p>biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>		

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F 550	<p>Continued From page 5</p> <p>open and fixed looking at the surveyor and did not answer any questions asked. At 8:43 AM, observation revealed Staff P left the resident's room and did not place a privacy pouch on the resident's bag to provide privacy.</p> <p>On at 8:46 AM, observation revealed the Preventionist and Staff M, UM, placing a cart with Personal Protective Equipment outside of Resident #103's room. An interview was conducted with Staff M and the Preventionist who both stated the resident had a</p> <p>On at 9:22 AM, an interview was conducted with Staff M, UM who was apprised that Resident #103 did not have a privacy pouch to cover the drainage bag that was observed on</p> <p>4) Review of Resident #175's clinical record documented an admission to the facility on with no readmissions. The resident's diagnoses included and</p> <p>Review of Resident #175's MDS admission assessment in progress dated documented a score of 13, indicating that the resident had no cognition</p> <p>Review of Resident #175's care plan titled "[resident's name] has a, to initiated on documented intervention to include ...Administer medications and treatments as ordered by the MD (Medical Doctor)".</p> <p>On at 12:17 PM, observation revealed Resident #175's room door wide open, a</p>	F 550			

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F 550	<p>Continued From page 6</p> <p>treatment cart parked in front of the door, and the resident's privacy curtain halfway open (Photographic evidence). The surveyor knocked at the door and was allowed to enter the room. Staff I stated Staff J was doing the resident's care. The observation revealed Staff I, CNA and Staff J, Care Nurse (WCN) next to the resident's bedside. The resident had his cover down and was exposing a , tubing and his . Staff J stated she was finishing the resident's care. Observation then revealed Staff J and Staff I pull the cover sheet and blanket up.</p> <p>On at 2:36 PM, during an interview, the Director of Nursing was apprised of the findings.</p> <p>5) A chart review revealed that Resident #275 was admitted to the facility on with diagnoses of 's and unspecific protein-calorie . The Admission MDS assessment dated revealed Resident #275 has a Brief Interview of Mental Status score ( ) of 05, which is severely . Section GG for eating showed Resident #275 needed partial to</p> <p>In an observation conducted on at 12:34 PM, Resident #275 's roommate received his lunch tray. At 12:46 PM, Resident #275 still awaited his lunch tray. At 12:53 PM, which was 19 minutes later, Staff F, a Certified Nursing Assistant, came with the lunch tray for Resident #275. Closer observation showed that Resident #275 's roommate was done with his lunch meal.</p> <p>In an interview conducted on at 8:50 AM with Staff F, who stated all residents must be treated with dignity. The curtain and the door</p>	F 550			

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F 550	Continued From page 7  need to be closed when providing patient care and ensuring residents are not exposed. It is important not to call residents names or use the word "feeders." Staff F further said during dining, you need to pass the meal trays one room at a time so that you do not have one resident eating while the other resident is not.  6) Record review for Resident #475 revealed the resident was admitted to the facility on _____ with diagnoses that included in part, the following:  _____, Acute _____, Failure with _____ and _____ _____, Status. The resident did not have a completed Minimum Data Set at time of review.  On _____ at 11:10 AM an observation was made of Resident #475 lying on his side in bed with the bed covers off, his shorts unbuttoned and half off with a disposable brief partially exposed and a _____ coming out from under his shirt and draped over the resident's side.  On _____ at 12:45 PM and 3:05 PM to 3:40 PM, the observation revealed Resident #475 with the door to the room open and full view from the hallway. The resident was lying in bed with no bed linens covering him while wearing only an adult brief and a shirt with his _____ to the door.	F 550		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-( ) (15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-	F 580		

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F 580	<p>Continued From page 8</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or _____ status (that is, a deterioration in health, mental, or _____ status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>( ) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various</p>	F 580			

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F 580	<p>Continued From page 9</p> <p>locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to document notification of the resident or resident representative for change in condition for 2 of 2 sampled residents reviewed for a change in condition (Resident #488 and Resident #53).</p> <p>The findings included:</p> <p>1) Record review for Resident #53 revealed the resident was admitted to the facility on _____ with diagnoses that included in part, the following: and Major _____ He was discharged to the hospital on _____ Review of the Minimum Data Set assessment dated _____ documented in Section C a Brief Interview of Mental Status score of 15, indicating intact cognition.</p> <p>Review of the Nurses Notes for Resident #53 dated _____ documented: At approximately 9:10 AM a call was received from the doctor's office, due to the resident's vitals being unstable. Per physician, the resident was transferred to the hospital emergency room for further evaluation.</p> <p>Further review of the medical record for Resident #53 revealed no evidence of a Change in Condition Evaluation was completed, no documentation of notification of resident representative or emergency contact being notified, and no documentation of the resident leaving for a physician's visit and/or with whom.</p>	F 580	<p>F580 NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC.)</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice: 1) In the allegation of Resident #53, there was no change of condition completed, no notification to family, no documentation as to where or with whom the resident left. Nursing staff will be in-serviced to complete a change of condition for resident when being discharged to the hospital, to notify and document the residents emergency contact/guardian when being sent to the hospital, document to where the resident went and with whom. 2) In the allegation of Resident #488, there was No documentation notification made letting emergency contact/guardian know the resident went to the ER. Nursing staff will be in-serviced to complete a change of condition for resident when being discharged to the hospital, to notify and document the residents emergency contact/guardian when being sent to the hospital, document to where the resident went and with whom.</p> <p>2. How you will identify other residents</p>	

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F 580	<p>Continued From page 10</p> <p>2) Record review for Resident #488 revealed the resident was admitted to the facility on with diagnoses that included in part, the following: Review of the Minimum Data Set assessment dated documented in Section C a Brief interview of Mental Status score of 15, indicating an intact cognition.</p> <p>Review of the Nurses Notes for Resident #488 dated included in part, the following: Observed the resident in bed awake and alert, however a little sluggish. Life-Vest in place. of bed elevated. Vitals signs taken. saturation fluctuates from 89-94%. ARNP made aware, order for non-rebreather at 15 L/min and to transfer out to [name of hospital] Via 911. Call placed to 911.</p> <p>Review of the Nurses Notes for Resident #488 dated documented: At approximately 2:30 PM The resident was transferred to ER (Emergency Room) via 911.</p> <p>Review of the Change in Condition Evaluation for Resident #488 dated documented in Section 3, Review and Notify Section C Name of family/resident representative notified: was left blank.</p> <p>Review of all documentation for Resident #488 on revealed no evidence of any family present or notification.</p> <p>During an interview conducted on at 4:20 PM with Staff G Licensed Practical Nurse Unit/ Manager who was asked about a change in condition, she stated when a resident has change in condition, they will notify the family or the</p>	F 580	<p>having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <p>In-service Nursing staff to complete a change of condition for residents when being discharged to the hospital, to notify and document the residents emergency contact/guardian when being sent to the hospital, document to where the resident went and with whom.</p> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p>		

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F 580	Continued From page 11 representative at the time of the change of condition. When asked if she documents who was notified, she said yes the family or representative or emergency contact, whomever they speak to or leave a message for. When asked if a resident was out of the facility attending a medical . . . . . and the physician was sending the resident to hospital directly, would they notify the family or emergency contact, she stated they would notify the family, representative or emergency contact. When asked about Resident #488 she said the daughter was in the facility at the time the resident was having the change in condition. She acknowledged she did not document that the daughter was present and was aware of the change in condition. When asked about Resident #53, she stated the wife was with the resident and since it happened at the doctor's office and they were sending the resident to the hospital, she did not contact the wife and thought she would be aware of the situation. She also acknowledged she did not document the change in condition evaluation for Resident #53.	F 580	Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.  Corrective action completion date:	
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.	F 584		

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F 584	<p>Continued From page 12</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)( );</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after _____, must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to provide a safe, clean, comfortable and homelike environment for 9 of 64 rooms.</p> <p>The findings included:</p> <p>1). On _____ at 11:01 AM, an observation of _____ revealed the flooring and wall behind the resident's bed were stained and the</p>	F 584	<p>F584 SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice: 1) In the allegation of _____, flooring, wall and baseboard behind residents bed</p>		

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F 584	Continued From page 13 baseboard was in disrepair.  2). On _____ at 11:15 AM, an interview was conducted with Resident #16 who stated her privacy curtains needed to be washed. Observation revealed the residents' privacy curtain was stained. Further observation revealed the flooring was stained and the baseboard behind the bed was in disrepair.  3). On _____ at 11:20 AM, an observation revealed the bathroom light of _____ was dim and blinking. The baseboard behind the resident's bed was in disrepair.  4). On _____ at 8:35 AM, an observation and interview with Resident #27 revealed her privacy curtain did not cover the window area. The resident further added that the curtain had been like that since she was moved to the room (Photographic evidence obtained).  5). On _____ at 12:12 PM, observation revealed _____'s wall outside the room door was in disrepair. Further observation inside of the room revealed the resident's dresser drawer with a broken piece of wood and a TV connected to a power strip.  6). On _____ at 11:40 AM, observation revealed _____'s baseboard behind the resident's bed and nightstand was in disrepair and the flooring was stained.  On _____ at 4:15 PM, an environmental tour was conducted with the Environmental Services Representative and the Housekeeping Director. The tour revealed the following:	F 584	where stained and in disrepair. Maintenance/Housekeeping staff will fix, and or clean flooring, wall and baseboard behind resident's bed. 2) In the allegation of _____, privacy curtain stained, floor stained and baseboard in disrepair. Maintenance/Housekeeping staff will change privacy curtain, fix, and or clean flooring, wall and baseboard behind resident's bed. 3) In the allegation of _____, Bathroom light dim and blinking and baseboard behind resident's bed in disrepair. Maintenance/Housekeeping staff will change or fix the bathroom light, and or clean/fix baseboard behind resident's bed. 4) In the allegation of _____, privacy curtain does not cover window area. Maintenance staff will fix or replace privacy curtain to ensure it cover the window area. 5) In the allegation of _____, wall outside of room in disrepair, broken dresser drawer, power strip for the TV. Maintenance staff will repair the wall outside of the room, they will fix or place the dresser drawer, and they will remove the power strip from the TV. 6) In the allegation of _____, baseboard in disrepair and floor stained behind residents nightstand and bed. Maintenance/Housekeeping staff will fix, and or clean flooring, and baseboard behind resident's bed and nightstand. 7) In the allegation of _____, strong _____-like odor in bathroom, room baseboards blackened, bathroom wall	

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F 584	Continued From page 14 7). revealed a strong -like odor in the bathroom. The room baseboards were blackened in various sections. The bathroom wall near the door was soft and the plaster was not smooth.  8). revealed a strong -like odor.  The Environmental Services Representative stated all of the room baseboards were previously painted over and added that the baseboard material is plastic and when they clean and buff the floor, the paint comes off. The Environmental Services Representative stated they have a plan to change all room baseboards and flooring and are awaiting on a tile delivery.  Upon interview on at 4:35 PM, during the tour, the Environmental Services Representative acknowledged the environmental concerns that were identified on and	F 584	near the door soft and plaster not smooth. Maintenance/Housekeeping staff will clean the bathroom to remove the -like odor, baseboards will be repaired or replace, and the wall will be repaired and smoothed out. 8) In the allegation of , strong -like odor. Housekeeping will scrub and clean rooms to remove -like odor.  2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.  3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:  o Maintenance/Housekeeping staff will fix, and or clean flooring, wall and baseboard behind resident's bed. o Maintenance/Housekeeping staff will change privacy curtain, fix, and or clean flooring, wall and baseboard behind resident's bed. o Maintenance/Housekeeping staff will change or fix the bathroom light, and or	

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F 584	Continued From page 15	F 584	<p>clean/fix baseboard behind resident's bed.</p> <ul style="list-style-type: none"> <li>o _____, Maintenance staff will fix or replace privacy curtain to ensure it covers the window area.</li> <li>o _____, Maintenance staff will repair the wall outside of the room, they will fix or place the dresser drawer, and they will remove the power strip from the TV.</li> <li>o _____, Maintenance/Housekeeping staff will fix, and or clean flooring, and baseboard behind resident's bed and nightstand.</li> <li>o _____, Maintenance/Housekeeping staff will clean the bathroom to remove the _____-like odor, baseboards will be repaired or replaced, and the wall will be repaired and smoothed out.</li> <li>o _____, Housekeeping will scrub and clean rooms to remove _____-like odor.</li> </ul> <p>Random QA audits will be conducted by the Director of Maintenance or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Maintenance or a qualified Designee, weekly for one month, then</p>		

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F 584	Continued From page 16	F 584	biweekly for another one month and then monthly for one month or until substantial compliance has been determined,  Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Maintenance or a qualified Designee for a period of three months and until substantial compliance is met.  Corrective action completion date:		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and , , needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and , , well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations, if a facility disagrees with the	F 656			

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F 656	<p>Continued From page 17</p> <p>findings of the PASARR, it must indicate its rationale in the resident's medical record. ( )In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and -informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews and record review, the facility failed to initiate an activities care plan for 1 of 1 sampled resident reviewed for activities (Resident #12) and failed to initiate a care plan for 1 of 2 sampled residents reviewed for , (Resident #39).</p> <p>The findings included:</p> <p>Review of the facility's policy untitled, undated, provided by the Director of Nursing, documented "Resident Activities policy and procedure ensures resident's rights to participate in activities to promote well-being and engagement ...Individualized care planning ,develop a comprehensive activity plan that includes a variety of activities, schedules and staff</p>	F 656	<p>F656 DEVELOP/IMPLEMENT COMPREHENSIVE CARE PLAN</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>1) In the allegation of Resident #12, not having an activities care plan or documentation of activities participation. The Activities Director will be in-serviced about activities care-plans and documentation for activities participation.</p> <p>2) In the allegation of Resident #39, not having a care plan for right heal or right , and no care plan for Enhanced Barrier Precautions. Missing Enhanced Barrier Precautions signage on the door,</p>	

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F 656	<p>Continued From page 18 responsibilities ...".</p> <p>1) Review of Resident #12's clinical record documented an initial admission to the facility on and readmission . The resident's diagnoses included , Left , Left Ankle, Age-Related Nuclear Affecting Left Nondominant Side, , , , and</p> <p>Review of Resident #12's Minimum Data Set (MDS) quarterly assessment dated documented a Brief Interview of the Mental Status ( ) score of 15, indicating that the resident had no cognition . The assessment documented under "Functional Abilities and Goals" that the resident needed /total assistance from the staff to complete the activities of daily living, does have upper extremities and uses a wheelchair.</p> <p>Review of Resident #12's MDS Annual assessment dated documented a of 15, indicating that the resident have no . The Activities section of the assessment documented the following:</p> <p>*How important is it to you to have books, newspapers and magazines to read? Somewhat important. *How important is it to you to listen to music you like? Not very important. *How important is it to you to do things with groups of people? Not important at all. *How important is it to you to do your favorites activities? Somewhat important. *How important is it to you to go outside to get</p>	F 656	<p>missing isolation cart near the resident's door. Nursing staff will be in-serviced about care and Enhanced Barrier Precautions care plans and protocols.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <ul style="list-style-type: none"> <li>o Activities Director will be in-serviced about activities care-plans and documentation for activities participation.</li> <li>o Nursing staff will be in-serviced about care and Enhanced Barrier Precautions care plans and protocols.</li> </ul> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p>	

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F 656	<p>Continued From page 19</p> <p>fresh air when the weather is good? Very important. *How important is it to you to participate in religious services or practices? Very important.</p> <p>Resident #12's clinical record lacked written evidence of an activities care plan developed.</p> <p>On at 1:03 PM, an interview was conducted with Resident #12 who stated she felt lonely in her room, could not remember short or long-term things. The resident stated she used to have a workbook, but it was lost when she was moved from another room and the facility staff couldn't find it. Resident #12 was asked if someone from activities comes to her room to do any type of activity and stated, "No". The resident was asked if she would like to do some in-room activities and stated, "Yes".</p> <p>On at 11:42 AM, an interview was conducted with the Activities Director (AD) who stated she has been working at the facility since . The AD was asked about Resident #12's Activities care plan and stated she did a care plan on . A side-by-side review with the AD of Resident # 12's IDT (Interdisciplinary Team) Care Conference Summary dated . The AD stated that it was the activities care plan.</p> <p>On at 12:20 PM, a side-by-side review of Resident # 12's active/current care plans was conducted with Staff N, MDS Coordinator and MDS Lead. They were asked for Resident #12's activities care plan, Staff N stated he did not see one. The MDS Lead stated the activities department was supposed to create an activities care plan. Staff N stated the Activities Department staff should have completed the care plan. The</p>	F 656	<p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>		

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F 656	<p>Continued From page 20</p> <p>MDS Lead stated when they meet for care plan conferences, the IDT goes over the care plan and updates or creates a care plan.</p> <p>On _____ at 3:45 PM, during an interview, the Director of Nursing and the Administrator were apprised of Resident #12's lack of a written care plan and the lack of documentation of activities provided. The Administrator acknowledged that if it is not documented it was not done.</p> <p>2) Record review for Resident #39 revealed the resident was originally admitted to the facility on _____ and a most recent readmission on _____, with diagnoses that included in part, _____ and _____ Status. The Minimum Data Set assessment dated _____ documented in Section C, a Brief Interview of Mental Status score of 14, indicating a _____ response.</p> <p>Review of the Physician's Orders for Resident #39 revealed an order dated _____ as cleanse Right Heel _____ with normal _____, dry, apply _____, cover with gauze, and wrap with Kerlix every day shift for _____.</p> <p>Review of the Physician's Orders for Resident #39 revealed an order dated _____ for cleanse _____ to Right _____ with normal _____, dry, apply _____, cover with dry protective _____ every day shift for _____.</p> <p>Review of the Physician's Orders for Resident</p>	F 656		

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F 656	<p>Continued From page 21</p> <p>#39 revealed an order dated _____ for Enhanced Barrier Precautions for _____ care.</p> <p>Review of the Care Plans for Resident #39 revealed no care plan for the right heel or right _____, and no care plan for Enhanced Barrier Precautions.</p> <p>On _____ at 8:55 AM, an observation was made of an already in-progress _____ care, being provided for Resident #39, performed by Staff J, a _____ Care Licensed Practical Nurse, who was assisted by Staff I, a Certified Nursing Assistant (CNA). There were no Enhanced Barrier Precautions sign on the resident's door, and no isolation cart near the resident's door.</p> <p>An interview was conducted on _____ at 12:50 PM with Staff N, MDS Coordinator, who stated he has been in his position for just under one year. When asked if he is responsible for creating care plans for the residents, he said yes, if they are nursing care plans. When asked when he would enter the care plan for a resident with a _____, he stated it would be the same day or the next day. When asked about Resident #39 he acknowledged there was no care plan for the right _____ and right heel _____ that was identified on _____. Additionally, he acknowledged there was no care plan for Enhanced Barrier Precautions for Resident #39.</p> <p>An interview was conducted on _____ at 1:15 PM with Staff J _____ Care Licensed Practical Nurse who stated she has been with the facility for almost 1 year. When asked if she creates a care plan or enters orders for Enhanced Barrier Precautions when she enters an order for a new _____, she said no. She stated the MDS</p>	F			

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F 656	Continued From page 22 department will review her notes and create a care plan and the Preventionist will review her notes and enter an order for Enhanced Barrier Precautions.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to provide assistance during dining for 2 of 2 sampled residents reviewed for Activities of Daily Living (ADL) (Resident #1 and Resident #276).  The findings included:  A review of the facility policy titled "Activities of Daily Living Policy" (undated), documented the following: Identify the specific needs and goals of each Resident, considering their individual preferences and abilities. Provide assistance with feeding as needed and ensure proper nutrition and hydration.  1) A chart review revealed Resident #1 was admitted to the facility on _____ with diagnoses of _____ and _____. The Minimum Data Set (MDS) assessment dated _____ revealed Resident #1 is severely _____. Under section GG for eating, Resident #1 was coded as partial to _____ during dining. This means the helper does less than half the effort. The helper lifts,	F 677	F677 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice: 1) In the allegation of Resident #1, having multiple meals where trays were not set up for the resident to eat. The resident ate minimal at all the observed meals. Nursing staff will be in-serviced to ensure ADLs are followed for mealtimes for residents that need assistance, i.e. set up, assistance or encouragement with eating. 2) In the allegation of Resident #275, needing help and encouragement during meals. Nursing staff will be in-service to ensure ADLs are followed for meal times for residents that need assistance, i.e. set up, assistance or encouragement with eating.  2. How you will identify other residents	

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F 677	<p>Continued From page 23</p> <p>holds, or supports trunks or but provides less than half the effort.</p> <p>In an observation conducted on _____ at 12:48 PM, the lunch tray came into Resident #1's room. The tray was noted with corn beef, parslied potatoes, buttered cabbage, Jello cubes, and a dinner roll. Continued observation at 12:55 PM revealed the tray was still untouched. At 1:02 PM, the tray was barely touched, with only a few bites from the buttered cabbage and no staff in the room. At 1:03 PM, Staff K, a Certified Nursing Assistant (CNA), took the lunch tray out of the room.</p> <p>In an observation conducted on _____ at 5:32 PM, Resident #1 received her dinner tray, and no staff were noted in the room to assist the Resident with her dinner. At 5:45 PM, no staff were noted in the room to assist. Continued observation at 5:53 PM revealed Resident #1 ate about 10% of her dinner meal, with no staff in the room to assist. The dinner tray was noted with the following: Baked macaroni and cheese, stewed tomatoes, a brownie, a slice of bread, and a carton of milk. The carton of milk was noted unopened, and the brownie and slice of bread were still wrapped.</p> <p>In an observation conducted on _____ at 8:32 AM, Resident #1 was eating her breakfast with no staff in the room to assist her. The tray was noted with the following: pancakes, scrambled eggs, hot cereal, juice and a carton of milk that was not poured into a cup. Closer observation showed that Resident #1 ate 20% of her breakfast meal.</p> <p>In an interview conducted on _____ at 4:30 PM with Staff C, a Certified Nursing Assistant (CNA),</p>	F 677	<p>having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <ul style="list-style-type: none"> <li>o In-service will be conducted with nursing staff to ensure ADL are followed for mealtimes for residents that need assistance, i.e. set up, assistance or encouragement with eating.</li> <li>o In-service will be conducted with nursing staff to ensure ADL are followed for mealtimes for residents that need assistance, i.e. set up, assistance or encouragement with eating.</li> </ul> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Nursing or a qualified</p>		

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F 677	<p>Continued From page 24</p> <p>stated that Resident #1 needed help during mealtimes, but now you only need to open the food containers and set up her tray, and she can eat independently.</p> <p>2) A chart review revealed that Resident #275 was admitted to the facility on _____ with diagnoses of _____'s and protein-calorie _____. The Admission MDS assessment dated _____ revealed Resident #275 has a Brief Interview of Mental Status score ( _____ ) score of 05, which is severely _____. Section GG for eating showed Resident #275 needed partial to _____.</p> <p>In an observation conducted on _____ at 11:00 AM, Resident #275 was still in the room with his breakfast tray, and there were no staff in the room. The meal ticket noted the following: hot cereal, Western egg baked, soft white toast, fruit of the day, juice, and milk. Closer observation showed Resident #275 ate about 30% of his breakfast meal.</p> <p>In an observation conducted on _____ at 12:53 PM, Staff F (CNA) came with the lunch tray for Resident #275. She sat down near the resident and started feeding him his lunch meal. In this observation, Staff F stated Resident #275 can eat independently, but some days, he cannot. He needs pushing and encouragement to eat his meals.</p> <p>In an interview conducted on _____ at 5:40 PM with Resident #275's family member, he stated Resident #275 needs help and encouragement with all his meals.</p>	F 677	<p>Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>		

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OMB NO. 0938-0391

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F 677	Continued From page 25 An interview conducted on _____ at 8:34 AM with Staff D, Minimum Data Set Lead, who reported partial to _____ during dining, means that residents can feed themselves but need some assistance. The resident needs observation during mealtimes and assistance completing their meals.	F 677		
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)  §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and _____ well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, the facility failed to provide an ongoing activities program to support resident's preferences for 1 of 1 sampled resident for Activities (Resident #12).  The findings included:  Review of the facility's policy untitled, undated, provided by the Director of Nursing documented "Resident Activities policy and procedure ensures resident's rights to participate in activities to promote well-being and engagement ...Individualized care planning ...develop a comprehensive activity plan that includes a	F 679	F679 ACTIVITIES MEETS INTEREST/NEEDS EACH RESIDENT 1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice: In the allegation of resident #12, and 1 on 1 activities in room visits not being documented. The Activities Director will be in-serviced about activities 1 on 1 room visits and proper documentation of the visits.  2. How you will identify other residents having potential to be affected by the	

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F 679	<p>Continued From page 26</p> <p>variety of activities, schedules and staff responsibilities ..."</p> <p>Review of Resident #12's clinical record documented an initial admission to the facility on and readmission . The resident's diagnoses included . Left . Left Ankle, Age-Related Nuclear . Affecting Left Nondominant Side, . and .</p> <p>Review of Resident #12's Minimum Data Set (MDS) quarterly assessment dated documented a "Brief Interview of the Mental Status ( ) score of 15 indicating that the resident had no cognition . The assessment documented under "Functional Abilities and Goals" that the resident needed / total assistance from the staff to complete the activities of daily living, does have upper extremities and uses a wheelchair.</p> <p>Review of Resident #12's MDS Annual assessment dated documented a of 15, indicating that the resident had no . The resident's Activities section of the assessment documented the following: *How important is it to you to have books, newspapers and magazines to read? Somewhat important. *How important is it to you to listen to music you like? Not very important. *How important is it to you to do things with groups of people? Not important at all. *How important is it to you to do your favorites activities? Somewhat important. *How important is it to you to go outside to get</p>	F 679	<p>same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <p>Activities Director will be in-serviced about activities 1 on 1 room visits and proper documentation of the visits.</p> <p>Random QA audits will be conducted by the Administrator or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Administrator or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Administrator a qualified Designee for a</p>		

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F 679	<p>Continued From page 27</p> <p>fresh air when the weather is good? Very important. *How important is it to you to participate in religious services or practices? Very important.</p> <p>Resident #12's clinical record lacked written evidence of an activities care plan developed.</p> <p>On _____ at 1:03 PM, an interview was conducted with Resident #12 who stated she felt lonely in her room, could not remember short or long term things. The resident was asked if she had an I- _____, and replied she used to have a workbook and it was lost when she was moved from another room, the facility staff couldn't find it. The resident stated she was out of bed on Wednesday, it was her choice because her _____ swell up and in _____. Resident #12 was asked if someone from activities comes to her room to do any type of activity, and she stated "No". The resident was asked if she would like to do some in-room activities, and she stated "Yes".</p> <p>On _____ at 12:45 PM, observations revealed Resident #12 in bed, talking to her roommate.</p> <p>On _____ 11:42 AM, an interview was conducted with the Activities Director (AD) who stated she had been working at the facility since _____. The AD stated she does 1:1 in room activities, walks the units daily and knows who is in bed and who is not. She asks the residents if they want company, sometimes bring the coloring and crafts, talk and read to them. The AD was asked if she keeps a record of activities provided to the resident and stated she did not do or keep a lot of in-room activities, added she was supposed to but got side-tracked and did not do it. The AD stated she goes to do room visit 1:1</p>	F 679	<p>period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>	

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F 679	<p>Continued From page 28</p> <p>once a week and sometimes pops up twice a week. The AD stated she had two Activities Assistant always and three on Wednesday, Thursday and Fridays and two on the weekends. The AD was asked about Resident # 12's activities and stated she did her makeup three (3) times a week last week, and added she mostly reads and sits to talk with her because she likes company. The AD added the resident cries because of , likes the makeup, brings her to music events, and added the resident gets visits from friends from church every day. The AD was asked if she brings magazines or anything like that to the resident and stated she does not bring magazines because the resident had not asked for it. The AD stated she asked the resident what she likes and offered coloring. The AD stated the department had an I- , but she had not offered it to Resident #12. The AD was asked to submit written evidence of 1:1 activities for Resident #12 and stated she does not document 1:1 visits or the activities provided for Resident # 12.</p> <p>On at 12:04 PM, a visit with the AD and Resident #12 was conducted. Resident #12 was up in a wheelchair. The AD asked the resident about her make up, the resident replied, "you only had done it once, honey".</p> <p>On at 12:20 PM, a side by side review of Resident #12's active/current care plans was conducted with Staff N, MDS Coordinator and MDS Lead. The MDS Lead stated when they meet for care plan conference, the IDT goes over care plans and updates or create a care plan.</p> <p>On at 3:45 PM, during an interview, the Director of Nursing and the Administrator were apprised of Resident #12's lack of a written care</p>	F 679			

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F 679	Continued From page 29 plan and the lack of documentation of activities provided. The Administrator acknowledged that if it is not documented, it was not done.	F 679		
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice for 3 of 31 sampled residents including a Pleur-X (a type of tube) being drained as ordered (Resident #73) medications being administered in a timely manner as ordered (Residents #73 and #481); and failure to ensure a resident had an Abduction Pillow in place, as ordered by the physician (Resident #46)..  The findings included:  1) Record review for Resident #73 revealed the resident was admitted to the facility on with diagnoses that included, in part, the following: _____ of Unspecified Part of Unspecified _____ or _____ and _____ Review of the Minimum Data Set (MDS) assessment dated _____	F 684	F684 QUALITY OF CARE  1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice: 1) In the allegation of Resident #73, and the Pleur-X not being drained on it's schedule. And not following medication administration times of an hour prior or an hour post scheduled administration times. The Nursing staff will be in-serviced to follow doctors' orders regarding the drainage times of the Pleur-X. The Nursing staff will be in-serviced to follow Doctor's orders and medication administration times. 2) In the allegation of Resident #481, having not received multiple medication at their prescribed times. Nursing staff will be in-serviced to follow Doctor's orders and medication administration times.	

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F 684	<p>Continued From page 30</p> <p>documented in Section C a Brief Interview of Mental Status ( ) score of 15, indicating a response.</p> <p>Review of the Physician's Orders for Resident #73 revealed an order dated for Drain Pleur-X every day shift every Monday, Wednesday, Friday and as needed.</p> <p>Review of the Physician's Orders for Resident #73 revealed in part the following orders: -An order dated for Inhalation Nebulization Solution 1.25mg/3ml inhale orally via every 4 hours for -An order dated for 10mg give 1 tablet by one time a day for An order dated for 40mg give 1 tablet by one time a day for hold for less than 100. -An order dated for 2.5mg give 1 tablet by two times a day for Prevention of /PE ( ) -An order dated for HFA Inhalation Aerosol 17 mcg/act 2 puff inhale orally four times a day for</p> <p>Review of the Medication Administration Audit Report for Resident #73 revealed the following: -On Inhalation Nebulization Solution 1.25mg/3ml scheduled for 8:00 AM was administered at 10:42 AM -On 10mg scheduled for 8:00 AM was administered at 10:33 AM -On 40mg scheduled for 9:00 AM was administered at 10:42 AM</p>	F 684	<p>3) In the allegation of Resident #46, and the resident's abduction pillow not being used. Nursing staff will be in-serviced to follow Doctor's orders and the use of assistive devices.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <ul style="list-style-type: none"> <li>o Nursing staff will be in-serviced to follow doctors' orders regarding the drainage times of the Pleur-X.</li> <li>o Nursing staff will be in-serviced to follow Doctor's orders and medication administration times.</li> <li>o Nursing staff will be in-serviced to follow Doctor's orders and the use of assistive devices.</li> </ul> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p>	

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F 684	<p>Continued From page 31</p> <p>-On . . . . . 2.5mg scheduled for 9:00 AM was administered 10:33 AM</p> <p>-On . . . . . 5mg scheduled for 9:00 AM was administered at 10:33 AM</p> <p>-On . . . . . scheduled for 9:00 AM was administered at 10:32 AM</p> <p>-On . . . . . scheduled for 12:00 PM was administered at 11:04 AM</p> <p>-On . . . . . Inhalation Nebulization Solution 1.25mg/3ml scheduled for 12:00 PM was administered at 11:04 AM.</p> <p>In summary the Medication Administration Audit Report for Resident #73 revealed 6 medications were given late by as much as an hour and forty-two minutes. Additionally, breathing medications were not administered 4 hours apart as ordered, they were administered 32 minutes apart.</p> <p>Review of the Medication Administration Record (MAR) for Resident #73 for the month of revealed no documentation of the Pleur-X being drained on . . . . .</p> <p>Review of the Nurse's notes for Resident #73 for . . . . . revealed no documentation of Pleur-X being drained or not being drained.</p> <p>Review of the Care Plan for Resident #73 dated . . . . . with a focus on Management of Pleur-X drainage and a goal of the resident will have no complications related to Pleur-X drainage. The interventions included the following: Staff will maintain appropriate function of . . . . . tube. Monitor for . . . . . Monitor for signs and symptoms of . . . . . leakage or . . . . . and report to Medical Doctor. Verify the appropriate equipment is at the bedside.</p>	F 684	<p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>	

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F 684	<p>Continued From page 32</p> <p>During an interview conducted on _____ at 11:14 AM Resident #73 stated the nurse did not give him his _____ this morning when she came into the room at 9:00 AM this morning. He said this has been an issue in this facility with not getting medications, sometimes you do get them and sometimes they are very late.</p> <p>During an interview conducted on _____ at 10:00 AM with Resident #73 who stated he has a _____ tube that needs to be drained 3 times a week and staff did not drain his tube yesterday all day. He was very upset and said, "This is a serious life and _____ issue". In this interview, it was quite evident the resident was angry, irrigated and _____. He then said to the Surveyor that he was concerned for his health.</p> <p>During an interview conducted on _____ at 10:30 AM with Staff L Licensed Practical Nurse (LPN) who was asked if she was aware Resident #73 did not have his Pleur-X drained yesterday, she stated she was not aware, she did not have the resident yesterday and she was not given any information in report about his Pleur-X not being drained.</p> <p>During an interview conducted on _____ at 10:33 AM with Staff G Licensed Practical Nurse Unit Manager who said she worked yesterday and was unaware of Resident #73 not having his Pleur-X drained yesterday. She acknowledged there was no documentation of the Pleur-X being drained and there was no progress note to indicate reason why not drained or the physician being notified.</p> <p>During an interview conducted on _____ at _____</p>	F 684			

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F 684	<p>Continued From page 33</p> <p>10:45 AM with Resident #73, it was noted that he was visibly upset and talking fast with a raised voice and stated his drain was not drained yesterday as it should have been. He stated that he had surgery to have the drain inserted and he desperately needs the fluid drained as the fluid builds up and causes pressure in his . He stated the drainage process is painful and he needs medication for the until his goes to being fully inflated.</p> <p>During an interview conducted on at 5:24 PM with the Attending Physician for Resident #73 who was asked what is the reason Resident #73 has a Pleur-X, the Attending Physician stated it is usually because fluid keeps on reaccumulating, so a with a valve was put in and it is not difficult to drain. The Attending Physician went on to say it can stay in for a long time. When asked about the importance of it being drained as ordered, he said when it gets full you drain it or if the resident is out of breath. It was clarified with the Attending Physician that the Pleur-X is not connected to any drainage type of collection. The Attending Physician stated he was driving and does not remember every detail of every patient and stated it would be the orders from the pulmonologist that would be followed. It was then clarified with the Attending Physician that the order was given by him. When asked what happens if it is not drained as ordered he stated it is not necessary to drain it, but if fluid is accumulating the resident would be out of breath and would need to be drained. When asked if the Pleur-X was not drained should he be informed he said he should be informed but could not recall if he was informed if the Pleur-X had not been drained.</p>	F 684		

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F 684	<p>Continued From page 34</p> <p>During an interview conducted on _____ at 10:00 AM with Resident #73 who was asked how he felt, he said thank you for intervening on my behalf, things really started happening. They drained my Pleur-X yesterday and he feels much better and feels confident they will not let it happen again.</p> <p>2) Record review for Resident #481 revealed the resident was admitted to the facility on _____ with diagnoses that included in part, the following: Aftercare Following _____ Replacement Surgery, of Specified Part of _____ of Right Subsequent Encounter for Closed _____ with Routine Healing, Unspecified _____ Essential (Primary) _____ . Review of the MDS for Resident #481 dated _____ documented in Section C a _____ score of 15, indicating a _____ response.</p> <p>Review of the Physician's Orders for Resident #481 revealed in part, the following:</p> <p>An order dated _____ for _____ oral tablet 120 mg give 1 tablet by _____ every 12 hours for _____ .</p> <p>An order dated _____ for _____ oral tablet 120 mg give 1 tablet by _____ every 12 hours for _____ .</p> <p>Review of the Medication Administration Audit Report for Resident #481 revealed the following:</p> <p>-On _____ 120 mg was scheduled to be administrated at 9:00 PM and was not given until 10:15 PM.</p> <p>-On _____ 120 mg was scheduled to be administrated at 9:00 PM and was not given</p>	F 684		

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F 684	<p>Continued From page 35</p> <p>until 10:14 PM.</p> <p>-On                    120 mg was scheduled to be administrated at 9:00 PM and was not given until                    at 12:29 AM.</p> <p>-On                    120 mg was scheduled to be administrated at 9:00 PM and was not given until                    at 12:28 AM.</p> <p>-On                    120 mg was scheduled to be administrated at 9:00 PM and was not given until 10:51 PM.</p> <p>-On                    120 mg was scheduled to be administrated at 9:00 PM and was not given until 10:52 PM.</p> <p>-On                    120 mg was scheduled to be administrated at 9:00 PM and was not given until 11:02 PM.</p> <p>-On                    120 mg was scheduled to be administrated at 9:00 PM and was not given until 10:53 PM.</p> <p>In summary the Medication Administration Audit Report for Resident #481 revealed medications were administered late on 8 occasions as late as 2 hours and 29 minutes. During an interview conducted on                    at 1:05 PM with Staff A, Registered Nurse, who was asked when medication administration is considered late or early, she stated they have an hour before and an hour after the medication scheduled time to give the medication.</p> <p>During an interview conducted on                    10:43 AM with Resident #481, she stated they give her medications late sometimes, more than two hours. When asked if she knew the names of her medications, she said                    and                    .</p> <p>During an interview conducted on                    at 10:00 AM with the Consultant Pharmacist who was asked about medications being given late,</p>	F 684			

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F 684	<p>Continued From page 36</p> <p>such as and for Resident #481, she stated some could be detrimental but not life threatening. When asked about the and inhalation medications being given close together (less than 30 minutes) she stated it could be detrimental but not life threatening.</p> <p>3) Review of Resident #46's clinical record documented an admission to the facility on with a readmission on . The resident's diagnoses included Disturbance, Aphasia Following other</p> <p>of Left , Subsequent Encounter for Closed with Routine Healing, Presence of Left , Aftercare Following Replacement Surgery, and Need for Assistance with Personal Care.</p> <p>Review of Resident #46's Minimum Data Set (MDS) 5 days-admission assessment dated , documented a "Brief Interview of the Mental Status ( ) was not conducted due to resident is rarely/never understood indicating the resident had severe cognition ". The assessment documented under "Functional Abilities and Goals"; the resident was dependent on the staff to complete the activities of daily living.</p> <p>Review of Resident #46's care plan titled, "[resident name] is at risk for complications related to left , " initiated on with interventions to include "encourage and assist the resident with the use of adaptive equipment as indicated ...".</p> <p>Review of Resident #46's physician order dated documented, " Abduction Pillow while in</p>	F 684			

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F 684	<p>Continued From page 37 bed every shift".</p> <p>Review of Resident #46's Admission Notes dated documented, " ...Primary diagnosis Left , ...Skin dry and warm to touch. Dry , ... noted to Left , (Surgical site) ... Safety and comfort measures maintained. Bed placed in low position with call light in reach."</p> <p>On at 11:33 AM, observation revealed Resident # 46 in bed, grimacing, and Staff BB, CNA was at the bedside. The surveyor attempted to interview the resident, who did not answer the questions asked. An interview was conducted with Staff BB who stated the resident is out of bed sometimes and gets , medication. Further observation did not reveal the resident had an abduction pillow.</p> <p>On at 12:43 PM, observation revealed Resident #46 in bed being fed by Staff E, Licensed Practical Nurse (LPN). An interview was conducted with Staff E who stated Resident #46 last month and had a , but did not know the details. Observation revealed the resident did not have an abduction pillow.</p> <p>On at 8:10 AM, observations revealed Resident #46 in a low position bed, moaning, lying down on her left side. Observation revealed the resident did not have an abduction pillow.</p> <p>On at 08:28 AM, observation revealed Resident # 46 in bed being fed by Staff O, CNA. The resident said hello and started to cry, and stated she had , unable to tell location. Observation revealed the resident did not have an abduction pillow.</p>	F 684			

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F 684	<p>Continued From page 38</p> <p>On _____ at 9:00 AM, an interview was conducted with Staff BB, CNA. She stated she took care of Resident #46 on _____, did the personal care by herself but asked for help when she was ready to turn her. Staff BB stated she used regular pillows when repositioning the resident.</p> <p>On _____ at 3:03 PM, a _____ interview was conducted with Staff N, MDS Coordinator and MDS Lead. The MDS Lead was asked for Resident #46's Abduction pillow and stated the care plan was updated on _____, with an intervention to include the use of adaptive equipment. Consequently, a side-by-side observation was conducted of Resident #46's closet with the MDS Lead Staff M, Unit Manager. The observation revealed no abduction pillow in the resident's room. Staff M stated the resident brought the abduction pillow with her from the hospital ( _____ ).</p> <p>On _____ at 3:25 PM, an interview was conducted with Staff S, CNA who stated she works the _____ shift. Staff S was asked what kind of pillow she used with Resident #46 while she was in bed and stated regular pillows. Staff S was asked if she had used a special pillow with the resident and stated she had not seen one in her room.</p> <p>On _____ at 3:27 PM, an interview was conducted with Staff Q, CNA who stated she works the _____ shift. Staff S was asked what kind of pillow she used with Resident #46 while she was in bed and stated regular pillows on her and left heel. Staff Q was asked if she had used a special pillow with the resident and she stated she had not.</p>	F 684			

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F 684	Continued From page 39	F 684			
F 693 SS=D	<p>On _____ at 3:46 PM, during an interview, Staff M, Unit Manager stated she was not aware that Resident #46 did not have the abduction pillow.</p> <p>_____ Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Nutrition (Includes naso-_____ and _____ tubes, both _____ and _____ endoscopic _____, and _____ fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by _____ methods unless the resident's clinical condition demonstrates that _____ feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by _____ means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of _____ feeding including but not limited to _____ abnormalities, and _____ This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to initiate _____ in a timely manner for 1 of 2 sampled residents reviewed for _____ (Resident #475) and failed to follow physician's orders for _____ of 2 of 2 sampled residents reviewed for tube _____</p>	F 693	<p>F693 MGMT/RESTORE EATING SKILLS</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p>		

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F 693	<p>Continued From page 40</p> <p>feeding (Residents #475 and Resident #109).</p> <p>The findings included:</p> <p>1) Record review for Resident #475 revealed the resident was admitted to the facility on at 6:00 PM with diagnoses that included in part, the following: Acute Failure with Status. The resident did not have a completed Minimum Data Set at time of review.</p> <p>Review of the Physician's Orders for Resident #475 revealed in part, the following orders: An order dated at 2:00 PM Feed Order every 4 hours Formula Jevity. Administer 240 ml bolus feeding every 4 hours. The order was discontinued at 2:11 PM.</p> <p>An order dated at 5:00 PM for Feed Order five times a day Formula Jevity 1.5. Administer 237 ml bolus feeding every 5 cans QD every day. Flush with 120 ml (water) before and after each feeding.</p> <p>An order dated to check for skin integrity under the binder every shift.</p> <p>Review of the Care Plan for Resident #475 dated with a focus on the resident requires related to and The goals were for resident to maintain adequate nutritional and hydration status and to remain free of side effects or complications related to through review date. The interventions included in part, the following: Follow physician orders regarding nutrition order and flushes.</p>	F 693	<p>1) In the allegation of Resident #475, and the facility not receiving an order for for almost 20 hours. Nursing staff will be in-serviced to get and follow doctor's orders in timely fashion as to not delay treatment to the residents.</p> <p>2) In the instance of Resident #109, not for almost 22 hours and the tube-feeding not running at proper rate. Nursing staff will be in-serviced to get and follow doctor's orders in timely fashion as to not delay treatment to the residents.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <p>Nursing staff will be in-serviced to get and follow doctor's orders in timely fashion as to not delay treatment to the residents.</p> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial</p>		

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F 693	<p>Continued From page 41</p> <p>On _____ at 11:10 AM, an observation was made of Resident # 475 lying on his side in bed with the covers off, and what appeared to be a _____ coming out from under his shirt and draped over the resident's side.</p> <p>On _____ at 5:02 PM an observation was made of Staff A Registered Nurse (RN) _____ for Resident #475. Staff A RN applied a gown, entered the resident's room, washed her _____, applied gloves, touched the privacy curtain, and the bed control, then removed her gloves, washed her _____ and applied gloves. The end of the _____ (type of _____) had no cover or cap and was just clamped off. The resident did not have an _____ binder on. Staff A RN checked for residual and there was none. The resident kept repeating "Is this my food am I finally getting some food". The resident was also asking about _____ medication. Staff A, RN stated he does not have any _____ medication ordered, and she will have to call the doctor. Staff A RN poured Jevity 1.5 (formulary type) _____ from a closed system bottle that was opened and at the 450 mark and was dated _____ but had no time the bottle was opened.</p> <p>During an interview conducted on _____ at 11:10 AM with Resident #475 he said his _____ hurts and he is hungry and hasn't eaten in days.</p> <p>During an interview conducted on _____ at 04:20 PM with Staff A RN who was asked if Resident #475 had received any _____ today, she said yes, she gave him _____ at 3:02 PM today.</p>	F 693	<p>compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>	

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F 693	<p>Continued From page 42</p> <p>During an interview conducted on _____ at 5:20 PM with Staff A RN who was asked about the _____ being provided, she said they do not have cans, so they pour it from the larger bottle. When asked if Resident #475 has an order for nothing by _____, she acknowledged he does. When asked if a resident comes in with a _____ and has no orders for _____ or a diet, what they do, she stated they would look at the hospital paperwork to see what the resident was receiving and then call the physician within two hours to get an order.</p> <p>During an interview conducted on _____ at 10:00 AM with Staff G Licensed Practical Nurse Unit Manager who was asked about a resident who is admitted with a _____ and no _____ orders and no diet, she said the nurse would get the order from the physician within two hours. She checks the chart the next day as the Unit Manager to ensure all orders are in place. When asked about Resident #475 she acknowledged the resident was admitted to the facility on _____ at 6:00 PM and did not have an order for _____ until _____ at 2:00 PM.</p> <p>2) A record review revealed Resident #109 was readmitted to the facility on _____ at 5:32 PM with diagnoses of _____ and Unspecific Protein-Calorie _____. The Significant Change Minimum Data Set assessment dated _____ showed Resident #109 was severely _____.</p> <p>A review of the Dietitian evaluation dated _____ revealed the Resident had an admission _____ . His Ideal day _____ was noted at _____, and he was readmitted with a _____</p>	F 693			

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F 693	<p>Continued From page 43</p> <p>decline in</p> <p>The Physician's orders showed an order for Jevity 1.5 ( formulary) at 50 milliliters (ml) an hour for 20 hours off at 8:00 AM and starting at 12:00 PM, which was placed on at 3:00 PM. This was almost 22 hours after Resident #109 was admitted.</p> <p>In an observation conducted on at 11:24 AM, Resident #109 was sitting in a chair with the not running. Continued observation at 12:34 PM revealed a bottle of Jevity 1.5 with a start date of at 12:00 PM, running at 50 milliliters (ml) an hour. The was at the 1000 ml mark out of a 1000 ml capacity bottle.</p> <p>In an observation conducted on at 3:43 PM, Resident #109 was noted in a chair with the same bag running at 50 ml an hour. The bag was noted at the 950 ml mark out of a 1000 ml capacity bottle. This showed that only 50 ml of formulary was administered instead of about 200 ml of formulary.</p> <p>In an observation conducted on at 5:00 PM, Resident #109 was noted in a chair with the same bag running at 50 ml an hour. The bag was noted at 900 ml mark out of a 1000 ml capacity bottle. This showed that only 100ml of formulary was administered instead of about 250 ml of formulary. The bottle should have been at the 750 ml mark after 5 hours.</p> <p>In an interview conducted on at 5:36 PM, Staff E, Licensed Practical Nurse, she stated</p>	F 693			

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F 693	<p>Continued From page 44</p> <p>started Resident #109's _____ at noon today and that it has been running continuously for the last 5 hours at 50 ml an hour. She further said, Resident #109 was tolerating his _____ well.</p> <p>In an observation conducted on _____ at 12:45 PM, Resident #109 was noted in the chair with the _____ Jevity 1.5 at 50 ml an hour, which started on _____ at noon time. The _____ was noted at the 1000 ml level out of a 1000 ml capacity bottle. Continued observation at 3:49 PM, revealed that same _____ bottle which was at the 900 ml level out of 1000 ml capacity bottle. This showed that only 100 ml of formulary was administered instead of about 200 ml as per order.</p> <p>A review of the care plan dated _____ documented to provide the _____ Jevity 1.5 as ordered.</p> <p>In an interview conducted on _____ at 8:05 AM with the facility 's Clinical Dietitian, she stated Resident #109 _____ should be running at 50 ml an hour for 20 hours to meet nutritional needs. When asked about the observation done by this Surveyor on _____, she acknowledged that the _____ should have been around the 750 ml mark at 5:00 PM. You may see a _____ ml variance in the _____ level, but no more than that. The Clinical Dietitian said that a variance of 100-200 ml was too much, especially if Resident #109 was tolerating his _____.</p>	F 693			
F 755 SS=D	<p>Pharmacy Svcs/Procedures/Pharmacists/Records CFR(s): 483.45(a)(b)(1)-(3)</p>	F 755			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105685</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MENORAH HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9945 CENTRAL PARK BLVD N BOCA RATON, FL 33428</b>		
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F 755	<p>Continued From page 45</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide pharmaceutical services including procedures that assure the accurate dispensing and administering of all drugs and ensure a system of records of administering all controlled drugs in sufficient detail to enable an</p>	F 755	<p>F755 PHARMACY SRVCS/PROCEDURES/PHARMACIST/R ECORDS</p> <p>1. What corrective action(s) will be accomplished for those residents found to</p>		

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F 755	<p>Continued From page 46</p> <p>accurate reconciliation and that drug records are in order and an account of all controlled drugs is maintained for 3 of 8 sampled residents reviewed for controlled drugs (Resident #487, #28, and 82).</p> <p>The findings included:</p> <p>1) Record review for Resident #487 revealed the resident was admitted to the facility on _____ with most recent readmission on _____ with diagnosis that included in part the following: _____ and Essential (Primary) _____. The Minimum Data Set (MDS) assessment dated _____ documented in Section C a Brief Interview of Mental Status ( _____ ) could not be completed due to the resident is rarely/never understood.</p> <p>Review of the Physician's Orders for Resident #487 revealed an order dated _____ for Oral Tablet 5 MG ( _____ ) give 1 tablet by _____ every 4 hours as needed for Agitation for 14 Days.</p> <p>Review of the Medication Monitoring/Control Record for Resident #487 _____ 5mg documented _____ at 2:29 PM the medication was removed from the med cart.</p> <p>Review of the Medication Administration Record (MAR) for Resident #487 for the month of _____ revealed no documentation of ( _____ ) 5mg being administered.</p> <p>In summary the ( _____ ) 5mg for Resident #487 was signed on the Medication Monitoring/Control Record as removed from the med cart but not documented as being administered on the resident's Medication</p>	F 755	<p>have been affected by the practice:</p> <p>1) In the allegation of Resident #487, the resident's medication was shown as signed out, but no documentation that it had been administered to the resident. Nursing staff will be in-serviced to sign out medication and to also document the administration of the medication.</p> <p>2) In the allegation of Resident #28, the resident's medication was shown as signed out, but no documentation that it had been administered to the resident. Nursing staff will be in-serviced to sign out medication and to also document the administration of the medication.</p> <p>3) In the allegation of Resident #82, the resident's Medication was not signed out but was documented as administered. Nursing staff will be in-serviced to sign out medication and to also document the administration of the medication.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:  Nursing staff will be in-serviced to sign out</p>	

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F 755	<p>Continued From page 47 Administration Record.</p> <p>2) Record review for Resident #28 revealed the resident was admitted to the facility on with diagnoses that included in part the following: Displaced of Right , Subsequent Encounter for Closed with Routine Healing. The MDS assessment dated documented in Section C, a ( ) score of 13, indicating a response.</p> <p>Review of the Physician's Orders for Resident #28 revealed an order dated for Capsule 5mg give 1 capsule by every 6 hours, as needed for moderate to severe .</p> <p>Review of the Medication Monitoring/Control Record for Resident #28 5mg documented on at 4:57 PM the medication was removed from the med cart.</p> <p>Review of the MAR for Resident #28 for the month of revealed no documentation of 5mg being administered.</p> <p>In summary the 5mg for Resident #28 was signed on the Medication Monitoring/Control Record as removed from the cart but not documented as being administered on the resident's Medication Administration Record.</p> <p>3) Record review for Resident #82 revealed the resident was admitted on with diagnoses that included in part the following:</p>	F 755	<p>medication and to also document the administration of the medication.</p> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>		

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F 755	<p>Continued From page 48</p> <p>and</p> <p>Mild with Agitation, The MDS dated Documented in Section C, a was not performed due to the resident is rarely/never understood.</p> <p>Review of the Physician's Orders for Resident #82 revealed an order dated for Tablet 50 mg give 1 tablet by every 8 hours as needed for moderate and severe .</p> <p>Review of the Medication Monitoring/Control Record for Resident #82 for 50mg revealed no documentation of the med being signed out as removed from the med cart.</p> <p>Review of the Medication Administration Record for Resident #82 documented the 50mg was administered on at 12:00 AM and the Medication.</p> <p>In summary the 50 mg for Resident #82 was documented as administered but not signed out on the Medication Monitoring/Control Record as removed from the med cart.</p> <p>During an interview conducted on at 12:45 PM with the DON (Director of Nursing) who was asked who completes the monitoring or auditing of the medication reconciliation of controlled substances, she stated the Unit Managers does.</p> <p>During an interview conducted on at 1:05 PM with Staff G -Licensed Practical Nurse Unit Manager who said she does the audit of the controlled medication by checking the Medication Monitoring/Control Record to make sure all</p>	F 755		

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F 755	Continued From page 49 entries have a signature, and it matches the residents Medication Administration Record. She is supposed to do this once a week, but she does it usually three times a week.	F 755			
F 805 SS=E	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide the correct diet consistency for pureed diets for 2 of 3 visits to the main kitchen which has the potential to affect 8 residents on pureed diets and for 3 of 3 sampled residents (Resident #47, Resident #175, Resident #77). Who consume pureed diets.  The findings included:  A review of the facility's policy titled, "Pureed - Level 1" showed the following: The pureed consistency is planned according to the Regular consistency, but the texture is modified to a smooth, pudding-like, lump free, pureed consistency texture for all food items. This consistency follows the guidelines set forth by the National Task Force.  1) During an observation conducted on _____ at 11:45 AM of the pureed lunch meal on the tray line in the kitchen, the menu consisted of #10 scoop of pureed Hamburger, #8 scoop of pureed cooked vegetables, #8 scoop of pureed	F 805	F805 FOOD IN FORM TO MEET INDIVIDUAL NEEDS  1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice: 1) In the allegation of the pureed food on the lunch meal tray line, the Pureed consistency was considered not to be the proper consistency. Cooks will be in-serviced as to the proper consistency of pureed food. 2) In the allegation of the pureed food on the lunch meal tray line, the Pureed consistency was considered not to be the proper consistency. Cooks will be in-serviced as to the proper consistency of pureed food. 3) In the allegation of Resident #47, the Pureed consistency was considered not to be the proper consistency. Cooks will be in-serviced as to the proper consistency of pureed food. 4) In the allegation of Resident #175, the		

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F 805	<p>Continued From page 50</p> <p>Cinnamon Apple, #16 scoop of pureed bread, Garnish of Ketchup and mustard, and condiments. A closer observation of the pureed hamburger revealed a grainy like consistency and the pureed vegetables revealed a lumpy like consistency.</p> <p>2) During an observation conducted on _____ at 11:44 AM of the pureed lunch meal on the tray line in the kitchen, the menu consisted of 6 oz of pureed soup of the day, #8 scoop pureed roasted turkey, #8 scoop pureed gravy, #8 scoop of pureed spinach with onions, ½ cup of pureed fruit cup, #16 scoop of pureed dinner roll. The surveyor sampled all pureed foods provided by the Dietary Manager, and it was noted that the pureed turkey was not smooth and small pieces of turkey was identified.</p> <p>3) A record review showed that Resident #47 was admitted to the facility on _____ and readmitted on _____ with diagnosis of _____ and _____ following _____ affecting right dominant side and other sequelae following unspecified _____. The Minimum Data Set (MDS) assessment significant change dated _____ revealed that the Brief Interview of Mental Status ( _____ ) score of 12, which indicates mild to moderate _____.</p> <p>During an observation conducted on _____ at 12:09 PM in the main dining room, the pureed roll was observed lumpy with a grainy consistency. Resident #47's meal ticket consisted of Nectar Thick Pureed Soup du Jour, Pureed Corned Beef, Mashed Potatoes, Pureed Buttered Cabbage, Applesauce, Pureed Roll, Margarine and Sugar substitute, Salt, and Pepper, which</p>	F 805	<p>Pureed consistency was considered not to be the proper consistency. Cooks will be in-serviced as to the proper consistency of pureed food.</p> <p>5) In the allegation of Resident #77, the Pureed consistency was considered not to be the proper consistency. Cooks will be in-serviced as to the proper consistency of pureed food.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:  Cooks will be in-serviced as to the proper consistency of pureed food.</p> <p>Random QA audits will be conducted by the Dietary Manager or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not</p>		

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F 805	<p>Continued From page 51 matched the meal tray.</p> <p>During an interview conducted on _____ at 3:20 PM the Registered Dietitian stated that they use Source Tech as their guide. The Registered Dietitian further stated that a pureed diet should be very soft like baby food, a mashed potato consistency with no lumps. It should look like a scoop and not runny. The plate should have an appeal.</p> <p>During an interview conducted on _____ at 4:00PM the Speech _____ stated that she has been working in the facility for 6 months. She further stated that pureed food should have the consistency of mashed potatoes-like, no lumps or clumps. They follow the Source Tech guidelines. She further said that a pureed food should look presentable in solid form but smooth enough to swallow.</p> <p>4) Review of Resident #175's clinical record documented an admission to the facility on _____ with no readmissions. The resident's diagnoses included _____ and _____. Review of Resident #175's MDS admission assessment in progress dated _____ documented a _____ score of 13, indicating the resident had no cognition _____.</p> <p>Review of Resident #175's care plan titled "[resident name] is at risk for _____ and noted with low _____ ( _____ ) and _____ skin. Therapeutic/mechanical altered diet in place initiated on _____ with interventions to include NAS (no added salt) Pureed diet.</p>	F 805	<p>recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Dietary Manager or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>	

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F 805	<p>Continued From page 52</p> <p>On _____ at 12:26 PM, observation of the Masada's Unit in-room dining was conducted. Observation revealed Resident #175 received a pureed diet. The resident pureed meat had moderate amount of loose puree consistency with clear orange liquid pooling around other food items in the plate. Subsequently, an interview was conducted with the resident who stated he will not eat the rest of the food and asked to remove the tray. The resident had an approximately 25% intake. Resident #175's meal ticket documented "Pureed Corned Beef" (Photographic Evidence Obtained).</p> <p>On _____ at 12:39 PM, observation of Resident #175's lunch tray revealed a pureed diet. The resident's pureed meat had a moderate amount of loose pureed consistency with clear orange/brownish liquid pooling around other food items in the plate. (Photographic Evidence Obtained).</p> <p>5) Review of Resident #77's clinical record documented an admission to the facility on _____ with no readmissions. The resident's diagnoses included _____ and _____.</p> <p>Resident #77's MDS quarterly assessment dated _____ documented a "Brief Interview of the Mental Status ( ) score of 5, indicating the resident had severe cognition _____.</p> <p>Review of Resident #77's care plan titled "[resident name] is at risk for _____ initiated on 011/28/22 revised on _____ with interventions to include regular puree diet.</p> <p>On _____ at 12:35 PM, observation revealed Resident #77 in bed eating lunch. The resident</p>	F 805		

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F 805	Continued From page 53 had a pureed diet. The pureed meat had moderate amount of loose puree consistency with clear orange liquid pooling around other food items in the plate. Observation revealed the resident poured sugar over the pureed meat and stated it had no flavor and proceeded to eat it. Subsequently, an interview was conducted with Resident #77 who stated she will not eat the rest of the other pureed items. Resident #77's meal ticket documented "Pureed Corned Beef". (Photographic Evidence Obtained).  On at 12:36 PM, observation of Resident #77's lunch tray revealed a Pureed diet. The resident's pureed meat had a moderate amount of loose puree consistency with clear orange/brownish liquid pooling around other food items in the plate. Resident #77's meal ticket documented "Pureed Hamburger". (Photographic Evidence Obtained).	F 805		
F 806 SS=D	Resident , Preferences, Substitutes CFR(s): 483.60(d)(4)(5)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(4) Food that accommodates resident , intolerances, and preferences;  §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide food that meets residents' preferences, for 2 out of 6	F 806	F806 RESIDENT ,PREFERENCES,SUBSTITU  TES	

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F 806	<p>Continued From page 54</p> <p>sampled residents observed during dining (Resident #66, Resident #57).</p> <p>The findings included:</p> <p>1. A record review showed that Resident #66 was admitted to the facility on _____ and readmitted on _____ with diagnosis of unspecified _____ and _____. The Minimum Data Set (MDS) assessment end of PPS Part A Stay dated _____ revealed the resident's Brief Interview of Mental Status ( _____ ) score is 11, which indicates moderate _____.</p> <p>During an observation conducted on _____ at 12:05 PM this surveyor observed that Resident #66's meal ticket consisted of: Ground and/or soft cooked, soup du jour, ground corned beef with broth, soft cooked parslied potatoes without skin, soft cooked buttered cabbage, Jello cubes, dinner roll, margarine, condiments and add side mashed potatoes. Resident #66's tray did not have mashed potatoes, and the soft cooked parslied potatoes had the skin on it. Resident #66 was seen eating the potatoes and peeling them with her _____. Resident #66 looked very annoyed and stated that she did not want the skin on her potatoes.</p> <p>During an observation conducted on _____ at 12:21 PM this surveyor observed that Resident #66's meal ticket consisted of: Ground and/or soft cooked, soup du jour, ground beef cubes in gravy, rice with vegetables broth, soft cooked green beans, mandarin oranges, dinner roll, margarine, condiments and add side mashed potatoes. Resident #66's tray did not have ground beef cubes in gravy.</p>	F 806	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>1) In the allegation of Resident #66, not meeting the residents' preference for food, the resident's tray tickets did not match the food on the tray. Dietary staff will be in-serviced to follow the tray tickets.</p> <p>2) In the allegation of Resident #57, not meeting the residents' preference for food, the resident's tray tickets did not match the food on the tray. Dietary staff will be in-serviced to follow the tray tickets.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <p>Dietary staff will be in-serviced to follow the tray tickets.</p> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then</p>		

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F 806	<p>Continued From page 55</p> <p>2. A record review showed that Resident #57 was admitted to the facility on _____ with diagnosis of _____ and Type II _____ without complications. The Minimum Data Set (MDS) Quarterly assessment review dated _____ revealed that the resident's Brief Interview of Mental Status ( ) score is 15, which indicates no _____.</p> <p>During an observation conducted on _____ at 12:15 PM this surveyor observed that Resident #57's meal ticket consisted of soup the day, ground beef tips, steamed rice, green beans, juice packed mandarin oranges, dinner roll, margarine, sugar substitute, 2 peppers, a large salad with chicken on the side, diet coke, add Kens salad _____ with salads. Resident #66's tray did not have the large salad with chicken nor the Kens salad _____.</p> <p>In an interview conducted on _____ at 2:00 PM the dietary manager/director of food services stated that she has 2 checkpoints, the first one is when they receive the food from the cook and the final checkpoint is in the kitchen when placing the plate on the cart. These two checkpoints are responsible for making the meal ticket match the tray. The residents' preferences are placed in the preferences form.</p>	F 806	<p>biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Dietary Manager or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Dietary Manager or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>	
F 812 SS=F	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal,</p>	F 812		

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F 812	<p>Continued From page 56</p> <p>state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food, in accordance with professional standards for food service safety for 1 of 3 visits to the main kitchen.</p> <p>The findings included:</p> <p>A review of the facility 's policy titled "Refrigerators," revised in showed the following: The facility will ensure safe refrigerator maintenance, temperatures, and sanitation and will observe food expiration guidelines. The acceptable temperature ranges for refrigerators are 35 degrees Fahrenheit (F) to 40 degrees F.</p> <p>In a four of the main kitchen conducted on at 8:55 AM accompanied by the Dietary Manager, the following concerns were noted:</p> <p>The walk-in refrigerator on the dairy side had an internal temperature of 49 degrees F and not the</p>	F 812	<p>F812 FOOD PROCUREMENT,STORE/PREPARE/SE RVE-SANITARY</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>In the allegation of the Walk-in refrigerator on the dairy side was 49° not the necessary 40°. Dietary staff will be in-serviced to check walk in refrigerator temperatures and ensure it is 40° or below. If not to inform maintenance to fix/adjust the temperature.</p> <p>In the allegation of the Egg platter from dairy walk in was 43.7° not the necessary 40°. Dietary staff will in-serviced not to use refrigerated food with a temperature above 40°</p> <p>In the allegation of the Scoop of Tuna from the dairy walk in was 44° not the necessary 40°. Dietary staff will in-serviced not to use refrigerated food</p>	

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F 812	<p>Continued From page 57</p> <p>necessary 40 degrees F and below.</p> <p>An egg platter pulled out of the dairy walk-in refrigerator had an internal temperature of 43.7 degrees F, not the necessary 40 degrees F and below.</p> <p>A tuna platter pulled out of the dairy walk-in refrigerator had an internal temperature of 43.5 degrees F, not the necessary 40 degrees F and below.</p> <p>A scoop of tuna pulled out of the dairy walk-in refrigerator had an internal temperature of 44 degrees F, not the necessary 40 degrees F and below.</p> <p>A container of nutritional juice drink from the dairy walk-in refrigerator had an internal temperature of 46.0 degrees F, not the necessary 40 degrees F and below.</p> <p>Another container of a nutritional juice drink from the dairy walk-in refrigerator had an internal temperature of 47.1 degrees F, rather than the necessary 40 degrees F and below.</p> <p>A large container of raw chicken exposed was noted in the walk-in meat refrigerator. The date _____ indicated the date the chicken container was placed in the refrigerator.</p> <p>A large container of raw meat was noted in the walk-in meat refrigerator. Its date of _____ indicated the date the meat container was placed in the refrigerator. Closer observation revealed a pool of _____ on the bottom of the meat container.</p>	F 812	<p>with a temperature above 40°</p> <p>In the allegation of the Container of nutritional juice drink from the dairy walk in was 46° not the necessary 40°. Dietary staff will in-serviced not to use refrigerated food with a temperature above 40°</p> <p>In the allegation of Another Container of nutritional juice drink from the dairy walk in was 47.1° not the necessary 40°. Dietary staff will in-serviced not to use refrigerated food with a temperature above 40°</p> <p>In the allegation of Raw chicken exposed and dated _____. Dietary staff will be in-serviced to properly seal and date open item and how long before they need to be disposed of.</p> <p>In the allegation of Raw meat dated _____, pool of _____ on the bottom of the meat container. Dietary staff will be in-serviced as to the proper storage raw meat.</p> <p>In the allegation of Bag of unidentified meat dated _____. Dietary staff will be in-serviced to properly label, date and store refrigerated items.</p> <p>In the allegation of Red bucket having a reading 400 parts per million indicating to much sanitation solution in the bucket. Dietary staff will be in-serviced on proper measurements for sanitation solution.</p> <p>In the allegation of Dry storage had dented can of sliced pineapples that was not placed by the sign "do not use". Dietary staff will be in-serviced where to place and not use dented cans.</p> <p>In the allegation of Dry storage had 2 dented cans of tomato sauce that was not placed by the sign "do not use". Dietary</p>	

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F 812	<p>Continued From page 58</p> <p>A bag of unidentified meat packet which was dated</p> <p>A red bucket was tested using the facility Hydrion strips, which showed a level of 400 parts per million, indicating that too much sanitation solution was used in the red bucket. In this observation, the Dietary Manager acknowledged that too much solution was placed in the red bucket.</p> <p>The dry storage room was noted with a dented can of sliced pineapples that was not placed on the side with do not use sign.</p> <p>The dry storage room was noted with two dented cans of tomato sauce that were not placed on the side with do not use sign.</p> <p>An opened bottle of extra light amber honey was half-used in the dry storage area, and the date of its opening is unknown.</p> <p>A personal 20-ounce Styrofoam cup of coffee was noted in the food production area.</p> <p>A large metal container noted with a dried unidentified substance coating the surface of the metal container.</p>	F 812	<p>staff will be in-serviced where to place and not use dented cans.</p> <p>In the allegation of Dry storage Open bottle of extra light amber honey was half used and was not dated as to when it was opened. Dietary staff will be in-serviced on proper labeling and storage of open items in the dry storage.</p> <p>In the allegation of Food prep area had a person 20 oz Styrofoam cup of coffee present. Dietary staff will be in-serviced not have eat or drink or leave personal food in the kitchen.</p> <p>In the allegation of a Large mental container with a dried unidentified substance coating the surface. Dietary Staff will be in-serviced on proper cleaning of metal containers.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <p>Dietary staff will be in-serviced to check walk in refrigerator temperatures and ensure it is 40° or below. If not to inform maintenance to fix/adjust the temperature.</p>	

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F 812	Continued From page 59	F 812	<p>Dietary staff will in-serviced not to use refrigerated food with a temperature above 40°</p> <p>Dietary staff will be in-serviced to properly seal and date open item and how long before they need to be disposed of.</p> <p>Dietary staff will be in-serviced as to the proper storage raw meat.</p> <p>Dietary staff will be in-serviced to properly label, date and store refrigerated items.</p> <p>Dietary staff will be in-serviced on proper measurements for sanitation solution.</p> <p>Dietary staff will be in-serviced where to place and not use dented cans.</p> <p>Dietary staff will be in-serviced on proper labeling and storage of open items in the dry storage.</p> <p>Dietary staff will be in-serviced not have eat or drink or leave personal food in the kitchen.</p> <p>Dietary Staff will be in-serviced on proper cleaning of metal containers.</p> <p>Random QA audits will be conducted by the Dietary Manager or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p> <p>How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by</p>	

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F 812	Continued From page 60	F 812	the Dietary Manager or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,  Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.  Corrective action completion date:	
F 880 SS=E	Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Control The facility must establish and maintain an prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable and  §483.80(a) prevention and control program. The facility must establish an prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F 880		

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F 880	<p>Continued From page 61</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable or before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable or should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of ; ( )When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the ; and</p> <p>(vi)The hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880		

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F 880	<p>Continued From page 62</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations and interviews, the facility failed to follow control guidelines for residents on enhanced barrier precautions for 4 of 21 sampled residents reviewed for Enhanced Barrier Precautions (Resident #39, #46, #103 and #175); and failed to follow control practices during treatments for 2 of 3 sampled residents reviewed for (Resident #276 and #278).</p> <p>The findings included:</p> <p>Review of the facility's policy titled "Enhanced Barrier Precautions" undated documented " ...EBP (enhanced barrier precautions) are indicated during high contact care activities for residents ...who has a and/or medical device. High contact resident care activities include bathing/showering, transferring, ...providing hygiene, changing linens ... care ...".</p> <p>1)Review of Resident #103's clinical record documented an initial admission on and a discharge to a local hospital on Resident's diagnoses included Depolarization, and</p> <p>Review of Resident #103's MDS Quarterly assessment dated / documented a Brief Interview of Mental Status ( ) was not conducted due to the "resident is rarely/never understood".</p>	F 880	<p>F880 PREVENTION&amp; CONTROL</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>1) In the allegation of Resident #103. The resident had risk for related to the and , interventions did not include Enhanced Barrier Precautions. Nursing staff will be in-serviced on control and protocols for setting up Enhanced Barrier Precautions.</p> <p>2) In the allegation of Resident #175. The Staff left the door open, privacy curtain halfway open and were not wearing proper PPE while doing care on a resident that had Enhanced Barrier Protection. Nursing staff will be in-serviced on dignity, closing door and pulling privacy curtain during care. Nursing staff will be in-serviced on wearing proper PPE while doing care for residents on Enhanced Barrier Protection.</p> <p>3) In the allegation of Resident #46, the resident Did not have an Enhanced Barrier Protection or care plan. There was no Enhanced Barrier Protection signage on the door and no PPE cart. Staff while transferring resident was not using proper PPE. Staff not wearing proper PPE while caring for resident. Nursing staff will be in-serviced</p>	

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F 880	<p>Continued From page 63</p> <p>Review of Resident #103's care plan title "[resident's name] has a risk for injury/ r/t (related to) presence of secondary to a dx (diagnosis) of _____ initiated on _____. Interventions did not include following Enhanced Barrier Precautions.</p> <p>On _____ at 8:42 AM, observation revealed Resident #103 in bed and Staff P, CNA repositioning, and rearranging the residents cover sheet. Staff P was not wearing a gown. Observation revealed a _____ drainage bag with no privacy pouch. Consequently, an interview was conducted with Staff P who stated the resident had a _____. Attempted to interview the resident who kept his _____ open and fixed looking at the surveyor and did not answer any questions asked.</p> <p>On _____ at 8:46 AM, observation revealed the Preventionist and Staff M, UM placing a cart with Personal Protective Equipment outside Resident #103's room. Consequently, an interview was conducted with Staff M and the _____ Preventionist who they both stated the resident had a _____, and they will follow EBP (Enhanced Barrier Protection). The Preventionist was asked why the PPE cart was not placed before and stated the resident was moved from another room. Review of Resident #103's clinical census documented room changed on _____.</p> <p>2) Review of Resident #175's clinical record documented an admission on _____ with no readmissions. The resident diagnoses included _____ and _____.</p>	F 880	<p>about initiating proper care plans for residents who need _____ care and Enhanced Barrier protection. Nursing staff will be in-serviced on wearing proper PPE while doing care for residents on Enhanced Barrier Protection.</p> <p>4) In the allegation of Resident #276, during _____ the _____ staff did not do proper _____ hygiene in between glove changes. _____ staff will be in-serviced to proper _____ hygiene between glove changes.</p> <p>5) In the allegation of Resident #278, during _____ the _____ staff did not do proper _____ hygiene in between glove changes. _____ staff will be in-serviced to proper _____ hygiene between glove changes.</p> <p>6) In the allegation of Resident # 39, during _____ care, Care Staff was not wearing gowns, there was no Enhanced Barmer Precautions signage on the door no isolation cart. Nursing staff will be in-serviced on _____ control and protocols for setting up Enhanced Barrier Precautions. Nursing staff will be in-serviced on wearing proper PPE while doing care for residents on Enhanced Barrier Protection.</p> <p>2. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: All residents in the facility have the potential to be affected by these practices.</p>	

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F 880	<p>Continued From page 64</p> <p>Review of Resident #175's MDS admission assessment in progress dated documented a score of 13 indicating that the resident had no cognition .</p> <p>Review of Resident #175's care plan titled " (resident's name) is on Enhanced-Barrier Precaution r/t (related to) and initiated on . Interventions included ENHANCED-BARRIER Precaution: Wear gown and gloves for high-contact resident care activities (such as: bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting ... ) care (any skin opening requiring a ) initiated on</p> <p>On at 12:17 PM, observation revealed Resident #175's room door wide open, and a treatment cart parked in front of the door and the resident's privacy curtain halfway open. The surveyor knocked at the door, and was allowed to enter the room, Staff I stated Staff J was doing the resident's . Observation revealed Staff I, CNA and Staff J, Care Nurse (WCN) next to the resident's bedside, the resident had his cover down and was showing a , tubing and his . Staff J stated she was finishing the resident's care. Observation revealed Staff J and Staff I pulled the cover sheet and blanket up. Further observation revealed Staff I and Staff J were not wearing a protective gown.</p> <p>Furthermore, observation revealed a Personal Protective Equipment (PPE) cart with gowns and an Enhanced Barrier Precaution (EBP) sign outside the resident's room. Subsequently, a , interview was conducted with Staff J, WCN who stated Resident #175 had a</p>	F 880	<p>3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The measures put into place/systemic changes made to ensure the standards are met:</p> <ul style="list-style-type: none"> <li>o Nursing staff will be in-serviced on control and protocols for setting up Enhanced Barrier Precautions.</li> <li>o Nursing staff will be in-serviced on dignity, closing doors and pulling privacy curtain during care. Nursing staff will be in-serviced on wearing proper PPE while doing care for residents on Enhanced Barrier Protection.</li> <li>o Nursing staff will be in-serviced about initiating proper care plans for residents who need care and Enhanced Barrier protection. Nursing staff will be in-serviced on wearing proper PPE while doing care for residents on Enhanced Barrier Protection.</li> <li>o staff will be in-serviced to proper hygiene between glove changes.</li> <li>o Nursing staff will be in-serviced on control and protocols for setting up Enhanced Barrier Precautions. Nursing staff will be in-serviced on wearing proper PPE while doing care for residents on Enhanced Barrier Protection.</li> </ul> <p>Random QA audits will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined.</p>	

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F 880	<p>Continued From page 65</p> <p>and one midback</p> <p>On at 8:15 AM, observation revealed a hospice aide at Resident #175's bedside. The hospice CNA was wearing a mask and gloves, but not a protective gown. The resident had a gray color T-shirt on, lower body was uncovered, an adult brief and a was observed. Consequently, an interview was conducted with the hospice aide who stated she did the resident upper body and was ready to do the lower body. The hospice aide was asked if she ever wore a gown while taking care of the resident with a . The aide stated she had not worn a gown while taking care of Resident #175 and added if the resident was on isolation, she would wear a gown, but not with resident #175.</p> <p>On at 10:20 AM, observation revealed an EBP signage and PPE cart by Resident #175's room door.</p> <p>On at 10:23 AM, care observation for Resident #175 by Staff J, WCN and assisted by Staff I, CNA. Staff J and Staff I entered the resident's room, performed hygiene and donned gloves. The staff did don a protective gown. Staff J removed the residents covers, repositioned by pulling the draw sheet, pulled the brief down, removed her gloves, performed sanitation, but did not donned a gown. Staff J provided Resident #175's care without wearing a gown as required. Staff I assisted Staff J during care and did not wear a gown.</p> <p>On at 11:05 AM, a interview was conducted with Staff I and Staff J. Staff J, WCN</p>	F 880	<p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Random QA audit will be conducted by the Director of Nursing or a qualified Designee, weekly for one month, then biweekly for another one month and then monthly for one month or until substantial compliance has been determined,</p> <p>Findings of the QA audits will be reported in the Monthly QAPI meeting by the Director of Nursing or a qualified Designee for a period of three months and until substantial compliance is met.</p> <p>Corrective action completion date:</p>	

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F 880	<p>Continued From page 66</p> <p>was asked why she did not wear a gown during Resident #175's care and stated she usually puts a gown on but got distracted. Staff I, CNA stated she was supposed to wear a gown and forgot. Staff I and Staff J were apprised they were observed on finishing Resident #175's care and were not wearing a gown either. Staff J stated they always wear gowns.</p> <p>3) Review of Resident #46's clinical record documented an admission on _____ with a readmission on _____. The resident diagnoses included Unspecified _____, Aphasia _____ Following other _____, and Need for Assistance with Personal Care.</p> <p>Review of Resident #46's Minimum Data Set (MDS) 5 days-admission assessment dated _____ documented a "Brief Interview of the Mental Status ( _____ ) was not conducted due to resident is rarely/never understood indicating the resident had severe cognition _____. The assessment documented under "Functional Abilities and Goals" the resident was dependent on the staff to complete the activities of daily living.</p> <p>Resident #46's active care plan did not include EBP care plan or _____ care plan.</p> <p>Review of Resident #46's physician order dated _____ documented "cleanse left heel _____ with NS (normal _____), _____ dry, apply moist gauze then cover with dry gauze, wrap with kerlix daily". Physician order dated _____ documented " _____ consult".</p> <p>Multiple observation from _____ through _____ revealed no PPE cart, no EBP signage outside Resident #46's room.</p>	F 880			

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F 880	Continued From page 67  On _____ at 3:38 PM, observation was conducted of transferring Resident #46 from wheelchair to bed Staff L, LPN and Staff Q, CNA. Staff L and Staff Q donned gloves but did not don a protective gown. Subsequently, an interview was conducted with Staff L who stated the resident had a left heel _____. Observation revealed Staff L removed Resident #46's sock and revealed a dry _____ to the left heel dated _____.  On _____ at 10:21 AM, an interview was conducted with Staff O, CNA, who was the regular assigned CNA, stated she did not wear a gown while providing care to Resident #46. Staff O confirmed the resident had a _____ on her heel and the WCN was doing the _____ daily. The EBP signage was reviewed with Staff O who acknowledged she had to wear a gown while providing care to the resident with a _____.  On _____ at 11:20 AM, an interview was conducted with Staff L, LPN who stated Resident #46 was not on contact precautions and she will not wear a gown during transfer. Consequently, a side-by-side review of EBP signage was conducted with Staff L who acknowledged transferring a resident with a _____ requires to wear a gown.  On _____ at 11:35 AM, an interview was conducted with Staff M, Unit Manager, who was apprised of staff not wearing a gown during high care activities for Residents with _____ and/or _____. Resident #46, 103 and 175. 4. A record review revealed that Resident #276 was admitted to the facility on _____ with a diagnosis of _____. The _____.	F 880			

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F 880	<p>Continued From page 68</p> <p>Admission Minimum Data Set (MDS) dated showed Resident #376 with a score of 10, which is moderately . A physician's order dated for every Monday, Wednesday, and Friday was also dated</p> <p>In an observation conducted on at 9:44 AM, Staff H Patient Care Technician (PCT) was performing initiation of Central (CVC) . She practiced hygiene and placed a pair of new gloves to create a clean surface near Resident #276's side table. She then adjusted her shield and touched the access site without practicing hygiene or changing gloves. Staff H removed her gloves, placed another pair without hygiene, and continued cleaning the access site. She removed her gloves, cleaned her , and put on a new pair of gloves. While connecting the syringes to the access site, she removed her gloves and placed a new pair of gloves without practicing hygiene between gloves. She then connected the syringes with the same gloves to the access site.</p> <p>5. A chart review showed that Resident #278 was admitted to the facility on with diagnoses of and Dependence on -an order dated for every Monday, Wednesday, and Friday.</p> <p>In an observation conducted on at 12:50 PM, Staff H, who was performing a disconnection of CVC on Resident #278. She was observed touching the computer, placing a pair of gloves with no hygiene, and proceeded to touch Resident's #278 access site. Staff H removed her</p>	F 880			

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F 880	<p>Continued From page 69</p> <p>gloves, walked over to touch the supply cabinet, and placed a new pair of gloves without practicing hygiene before coming to continue the disconnection of the . . .</p> <p>6. Record review for Resident #39 revealed the resident was originally admitted to the facility on with most recent readmission on with diagnoses that included in part the following: Status, Open Left Lower . Subsequent Encounter. The Minimum Data Set dated documented in Section C a Brief Interview of Mental Status score of 14 indicating a response.</p> <p>Review of the Physician's Orders for Resident #39 revealed an order dated for cleanse right heel with normal path dry, apply cover with gauze, wrap with kerlix every day shift for .</p> <p>Review of the Physician's Orders for Resident #39 revealed an order dated for cleanse to right with normal , dry, apply cover with dry protective every day shift for .</p> <p>Review of the Physician's Orders for Resident #39 revealed an order dated for Enhanced Barrier Precaution for care.</p> <p>Review of the Skin Assessment for Resident #39 dated documented in part the following: Other (not specified) Right anterior-length:5.8cm-width:2.7cm- depth:0.3cm- -stage: N/A- 80%-drain: -amt: mild-TX</p>	F 880			

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F 880	<p>Continued From page 70</p> <p>(Treatment): , daily. Right heel length:4.8cm-width:4cm-depth:0.5cm- pressure stage: : 10%-drain: - amt: mild- TX: , daily</p> <p>On at 8:55 AM an observation was made of an already in progress care being provided for Resident #39 performed by Staff J Care Licensed Practical Nurse who was assisted by Staff I Certified Nursing Assistant (CNA) and both staff members were not wearing a gown. There was no Enhanced Barrier Precaution sign on resident's door, and no isolation cart near the Resident's door.</p> <p>During an interview conducted on at 2:50 PM with Staff I Certified Nursing Assistant (CNA) who was asked if she knew what Enhanced Barrier Precautions (EBP) were, she stated it is a type of isolation. When asked what type of requirements are needed for EBP she said it would be any and some other things. When asked how do you know who is on EBP, she said there is a sign on the door and then we can ask the nurse what type of precaution it is. When asked when a resident is on EBP what Personal Protective Equipment (PPE) is needed, she stated a gown and gloves. When asked about care provided and assisted on for Resident #39 and not wearing a gown, she acknowledged there was no sign on the door and there was no isolation cart in front of the resident's room.</p> <p>During an interview conducted on at 1:15 PM with Staff J Care Licensed Practical Nurse who stated she has been with the facility for almost 1 year. When asked about EBP when she would wear PPE, she stated she would</p>	F 880			

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F 880	Continued From page 71 wear gown and gloves when they have an order for EBP and a sign on the door. When asked if a resident has a _____ would they be on EBP she said yes.	F 880			