

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

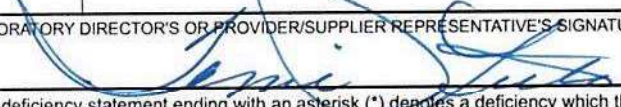
PRINTED: 07/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/13/2023
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NAME OF PROVIDER OR SUPPLIER GENESIS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5608 SW 9TH STREET DES MOINES, IA 50315
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{F 000}	INITIAL COMMENTS Correction date: <u>8/2/23</u> The following deficiencies resulted from a revisit conducted for the survey ending April 27, 2023, and from the investigation of complaints #112675-C and # 113653-C, from June 21, 2023 to July 13,2023. Complaint #113653-C was substantiated. See code of Federal Regulations (42 CFR), Part 483, Subpart B-C. 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.	{F 000}		
{F 550} SS=D		{F 550}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 07/19/2023
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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}	Continued From page 1 §483.10(b) Exercise of Rights. 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. §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. §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. This REQUIREMENT is not met as evidenced by: Based on 3 separate observations and interviews, the facility failed to provide respect and dignity for 4 out of 4 residents reviewed (Residents' #13, #18, #19 and #22). An observation revealed that Staff K said "Fuck" out loud while standing at the medication cart in front of Resident #13 and Resident #18. An observation revealed that Staff P left Resident #19's door ajar while changing her shirt, leaving Resident #19's breasts exposed. An observation revealed incontinence care was provided to Resident #22 with the window curtains open while resident was exposed. The facility reported a census of 62 residents. Findings include: On 6/20/23 at 12:40 p.m., Staff K, Certified Medication Aide (CMA), was standing at a medication cart and talking with Staff Q, Licensed	{F 550}			

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{F 550}	<p>Continued From page 2</p> <p>Practical Nurse (LPN). Staff K said the word "Fuck" and Staff Q corrected her immediately. Resident #13 and Resident #18 were sitting within 4 feet of the CMA.</p> <p>On 6/21/23 at 4:02 p.m., Resident #19's room door was ajar approximately 2 feet. It was noted that Resident #19 was sitting in her wheel chair without a shirt or bra on leaving her breasts exposed. Staff P, Certified Nurse Aide (CNA) was standing beside Resident #19 without providing any coverage for anyone walking by to see into the room. Staff P stated "oh-shut the door". Staff P was in the process of putting a new shirt on Resident #19.</p> <p>On 6/20/23 at 11:10 a.m., Staff R CNA/CMA, answered Resident #22's call light. Resident #22 requested to be changed as his adult brief was saturated. Staff R tried to shut the curtains and Resident #22 said they were broke. Staff R was unable to shut the curtains. Staff R proceeded to care for this resident which left this resident's genitalia exposed while the curtains to the outdoors remained wide open.</p> <p>On 6:20/23 at 12:56 p.m., went over concerns with the Regional Nurse Consultant regarding the CMA saying fuck in front of 2 residents and curtains being left wide open. He acknowledged understanding of the concerns.</p> <p>On 6/20/23 at 1:00 p.m., Staff R, when asked if the curtain situation had been like that for a while, he stated he did not know. Staff R stated he had not been working at the facility for very long. Staff R stated he went and told maintenance about it right after the peri care observation.</p>	{F 550}			

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{F 550}	<p>Continued From page 3</p> <p>On 6/20/23 at 1:52 p.m., Staff K denied saying fuck at first but then stated she did say it. She stated she was upset because she was accused by staff of stealing a cell phone over the weekend. She said she didn't even work the weekend. She said she only used the f bomb because she was repeating back what was said to her. She said it was inappropriate and she did say it loudly. She added that she should not have said it. She acknowledged that there were 2 residents sitting right there and would have heard her cuss.</p> <p>6/21/23 at 4:07 p.m., Staff D, RN traveler with the facility's corporation and the Regional Nurse Consultant acknowledged the concern with exposure of Resident #19's breasts as the door was left ajar and wanted to know what CNA it was so they could follow up with her.</p> <p>A Resident Rights policy reviewed on 4/26/23, directed staff that all facility staff shall treat residents with kindness, respect, and dignity. It directed that staff shall receive training on resident rights upon hire and annually. Resident rights included respect and dignity.</p> <p>An Incontinent Care policy reviewed on 7/21/22, directed the following:</p> <p>POLICY: The Facility will Provide Incontinent Care as Directed in the Plan of Care. Incontinent Care will include a Skin Evaluation of the Resident; Promoting Hygiene & Skin Prevention with Infection/Irritation.</p> <p>RESPONSIBILITY: Nursing Assistant, Licensed Nurses, Nursing Administration, ICP & Director of Nursing.</p> <p>PROCEDURE:</p>	{F 550}			

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{F 550}	Continued From page 4 Gather Supplies Identify Resident & Explain Procedure, Provide Privacy; Close Door/Blinds, Pull Privacy Curtain.	{F 550}			
F 606 SS=D	Not Employ/Engage Staff w/ Adverse Actions CFR(s): 483.12(a)(3)(4) §483.12(a) The facility must- §483.12(a)(3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. §483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to run a criminal background check before hiring Staff E, Registered Nurse (RN), and failed to obtain a may work letter (ok to hire) after a criminal background check came back with misdemeanors on it. The facility reported a census of 62 residents.	F 606			

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F 606	<p>Continued From page 5</p> <p>Findings include:</p> <p>On 6/29/23 employee files were requested related to an extended survey. The Human Resource Specialist provided an Action Plan that was drafted on 6/12/23 with target date of 6/30/23. The objective and goal was to ensure every employee had a background check and a DHS "may work" letter of approval before completing onboarding.</p> <p>Through review of Staff E's employee file, it was revealed that there was not a hire date in her file. An Iowa Record Check Request Form that was ran on 2/3/23 revealed that she had been charged with 2 misdemeanors. No "may work" letter was found.</p> <p>An email was sent on 6/29/23 at 4:43 p.m. to request further information that was not found in the employee files.</p> <p>On 7/5/23 at 12:58 p.m., the Human Resource Specialist provided a graph of items requested. On the graph it noted Staff E's hire dated was 1/4/23. It noted that Staff E's background check was not ran until 2/2/23. It noted her RN license was in probation status. The Human Resource Specialist documented on the graph that a new background check was completed on 6/30/23 to attempt to gain a "may work" letter.</p> <p>The Human Resource Specialist acknowledged that the facility waited a month to run a criminal background check along with the "may work" letter for Staff E that should have been run and received before Staff E worked the floor. The Administrator was present for this interaction.</p>	F 606			

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F 606	Continued From page 6 On 7/11/23 11:28 p.m., an email was received from the Administrator, documenting that Staff E's "may work" letter was obtained. It was dated 2/10/23. An undated Employment Policy and Procedure Document from the Employee Handbook, directed under the Background Investigations heading that Federal and State law require us to perform pre-employment criminal history, dependent adult abuse, and founded child abuse background checks. Offers of employment will be conditioned upon successful completion of the background checks. Employees will be required to sign an authorization allowing the facility to initiate these checks and acknowledging your receipt of this information. Employees MAY NOT begin working until the facility has received a successful background result. An Abuse Prevention policy dated 10/2022, directed that the facility was committed to protecting the residents from abuse by anyone including, but not necessarily limited to: Facility staff, other residents, and staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends visitors, or any other individual. Steps to Prevent, Detect and Report included the facility conducts employee background checks and will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals or misappropriation of property. The facility will pre-screen all potential new employees for a history of abusive behavior.	F 606			
{F 657} SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)	{F 657}			

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{F 657}	Continued From page 7 §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to update a care plan for 1 of 3 residents reviewed (Resident #25). Resident #25 required a stand lift for transfers with a sling. The facility failed to ensure the information was updated and readily available to staff. The census reported a census of 62 residents.	{F 657}			

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{F 657}	<p>Continued From page 8</p> <p>Findings include:</p> <p>A Minimum Data Set (MDS) dated 5/4/23, documented diagnoses for Resident #25 included muscle wasting and atrophy, and muscle weakness. A Brief Interview for Mental Status (BIMS) documented a score of 14 out of 15, which indicated intact cognition. This resident required extensive assist of 2 staff for transfers.</p> <p>A Care Plan printed on 6/21/23 documented a focus area ADL (Activities of Daily Living) self-care deficit dated 1/30/22. An intervention revised on 6/21/23, directed staff to use 2 assist EZ stand for toileting. It did not designate the size of the sling to use with the EZ stand, nor did it give direction for all other transfers for this resident.</p> <p>A Kardex (an extension of the care plan) printed on 6/20/23, directed that this resident was a 2 assist to the toilet. The Kardex did not mention a stand or what size sling to use with the stand.</p> <p>On 6/21/23 at 11:28 p.m., an observation was made of Staff T, Certified Nurse Aide (CNA) and Staff C, CNA/CMA (Certified Nurse Aide/Certified Medication Aide) transferring Resident #25 from her bed to her wheelchair. An EZ stand was used. Discussion was held between the 2 staff regarding not having the right sling and regarding not being able to buckle the leg strap.</p> <p>On 6/21/23 at 11:59 a.m., review of the Kardex that the CNAs would check to know how to transfer this resident, what sling to use, etc was done. It was noted that the Kardex sheet did not address using the EZ stand nor what size of sling to use. When Resident #25 was asked how long</p>	{F 657}			

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{F 657}	<p>Continued From page 9</p> <p>they had been using the EZ stand lift, she said for about 7 months now. She stated they do not transfer her by 2 assist without the stand lift. She stated she would tell them they have to use the lift.</p> <p>On 6/21/23 at 12:07 a.m., Staff T stated that she actually doesn't know how to find out what lift or sling to use. She stated she believed there was a book because she overheard someone saying that a male resident's information wasn't right in the book because the information said to use a hoyer lift and the resident was not a hoyer transfer. She said that she kind of puts her agency hat on when she works although she was not agency. She stated she has been at the facility for about 3 weeks and in that time she had only seen Resident #25 transferred with the EZ stand. She stated today was not ideal. She stated the EZ stand did not have the strap for the legs and the sling was too big. She stated they snugged up the sling as tight as they could. Staff T stated just from knowing Resident #25, Staff T knew she stood up pretty well, so she knew she would be able to transfer pretty good without the leg strap. When told the information in the book (Kardex) said that she was a 2 person to the toilet, Staff T asked if it said anything about the EZ stand. When told no, Staff T said that Resident #25 would tell staff right off the get go that Resident #25 required use of an EZ stand. When asked if she ever has transferred Resident #25 with 2 assist and no stand, Staff T stated she would not and Resident #25 would not let them anyway. Staff T stated that they usually use the smaller sling for Resident #25's transfers but they could not use that sling because it had BM (bowel movement) on it.</p>	{F 657}			

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{F 657}	Continued From page 10 On 6/21/23 at 12:27 p.m., the Regional Nurse Consultant stated that there was a snafu with their electronic health record system. He stated that Staff Q, the Assistant Director of Nursing (ADON) had put the EZ Stand X2 staff in the Kardex for the staff but for some reason it was not printing off, therefore the ADON put the information in the book for the CNAs without knowing the EZ stand information was not on it. When asked about the sling the Regional Nurse Consultant stated he understood that the information was not on the Kardex about sling size. When told about the large sling being used because the other sling had BM on it and that there was no strap to secure the legs on the stand, the Regional Nurse Consultant acknowledged that these were issues. He acknowledged that the CNAs were not able to view that this resident was to be transferred with the EZ stand.	{F 657}			
F 658 SS=F	The facility did not provide a policy. Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to systemically administer medications and treatments ordered by a physician to the residents residing at the facility. Out of a sample size of 7 residents, 7 residents did not receive all of their medications	F 658			

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F 658	<p>Continued From page 11 as ordered (Residents #4, #14, #19, #20, #21, #23 and #30). The facility reported a census of 62.</p> <p>Findings include:</p> <p>1. A Minimum Data Set (MDS) dated 4/14/23, documented that Resident #4 diagnoses included Multiple Sclerosis (MS), osteomyelitis of the vertebra (infection of the bone), and non-Alzheimer's dementia. A Brief Interview for Mental Status documented a score of 8 out of 15, which indicated moderate cognitive impairment. Resident #4 required total dependence of 2 for transfers, and personal hygiene. The MDS documented that this resident received opioid medication 7 out of the 7 observation period days. The Pain Management section revealed that Resident #4 received pain medication both routine and prn (as needed) in the 5 prior days. The Pain Assessment revealed that in the prior 5 days this resident rated her pain at a moderate level and documented that she had pain occasionally.</p> <p>A Medication Administration Record (MAR) for the month of June 2023, directed staff to administer a Fentanyl Patch 12 mcg (microgram)/hr(hour) transdermal (absorbed through the skin) application at bedtime every 3 days for chronic pain to Resident #4. The start date was 2/20/23. Review of the record revealed that this resident did not receive the patch as scheduled on 6/2/23, it was applied the following day on 6/3/23. The resident had a patch applied on 5/5/23 and 5/8/23, then this resident did not have a patch applied again until 5/21/23.</p> <p>The 2023 June MAR/TAR (Medication</p>	F 658			

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F 658	<p>Continued From page 12</p> <p>Administration Record/Treatment Administration Record) showed that staff was to administer Liothyronine Sodium tablet (for hypothyroidism)25 mcg, 0.5 tab once daily at 6:00 a.m. From June 1 through June 16th this resident did not receive her daily dose 13 times. The MAR also showed she did not receive all of the following medications as ordered: Clonazepam (for schizophrenia), Lexapro (for depression), perphenazine (for schizophrenia), and L-Arginine (for wound healing).</p> <p>On 6/21/23 at 4:00 p.m., When asked if she had pain, this resident stated she did. When asked to rate the pain, she stated it was at a 5 on a scale of 1-10 and the pain was on her bottom. Resident lying in bed at the time.</p> <p>2.A MDS dated 6/2/23, documented that Resident #14's diagnoses included diabetes, morbid obesity, and renal (kidney) insufficiency. The MDS revealed a BIMS score of 15 out of 15, which indicated intact cognition. This resident required total dependence of 2 staff for transfers and total dependence of 1 for personal hygiene.</p> <p>The 2023 MAR for the month of June for this resident, documented that this resident was to have Warfarin (anti-coagulant) 5 mg at bedtime daily for venous insufficiency with a start date of 6/13/23. The resident did not receive 2 doses of Warfarin from 6/13/23 to 6/27/23. The MAR directed staff to administer Flonase 1 spray in each nostril at bedtime for allergies with a start date of 2/21/22. From 6/1/23 to 6/27/23, 13 doses were not given. The MAR directed staff to administer Levothyroxine 75 mcg 1 tablet daily for hypothyroidism with a start date of 6/9/22. From 6/1/23 to 6/27/23, 10 doses were not given. This</p>	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/13/2023
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F 658	<p>Continued From page 13</p> <p>MAR directed staff to administer Losartan 25 mg daily for hypertension (high blood pressure) with a start date of 4/1/22. This resident did not receive this medication from 6/1/23 through 6/7/23. This resident was not administered all doses of the following medications as well for the dates 6/1/23 through 6/27/23: Vitamin D, Colchicine (medication for gout), lyrica (for nephropathy(diabetic kidney disease)), Omeprazole (for Gastric Esophageal Reflux Disease(GERD)) and AZO (for bladder spasms).</p> <p>3. A MDS dated 5/5/23, documented that Resident #19's diagnoses included MS and chronic pain. The MDS revealed a BIMS score of 15 out of 15, which indicated intact cognition. This resident required total dependence of 2 staff for transfers. She required total dependence of 1 staff for personal hygiene. The MDS documented that this resident received opioid medication 7 out of the 7 observation period days. The Pain Management section revealed that Resident #19 received pain medication both routine and prn in the 5 prior days. The Pain Assessment revealed that in the prior 5 days this resident rated her pain at a 5 out of 10 (0 is no pain and 10 is the worse pain you can imagine) and documented that she had pain frequently.</p> <p>A Medication Administration Record for the month of June 2023, directed staff to administer a Fentanyl Patch 25 mcg/hr transdermal application at bedtime every 72 hours (3 days) for chronic pain to Resident #19. The start date was 3/4/23. Review of the record revealed that this resident did not receive the patch as scheduled on 6/2/23, it was applied on 6/5/23. It revealed that she was to get a patch placed on 6/8/23 and did not have a patch applied until 6/14/23. She was scheduled to have a patch applied on 6/17/23 and did not</p>	F 658			

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F 658	<p>Continued From page 14</p> <p>have it applied until 6/20/23. It was documented that it was not available on 6/23/23.</p> <p>The MAR also revealed that an order for Oxycodone (opioid) 5 mg tablet was to be given orally 4 times a day. The order date was 6/8/23. From 6/8/23 at 5 p.m when the first dose was to be given to 6/12/23 at 6:00 a.m. the doses were not given. The 6:00 a.m. dose on 6/13/23 and all 4 doses on 6/14/23 and 6/15/23 were not available. The 8:00 p.m. dose on 6/23/23 was also not available.</p> <p>The 2023 June MAR/TAR also revealed this resident did not receive the following medications/treatments as ordered: Potassium tablet (for low potassium level), AZO tablet(for difficulty in urinating), and icy hot (for shoulder pain).</p> <p>On 6/21/23 at 4:54 p.m., Resident #19 stated she was in pain and rated it at a 9 out of 10. She stated that she needed to lie down. She stated she hurt everywhere. Resident appeared to be in pain. She was pale and did not move during the conversation.</p> <p>On 6/22/23 at 10:30, Resident #19 was observed to have a patch last placed on 6/20/23 on her left chest. Resident #19 rated her pain at a 9 and stated she hurt all over. She added that the medication person is going to give her pain meds now and they will help. She said she went without the patch a few days ago and she became very sick. She stated she was throwing up and everything. She stated once they were able to get a patch the sickness went away.</p> <p>4. A MDS dated 5/19/23, documented that</p>	F 658			

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F 658	<p>Continued From page 15</p> <p>Resident #20's diagnoses included anxiety and chronic pain syndrome. The MDS revealed a BIMS score of 15 out of 15, which indicated intact cognition. This resident required extensive assist of 1 for transfers and personal hygiene. The MDS documented that this resident received opioid medication 7 out of the 7 observation period days. The Pain Management section revealed that Resident #20 received pain medication both routine and prn in the 5 prior days. The Pain Assessment revealed that in the prior 5 days this resident rated her pain at a 4 out of 10 and documented that she had pain frequently.</p> <p>A Medication Administration Record for the month of June 2023, directed staff to administer a Fentanyl Patch 25 mcg/hr transdermal application at bedtime every 72 hours for chronic pain syndrome to Resident #20. The start date was 5/1/23. Review of the record revealed that this resident did not receive the patch as scheduled on 6/3/23. The last patch prior to this was applied on 5/30/23 and 3 days from that was 6/2/23. This resident went 4 days without the absorption of the patch from 6/2/23 when it should have been applied to 6/6/23. She had the patch applied again on 6/9/23, it wasn't applied on 6/12/23 then it was applied again on 6/15/23.</p> <p>The 2023 June MAR/TAR also revealed this resident did not receive the following medications/treatments as ordered: Omeprazole, Trazadone (for anxiety and depression), Carafate (GERD), levetiracetam (for seizure activity/convulsions), Miralax (for constipation), Xanax (for anxiety), hydrocodone/acetaminophen (for pain), reglan (for nausea), bacitracin (wound care), house barrier cream (for skin excoriation), muscle rub extra strength cream (for pain), and</p>	F 658			

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F 658	<p>Continued From page 16</p> <p>Bioten (for dry mouth). This resident was to receive Biotin 4 times a day. She did not receive Biotin from 6/1/23 to 6/23/23. The start date was 12/9/21.</p> <p>On 6/21/23 at 4:55 p.m., Resident #20 stated she was in pain and rated her pain at an 8 out of 10. She stated it hurt in her tailbone and back. Resident appeared to be in pain.</p> <p>On 6/22/23 at 10:35 a.m., noted Resident #20's had a patch on her right chest. It was not labeled. Resident #20 stated her tailbone pain is at an 8 which is constant, and her stomach pain was at a 5. She stated they were supposed to give her a suppository 2 nights ago and they never did. She stated she was constipated. When asked if they have missed giving her some pain medications, she said yes. She stated the reason she didn't receive her medication was they didn't have the medication to give. When asked if she was given anything to help with her pain she said no, they told me they didn't have anything else to give.</p> <p>5. A MDS dated 4/24/23, documented that Resident #21's diagnoses included malignant neoplasm of the larynx (cancer of the voice box) and chronic pain. The BIMS score for Resident #21 was 12 out of 15 which indicated moderate cognitive impairment. This resident required extensive assist of 2 for transfers and extensive assist of 1 for personal hygiene. The Pain Management section revealed that Resident #21 received routine pain medication in the 5 prior days. The Pain Assessment revealed that in the prior 5 days this resident rated his pain at a 6 out of 10 and documented that he had pain frequently.</p>	F 658			

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F 658	<p>Continued From page 17</p> <p>A 2023 MAR for the month of June, directed staff to administer Percocet 5-325mg three times a day at 8:00 a.m., 2:00 p.m., and at 8:00 p.m. to Resident #21. The MAR revealed that Resident did not receive his scheduled Percocet from 6/13/23 at 2:00 p.m. through 6/20/23. The MAR documented that he received a dose at 8:00 a.m. on 6/21/23.</p> <p>The 2023 June MAR/TAR also revealed this resident did not receive the following medications/treatments as ordered: Atorvastatin (for hyperlipidemia), duloxetine (for depression), Gemtosa (for overactive bladder), tamsulosin (overactive bladder), Zenpep (pancreatic enzyme), naproxen (for pain), baclofen (muscle relaxer), and gabapentin (pain).</p> <p>On 6/27/23 at 10:31 p.m., Resident #21 lying in bed. He nodded his head in affirmation that he did know they didn't have the pain meds to give him. When asked if he was in pain during that time, his eyes widened and he nodded a definite yes. When asked if he remembers what level his pain was at during that time and if he could rate it he shook his head no. He affirmed by nodding that he had went about a week without the pain medication and this happened a couple of weeks back.</p> <p>6. A MDS dated 4/24/23 , documented that Resident #23's diagnoses included heart failure. This resident had a BIMS score of 8 out of 15, which indicated moderately impaired cognition. This resident required total dependence of 2 for transfers and total dependence of 1 for personal hygiene.</p>	F 658			

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F 658	<p>Continued From page 18</p> <p>A MAR for the month of June 2023, directed staff to administer Digoxin daily for cardiomyopathy (disease that makes it harder for the heart to pump), chronic congestive heart failure (disease that effects the pumping action of the heart), and persistent atrial fibrillation (irregular and often fast heartbeat). From 6/1/23 to 6/27/23, this resident did not receive her digoxin 7 times. Tobramycin eye gtt's 4 times a day for pain was ordered on 6/14/23 and was discontinued on 6/19/23. The resident only received 4 doses.</p> <p>The 2023 June MAR/TAR also revealed this resident did not receive the following medications/treatments as ordered: insulin, Supplement 2.0 (for wound healing), and Midodrine (for low blood pressure).</p> <p>7. A MDS dated 6/16/23, documented that Resident #30's diagnoses included heart failure. This resident had a BIMS score of 15 out of 15, indicating intact cognition. This resident required a limited assist of 1 for transfers and personal hygiene.</p> <p>A MAR for the month of June 2023, directed staff to administer Digoxin every other day. The MAR did not direct the staff to take a pulse prior to giving this medication. From 6/1/23 to 6/27/23, 5 doses were not given. The MAR directed staff to administer Levothyroxin daily for hypothyroidism. From 6/1/23 to 6/27/23, 11 doses were not given.</p> <p>The 2023 June MAR/TAR also revealed this resident did not receive the following medications/treatments as ordered: Rivoraxiban (for atrial fibrillation, congestive heart failure, and hypertension) and bumetanide (for heart failure).</p>	F 658			

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F 658	<p>Continued From page 19</p> <p>On 6/21/23 at 10:26 a.m., Staff C, Certified Nurse Aide/Certified Medication Aide (CNA/CMA), when asked what the circled initials meant on the MAR/TAR she stated it meant that they didn't have the medication. She stated it happened more than she would like to admit. She said the DON said to just pass the medications that you can. When asked why some residents had Fentanyl patches and another did not, she stated she did not know. She said maybe it had something to do with pharmacy. She said the facility does not want to report these things. Staff C stated she is told not to get so upset about things.</p> <p>On 6/21/23 at 2:45 p.m., the DON stated she was looking into the Fentanyl patches not being given. When asked what she knew about it, she just shook her head no.</p> <p>On 6/21/23 at 3:00 p.m., Staff C, when asked again about the numerous Fentanyl patches that weren't applied, she stated that the night shift which is mainly agency nurses put the patches on. She acknowledged all of the holes with the Fentanyl patches. She stated it meant they did not get the patches put on. She did not think there was drug diversion. She thought it was more laziness.</p> <p>On 6/21/23 at 4:07 p.m., Staff D, Register Nurse (RN) traveler with the facility corporation and the Nurse Consultant stated they were aware of this too and looking into it, when they were told there was a concern with the Fentanyl patches and narcotics not being given.</p> <p>On 6/22/23 at 10:30 a.m., Staff A, CMA stated that medications are getting missed and</p>	F 658			

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F 658	<p>Continued From page 20</p> <p>sometimes it's because staff don't understand the different names of Vitamins ie ascorbic acid vs Vitamin C and sometimes they just don't look for the medications. Staff A stated that Resident #4 was without Percocet. Staff A stated she had sent the information that he was out of his Percocet and needed more several times but she was not sure if they had gotten it. She stated that Staff E, RN had told her they were getting a script (prescription for a physician) for the Percocet. Staff A said she had sent the tag in about 5 days before he was out of them. Staff A said it was ample time, more than 3 days to get it ordered. Staff A stated they (nurses) had tried to get it out of the e-kit but he needed a new script. She said that he went 8 days without the percocet. Staff A did not think there was any drug diversion just laziness. She stated that Resident #4 was going through withdrawal symptoms. Stated he was really tired.</p> <p>Staff B, RN, was part of the above conversation. He stated that there normally are medications up front. Staff B stated they can go up and get them. Staff B stated he did not think there was any drug diversion, just sloppy nursing.</p> <p>On 6/22/23 at 4:06 p.m., Staff F, Nurse Practitioner (NP), stated the facility let her know that the 3 ladies did not receive their patches. She stated she took a look at them and discontinued 2 of the 3 ladies patches as she did not feel they needed it. She said the 3rd lady was a different story. She stated she did know about another resident not getting his Percocet. She found out through faxes. She will look for the faxes of the facility notifying her of the pain medication not being given. Staff F stated it was okay to call her back with any further questions.</p>	F 658			

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F 658	<p>Continued From page 21</p> <p>stated it was recently brought up to her about the Fentanyl patches not being administered, but she had been notified of this before and was notified by fax.</p> <p>No faxes were provided.</p> <p>On 6/22/23 at 2:30 p.m., Staff G, NP stated that no one had notified her of medications not being given. She had not heard about Fentanyl patches not being available. She had not heard about Resident #4 not getting his Percocet. She said there would be no reason for this. If not contacting her they could contact other providers to get a script or to get these medications ordered. She said in Resident #4's case she saw him after a fall and had abdominal x-ray/test done related to pain. She said at that time she reviewed his medications and did not feel he needed anything more for pain as he was on several medications that helped with pain. Staff G looked at Resident #4's MAR. She stated now that she knows he went without Percocet for that many days she will need to go back to Resident #4 and ask him about pain control. She said she came in to see 5 residents on this day and she was still at the facility because she finds things out when she talks with residents and feels she needs to take care of it. She stated a lot of the stuff she ends up doing are things the nurse should be doing but for some reason it is not getting done. Staff G gave an example of a request she received to discontinue Biotin. She said she looked at the MAR and the person had not been receiving Biotin. So, she did not discontinue the Biotin, instead she told the staff it needed to be given. She repeated that there is no reason the residents should not be receiving their medication. She stated a provider and pharmacy</p>	F 658			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 658	<p>Continued From page 22 can be called.</p> <p>On 6/22/23 at 3:05 p.m., Staff E, RN stated that it was reported to her that Resident #4 did not have Percocet. She stated the CMA did not tell her until the last day that she worked. Staff E stated that sometimes she worked 2-3 days in a row. She stated that afternoon she called the pharmacy for it and the pharmacy said they were waiting on a script for it. Staff E stated that the pharmacy calls the care provider to get the script. She stated that the pharmacy was located out of state, so the pharmacy didn't always call the provider for the nurses. Staff E stated that on weekends it depends on who is on call, the provider might not write a script. Staff E didn't think she had called the on-call provider the day she found out about needing a Percocet refill. Staff E stated she reported it on to the next shift but did not remember who. Staff E stated she did think it was important for the residents to have their meds. Staff E stated the facility was running bubble packs as well as cards with medications (meds) in them. Staff E stated that she was running meds all the time. Staff E said she did not want to put the facility under the bus or anything, but the nurses are continually getting meds out of this system because the meds are not filled.</p> <p>Staff E stated it was like all day long they were pulling meds from the ekit (emergency kit storage). Staff E stated it was very time consuming. Staff E stated the fax machine was down for a long time. She said she had been there for 6 months and the facility finally got a fax machine this week. She stated they were unable to fax the pharmacy because of it. Staff E stated they had to call the pharmacy or Staff F, LPN and</p>	F 658			

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F 658	<p>Continued From page 23</p> <p>another nurse had been emailing the pharmacy. Staff E stated that she always called the pharmacy and they would get upset when you have a huge list, the pharmacy wanted the list sent instead. She stated the pharmacy also sometimes did not send the meds. Staff E said that every day she pulled medications out of the ekit, even though the meds had been requested from the pharmacy. Staff E stated that the CMAs don't let the nurse know if there is a med missing, they will just circle it. Staff E said that she and another nurse have reported to the DON that the med aides (CMA's) aren't reporting that there are not meds in the carts.</p> <p>Staff E then went into the medication room. The system was hooked up to a computer. Staff E stated the nurses are able to type in the name of a resident and the medication needed and then you can get it out of the ekit. She stated that the nurses run meds for the residents and then deliver them. She said that it happened often that all of the meds are not there. Staff E said that often times with narcotics, the pharmacy will say a script was needed. Staff E stated that it could be difficult to get a script. Staff E said she honestly did not know if there was drug diversion at the facility, it's pretty scary. Staff E said that she had seen that people have signed things off and she had wondered how the CMAs have signed stuff off that the facility did not have. Staff E was unable to give any specific examples of this nor could she give a time frame. Staff E stated that Staff A and Staff C had told Staff E that night shift agency aides are not passing the meds. Staff C was really good about reporting to Staff E but Staff A didn't always report. Staff E said that Staff A would report to Staff B, but he was Staff A's son in law. Staff E stated she</p>	F 658			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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F 658	<p>Continued From page 24</p> <p>reported this to the DON and nothing really happened. Staff E stated that she did not want to be fired or anything but many things needed fixed. Staff E became tearful and said it's hard to work here because it's very busy and many things get missed.</p> <p>On 6/26/23 at 3:13 p.m., Staff I, RN Hospice stated she had brought up concerns regarding Resident #19 going through withdrawals. Staff I said the facility set her up on routine Oxycodone with the Fentanyl patch before related to Resident #19 requesting so much PRN (as needed) Oxycodone. Staff I said that with Resident #19 taking both of the meds she would still rate her pain at an 8 or 9. Staff I said that Resident #19 had a history MS so it could be hard to tell with her because you don't know if she is masking pain. When asked who she goes through for medications, she stated they go through the facility doctor first. Staff I said that a lot of times they do things without communicating with her. Staff I stated she has to ask for an updated medication list for Resident #19. Staff I said she sees Resident #19 two times a week. When asked if she knew about Resident #19 not receiving her Fentanyl patch, Staff I stated that she would notice it would be dated for 5 days prior or not on her at all. Staff I said she had her hospice aide check the date on the patch and the hospice aide was to let Staff I know if the date was more than 3 days old or if there was no patch. Staff I stated that Resident #19 would ask Staff I if Staff I would go and see when she was due for her next dose of pain medication. Staff I stated that Resident #19 would ask more about the oxycodone and not the patch. Staff I said she had been Resident #19's case manager for almost 2 months now and that Resident #19 had</p>	F 658			

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F 658	<p>Continued From page 25</p> <p>went on hospice on 1/27/23 and there was a different hospice nurse case manager before Staff I. Staff I said that Resident #19 can make her own decisions and Resident #19 did have a son and a daughter that she wants us to update on her care. Staff I had a conversation with Resident #19 about missing Fentanyl patches. Staff I said that back in May she had went in and noticed that Resident #19 hadn't had one (Fentanyl patch) changed and Staff I brought it up to her and they were able to get a new one started. Staff I stated that since then Resident #19 had been able to let Staff I know if it was taken care of or not taken care of. Staff I stated that in June Resident #19 told Staff I that the Fentanyl patch wasn't being taken care. Staff I said that she spoke with the floor nurse and spoke with the ADON (Assistant Director of Nursing) and it seemed like every time Staff I would talk to somebody, they would tell Staff I they'd get the Fentanyl Patch shortly. Staff I stated she did not feel the issue got addressed. Staff I stated that the other hospice nurse spoke with the floor nurse on June 14th when the other hospice nurse noticed that the patch had not been changed and her roommate noticed the patch had not been changed. Staff I stated that she knew she was biased because them discontinuing the patch after the fact is doing her a disservice.</p> <p>On 6/26/23 at 4:20 p.m., Resident #19 stated that she was in pain and rated her pain at a 9 and ½. This resident was lying in bed. Stated she was feeling really bad and was going downhill fast. When asked what she meant by that she stated she just wasn't doing good. When asked about the Fentanyl patch, she said they took that off last week and told her that she didn't need it. When</p>	F 658			

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F 658	<p>Continued From page 26</p> <p>asked what she thought about that, she stated it really didn't help her much anyway. This resident had opened her eyes when the door was knocked on but did not open them very far. This resident did not move any extremities nor her head when she talked. When asked if staff check on her and ask her about her pain, she stated sometimes. When asked if they were checking twice a day, she stated no. When asked if she ever has no pain, she said no. When asked what the lowest her pain had been in the past few months, she stated a 6 or 7.</p> <p>The MAR for Resident #19 for the month of June 2023, directed staff to do a twice a day pain assessment with 0 as no pain, 1-3 as mild pain, 4-6 as moderate pain, and 7-10 as severe pain. The documentation of the pain revealed that from June 1st through June 26th this resident had pain rated four times at 7, two times at 8 and one time at a 6, the rest of the documentation revealed 0's or there were times when it wasn't filled out.</p> <p>On 6/26/23 at 4:30 p.m., Resident #4 was lying in bed. Smiling. Stated she really didn't have any pain. She was feeling pretty good. Resident #4 was wide awake and appeared happy. She asked about what time it was.</p> <p>The MAR for Resident #4 for the month of June 2023, directed staff to record pain on a 0-10 scale twice a day. The documentation of the pain revealed that from June 1st through the first part of June 26th this resident had 40 times the pain was not rated.</p> <p>On 6/27/23 at 9:15 a.m., Staff J, agency RN, stated he thought there was a fentanyl patch on the 2nd floor downstairs for a day or so that was</p>	F 658			

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F 658	Continued From page 27 not put on. Staff J stated he did not put on but he did leave a note and passed it on. Staff J stated there was no way for him to get the patch. He stated he talked to dayshift. He said that it was pretty complicated to talk to pharmacy on the weekend. He said he did assessments. When told about the patches that weren't placed and the time frame the residents went without a fentanyl patch, he stated he did not know that they did not have patches for that long. Staff J stated he worked a lot on the 2nd floor (where all 4 residents resided). Staff J stated he would work a few days and then off but when he would come back he did not recall seeing any resident going a long time without a patch. Staff J stated that the CMAs do not apply Fentanyl. Staff J said that medications being not available happened quite often. Staff J stated that every time something happened when there wasn't a medication, he always left a note. Staff J stated that he would give a verbal report but he also would write the meds on the sheet and then hand it to the next shift. Staff J stated that the pharmacy says that he needs to fax when he did get a hold of the pharmacy. Staff J stated that the facility's fax was not working and on weekends the pharmacy was not available. Staff J stated that if you want to order more than one or two meds the pharmacy would say to fax the list of meds as the pharmacy preferred faxes. Staff J stated that he always made sure he put it on the sheet that they have so the day nurse would know what the situation was and then they could handle it during the day. When asked about the sheet, he stated he was not very sure where the sheet was kept. Staff J stated that they hand over a copy of it to the next nurse. Staff J stated that sometimes he would pass 8:00 p.m. meds but most of the time it's a CMA. Staff J stated he didn't know about	F 658			

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F 658	<p>Continued From page 28</p> <p>Resident #21's Percocet. Staff J stated that he felt the residents received good care and he thought the communication with the pharmacy was the biggest concern.</p> <p>On 6/27/23 at 9:45 a.m., Staff E stated she did not know where the pharmacy book was in the back (2nd floor). She stated she wasn't sure what they did when the nurses and CMAs filled out the sheets with the meds that are needed. Staff E said she didn't see the book and she thought the sheets might just get thrown away. She pulled a couple of sheets out of the box with things that needed to be shredded.</p> <p>On 6/27/23 at 10:25 a.m., Staff E pulled 2 more pharmacy sheets out of the box when asked if there were any more sheets in the box.</p> <p>On 6/27/23 at 9:50 a.m., Staff H, Licensed Practical Nurse (LPN), stated the facility got a new machine and it copies and prints but it doesn't fax. Staff H stated she had developed a process with the pharmacy where you have an encryption code so the emails between Staff H and the pharmacy can go between us without HIPPA violations. Staff H stated that she had been doing this for 2 months. Staff H stated she receives sheets from the CMAs and on Mondays, Tuesdays, and Wednesdays Staff H forwards the sheets on to the pharmacy and then writes emailed to pharmacy and the date and time. Staff H stated she then puts the sheets into the pharmacy book. Staff H stated that she only worked on the 1st floor. Staff H state the process to get medication was the doctor writes out the order for her on a script. and then she would take a picture and email to the pharmacy, after that she document in the electronic health record to</p>	F 658			

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F 658	Continued From page 29 make it an active order. Staff H stated she would usually then call the pharmacy and let them know that she had put in an active order and she would pull a couple of doses of the medication so that they could cover the first couple of doses that needed to be given. Staff H stated that not all nurses have access to their medication system. She stated that sometimes they have agency nurses and the agency nurses cannot get into the facility's medication system. Discussed Resident #19's medication and Staff H stated that it was so sad. Staff H stated that Resident #19 had been in pain since she has been here. Staff H stated that Resident #19 should not go without her pain medication. Staff H said that Resident #19 was so frail and pale and always looked like she was in pain. When told the pain level had been signed often as no pain for this resident, Staff H stated that was not right. Staff H stated what she thought staff were doing was seeing if Resident #19 was sleeping and marking it 0, they should be asking her. Staff H said that Resident #19 needed her pain medication. Staff H stated that hospice staff could call the pharmacy too and Staff H stated she did not know why agency nurses wouldn't just call the pharmacy. Staff H stated if they are writing down on the sheet that there was not a med available then it should be in the pharmacy book down there. They should be putting those sheets in to the pharmacy book and those papers should not be shredded. Staff H stated that usually on Mondays there are a lot of meds to order. Staff H stated that she just called the pharmacy and asked them how could she get the meds without a fax and they said she could use her own email but she would need to use their encryption. Staff H stated that's what she did. Staff H stated she did not want to put down the company but they had people running to	F 658			

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F 658	<p>Continued From page 30</p> <p>another facility to fax orders because their facility couldn't get the meds.</p> <p>On 6/27/23 at 11:32 a.m., Staff K, CMA/CNA, stated that it did happen when meds were not available. Staff K stated she circled her initials on the MARs when meds were not available. Staff K stated that she actually asks her nurse if the med is printable, meaning they can get it from the medication system, but if not to circle it and write a note on 24 hour report. When asked how often she thinks this happens, she stated daily. She stated it had gotten better because they had a new ADON who listens. Staff K stated that they tell the resident when we don't have a med for them and most of the time they are not surprised, unless it's a pain med, anti- coagulant (blood thinner), anti-anxiety, etc. Staff K stated they have one resident who gets upset if he did not get his oxycodone (pain medication), lyrica (blocks pain signals in nervous system), or klonazepam(anti-anxiety). Staff K sated that it took time but they were able to get it for him because they would call the pharmacy and the on-call physician and get it pulled. Staff K stated that sometimes the on-call doctor doesn't answer and sometimes the pharmacy doesn't answer.</p> <p>On 6/27/23 at 12:03 p.m., Staff L, RN stated she passes medications when they need someone. Staff L stated she would just get meds out of their medication system if she needed a med. She stated she has had trouble with the system jamming. Staff L stated she leaves at 10:30 p.m. and asks prior to leaving if anybody needs anything. Staff L stated she worked noon to 10:30 p.m. Staff L stated that they were checking every night now, they check the MARS and TARS they have to sign. Staff L, RN stated she knew</p>	F 658			

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F 658	<p>Continued From page 31</p> <p>that medications not being available was a problem and they had been working on it real hard. Staff L stated that the facility lost a couple of nurses about a month ago and then it wasn't brought to their attention. Staff L stated after that she went to check not too long ago for gaps and that's when she noticed it was a couple weeks ago. Staff L stated she had no clue that Resident #21 went without Percocet. Staff L stated that the could have called the on call providers. Staff L stated that they can get a hold of pharmacy 24 hours a day and they could get a hold of a physician 24 hours a day. Staff L stated that there was always 2 nurses in the facility so any of them can call and get medication. Staff L stated that they had trouble with faxing a while back. Staff L stated that it was routine orders that the facility had trouble with getting. Staff L stated she did not know who would tell Resident #21 they couldn't get the Percocet. Staff L stated they could always get Percocet. When told that Resident #21 said he was in pain during the time he did not receive the Percocet, Staff L nodded understanding and stated that she was somewhat related to Resident #4, and he will always tell you he has pain. Staff L stated that Staff E, Staff H, and Staff B, all know what to do (how to retrieve medications). Staff L stated that no one ever told her that the facility was out of narcotics for residents, until the facility caught it. Staff L stated that Resident #19 had been on narcotics about 7 months. Staff L said that the meds are available. She stated that staff could also call the ADON, the DON or Staff L and they would come in and get the meds for the staff. Staff L stated that pretty much every day that she works she takes meds out of the facility's medication system.</p> <p>On 6/26/23 at 10:54 a.m., Staff N, Pharmacy</p>	F 658			

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F 658	Continued From page 32 Technician customer service for the facility's medication server, stated that her company services this facility and do type their orders pretty generally. Staff N stated the biggest thing that she had seen was that they consistently have fax issues and a nurse will call. Staff N stated that this had been a challenge. Staff N stated that the pharmacist will take orders over the phone. She stated that if there are a lot of meds needed, they try to pull them from the eMAR (electronic MAR) system. Staff N stated the pharmacy had access to the eMAR system, but they are not integrated like other homes where their orders flow right over to the pharmacy. The eMar the nurse will call us and say they have this new order, then pharmacy can go in and look at the emar but it's not like something that would alert the pharmacy. The nurse has to call and tell pharmacy about the new order. Staff N stated that sometimes the pharmacy will see some emails that would alert the pharmacy to reorders. Staff N stated that for monthly refills, the nurses have to alert the pharmacy. Staff N stated that how often medications need refilled is based on a resident's payer source too. Staff N stated that meds coming out of the ADU-Automated Dispensing Unit are usually the more routine or common medications and it depends on the schedule with the machine. Staff N said she believed that the facility was running meds every day for the next day. The ADU dispenses the little packets of meds. She stated that not all medications can come out of the machine so those are sent from the pharmacy already carded. Those are the meds that require the nurse to notify the pharmacy when a card is needed or when the facility was running low. She said the pharmacy does same day reorders up until noon. Staff N stated the facility would	F 658			

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F 658	Continued From page 33 typically get these medications the next morning in Iowa. Staff N stated if it was the afternoon when they place a reorder, the facility would normally get the meds in two days. The meds come directly from the pharmacy and couriers come from the pharmacy located in Minnesota. Staff N stated that the courier drives the meds down. Staff N stated that in the ekit the pharmacy will house first dose medications and some routine medications too just so the facility would have some access to those medications. Staff N stated the pharmacy puts in house antibiotics and narcotics in the ekit. She stated if the facility would have a new admit who had a script the facility can request the medication from the ekit, then send the script and the pharmacist reviews and then the pharmacist can approve. Staff N stated any controlled substance the pharmacy needs to approve. Staff N stated the facility also had some hospice products there too. Staff N stated that every time the pharmacy would need a script for narcotics through the ekit the pharmacist checks it. Staff N stated for instance if there was a scheduled narcotic once a morning, the pharmacy would reach out to the facility when the pharmacy knows that the prescription is running low. She stated the pharmacy needed a script depending on how long the doctor orders the medication. She said for scheduled 2 narcotics they could fill up to 120 tablets for a twice daily dose for 2 months. She stated for controlled substances C3s -C5s they can fill up to 6 months of refills on them. Staff N stated that she believed the pharmacists will call or reach out to the prescriber to let them know the pharmacy would need a script. Staff N stated she did know the pharmacists will call the nurses to let them know the pharmacists are having difficulty getting a script. When asked if there had been any	F 658			

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F 658	<p>Continued From page 34</p> <p>communications regarding issues with trying to get narcotics like fentanyl patches, Staff N stated she did not know. Staff N put the call on hold and when she returned, she stated that she had spoken to 2 of their pharmacists and both of them stated they typically get scripts back pretty quick from the prescribers/providers. Staff N stated the pharmacists said the providers make themselves available to the pharmacists and they usually can get a hold of them pretty quickly. The pharmacists stated they were not aware of residents going days without Fentanyl patches or Percocet.</p> <p>On 6/28/23 at 1:17 p.m., Staff F, NP stated she was aware of the meds that are being missed. The ADON had told Staff F about them a couple of weeks ago. Staff F stated she had worked with the ADON in the past so has known her for about 4 years. Stated they've talked a lot about how there needs to be a handle on the meds. Staff F stated they were not notified when the meds weren't given. She stated that she did not know if the other Nurse Practitioner (Staff G) was notified. Shared with Staff F that Staff G had not been notified. Shared with Staff F about the Warfarin increase, and 2 doses missed, but the documentation says no ASE. Let her know I've requested lab work for that time and have not received it but got yesterday's lab work which showed high INR/PT. Staff F said that was not acceptable and she was not notified of this. Talked to her about the Digoxin on 2 ladies reviewed and they were missing several doses. Staff F said a pulse should be taken each time the Digoxin is given. She said this was not acceptable. Staff F stated that the facility needed to put a policy in place so this doesn't happen anymore. Staff F acknowledged that there was a system failure with medication administration and</p>	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/13/2023
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F 658	<p>Continued From page 35</p> <p>it needed to be fixed. Staff F stated she was aware of the Immediate Jeopardy that was given on this day and acknowledged understanding of it. Staff F stated that the medications need to be administered as ordered. That it was an expectation and it needs to be followed.</p> <p>A Medication Administration Preparation and General Guidelines policy revised on 8/2014, directed staff:</p> <ul style="list-style-type: none"> - Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. - The medication administration record (MAR) is always employed during medication administration. Prior to administration of any medication, the medication and dosage schedule on the resident's medication administration record (MAR) are compared with the medication label. If the label and MAR are different and the container has not already been flagged indicating a change in directions, or if there is any other reason to question the dosage or directions, the physician's orders are checked for the correct dosage schedule. When a medication order is changed and the current supply can continue to be used, the container should be flagged right away and the order change communicated to the provider pharmacy so that the next supply of the medication is labeled with the current directions. - If a medication with a current, active order 	F 658			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/13/2023
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F 658	Continued From page 36 cannot be located in the medication cart/drawer, other areas of the medication cart, medication room, and facility (e.g., other units) are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted or medication removed from the night box/emergency kit. - Medications are administered in accordance with written orders of the prescriber. - Medications are administered within 160 minutes of scheduled time, except before, with or after meal orders, which are administered [based on mealtimes]. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility - The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications. - If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time Other than the scheduled time (e.g., the resident is not in the facility at scheduled dose time, or a starter dose of antibiotic is needed), the space provided on the front Of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side Of the record. If a vital medication is withheld, refused, or not available the physician is notified. Nursing documents the notification and physician response.	F 658			

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{F 684} {F 684} SS=D	Continued From page 37 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 observations, interviews and record review, the facility failed to provide interventions for wound care for 1 of 4 residents reviewed (Resident #4). During 2 separate observations this resident's wounds did not have a Mepilex (an absorbant foam dressing) dressing for her wounds. The facility reported a census of 62 residents. Findings include: A Minimum Data Set (MDS) dated 4/14/23, documented that Resident #4 diagnoses included Multiple Sclerosis (MS), osteomyelitis of the vertabra (infection of the bone), and non-Alzheimer's dementia. A Brief Interview for Mental Status documented a score of 8 out of 15, which indicated moderate cognitive impairment. Resident #4 required total dependence of 2 for transfers, and personal hygiene. A Treatment Administration Record (TAR), directed that a Mepilex foam dressing was to be applied to sacral wound every other day and PRN every 48 hours for a pressure ulcer. This order	{F 684} {F 684}			

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{F 684}	<p>Continued From page 38</p> <p>had a start date of 10/14/22. It was noted that this resident did not have the dressing signed for from 6/1/23 through 6/4/23. It was signed that one was placed on 6/5/23.</p> <p>On 6/20/23 at 11:59 a.m., Staff V, Certified Nurse Aide (CNA) and Staff W, CNA, provided incontinence care to Resident #4. Staff V removed the adult brief. No dressing was covering the wounds under the brief. The ADON (Assistant Director of Nursing) knocked on her door and stated that Resident #4 needed her treatment. The ADON applied a Mepilex to this resident's sacrum (triangular bone at the end of the spine). The dressing was applied over the wounds on this resident's sacrum. The ADON stated that the order directed to place a Mepilex dressing to her wounds.</p> <p>Following this observation, Staff V stated that they had changed Resident #4 twice before now. Once before breakfast and once after. Staff V stated that this resident did not have a dressing on during the check and changes.</p> <p>On 6/20/23 at 12:32 p.m., Staff B, Registered Nurse (RN), stated he knew this resident did not have a dressing on. When asked when he found out that the dressing was not on this resident, he said when staff went in to this resident's room just prior to the conversation. He sated if he would have known earlier he would have placed a dressing on this resident. He said the dressing is to be changed every 48 hours and prn (as needed).</p> <p>On 6/20/23 at 12:45 p.m., Staff L, RN stated her initials were on the Treatment Administration Record (TAR) and she changed the dressing</p>	{F 684}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2023
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER GENESIS SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 5608 SW 9TH STREET DES MOINES, IA 50315		
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{F 684}	<p>Continued From page 39 around 12-1 p.m. the day before (6/19/23).</p> <p>On 6/20/23 at 12:56 p.m., concerns discussed with the Regional Nurse Consultant of no dressing on wounds and no cleansing of wounds prior to dressing being applied. He acknowledged understanding of the concerns.</p> <p>On 6/22/23 at 11:20 a.m., Staff were getting ready to get resident up out of bed. Requested to see her Mepilex dressing on her sacrum. Staff rolled Resident #4 to the side and pulled down her pants as she was fully dressed. She did not have the Mepilex on her sacrum. Staff stated another, Staff R, CNA; had taken care of this resident this morning. Staff B, Registered Nurse (RN), stated he would go get a new dressing. He came back with a new Mepilex dressing and started to apply the dressing. When asked if the wound was draining, he stated it was and left again then came back with wound cleanser. Staff B squirted some of the wound cleanser on the wounds then wiped the area down with gauze and patted dry with gauze, then he applied the Mepilex.</p> <p>Directly following the above observation, Staff R stated that this resident was not wet or soiled that morning so he did not take off her brief. Staff R stated he was unaware that this resident did not have a Mepilex dressing applied.</p> <p>On 6/22/23 at 1:01 p.m., Staff X, Licensed Practical Nurse (LPN), stated she did not apply a Mepilex on this resident's sacrum yesterday. She said she probably did go ahead and initial that she had placed the dressing on in the MAR (Medication Administration Record), but the</p>	{F 684}			

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{F 684}	<p>Continued From page 40</p> <p>Hospice Aide told this LPN that the Mepilex was on when the Hopsice Aide gave this resident her shower yesterday (6/21/23). Staff X stated that she knew the Mepolex had been put on the day before (6/20/23), so Staff X did not think Resident #4 needed one put on yesterday(6/21/23).</p> <p>On 6/27/23 at 11:47 a.m., The Wound Doctor stated that she hadn't seen Resident #4's wounds in months related to this resident going into Hospice care. She stated the wounds were not pressure ulcers they were either abscesses or fissures.</p> <p>On 6/29/23 at 1:47 p.m., Staff F, Nurse Practitioner (NP), stated that she was unaware that the dressing was not on Resident #4's coccyx during 2 separate observations. She stated that treatments needed to be provided as ordered.</p> <p>A Wound Management policy dated 11/15/22, directed staff:</p> <p>POLICY: To promote Wound healing of various types of Wounds, the Facility will provide evidence-based Treatments in accordance with current Standards of Practice and Physician Orders.</p> <p>PROCEDURE: Wound Management: 1. Wound Treatment will be provided in accordance with Physician's Order.</p> <ul style="list-style-type: none"> o Cleansing Method o Type of Dressing o Frequency of Dressing Change 	{F 684}			

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{F 684}	<p>Continued From page 41</p> <p>2. Charge Nurse will Notify Physician in the absence of Treatment Orders.</p> <p>3. Dressing Changes may be provided outside of the frequency parameter in certain situations:</p> <ul style="list-style-type: none"> o Urine, Feces, or other Bodily Fluids have saturated through the Dressing. o Dressing is Dislodged. o Dressing is Soiled. <p>4. Wound Dressing's will be Applied in accordance with Manufacturer's Recommendations.</p> <p>5. Treatment Selection will be based on the Etiology of the Wound.</p> <ul style="list-style-type: none"> o Pressure Injuries will be differentiated from Non-Pressure Wounds. ? Arterial ? Venous ? Diabetic ? Surgical ? MASD ? Atypical (e.g., dermatological, cancerous lesion, pyoderma, etc.). <p>Wound Characteristics/Documentation:</p> <ul style="list-style-type: none"> o Location of the Wound o Pressure Injury & Stage ? Non-Pressure-Level of Tissue Destruction. o Size (Shape, Depth, Tunneling and/or Undermining). o Volume & Exudate Characteristics o Pain Evaluation o Presence of Infection/Bioburden. o Condition of the Wound Bed & Wound Edges. o Condition of the Peri-Wound. o Resident/Resident Representative 	{F 684}			

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{F 684}	Continued From page 42 Preferences/Goals. 6. Guidelines for Dressing Selection: o Obtain Physician's Order o Review Wound Care Formulary to assist in Treatment decision process. o Wound Care Formulary may not be appropriate for use in all circumstances. 7. Treatments will be documented on the Treatment Administration Record. 8. The Effectiveness of Treatments will be Monitored through ongoing Evaluation of the Wound(s). o Considerations Modification: ? Lack of progression towards healing. ? Changes in Wound Characteristics. ? Changes in the Resident/Resident Representative's Preferences/Goals (e.g., comfort care associated with end of life in accordance with his/her rights).	{F 684}			
{F 689} SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review, the facility did not provide a safe transfer for 1 of 3 residents reviewed. (Resident #25). Resident #25 required a stand lift for transfers	{F 689}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 689}	<p>Continued From page 43</p> <p>with a sling. The facility failed to ensure the appropriate sized sling was available, failed to ensure the leg strap was functioning, and failed to ensure the battery was charged for the EZ stand lift prior to the transfer. The census reported a census of 62 residents.</p> <p>Findings include:</p> <p>A Minimum Data Set (MDS) dated 5/4/23, documented diagnoses for Resident #25 included muscle wasting and atrophy, and muscle weakness. A Brief Interview for Mental Status documented a score of 14 out of 15, which indicated intact cognition. This resident required extensive assist of 2 for transfers.</p> <p>A Care Plan printed on 6/21/23 documented a focus area ADL (Activities of Daily Living)self-care deficit dated 1/30/22. An intervention revised on 6/21/23, directed staff to use 2 assist EZ stand for toileting. It did not designate the size of the sling to use with the EZ stand, nor did it give direction for all other transfers for this resident.</p> <p>A Kardex (an extension of the care plan) printed on 6/20/23, directed that this resident was a 2 assist to the toilet. The Kardex did not mention a stand or what size sling to use with the stand.</p> <p>On 6/21/23 at 11:28 p.m., an observation was made of Staff T, Certified Nurse Aide (CNA) and Staff C, CNA/CMA (Certified Nurse Aide/Certified Medication Aide) transferring Resident #25 from her bed to her wheelchair. An EZ stand was used. Discussion was held between the 2 staff regarding not having the right sling and regarding not being able to buckle the leg strap. Resident #25 was sitting on the side of her bed. There was</p>	{F 689}			

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{F 689}	<p>Continued From page 44</p> <p>a stand lift in the room but there was no sling. The CNAs had a conversation about going to get the sling. Resident #25 stated she wanted to get up at this time and they always use the sling. At 11:33 p.m., Staff T moved the EZ Stand out and stated they were going to use the hoyer lift instead, she then brought the EZ stand back into the room with a sling. Staff C told Staff T to use the closest loop. Staff T responded because they would have to use the closest loop because they were using the biggest sling. When both staff were ready to lift the resident up with the EZ Stand, Staff C reminded Staff T to strap Resident #25's calves in with leg strap. The CNAs then talked about how there wasn't a buckle, so the legs were not strapped in. They lifted the resident up to a standing position in the EZ stand but the EZ stand would not release down so that the CNAs could lower this resident down into her wheelchair. They then used the emergency button. Staff T then said, she understood now why someone told her that the up and down doesn't always work on the lift. Staff T stated it was hard to use the emergency button to release this resident from a standing position into a sitting position and that she wasn't that strong to use the emergency button. This CNA stated that she had just got the EZ Stand off of the charger. She stated there was another EZ stand on the first floor. The resident stated that this has happened before but usually she had been over the bed and they have pushed the emergency button to put her back in the bed.</p> <p>Following the above observation, a staff member was overheard standing in the hall checking the hoyer lift and saying "it works that must be the good battery."</p>	{F 689}			

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{F 689}	<p>Continued From page 45</p> <p>On 6/21/23 at 11:59 a.m., review of the Kardex that the CNAs would check to know how to transfer this resident, what sling to use, etc was done. It was noted that the Kardex sheet did not address using the EZ stand nor what size of sling to use. When Resident #25 was asked how long they have been using the EZ stand lift, she said for about 7 months now. She stated they do not transfer her by 2 assist without the stand lift. She stated she would tell them they have to use the lift.</p> <p>On 6/21/23 at 12:07 a.m., Staff T stated that she actually doesn't know how to find out what lift or sling to use. She stated she believed there was a book because she overheard someone saying that a male resident's information wasn't right in the book because the information said to use a hoyer lift and the resident was not a hoyer transfer. She said that she kind of puts her agency hat on when she works although she was not agency. She stated she has been at the facility for about 3 weeks and in that time she had only seen Resident #25 transferred with the EZ stand. She stated today was not ideal. She stated the EZ stand did not have the strap for the legs and the sling was too big. She stated they snugged up the sling as tight as they could. Staff T stated just from knowing Resident #25, Staff T knew she stood up pretty well, so she knew she would be able to transfer pretty good without the leg strap. When told the information in the book (Kardex) said that she was a 2 person to the toilet, Staff T asked if it said anything about the EZ stand. When told no, Staff T said that Resident #25 would tell staff right off the get go that Resident #25 required use of an EZ stand. When asked if she ever has transferred Resident #25 with 2 assist and no stand, Staff T stated she</p>	{F 689}			

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{F 689}	<p>Continued From page 46</p> <p>would not and Resident #25 would not let them anyway. Staff T stated that they usually use the smaller sling for Resident #25's transfers but they could not use that sling because it had BM on it.</p> <p>On 6/21/23 at 12:27 p.m., the Regional Nurse Consultant stated that there was a snafu with their electronic health record system. He stated that Staff Q, the Assistant Director of Nursing (ADON) had put the EZ Stand X2 staff in the Kardex for the staff but for some reason it was not printing off, therefore the ADON put the information in the book for the CNAs without knowing the EZ stand information was not on it. When asked about the sling the Regional Nurse Consultant stated he understood that the information was not on the Kardex about sling size. When told about the large sling being used because the other sling had fecal matter on it and that there was no strap to secure the legs on the stand, and that the battery stopped working in the middle of the transfer. The Regional Nurse Consultant acknowledged that these were issues. He acknowledged that the CNAs were not able to view that this resident was to be transferred with the EZ stand.</p> <p>A Sit to Stand Lift Transfer Policy reviewed on 10/25/22, directed staff that:</p> <p>POLICY: The Facility may use a Sit to Stand Lift for Resident Transfers with those who require assistance transferring from one surface to another to ensure safety. RESPONSIBILITY: Nursing Personnel PROCEDURE: o Explain Procedure o Choose the appropriate Sling Size based on Resident's Height/Weight.</p>	{F 689}			

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{F 689}	Continued From page 47 Inspect Sling for Damage. o Lower the Lift to the Resident's Arms. o Open the Legs of the Lift using the Control Buttons. Transfer Sling: o Place Sling around Residents back (across Resident's Shoulder Blades) with the Resident's Arms outside of the Sling. o Place the Leg/Buttock area of the Sling under the Resident. Note: Ensure Sling is not twisted. o Place Residents' Feet on the base of the Lift footrest. Resident's Knees should meet the Lift's kneepads. o Lower the support Arms with the handset close enough to connect with the attachment clip. o Connect Leg straps to the Leg connection knobs. Leg pieces should be tight but comfortable. o Instruct Resident to hold onto grab bars of Lift with both Hands. Double check to assure the Sling is securely attached at all connections. Raise Resident up by using Control Buttons. o Release brakes of Lift and Transfer Resident to new surface. Standing Sling: o Position the Sling around the back so it is two inches above the Resident's Waist with Arms outside of the Sling. o Fasten the support strap tight but comfortable. o Place Residents' Feet on the footrest of the lift with the Residents' Knees/Shins against the kneepad of the Lift. o Lower the support Arms of the Lift until the Lift is close enough to attach the clips. o Select the appropriate clip on the opposite end of the Sling and connect. o Instruct Resident to hold onto the grab bars of the Lift with both Hands. o Raise the Resident into a near Standing	{F 689}			

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{F 689}	Continued From page 48 Position. o Release the brakes of the Lift and Transfer Resident to new surface. o For Emergency Stops, press "Emergency Stop Button. o Ifthe handset fails, use" Emergency Lower Switch" on the Lift. o Lift Battery should be charged between use. o Lift should be Sanitized between use.	{F 689}			
{F 690} SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.	{F 690}			

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{F 690}	<p>Continued From page 49</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record review, the facility failed to provide infection control practices while providing incontinence care for 1 out of 1 residents observed (Resident #2) who had recently had a Urinary Tract Infection (UTI). An observation revealed that hands were not washed or sanitized and proper technique was not used when performing incontinence cares (peri-care) on Resident #2. Record review revealed that Resident #2 had recently been treated with an antibiotic for a UTI.</p> <p>Findings include:</p> <p>A Minimum Data Set dated 6/7//23, documented that Resident #2's diagnoses included Bipolar and Schizophrenia. This resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated intact cognition. This resident required total dependence of 1 for toilet use and extensive assist of 1 for personal hygiene.</p> <p>On 6/21/23 at 2:30 p.m., Staff P, Certified Nurse Aide (CNA), was getting resident ready to transfer. Staff U, CNA came in to assist. Resident #2 gave permission for CNAs to change her. Both CNAs put on gloves. Staff U washed down bottom then pushed brief through this resident's legs and removed brief. Staff U stated</p>	{F 690}			

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{F 690}	<p>Continued From page 50</p> <p>the brief was wet. Staff U put a new brief on the resident. Staff U changed her gloves. Staff U then removed this residents leg wraps with gloves still on. Removed another wrap from this resident's foot then Staff U raised this resident's head of bed and placed the resident's call light within reach. Staff U then put this residents pants into a bag and changed this resident's shirt</p> <p>Directly after this observation, when asked how she felt she did with peri care, Staff U stated that there was no hand sanitizer to use. Staff U acknowledged that she did not clean the front side of this resident and just wiped down between the buttocks on the back side. She Acknowledged that she did not disinfect or wash hands before, during or after peri care.</p> <p>On 6/21/23 at 4:07 p.m., the RN traveler with the facility's corporation and the Regional Nurse Consultant acknowledged the concern with Resident #2's peri care.</p> <p>A Nurse's Progress Note dated 6/9/23 at 10:58 a.m., documented that lab had called with UA (urine lab test) results. There were over 100,000 E. coli (bacteria usually found in the lower colon) extended with multiple resistant gram negative rods. Results were called to the provider.</p> <p>A Nurse's Progress Note dated 6/9/21 at 4:21 p.m., documented that the doctor called back with an order to start Cefdnir 300 mg for 7 days (an antibiotic).</p> <p>A Physician's Progress Note dated 6/12/23 at 3:17 p.m., documented that this resident was being seen for UTI. It documented that her UA showed E.coli and she was on Cefdnir. It</p>	{F 690}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 690}	<p>Continued From page 51</p> <p>documented that this resident's active diagnoses were UTI, acute cystitis (Infection or inflammation of the urinary bladder or any part of the urinary system caused by a type of bacteria called Escherichia coli (E. coli)) without hematuria and nausea with vomiting.</p> <p>A Surveillance for Healthcare Associated Infections policy dated 10/7/21, directed staff:</p> <p>POLICY: Surveillance for Healthcare Associated Infections (HAI) will be completed to calculate baseline rates, detect outbreaks, track progress, and to determine trends to help prevent the development or spread of infection.</p> <p>DEFINITIONS: Monsoonal Infection: As defined by the "CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" and refers only to infections acquired in hospitals. A nosocomial infection is an infection not present or incubating upon admission to the facility. Generally, these are believed to occur forty-eight (48) to seventy-two (72) or more hours after the admission, although invasive procedures or instrumentation can predispose one to infection before the arbitrary seventy-two (72) hour designation. Nosocomial infections can be caused by endogenous or exogenous microorganisms, which means it does not matter if the organisms were of the resident's normal flora or are from the facility. Healthcare Associated Infections: HAI as defined by the "CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" and refers to an infection that develops in a patient who is cared</p>	{F 690}			

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{F 690}	<p>Continued From page 52</p> <p>for in any setting where healthcare is delivered (e.g., hospitals, long-term care facilities, ambulatory settings, home care, dialysis center, surgicenter). This term reflects the inability to determine with certainty where the pathogen is acquired since patients may be colonized with or exposed to potential pathogens outside of the healthcare setting, before receiving healthcare, or may develop infections caused by those pathogens when exposed to the conditions associated with delivery of healthcare. Additionally, patient's frequently move among the various settings within a healthcare setting.</p> <p>Surveillance: Monitor the incidence of epidemiologically-important organisms and targeted HAI's that have substantial impact on outcome and for which effective preventive interventions are available; use information collected through surveillance of high-risk populations, procedures, devices and highly transmissible infectious agents to detect transmission of infectious agents in the healthcare facility.</p> <p>RESPONSIBILITY: Director of Nursing, Infection Control Designee, and Licensed Nurses.</p> <p>PROCEDURE: 1). Notify the Infection Control Designee, or Director of Nursing for the following: " Oral temperature of 100°degrees F or greater; repeated oral temperatures over 99.5 Degrees F, rectal temperatures over 99.5 degrees F, or temperature 2 degrees over baseline from any site (oral, tympanic, axillary). " Diarrhea (three or more liquid stools within twenty-four (24) hours). " Other symptoms of an infectious condition.</p>	{F 690}			

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{F 690}	<p>Continued From page 53</p> <p>2). Obtain a physician's diagnosis of infection or identify conditions that meets McGreer's Criteria of Infection & CDC Guidelines for Surveillance in Long Term Care setting.</p> <p>3). Complete the Monthly Infection Control Surveillance Log utilizing a new form each month or complete electronic version on PCC software. Complete the date as indicated:</p> <p>" Identifying the information i.e. Resident's Name</p> <p>" Admission Date</p> <p>" Infection Onset Date (may be onset of symptoms, if known, or date of positive diagnostic test)</p> <p>" Infection Site (be as specific as possible, i.e. cutaneous infection should indicate "pressure ulcer right foot", or respiratory infection as pneumonia "RUL");</p> <p>" Symptoms or related diagnosis</p> <p>" Date of pre-treatment culture if known or indicated</p> <p>" Identify the pathogen</p> <p>" Record antibiotics or other treatment used</p> <p>" Record any invasive, or high-risk procedures the resident may have had completed.</p> <p>" Identify if the infection was acquired outside the facility, i.e. community acquired</p> <p>" Record other interventions</p> <p>" Date infection resolved</p> <p>Forward the Infection Control Surveillance Log to the Director of Nursing or Infection Control Designee, & RNC at the end of each month.</p> <p>4). Perform the surveillance using any or all the following data gathering tools as possible indicators of nosocomial infections. (Note: Once an effective mechanism is identified, use the same methods to ensure meaningful trend data):</p> <p>" Laboratory Records</p>	{F 690}			

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{F 690}	Continued From page 54 " Would Evaluation " Infection Control Rounds or Interviews " Pharmacy Records " Hospital Transfer Logs " Discharge Summaries 5). Epidemiologic Principles to be Applied: " Use standardized definitions by infection (Definitions of Infection for Surveillance in Long-term Care Facilities) " Lab data (when available). " Collect epidemiologic variables (e.g., patient locations, population-specific risk factors [e.g., frail elderly] and underlying conditions that predispose to serious adverse outcomes. " Analyze data to identify trends that may increase rates of infection. " Provide feedback information on trends in the incidence and prevalence of HAI's, risk factors and prevention strategies to the appropriate healthcare providers, administrators and as required by state and local health authorities. Develop and implement strategies to reduce risks for transmission and evaluation effectiveness. " When transmission of epidemiologic-important organisms continues despite implementation and documented adherence to infection prevention and control strategies, obtain consultation from person(s) knowledgeable in infection control and healthcare epidemiology to review the situation and recommend additional measures to control. " Review periodically information on community or regional trends in the incidence and prevalence of epidemiologic-important organisms (e.g. influenza, MRS, VRE) (including in other healthcare facilities) that may impact transmission of organisms within the facility.	{F 690}			

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{F 690}	Continued From page 55 6). If reviews of laboratory reports are used as a data gathering tool, the following findings merit further scrutiny: " All positive blood cultures except "no growth" " All wound cultures, even normal flora " Urine Culture above 100,000 CFUs (Note: May elect to only follow catheter-acquired specimens of more than 100,000 CFUs). " Other Cultures with Pathogens (i.e. stool culture, eye cultures). " All Group A Streptococcus Cultures. 7). Utilize Surveillance Data to: " Identify Infections Quickly " Identify Clusters of Infections, Symptoms, Pathogens, Body Sites, Risk Factors. " Note any Seasonal Trends " Document Quality Improvement Conclusion/Actions " Compare Data from one month to the next, or from the same month of the previous year. " Compare Unit by Unit Data " The Desired Outcome of Surveillance is to generate comparison to Change Behaviors & Identify Environmental Factors that may warrant further evaluation. " The Goal is to Minimize the Infection Rate. 8). The Monthly Infection Report will be provided to the Facility QAPI Team Members in the Quality Process Improvement Meeting. An Incontinent Care policy reviewed on 7/21/22, directed the following: POLICY: The Facility will Provide Incontinent Care as Directed in the Plan of Care.	{F 690}			

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{F 690}	Continued From page 56 Incontinent Care will include a Skin Evaluation of the Resident; Promoting Hygiene & Skin Prevention with Infection/Irritation. RESPONSIBILITY: Nursing Assistant, Licensed Nurses, Nursing Administration, ICP & Director of Nursing. PROCEDURE: Gather Supplies Identify Resident & Explain Procedure, Provide Privacy; Close Door/Blinds, Pull Privacy Curtain. If Resident Refuses Incontinent Care; Inform Charge Nurse/Supervisor. Place Equipment on Clean Surface within reach. Perform Hand Hygiene & Apply Gloves. Assist with Positioning Resident in a Safe/Comfortable Position; Avoid Overexposing the Body. Remove Soiled Brief/Underpad by rolling the Brief/Underpad. Cleanse Perineal Area with a Perineal Cleanser. Females: Separate Labia, Cleanse one side and then the other, Cleanse center of the Labia wiping towards the Rectal Area. Cleanse Perineal Area from Front to Back. o Cleanse Thighs, Rectal Area & Buttocks. Males: Retract Foreskin if Uncircumcised, Cleanse the Penile Tip Using a Circular Motion starting with the Urethra working outward. Cleanse Penile Shaft, Scrotum, Rectal Area, Thighs & Buttocks. Use a Clean Surface Area of the Cloth for each Wipe. Use Multiple Cloths if necessary, to maintain Infection Control. Remove Soiled Gloves, Perform Hand Hygiene & Apply Clean Gloves. If necessary, Apply Protective Ointment.	{F 690}			

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{F 690}	Continued From page 57 Remove Gloves, Perform Hand Hygiene & Apply Clean Gloves. Apply Clean Brief & Clothing. Discard Contaminated Items in a Plastic Liner. Remove Gloves & Perform Hand Hygiene. Reposition Resident in a Safe/Comfortable Position (Bed in Low Position unless, contraindicated). Place Call Light within Reach of the Resident. Residents with Indwelling Catheters; Refer to Catheter Care Policy. Report Abnormal Findings to the Charge Nurse/Supervisor. Discharge, Bleeding, Odor or Skin Changes.	{F 690}			
F 697 SS=K	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review the facility failed to administer pain medication as ordered by a physician leaving 4 out of 4 residents reviewed without adequate pain control (Resident #4, #19, #20, and #21). Four residents reviewed were not administered their Controlled II pain medication as ordered for prolonged periods of time. The nurses and CMAs stated the medication was not available to give, therefore they did not give it. Resident #21 went 8 days without receiving his three times a day routine order of Percocet (an oral opioid pain medication). The other 3 residents did not receive	F 697			

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F 697	<p>Continued From page 58</p> <p>their Fentanyl patches (potent opioid pain patch) as ordered every 3 days. In a 22 day period, the 3 residents reviewed did not have their patch applied every 3 days as ordered resulting in Resident #4 going 11 days, Resident #19 going 12 days, and Resident #20 going 7 days without Fentanyl during the 22 day review period.</p> <p>This situation resulted in Immediate Jeopardy to residents health and safety for the facility. The facility was notified of the Immediate Jeopardy on 6/29/23. The facility abated the Immediate Jeopardy situation on 6/29/23 lowering the scope from a "K" to an "E" after staff education was complete and the facility ensured all scheduled/ordered pain medications were available for residents.</p> <p>The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>1. A Minimum Data Set (MDS) dated 4/14/23, documented that Resident #4 diagnoses included Multiple Sclerosis (MS), osteomyelitis of the vertebra (infection of the bone), and non-Alzheimer's dementia. A Brief Interview for Mental Status (BIMS) documented a score of 8 out of 15, which indicated moderate cognitive impairment. Resident #4 required total dependence of 2 for transfers, and personal hygiene. The MDS documented that this resident received opioid medication 7 out of the 7 observation period days. The Pain Management section revealed that Resident #4 received pain medication both routine and PRN (as needed) in the 5 prior days. The Pain Assessment revealed that in the prior 5 days this resident rated her pain at a moderate level and documented that she had</p>	F 697			

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F 697	<p>Continued From page 59</p> <p>pain occasionally.</p> <p>A Medication Administration Record (MAR) for the month of June 2023, directed staff to administer a Fentanyl Patch 12 mcg (microgram)/hr(hour) transdermal (absorbed through the skin) application at bedtime every 3 days for chronic pain to Resident #4. The start date was 2/20/23. Review of the record revealed that this resident did not receive the patch as scheduled on 6/2/23, it was applied the following day on 6/3/23. The resident had a patch applied on 5/5/23 and 5/8/23, then this resident did not have a patch applied again until 5/21/23.</p> <p>On 6/21/23 at 4:00 p.m., When asked if she had pain, this resident stated she did. When asked to rate the pain, she stated it was at a 5 on a scale of 0-10 and the pain was on her bottom. Resident lying in bed at the time.</p> <p>On 6/22/23 at 11:20 a.m., it was noted that Resident #4 had a patch on her right chest dated 6/21/23. Resident was asleep. This resident woke up but required some patting on the arm by staff. On all observations of Resident #4 during this survey Resident #4 had been awake, eyes opened, and responsive with exception of this observation.</p> <p>2. An MDS dated 5/5/23, documented that Resident #19's diagnoses included MS and chronic pain. The MDS revealed a BIMS score of 15 out of 15, which indicated intact cognition. This resident required total dependence of 2 staff for transfers. She required total dependence of 1 staff for personal hygiene. The MDS documented that this resident received opioid medication 7 out of the 7 observation period days. The Pain</p>	F 697			

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F 697	<p>Continued From page 60</p> <p>Management section revealed that Resident #19 received pain medication both routine and PRN in the 5 prior days. The Pain Assessment revealed that in the prior 5 days this resident rated her pain at a 5 out of 10 (0 is no pain and 10 is the worse pain you can imagine) and documented that she had pain frequently.</p> <p>A Medication Administration Record for the month of June 2023, directed staff to administer a Fentanyl Patch 25 mcg/hr transdermal application at bedtime every 72 hours (3 days) for chronic pain to Resident #19. The start date was 3/4/23. Review of the record revealed that this resident did not receive the patch as scheduled on 6/2/23, it was applied on 6/5/23. It revealed that she was to get a patch placed on 6/8/23 and did not have a patch applied until 6/14/23. She was scheduled to have a patch applied on 6/17/23 and did not have it applied until 6/20/23. It was documented that it was not available on 6/23/23.</p> <p>The MAR also directed staff that Oxycodone (opioid) 5 mg tablet was to be administered orally 4 times a day to Resident #19. The order date was 6/8/23. From 6/8/23 at 5 p.m. when the first dose was to be given to 6/12/23 at 6:00 a.m. the doses were not given. The 6:00 a.m. dose on 6/13/23 and all 4 doses on 6/14/23 and 6/15/23 were not available. The 8:00 p.m. dose on 6/23/23 was also not available.</p> <p>On 6/21/23 at 4:54 p.m., Resident #19 stated she was in pain and rated it at a 9 out of 10. She stated that she needed to lie down. She stated she hurt everywhere. Resident appeared to be in pain. She was pale and did not move during the conversation.</p>	F 697			

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F 697	<p>Continued From page 61</p> <p>On 6/22/23 at 10:30, Resident #19 was observed to have a patch last placed on 6/20/23 on her left chest. Resident #19 rated her pain at a 9 and stated she hurt all over. She added that the medication person is going to give her pain meds now and they will help. She said she went without the patch a few days ago and she became very sick. She stated she was throwing up and everything. She stated once they were able to get a patch the sickness went away.</p> <p>3. An MDS dated 5/19/23, documented that Resident #20's diagnoses included anxiety and chronic pain syndrome. The MDS revealed a BIMS score of 15 out of 15, which indicated intact cognition. This resident required extensive assist of 1 for transfers and personal hygiene. The MDS documented that this resident received opioid medication 7 out of the 7 observation period days. The Pain Management section revealed that Resident #20 received pain medication both routine and PRN in the 5 prior days. The Pain Assessment revealed that in the prior 5 days this resident rated her pain at a 4 out of 10 and documented that she had pain frequently.</p> <p>A Medication Administration Record for the month of June 2023, directed staff to administer a Fentanyl Patch 25 mcg/hr transdermal application at bedtime every 72 hours for chronic pain syndrome to Resident #20. The start date was 5/1/23. Review of the record revealed that this resident did not receive the patch as scheduled on 6/3/23. The last patch prior to this was applied on 5/30/23 and 3 days from that was 6/2/23. This resident went 4 days without the absorption of the patch from 6/2/23 when it should have been applied to 6/6/23. She had the patch applied again on 6/9/23, it wasn't applied on 6/12/23 then</p>	F 697			

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F 697	<p>Continued From page 62 it was applied again on 6/15/23.</p> <p>On 6/21/23 at 4:55 p.m., Resident #20 stated she was in pain and rated her pain at an 8 out of 10. She stated it hurt in her tailbone and back. The resident appeared to be in pain. The DON (Director of Nursing) was notified of where Resident #19 and Resident #20 were rating their pain. Both residents had been outside to smoke and were sitting beside their respective beds in their wheelchairs in their room. These two residents are roommates. Both residents had facial grimacing. Resident #19 had guarded movements and sat very still.</p> <p>Observation on 6/22/23 at 10:35 a.m., noted Resident #20 had a patch on her right chest. It was not labeled. Resident #20 stated her tailbone pain is at an 8 which is constant, and her stomach pain was at a 5. She stated they were supposed to give her a suppository 2 nights ago and they never did. She stated she was constipated. When asked if they have missed giving her some pain medications, she said yes. She stated the reason she didn't receive her medication was they didn't have the medication to give. When asked if she was given anything to help with her pain she said no, they told me they didn't have anything else to give.</p> <p>4. A MDS dated 4/24/23, documented that Resident #21's diagnoses included malignant neoplasm of the larynx (cancer of the voice box) and chronic pain. The BIMS score for Resident #21 was 12 out of 15 which indicated moderate cognitive impairment. This resident required extensive assist of 2 for transfers and extensive assist of 1 for personal hygiene. The Pain Management section revealed that Resident #21</p>	F 697			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 697	<p>Continued From page 63</p> <p>received routine pain medication in the 5 prior days. The Pain Assessment revealed that in the prior 5 days this resident rated his pain at a 6 out of 10 and documented that he had pain frequently.</p> <p>A MAR for the month of June, directed staff to administer Percocet 5-325mg three times a day at 8:00 a.m., 2:00 p.m., and at 8:00 p.m. to Resident #21. The MAR revealed that Resident did not receive his scheduled Percocet from 6/13/23 at 2:00 p.m. through 6/20/23. The MAR documented that he received a dose at 8:00 a.m. on 6/21/23.</p> <p>On 6/27/23 at 10:31 p.m. observed Resident #21 lying in bed. He nodded his head in affirmation that he did know they didn't have the pain meds to give him. When asked if he was in pain during that time, his eyes widened and he nodded a definite yes. When asked if he remembers what level his pain was at during that time and if he could rate it he shook his head no. He affirmed by nodding that he had went about a week without the pain medication and this happened a couple of weeks back.</p> <p>On 6/21/23 at 10:26 a.m., Staff C, Certified Nurse Aide/Certified Medication Aide (CNA/CMA), when asked what the circled initials meant on the MAR/TAR (/Treatment Administration Record) she stated it meant that they didn't have the medication. She stated it happened more than she would like to admit. She said the DON said to just pass the medications that you can. When asked why some residents had Fentanyl patches and another did not, she stated she did not know. She said maybe it had something to do with pharmacy. She said the facility does not want to</p>	F 697			

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F 697	<p>Continued From page 64</p> <p>report these things. Staff C stated she is told not to get so upset about things.</p> <p>On 6/21/23 at 2:45 p.m., the DON stated she was looking into the Fentanyl patches not being given. When asked what she knew about it, she just shook her head no.</p> <p>On 6/21/23 at 3:00 p.m., Staff C, when asked again about the numerous Fentanyl patches that weren't applied, she stated that the night shift which is mainly agency nurses put the patches on. She acknowledged all of the holes with the Fentanyl patches. She stated it meant they did not get the patches put on. She did not think there was drug diversion. She thought it was more laziness, destroyed.</p> <p>On 6/21/23 at 4:07 p.m., Staff D, Register Nurse (RN) traveler with the facility corporation and the Nurse Consultant stated they were aware of this too and looking into it, when they were told there was a concern with the Fentanyl patches and narcotics not being given.</p> <p>On 6/22/23 at 10:30 a.m., Staff A, CMA stated that medications are getting missed and sometimes it's because staff don't understand the different names of Vitamins i.e. ascorbic acid vs Vitamin C and sometimes they just don't look for the medications. Staff A stated that Resident #4 was without Percocet. Staff A stated she had sent the information that he was out of his Percocet and needed more several times but she was not sure if they had gotten it. She stated that Staff E, RN had told her they were getting a script (prescription for a physician) for the Percocet. Staff A said she had sent the tag in about 5 days before he was out of them. Staff A said it was</p>	F 697			

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F 697	<p>Continued From page 65</p> <p>ample time, more than 3 days to get it ordered. Staff A stated they (nurses) had tried to get it out of the e-kit (emergency medication kit) but he needed a new script. She said that he went 8 days without the Percocet. Staff A did not think there was any drug diversion just laziness. She stated that Resident #4 was going through withdrawal symptoms. Stated he was really tired.</p> <p>Staff B, RN, was part of the above conversation. He stated that there normally are medications up front. Staff B stated they can go up and get them. Staff B stated he did not think there was any drug diversion, just sloppy nursing.</p> <p>On 6/22/23 at 4:06 p.m., Staff F, Nurse Practitioner (NP), stated the facility let her know that the 3 ladies did not receive their patches. She stated she took a look at them and discontinued 2 of the 3 ladies patches as she did not feel they needed it. She said the 3rd lady was a different story. She stated she did know about another resident not getting his Percocet. She found out through faxes. She will look for the faxes of the facility notifying her of the pain medication not being given. Staff F stated it was okay to call her back with any further questions. Stated it was recently brought up to her about the Fentanyl patches not being administered, but she had been notified of this before and was notified by fax.</p> <p>No faxes were provided.</p> <p>On 6/22/23 at 2:30 p.m., Staff G, NP stated that no one had notified her of medications not being given. She had not heard about Fentanyl patches not being available. She had not heard about Resident #4 not getting his Percocet. She said</p>	F 697			

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F 697	<p>Continued From page 66</p> <p>there would be no reason for this. If not contacting her they could contact other providers to get a script or to get these medications ordered. She said in Resident #4's case she saw him after a fall and had abdominal x-ray/test done related to pain. She said at that time she reviewed his medications and did not feel he needed anything more for pain as he was on several medications that helped with pain. Staff G looked at Resident #4's MAR. She stated now that she knows he went without Percocet for that many days she will need to go back to Resident #4 and ask him about pain control. She said she came in to see 5 residents on this day and she was still at the facility because she finds things out when she talks with residents and feels she needs to take care of it. She stated a lot of the stuff she ends up doing are things the nurse should be doing but for some reason it is not getting done. She repeated that there is no reason the residents should not be receiving their medication. She stated a provider and pharmacy can be called.</p> <p>On 6/22/23 at 3:05 p.m., Staff E, RN stated that it was reported to her that Resident #4 did not have Percocet. She stated the CMA did not tell her until the last day that she worked. Staff E stated that sometimes she worked 2-3 days in a row. She stated that afternoon she called the pharmacy for it and the pharmacy said they were waiting on a script for it. Staff E stated that the pharmacy calls the care provider to get the script. She stated that the pharmacy was located out of state, so the pharmacy didn't always call the provider for the nurses. Staff E stated that on weekends it depends on who is on call, the provider might not write a script. Staff E didn't think she had called the on call provider the day</p>	F 697			

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F 697	Continued From page 67 she found out about needing a Percocet refill. Staff E stated she reported it on to the next shift but did not remember who. Staff E stated she did think it was important for the residents to have their meds. Staff E stated the facility was running bubble packs as well as cards with medications (meds) in them. Staff E stated that she was running meds all the time. Staff E said she did not want to put the facility under the bus or anything, but the nurses are continually getting meds out of this system because the meds are not filled. Staff E stated it was like all day long they were pulling meds from the ekit (emergency kit storage). Staff E stated it was very time consuming. Staff E stated the fax machine was down for a long time. She said she had been there for 6 months and the facility finally got a fax machine this week. She stated they were unable to fax the pharmacy because of it. Staff E stated they had to call the pharmacy or Staff F, LPN and another nurse had been emailing the pharmacy. Staff E stated that she always called the pharmacy and they would get upset when you have a huge list, the pharmacy wanted the list sent instead. She stated the pharmacy also sometimes did not send the meds. Staff E said that every day she pulled medications out of the ekit, even though the meds had been requested from the pharmacy. Staff E stated that the CMAs don't let the nurse know if there is a med missing, they will just circle it. Staff E said that she and another nurse have reported to the DON that the med aides (CMA's) aren't reporting that there are not meds in the carts. Staff E then went into the medication room. The system was hooked up to a computer. Staff E stated the nurses are able to type in the name of a resident and the medication needed and then you can get it out of the ekit. She stated that the nurses run meds for the	F 697			

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FORM APPROVED
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F 697	<p>Continued From page 68</p> <p>residents and then deliver them. She said that it happened often that all of the meds are not there. Staff E said that often times with narcotics, the pharmacy will say a script was needed. Staff E stated that it could be difficult to get a script. Staff E said she honestly did not know if there was drug diversion at the facility, it's pretty scary. Staff E said that she had seen that people have signed things off and she had wondered how the CMAs have signed stuff off that the facility did not have. Staff E was unable to give any specific examples of this nor could she give a time frame. Staff E stated that Staff A and Staff C had told Staff E that night shift agency aides are not passing the meds. Staff C was really good about reporting to Staff E but Staff A didn't always report. Staff E said that Staff A would report to Staff B, but he was Staff A's son in law. Staff E stated she reported this to the DON and nothing really happened. Staff E stated that she did not want to be fired or anything but many things needed fixed. Staff E became tearful and said it's hard to work here because it's very busy and many things get missed.</p> <p>On 6/26/23 at 3:13 p.m., Staff I, RN Hospice stated she had brought up concerns regarding Resident #19 going through withdrawals. Staff I said the facility set her up on routine Oxycodone with the Fentanyl patch before related to Resident #19 requesting so much PRN (as needed) Oxycodone. Staff I said that with Resident #19 taking both of the meds she would still rate her pain at an 8 or 9. Staff I said that Resident #19 had a history of MS so it could be hard to tell with her because you don't know if she is masking pain. When asked who she goes through for medications, she stated they go through the facility doctor first. Staff I said that a lot of times</p>	F 697			

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F 697	Continued From page 69 they do things without communicating with her. Staff I stated she has to ask for an updated medication list for Resident #19. Staff I said she sees Resident #19 two times a week. When asked if she knew about Resident #19 not receiving her Fentanyl patch, Staff I stated that she would notice it would be dated for 5 days prior or not on her at all. Staff I said she had her hospice aide check the date on the patch and the hospice aide was to let Staff I know if the date was more than 3 days old or if there was no patch. Staff I stated that Resident #19 would ask Staff I if Staff I would go and see when she was due for her next dose of pain medication. Staff I stated that Resident #19 would ask more about the oxycodone and not the patch. Staff I said she had been Resident #19's case manager for almost 2 months now and that Resident #19 had went on hospice on 1/27/23 and there was a different hospice nurse case manager before Staff I. Staff I said that Resident #19 can make her own decisions and Resident #19 did have a son and a daughter that she wants us to update on her care. Staff I had a conversation with Resident #19 about missing Fentanyl patches. Staff I said that back in May she had went in and noticed that Resident #19 hadn't had one (Fentanyl patch) changed and Staff I brought it up to her and they were able to get a new one started. Staff I stated that since then Resident #19 had been able to let Staff I know if it was taken care of or not taken care of. Staff I stated that in June Resident #19 told Staff I that the Fentanyl patch wasn't being taken care. Staff I said that she spoke with the floor nurse and spoke with the ADON (Assistant Director of Nursing) and it seemed like every time Staff I would talk to somebody, they would tell Staff I they'd get the Fentanyl Patch shortly. Staff I	F 697			

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F 697	<p>Continued From page 70</p> <p>stated she did not feel the issue got addressed. Staff I stated that the other hospice nurse spoke with the floor nurse on June 14th when the other hospice nurse noticed that the patch had not been changed and her roommate noticed the patch had not been changed. Staff I stated that she knew she was biased because them discontinuing the patch after the fact is doing her a disservice.</p> <p>On 6/26/23 at 4:20 p.m., Resident #19 stated that she was in pain and rated her pain at a 9 and ½. This resident was lying in bed. Stated she was feeling really bad and was going downhill fast. When asked what she meant by that she stated she just wasn't doing good. When asked about the Fentanyl patch, she said they took that off last week and told her that she didn't need it. When asked what she thought about that, she stated it really didn't help her much anyway. This resident had opened her eyes when the door was knocked on but did not open them very far. This resident did not move any extremities nor her head when she talked. When asked if staff check on her and ask her about her pain, she stated sometimes. When asked if they were checking twice a day, she stated no. When asked if she ever has no pain, she said no. When asked what the lowest her pain had been in the past few months, she stated a 6 or 7.</p> <p>The MAR for Resident #19 for the month of June 2023, directed staff to do a twice a day pain assessment with 0 as no pain, 1-3 as mild pain, 4-6 as moderate pain, and 7-10 as severe pain. The documentation of the pain revealed that from June 1st through June 26th this resident had pain rated four times at 7, two times at 8 and one time at a 6, the rest of the documentation revealed 0's</p>	F 697			

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F 697	<p>Continued From page 71 or there were times when it wasn't filled out.</p> <p>On 6/26/23 at 4:30 p.m., Resident #4 was lying in bed smiling. Stated she really didn't have any pain. She was feeling pretty good. Resident #4 was wide awake and appeared happy. She asked about what time it was.</p> <p>The MAR for Resident #4 for the month of June 2023, directed staff to record pain on a 0-10 scale twice a day. The documentation of the pain revealed that from June 1st through the first part of June 26th this resident had 40 times the pain was not rated.</p> <p>On 6/27/23 at 9:15 a.m., Staff J, agency RN, stated he thought there was a Fentanyl patch on the 2nd floor downstairs for a day or so that was not put on. Staff J stated he did not put on but he did leave a note and passed it on. Staff J stated there was no way for him to get the patch. He stated he talked to day shift. He said that it was pretty complicated to talk to pharmacy on the weekend. He said he did assessments. When told about the patches that weren't placed and the time frame the residents went without a Fentanyl patch, he stated he did not know that they did not have patches for that long. Staff J stated he worked a lot on the 2nd floor (where all 4 residents resided). Staff J stated he would work a few days and then off but when he would come back he did not recall seeing any resident going a long time without a patch. Staff J stated that the CMAs do not apply Fentanyl. Staff J said that medications being not available happened quite often. Staff J stated that every time something happened when there wasn't a medication, he always left a note. Staff J stated that he would give a verbal report but he also would write the</p>	F 697			

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F 697	<p>Continued From page 72</p> <p>meds on the sheet and then hand it to the next shift. Staff J stated that the pharmacy says that he needs to fax when he did get a hold of the pharmacy. Staff J stated that the facility's fax was not working and on weekends the pharmacy was not available. Staff J stated that if you want to order more than one or two meds the pharmacy would say to fax the list of meds as the pharmacy preferred faxes. Staff J stated that he always made sure he put it on the sheet that they have so the day nurse would know what the situation was and then they could handle it during the day. When asked about the sheet, he stated he was not very sure where the sheet was kept. Staff J stated that they hand over a copy of it to the next nurse. Staff J stated that sometimes he would pass 8:00 p.m. meds but most of the time it's a CMA. Staff J stated he didn't know about Resident #21's Percocet. Staff J stated that he felt the residents received good care and he thought the communication with the pharmacy was the biggest concern.</p> <p>On 6/27/23 at 9:45 a.m., Staff E stated she did not know where the pharmacy book was in the back (2nd floor). She stated she wasn't sure what they did when the nurses and CMAs filled out the sheets with the meds that are needed. Staff E said she didn't see the book and she thought the sheets might just get thrown away. She pulled a couple of sheets out of the box with things that needed to be shredded.</p> <p>On 6/27/23 at 10:25 a.m., Staff E pulled 2 more pharmacy sheets out of the box when asked if there were any more sheets in the box.</p> <p>On 6/27/23 at 9:50 a.m., Staff H, Licensed Practical Nurse (LPN), stated the facility got a</p>	F 697			

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F 697	Continued From page 73 new machine and it copies and prints but it doesn't fax. Staff H stated she had developed a process with the pharmacy where you have an encryption code so the emails between Staff H and the pharmacy can go between us without HIPPA violations. Staff H stated that she had been doing this for 2 months. Staff H stated she receives sheets from the CMAs and on Mondays, Tuesdays, and Wednesdays Staff H forwards the sheets on to the pharmacy and then writes emailed to pharmacy and the date and time. Staff H stated she then puts the sheets into the pharmacy book. Staff H stated that she only worked on the 1st floor. Staff H state the process to get medication was the doctor writes out the order for her on a script, then she would take a picture and email to the pharmacy, after that she documented in the electronic health record to make it an active order. Staff H stated she would usually then call the pharmacy and let them know that she had put in an active order and she would pull a couple of doses of the medication so that they could cover the first couple of doses that needed to be given. Staff H stated that not all nurses have access to their medication system. She stated that sometimes they have agency nurses and the agency nurses cannot get into the facility's medication system. Discussed Resident #19's medication and Staff H stated that Resident #19 had been in pain since she has been here. Staff H stated that Resident #19 should not go without her pain medication. Staff H said that Resident #19 was so frail and pale and always looked like she was in pain. When told the pain level had been signed often as no pain for this resident, Staff H stated that was not right. Staff H stated what she thought staff were doing was seeing if Resident #19 was sleeping and marking it 0, they should be asking her. Staff H said that	F 697			

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F 697	<p>Continued From page 74</p> <p>Resident #19 needed her pain medication. Staff H stated that hospice staff could call the pharmacy too and Staff H stated she did not know why agency nurses wouldn't just call the pharmacy. Staff H stated if they are writing down on the sheet that there was not a med available then it should be in the pharmacy book down there. They should be putting those sheets in to the pharmacy book and those papers should not be shredded. Staff H stated that usually on Mondays there are a lot of meds to order. Staff H stated that she just called the pharmacy and asked them how could she get the meds without a fax and they said she could use her own email but she would need to use their encryption. Staff H stated that's what she did. Staff H stated she did not want to put down the company but they had people running to another facility to fax orders because their facility couldn't get the meds.</p> <p>On 6/27/23 at 11:32 a.m., Staff K, CMA/CNA, stated that it did happen when meds were not available. Staff K stated she circled her initials on the MAR's when meds were not available. Staff K stated that she actually asks her nurse if the med is printable, meaning they can get it from the medication system, but if not to circle it and write a note on 24 hour report. When asked how often she thinks this happens, she stated daily. She stated it had gotten better because they had a new ADON who listens. Staff K stated that they tell the resident when we don't have a med for them and most of the time they are not surprised, unless it's a pain med, anti coagulant (blood thinner), anti anxiety, etc. Staff K stated they have one resident who gets upset if he did not get his oxycodone (pain medication), Lyrica (blocks pain signals in nervous system), or Clonazepam</p>	F 697			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 697	<p>Continued From page 75</p> <p>(anti-anxiety). Staff K sated that it took time but they were able to get it for him because they would call the pharmacy and the on call physician and get it pulled. Staff K stated that sometimes the on call doctor doesn't answer and sometimes the pharmacy doesn't answer.</p> <p>On 6/27/23 at 12:03 p.m., Staff L, RN stated she passes medications when they need someone. Staff L stated she would just get meds out of their medication system if she needed a med. She stated she has had trouble with the system jamming. Staff L stated she leaves at 10:30 p.m. and asks prior to leaving if anybody needs anything. Staff L stated she worked noon to 10:30 p.m. Staff L stated that they were checking every night now, they check the MARS and TARS they have to sign. Staff L, RN stated she knew that medications not being available was a problem and they had been working on it real hard. Staff L stated that the facility lost a couple of nurses about a month ago and then it wasn't brought to our attention. Staff L stated after that she went to check not too long ago for gaps and that's when she noticed it was a couple weeks ago. Staff L stated she had no clue that Resident #21 went without Percocet. Staff L stated that they could have called the on call providers. Staff L stated that they can get a hold of pharmacy 24 hours a day and they could get a hold of a physician 24 hours a day. Staff L stated that there was always 2 nurses in the facility so any of them can call and get medication. Staff L stated that they had trouble with faxing a while back. Staff L stated that it was routine orders that the facility had trouble with getting. Staff L stated she did not know who would tell Resident #21 they couldn't get the Percocet. Staff L stated they could always get Percocet. When told that</p>	F 697			

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F 697	<p>Continued From page 76</p> <p>Resident #21 said he was in pain during the time he did not receive the Percocet, Staff L nodded understanding and stated that she was somewhat related to Resident #4, and he will always tell you he has pain. Staff L stated that Staff E, Staff H, and Staff B, all know what to do (how to retrieve medications). Staff L stated that no one ever told her that the facility was out of narcotics for residents, until the facility caught it. Staff L stated that Resident #19 had been on narcotics about 7 months. Staff L stated that Resident #19 is in pain now and stated that Resident #19 was addicted. Staff L said that the meds are available. She stated that staff could also call the ADON, the DON, or Staff L and they would come in and get the meds for the staff. Staff L stated that pretty much every day that she works she takes meds out of the facility's medication system.</p> <p>On 6/28/23 at 9:02 a.m., Staff I called and wanted to give an update on Resident #19. She stated she wanted to give an update on Resident #19's pain. Staff I stated that Resident #19 was rating her pain at a 9 out of 10 and described it as sharp and throbbing. Staff I stated that Resident #19's roommate had piped up and said that Resident #19's moaning and groaning through out the night. Staff I stated she felt Resident #19's pain had worsened. Staff I stated that Resident #19's blood pressure was normally low in the 90s over 50s and yesterday it was 109 over 50s and that was high for this resident.</p> <p>6/28/23 at 10:28 a.m., Staff M, hospice CNA, stated Resident #4's pain level depended on the day. Staff M stated they had gotten better about laying her down after breakfast as that was when Resident #4's bottom starts hurting as Resident</p>	F 697			

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F 697	<p>Continued From page 77</p> <p>#4 had wounds on her bottom. Staff M stated that Resident #4 was still up at this time but Staff M had asked Resident #4 how her pain was and Resident #4 said she didn't have any pain right then. Staff M stated that's what they like to hear. Staff M stated she had asked Resident #4 if she wanted to lay down and she responded no. Staff M stated that some days Resident #4 is very groggy and other days she's super awake. Staff M stated that yesterday morning, Resident #4 was groggy and staff had said that she had slept through breakfast. Staff M said that Resident #4 does that off and on all the time and has done that since we admitted her. Staff M stated she didn't really know what medications Resident #4 was on or if she was wearing a patch. Staff M stated she would have her hospice RN (different from staff I) reach out. (no phone call was received)</p> <p>On 6/26/23 at 10:54 a.m., Staff N, Pharmacy Technician customer service for the facility's medication server, stated that her company services this facility and do type their orders pretty generally. Staff N stated the biggest thing that she had seen was that they consistently have fax issues and a nurse will call. Staff N stated that this had been a challenge. Staff N stated that the pharmacist will take orders over the phone. She stated that if there are a lot of meds needed, they try to pull them from the eMAR (electronic MAR) system. Staff N stated the pharmacy had access to the eMAR system, but they are not integrated like other homes where their orders flow right over to the pharmacy. The eMAR the nurse will call us and say they have this new order, then pharmacy can go in and look at the eMAR but it's not like something that would alert the pharmacy. The nurse has to call and tell</p>	F 697			

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F 697	Continued From page 78 pharmacy about the new order. Staff N stated that sometimes the pharmacy will see some emails that would alert the pharmacy to reorders. Staff N stated that for monthly refills, the nurses have to alert the pharmacy. Staff N stated that how often medications need refilled is based on a resident's payer source too. Staff N stated that meds coming out of the ADU-Automated Dispensing Unit are usually the more routine or common medications and it depends on the schedule with the machine. Staff N said she believed that the facility was running meds every day for the next day. The ADU dispenses the little packets of meds. She stated that not all medications can come out of the machine so those are sent from the pharmacy already carded. Those are the meds that require the nurse to notify the pharmacy when a card is needed or when the facility was running low. She said the pharmacy does same day reorders up until noon. Staff N stated the facility would typically get these medications the next morning in Iowa. Staff N stated if it was the afternoon when they place a reorder, the facility would normally get the meds in two days. The meds come directly from the pharmacy and couriers come from the pharmacy located in Minnesota. Staff N stated that the courier drives the meds down. Staff N stated that in the ekit the pharmacy will house first dose medications and some routine medications too just so the facility would have some access to those medications. Staff N stated the pharmacy puts in house antibiotics and narcotics in the ekit. She stated if the facility would have a new admit who had a script the facility can request the medication from the ekit, then send the script and the pharmacist reviews and then the pharmacist can approve. Staff N stated any controlled substance the pharmacy	F 697			

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F 697	<p>Continued From page 79</p> <p>needs to approve. Staff N stated the facility also had some hospice products there too. Staff N stated that every time the pharmacy would need a script for narcotics through the ekit the pharmacist checks it. Staff N stated for instance if there was a scheduled narcotic once a morning, the pharmacy would reach out to the facility when the pharmacy knows that the prescription is running low. She stated the pharmacy needed a script depending on how long the doctor orders the medication. She said for scheduled 2 narcotics they could fill up to 120 tablets for a twice daily dose for 2 months. She stated for controlled substances C3s -C5s they can fill up to 6 months of refills on them. Staff N stated that she believed the pharmacists will call or reach out to the prescriber to let them know the pharmacy would need a script. Staff N stated she did know the pharmacists will call the nurses to let them know the pharmacists are having difficulty getting a script. When asked if there had been any communications regarding issues with trying to get narcotics like Fentanyl patches, Staff N stated she did not know. Staff N put the call on hold and when she returned, she stated that she had spoken to 2 of their pharmacists and both of them stated they typically get scripts back pretty quick from the prescribers/providers. Staff N stated the pharmacists said the providers make themselves available to the pharmacists and they usually can get a hold of them pretty quickly. The pharmacists stated they were not aware of residents going days without Fentanyl patches or Percocet.</p> <p>On 6/28/23 at 11:30 a.m., the Regional Nurse Consultant, stated that they reviewed records for Resident #21 regarding whether or not he was having pain during the time he did not receive his Percocet and most of the time he had 0 pain.</p>	F 697			

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F 697	<p>Continued From page 80</p> <p>The Regional Nurse Consultant stated the facility was not disputing that Resident #4 did not get his Percocet. The Regional Nurse Consultant stated that this resident did rate his pain was at a 5 twice during the time he was not receiving his Percocet and Tylenol was given one of those times. When it was shared that Resident #19's documentation showed that she had no pain many times on her pain checks and that Resident #19 stated staff do not ask her about her pain level twice a day, that she had never said her pan was at a 0 and the lowest her pain would have been a 6 or 7. The Regional Nurse Consultant acknowledged understanding. He stated when they talked with Resident #21 prior to this conversation, Resident #21 rated his pain at a 7. The Regional Nurse Consultant stated Resident #21 was wheeling himself from lunch to go smoke, and he obviously was not at a 7. The Nurse Consultant stated Resident #21 didn't have any symptoms of pain like facial grimacing and was propelling himself in his wheelchair.</p> <p>On 6/28/23 at 11:40 a.m., Resident #21, when asked if staff were asking him about what level of pain he had, he said no and shook his head. When asked if he had told staff that his pain had been at a 0, he said no. When asked if he has ever told the staff that he did not have any pain, he said no. This resident was lying in bed and his room was dark.</p> <p>The MAR for Resident #21 for the month of June 2023, directed staff to do a twice a day pain assessment with 0 as no pain, 1-3 as mild pain, 4-6 as moderate pain, and 7-10 as severe pain. The documentation of the pain revealed that from June 1st through June 25th this resident had pain one time at a 5, the rest of the documentation</p>	F 697			

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F 697	<p>Continued From page 81</p> <p>revealed 0 or there were times when it wasn't filled out.</p> <p>On 6/28/23 at 11: 48 a.m., Resident #20, when asked if staff asked her to rate her pain , she said not really. When asked if they ask her twice a day, she stated no. When asked if she has told them she had no pain, she said no. When asked what her pain level was at this time, she stated it was a 7. She stated at this time she was having a headache. Her voice was quiet like a whisper. She was lying in bed.</p> <p>The MAR for Resident #20 for the month of June 2023, directed staff to do a twice a day pain assessment with 0 as no pain, 1-3 as mild pain, 4-6 as moderate pain, and 7-10 as severe pain. The documentation of the pain revealed that from June 1st through the first part of June 26th this resident had 0 pain or there were times when it wasn't filled out.</p> <p>On 6/28/23 at 11:55 a.m., Resident #19 was lying in bed. She was pale and she stated her pain was at a 9. She stated it was all over, but her shoulder didn't hurt because she asked for icy hot earlier and it helped. She stated they usually put the Icy Hot on her when she asks for it. When asked if the Fentanyl patch being discontinued had impacted her pain level, she stated they took that away. She said she would have to say she has more pain since they discontinued it. When asked if pain impacts her getting out of bed, she stated it did. When told observations this week had revealed that she had been in bed, she stated that was true, she did not want to get up because of the pain. When asked if that correlated with the discontinuing of the Fentanyl patch she stated she was up a few days ago last</p>	F 697			

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F 697	<p>Continued From page 82</p> <p>week and she thought the patch had been discontinued.</p> <p>6/28/23 at 1:45 p.m. the Regional Nurse Consultant stated that they interviewed a CMA and the CMA stated that Resident #21 had no complaints when she gave him his lunch time meds on this day. The Regional Nurse Consultant acknowledged that the 'no complaints of pain' comment did not signify that the CMA asked resident if he had pain, nor did it signify that she asked resident to rate the pain.</p> <p>On 6/28/23 at 1:30 p.m., Staff O, CMA, when asked about doing the pain scales, she stated she will ask sometimes, or if a resident doesn't look like they are in pain then she will mark 0. She stated one resident states he might have pain at an 8 and she tells him that it's not at an 8 because then he would have facial grimacing. She said she will just go ahead and mark that down as a 2. She stated that she knows a resident in back, Resident #21, just stated his arm hurt and he really did look like he was in pain and he told her it was at a 7. She stated she let the nurse know. She said Resident #21 gets worried because he wants to have his 2 servings of alcohol every day too.</p> <p>On 6/28/23 at 1:40 p.m., Staff A, when asked what she does for a pain scale, she said she will look, sometimes you can tell someone is not in pain. Other times she will put a 2. When asked if she asks the residents if they have pain, she stated she does and she writes down the number they tell her.</p> <p>On 6/28/23 at 1:17 p.m., Staff F, NP stated she was aware of the meds that are being missed.</p>	F 697			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2023
FORM APPROVED
OMB NO. 0938-0391

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F 697	<p>Continued From page 83</p> <p>The ADON had told Staff F about them a couple of weeks ago. Staff F stated she had worked with the ADON in the past so has known her for about 4 years. Stated they've talked a lot about how there needs to be a handle on the meds. Staff F stated they were not notified when the meds weren't given. She stated that she did not know if the other Nurse Practitioner (Staff G) was notified. Shared with Staff F that Staff G had not been notified. Staff F stated that the facility needed to put a policy in place so this doesn't happen anymore. Discussed pain scale and residents' conversations that they are not being asked and that they have never reported a pain level of 0, but the documentation by staff is showing no pain. Also shared with her about the CMA reporting a resident rated his pain at an 8 but she told him she didn't see any facial grimacing so it couldn't be at an 8. She stated she just wrote it at a 2. Staff F stated this was not acceptable. Shared with Staff F that other staff reported that they will just look and if the resident doesn't appear to be in pain then they will just write a 0. Staff F stated they need to be asking where the pain is and rate it at what the resident says it is. Staff F acknowledged that there was a system failure with medication administration and it needed to be fixed. Staff F stated she was aware of the Immediate Jeopardy that was given on this day and acknowledged understanding of it. Staff F stated that the medications need to be administered as ordered. That it was an expectation and it needs to be followed.</p> <p>A Pain Management Policy dated 11/15/22, directed the following: POLICY: The Facility will use a systematic approach to Pain Management; Recognition, Evaluation,</p>	F 697			

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F 697	<p>Continued From page 84</p> <p>Treatment, & Monitoring of Pain. Individuals experiencing Pain may receive Pharmacological/Non-Pharmacological Interventions to assist in Pain Management. The Facility will provide Employees Education on Pain Management & Opioid Overdose.</p> <p>RESPONSIBILITY: Nursing Personnel, Nursing Administration, & Director of Nursing.</p> <p>PROCEDURE: Recognition: 1. Evaluate/Prevent: " Recognize when Resident is experiencing Pain & Identify circumstances when Pain can be anticipated. " Evaluate Resident for Pain on Admission and Routine Evaluations. " Manage/Prevent Pain, consistent with the Comprehensive Evaluation and Plan of Care, Current Professional Standards of Practice, & Resident's Goals/Preferences. 2. Observe for Nonverbal Indicators: " Change in Gait (e.g., Limping), Skin Color/Perspiration, V/S (e.g., increased pulse, respirations, blood pressure). " Loss of Function or Decline in ADL's (e.g., rubbing a specific location of the body, or guarding a limb). " Fidgeting, Increased Restlessness. " Facial Expressions (e.g., grimacing, frowning, clenching of the jaw). " Behavioral Changes (e.g., pacing, irritability, depressed mood, decreased participation in activities). " Weight Loss, Loss of Appetite, Difficulty Eating. " Difficulty Sleeping or Decline in Activity Level.</p>	F 697			

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F 697	<p>Continued From page 85</p> <p>" Negative Vocalization (e.g., groaning, crying, whimpering, screaming).</p> <p>" Skin Conditions</p> <p>3. Verbal Descriptors:</p> <p>" Heaviness/Pressure</p> <p>" Stabbing</p> <p>" Throbbing</p> <p>" Hurting/Aching</p> <p>" Gnawing</p> <p>" Cramping</p> <p>" Burning</p> <p>" Numbness, Tingling, Shooting, Radiating</p> <p>" Spasms</p> <p>" Soreness, Tenderness, Discomfort, Pins, Needles</p> <p>" Tearing/Ripping</p> <p>Pain Evaluation:</p> <p>1. Nursing will complete a Pain Evaluation Tool, appropriate for the Resident's Cognitive Status, to assist with Evaluation of a Resident's Pain.</p> <p>2. Evaluation of Pain by the Licensed Nurse or Medical Provider.</p> <p>" History of Pain & Treatment:</p> <p>" Non-Pharmacological, Pharmacological, & Alternative Medicine (CAM) Treatment;</p> <p>" Response/Effective to Treatment.</p> <p>" Ask the Resident to Rate the Intensity of his/her Pain using a numerical scale, Verbal or Visual Descriptor that is appropriate and preferred by the Resident.</p> <p>" Reviewing the Resident's current Medical Conditions (e.g., pressure injuries, diabetes with neuropathic pain, immobility, infections, amputation, oral health conditions, CVA, venous and arterial ulcers, and multiple sclerosis).</p> <p>" Identifying Key Characteristics of Pain:</p> <p>" Duration</p>	F 697			

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F 697	<p>Continued From page 86</p> <ul style="list-style-type: none"> " Frequency " Location " Timing " Pattern (e.g., constant, or intermittent) " Radiation " Obtaining Descriptors of Pain (e.g., stabbing, aching, pressure, spasms). " Identifying activities, Resident care or treatment that precipitate or exacerbate Pain and those that reduce or eliminate Pain. " Impact of Pain on Activities of Daily Living (e.g., sleeping, social activities, physical activity and mobility, emotions, intimacy, appetite, and mood, etc.). " Current Prescribed Pain Medications, Dosage, Frequency, Treatments, & Modalities. <p>Pain Management & Treatment:</p> <ol style="list-style-type: none"> 1. Based on the Evaluation, Nursing in collaboration with the Physician/Prescriber, other Health Care Professionals, the Resident and/or the Resident's Representative will Develop, Implement, Monitor, and Revise as necessary Interventions to Prevent/Manage a Resident's Pain beginning at Admission. 2. The Interventions for Pain Management will be incorporated into the components of the Comprehensive Care Plan, addressing Medical Conditions that may be associated with Pain Management Goal. 3. The Interdisciplinary Team, the Resident and/or the Resident's Representative will collaborate and discuss realistic, and measurable goals for Treatment. 4. Factors Influencing Treatment: <ul style="list-style-type: none"> " Cause, Location, & Severity of Pain. " Resident's Medical Condition. " Resident's Current Medications. " Resident's desired level of relief & tolerance 	F 697			

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F 697	<p>Continued From page 87 (e.g., partial Pain reduction with fewer adverse consequences).</p> <p>" Potential Risk/Benefits & Adverse Consequences of Medications.</p> <p>" Available Treatment Options.</p> <p>" Resident's Elected Hospice Benefit.</p> <p>5. Non-Pharmacological Interventions:</p> <p>" Environmental Comfort Measures (e.g., adjusting room temperature, comfortable seating/lines, assistive devices).</p> <p>" Loosening Constrictive Bandage, Clothing, or Device.</p> <p>" Applying Splinting (e.g., pillow or folded blanket).</p> <p>" Physical Modalities (e.g., cold compress, warm shower/bath, massage, turning/repositioning).</p> <p>" Exercises to assist with Stiffness, Contractures, & Restorative Nursing Programs to maintain Joint Mobility.</p> <p>" Cognitive/Behavioral Interventions (e.g., music, relaxation techniques, activities, diversions, spiritual and comfort support, teaching the Resident coping techniques and education about Pain).</p> <p>6. Pharmacological Interventions will follow a systematic approach for selecting Medications/Doses to Manage Pain. The Practitioner & IDT Team is responsible for developing a Pain Management Regimen that is specific to each Resident who has Pain/Potential for Pain.</p> <p>General Principles for Analgesics:</p> <p>" Evaluate the Resident's medical condition, current medication regimen, cause and severity of the Pain and course of Illness to determine the most appropriate Analgesic for Pain Therapy.</p> <p>" Consider evidence-based practice tools to</p>	F 697			

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F 697	Continued From page 88 assist in the Evaluation of the Resident's Pain. " Consider Administering Medication Routinely instead of PRN or combining longer acting medications with PRN Medications for breakthrough Pain. " Utilize the most effective and least invasive route for Analgesic Administration (e.g., oral, rectal, topical, injection, infusion pump and/or transdermal). " Use lower doses of Medication initially and titrate slowly upward until comfort is achieved. " Reassess and adjust the Medication Dose to optimize the Resident's Pain relief while monitoring the effectiveness of the Medication and work to minimize or manage side effects. " Review Medical Conditions which may require several Analgesics and/or adjuvant Medications; Documentation will clarify the rationale for a Treatment Regimen and acknowledge associated risks. " Opioids will be Prescribed and Dosed in accordance with current professional standards of practice and manufacturers' guidelines to optimize their effectiveness and minimize their adverse consequences. " Nursing will Notify Practitioner if the Resident's Pain is not controlled by the current Treatment Regimen. " Referral to a Pain Management Clinic for other Interventions that need to be Administered under the close supervision of Pain Management Specialists will be considered for Residents with Advanced, Complex, or poorly controlled Pain. 7. Monitoring, Re-Evaluation, & Care Plan Revision " Nursing will reassess Resident's Pain Management for effectiveness and/or adverse consequences (e.g., constipation, sedation, anorexia, change in mental status, delirium,	F 697			

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F 697	Continued From page 89 respiratory depression, pruritus, nausea, vomiting, addiction and falling or drowsiness) at established intervals. " If Re-Evaluation findings indicate Pain is not adequately controlled, the Pain Management Regimen and Plan of Care will be revised as indicated. " If Pain has resolved or there is no longer an indication for Pain Medication, the Interdisciplinary Team will work to discontinue or taper Analgesics (as needed to prevent withdrawal symptoms). 8. Opioid Overdose: " Monitor for Signs/Symptoms of Opioid Overdose: " Unresponsiveness or Unconsciousness " Slowed or Stopped Breathing " Snoring or Gurgling " Cold or Clammy Skin " Discolored Lips/Fingernails " Dispatch EMS & Notify Physician " Administer Naloxone (Narcan) if applicable. " Notify Law Enforcement Agency if suspicious for Medications/Illicit Drugs stored in personal belongings. Request Law Enforcement to conduct Property Search, and/or Removal. " Refer Resident to Substance Abuse Program. " Update Care Plan/Kardex.	F 697			
{F 880} SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	{F 880}			

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{F 880}	Continued From page 90 §483.80(a) Infection prevention and control program. The facility must establish an infection 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 infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable	{F 880}			

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{F 880}	<p>Continued From page 91</p> <p>disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand 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 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to follow infection control practices for 3 out of 3 residents observed (Resident #2, #4, and #22). Observations revealed that hands were not sanitized and proper technique was not used when performing incontinence cares on Resident #2 and Resident #22. Observations revealed that Resident #4's wounds were not being cleansed prior to applying the dressing/treatment. The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>1. A Minimum Data Set dated 6/7//23, documented that Resident #2's diagnoses included Bipolar and Schizophrenia. This resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated intact</p>	{F 880}			

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{F 880}	<p>Continued From page 92</p> <p>cognition. This resident required total dependence of 1 for toilet use and extensive assist of 1 for personal hygiene.</p> <p>On 6/21/23 at 2:30 p.m., Staff P, Certified Nurse Aide (CNA), was getting resident ready to transfer. Staff U, CNA came in to assist. Resident #2 gave permission for CNAs to change her. Both CNAs put on gloves. Staff U washed down bottom then pushed brief through this resident's legs and removed brief. Staff U stated the brief was wet. Staff U put a new brief on the resident. Staff U changed her gloves. Staff U then removed this residents leg wraps with gloves still on. Removed another wrap from this resident's foot then Staff U raised this resident's head of bed and placed the resident's call light within reach. Staff U then put this residents pants into a bag and changed this resident's shirt</p> <p>Directly after this observation, when asked how she felt she did with peri care, Staff U stated that there was no hand sanitizer to use. Staff U acknowledged that she did not clean the front side of this resident and just wiped down between the buttocks on the back side. She Acknowledged that she did not disinfect or wash hands before, during or after peri care.</p> <p>2. A MDS dated 5/5/23, documented that Resident #22's diagnoses included Cerebrovascular Accident (CVA). This resident had a BIMS score of 15 out of 15, which indicated intact cognition. This resident required total dependence of 2 for toilet use and personal hygiene.</p> <p>On 6/20/23 at 11:10 a.m., Staff R, Certified Medication Aide (CMA)/CNA answered call light</p>	{F 880}			

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{F 880}	<p>Continued From page 93</p> <p>and this resident wanted changed. The adult brief was saturated. Staff R tried to shut curtains and Resident #22 said they were broke. Staff R washed his hands then left the room to get garbage bags. Staff R returned to room then washed hands again. Staff R put gloves on and pulled front of this resident's adult briefs down. Staff R wiped down the sides of Resident #22's groin and wiped under his abdomen with one wipe. Staff R did not wipe down Resident #22's penis or testicles. Resident #22 then turned on his side. Staff R wiped this resident's hips and buttocks. Staff R did not wipe in between the buttocks. Staff R then pulled off this resident's adult briefs. Staff R did not sanitize hands between dirty in clean. Staff R changed his glove on his left hand not on his right hand. He then grabbed the glove box with his right hand. The glove box was above the sink. Staff R washed his hands after and turned off sink with a paper towel.</p> <p>On 6/20/23 at 1:00 p.m., Staff R, when asked how he thought he did with peri care, stated he was very nervous and he did not do a good job. He stated he did not clean between the legs, nor did he clean the resident's privates (penis and testicles). He stated he didn't remove the soiled attends when he should have. When asked if he should have used one wipe for the left groin, the right groin and under the abdomen, he stated no, he should have used one wipe for each area.</p> <p>3. A Minimum Data Set (MDS) dated 4/14/23, documented that Resident #4 diagnoses included Multiple Sclerosis (MS), osteomyelitis of the vertebra (infection of the bone), and non-Alzheimer's dementia. A Brief Interview for Mental Status documented a score of 8 out of 15,</p>	{F 880}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/13/2023
NAME OF PROVIDER OR SUPPLIER GENESIS SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 5608 SW 9TH STREET DES MOINES, IA 50315		
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{F 880}	<p>Continued From page 94</p> <p>which indicated moderate cognitive impairment. Resident #4 required total dependence of 2 for transfers, and personal hygiene.</p> <p>On 6/20/23 at 11:59 a.m., Resident #4 received peri care. The ADON (Assistant Director of Nursing) knocked on her door and stated that Resident #4 needed her treatment.</p> <p>The ADON applied a Mepilex (an absorbant foam dressing) to this resident's sacrum (triangular bone at the end of the spine). The dressing was applied over the wounds on this resident's sacrum. The ADON stated that the order directed to place a Mepilex dressing to her wounds. When asked about why she did not clean the wounds first, she stated the order did not say anything about cleaning the area first.</p> <p>On 6/22/23 at 11:20 a.m., Staff were getting ready to get resident up out of bed. Requested to see her Mepilex dressing on her sacrum. Staff rolled Resident #4 to the side and pulled down her pants as she was fully dressed. She did not have the Mepilex on her sacrum. Staff B, Registered Nurse (RN), stated he would go get a new dressing. He came back with a new Mepilex dressing and started to apply the dressing. When asked if the wound was draining, he stated it was and left again then came back with wound cleanser. Staff B squirted some of the wound cleanser on the wounds then wiped the area down with gauze and patted dry with gauze, then he applied the Mepilex. When asked why he wasn't going to clean the wounds prior to applying the dressing, Staff B stated the order does not direct the nurses to clean the wound first, they are just supposed to apply the Mepilex. Staff B stated it did need cleaned related to the drainage.</p>	{F 880}			

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{F 880}	<p>Continued From page 95</p> <p>On 6/20/23 at 12:56 p.m., the Regional Nurse Consultant acknowledged understanding of the concerns of infection control practices with peri care issues with Resident #22 and no dressing and no cleansing of wound prior to dressing being applied for Resident #4.</p> <p>On 6/21/23 at 4:07 p.m., the RN traveler with the facility's corporation and the Regional Nurse Consultant acknowledged the concern with Resident #2's peri care.</p> <p>On 6/27/23 at 11:47 a.m., the Contract Wound Doctor stated that she hasn't seen Resident #4's wounds in months because this resident had went under Hospice care. When asked about not cleansing the wound prior to applying a dressing, the Wound Doctor said that best practice would be to clean a wound prior to putting a dressing on it.</p> <p>On 6/29/23 at 1:47 p.m., Staff F, Nurse Practitioner (NP), stated that she was unaware that the dressing was not on Resident #4's coccyx during 2 separate observations. When told about the nurses stating the area does not have to be clean prior to placing the dressing on it as there was not an order for it, this NP stated that a wound should be cleaned before a new dressing is placed. She stated that it is best practice to clean the wound prior to dressing it. She stated that the ADON would certainly know that it would always be okay to use wound cleanser. The NP stated the wound doctor was following this resident but now this NP was. This NP stated had written a new treatment for the wound. The treatment also included to cleanse the wound first. This NP repeated that it was</p>	{F 880}			

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{F 880}	<p>Continued From page 96</p> <p>common knowledge and practice to clean wounds prior to applying treatments/dressings.</p> <p>A Wound Management policy dated 11/15/22, directed staff</p> <p>POLICY: To promote Wound healing of various types of Wounds, the Facility will provide evidence-based Treatments in accordance with current Standards of Practice and Physician Orders.</p> <p>PROCEDURE: Wound Management:</p> <ol style="list-style-type: none"> 1. Wound Treatment will be provided in accordance with Physician's Order. <ul style="list-style-type: none"> o Cleansing Method o Type of Dressing o Frequency of Dressing Change 2. Charge Nurse will Notify Physician in the absence of Treatment Orders. 3. Dressing Changes may be provided outside of the frequency parameter in certain situations: <ul style="list-style-type: none"> o Urine, Feces, or other Bodily Fluids have saturated through the Dressing. o Dressing is Dislodged. o Dressing is Soiled. 4. Wound Dressing's will be Applied in accordance with Manufacturer's Recommendations. 5. Treatment Selection will be based on the Etiology of the Wound. <ul style="list-style-type: none"> o Pressure Injuries will be differentiated from Non-Pressure Wounds. ? Arterial 	{F 880}			

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{F 880}	<p>Continued From page 97</p> <ul style="list-style-type: none"> ? Venous ? Diabetic ? Surgical ? MASD ? Atypical (e.g., dermatological, cancerous lesion, pyoderma, etc.). <p>Wound Characteristics/Documentation:</p> <ul style="list-style-type: none"> o Location of the Wound o Pressure Injury & Stage ? Non-Pressure-Level of Tissue Destruction. o Size (Shape, Depth, Tunneling and/or Undermining). o Volume & Exudate Characteristics o Pain Evaluation o Presence of Infection/Bioburden. o Condition of the Wound Bed & Wound Edges. o Condition of the Peri-Wound. o Resident/Resident Representative Preferences/Goals. <p>6. Guidelines for Dressing Selection:</p> <ul style="list-style-type: none"> o Obtain Physician's Order o Review Wound Care Formulary to assist in Treatment decision process. o Wound Care Formulary may not be appropriate for use in all circumstances. <p>7. Treatments will be documented on the Treatment Administration Record.</p> <p>8. The Effectiveness of Treatments will be Monitored through ongoing Evaluation of the Wound(s).</p> <ul style="list-style-type: none"> o Considerations Modification: ? Lack of progression towards healing. ? Changes in Wound Characteristics. ? Changes in the Resident/Resident Representative's Preferences/Goals (e.g., 	{F 880}			

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{F 880}	<p>Continued From page 98</p> <p>comfort care associated with end of life in accordance with his/her rights).</p> <p>An Incontinent Care policy reviewed on 7/21/22, directed the following:</p> <p>POLICY: The Facility will Provide Incontinent Care as Directed in the Plan of Care. Incontinent Care will include a Skin Evaluation of the Resident; Promoting Hygiene & Skin Prevention with Infection/Irritation.</p> <p>RESPONSIBILITY: Nursing Assistant, Licensed Nurses, Nursing Administration, ICP & Director of Nursing.</p> <p>PROCEDURE: Gather Supplies Identify Resident & Explain Procedure, Provide Privacy; Close Door/Blinds, Pull Privacy Curtain. If Resident Refuses Incontinent Care; Inform Charge Nurse/Supervisor. Place Equipment on Clean Surface within reach. Perform Hand Hygiene & Apply Gloves. Assist with Positioning Resident in a Safe/Comfortable Position; Avoid Overexposing the Body. Remove Soiled Brief/Underpad by rolling the Brief/Underpad. Cleanse Perineal Area with a Perineal Cleanser. Females: Separate Labia, Cleanse one side and then the other, Cleanse center of the Labia wiping towards the Rectal Area. Cleanse Perineal Area from Front to Back. o Cleanse Thighs, Rectal Area & Buttocks.</p>	{F 880}		

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{F 880}	Continued From page 99 Males: Retract Foreskin if Uncircumcised, Cleanse the Penile Tip Using a Circular Motion starting with the Urethra working outward. Cleanse Penile Shaft, Scrotum, Rectal Area, Thighs & Buttocks. Use a Clean Surface Area of the Cloth for each Wipe. Use Multiple Cloths if necessary, to maintain Infection Control. Remove Soiled Gloves, Perform Hand Hygiene & Apply Clean Gloves. If necessary, Apply Protective Ointment. Remove Gloves, Perform Hand Hygiene & Apply Clean Gloves. Apply Clean Brief & Clothing. Discard Contaminated Items in a Plastic Liner. Remove Gloves & Perform Hand Hygiene. Reposition Resident in a Safe/Comfortable Position (Bed in Low Position unless, contraindicated). Place Call Light within Reach of the Resident. Residents with Indwelling Catheters; Refer to Catheter Care Policy. Report Abnormal Findings to the Charge Nurse/Supervisor. Discharge, Bleeding, Odor or Skin Changes.	{F 880}			
F 943 SS=D	Abuse, Neglect, and Exploitation Training CFR(s): 483.95(c)(1)-(3) §483.95(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- §483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.	F 943			

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F 943	<p>Continued From page 100</p> <p>§483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property</p> <p>§483.95(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on employee file review and interview, the facility failed to provide Dependent Adult Abuse (DAA) Training as required by Iowa Administrative Code to 1 of 6 staff reviewed (Staff S). The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>A review of employee records was done on 6/29/23.</p> <p>An email was sent on 6/29/23 at 4:43 p.m., requesting missing employee file information. A request for Staff S's Dependent Adult Abuse training was included in the email as it was not found in her folder.</p> <p>On 7/5/23 at 12:55 p.m., the Human Resource Specialist provided a graph which documented that a request had been made that Staff S receive the DAA training on 6/30/23 and again on 7/5/23. Staff S's hire date was 10/26/22, indicating that Staff S had gone over the 6 month period of time allotted for her to receive the training.</p> <p>The Human Resource Specialist acknowledged that Staff S should have had her DAA training. The Administrator was present for this interaction.</p> <p>An Abuse Prevention policy dated 10/2022, directed that the facility was committed to</p>	F 943			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/13/2023
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F 943	Continued From page 101 protecting the residents from abuse by anyone including, but not necessarily limited to: Facility staff, other residents, and staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual. Steps to Prevent, Detect, and Report included training. It directed that all staff shall be in-serviced upon initial employment, and at least annually thereafter, regarding Resident's Rights, including freedom from abuse, neglect, mistreatment, misappropriation of property, exploitation, and the related reporting requirements and obligations.	F 943		

Genesis Senior Living Center
Plan of Correction
Revisit Survey: 6/19/23-7/13/23
Date of Compliance: 8/2/23

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies was executed solely because provisions of State and Federal law require it.

1. Immediate Fix
2. Potential Residents Affected
3. System Changes
4. Monitoring/QAPI
5. Date Of Compliance

F550 Resident Rights/Exercise of Rights:

1. R13, R18, R19, & R22 are being provided Dignity/Privacy.
2. This had the potential to affect all Residents.
3. DON/Designee Completed In-Service with Nursing Staff on Dignity; Treating Residents in a Dignified Manner, Providing Privacy w/Care & Not using Profane Language on 7/14/23.
4. DON/Designee will Monitor through Facility Audit Tool 2X/Week for 4/Weeks and then Monthly to ensure ongoing compliance. Monitored Findings will be reviewed in Monthly QAPI Meeting.
5. Date of Compliance: 8/2/23.

F606 Not Employ/Engage Staff w/Adverse Actions:

1. Staff E has a valid May Work Letter from her Background Check in Employee File.
2. This had the potential to affect all Residents.
3. System Changes:
 - A) LNHA/Designee Completed In-Service with Human Resources on Completing Criminal Background Check/May Work Letter on 7/14/23.
 - B) HR/Designee Completed 100% Audit Completed on Employee Backgrounds/May Work Letters on 7/12/23.
4. HR/Designee will Monitor through Facility Audit Tool 2X/Week for 4/Weeks and then Monthly to ensure ongoing compliance. Monitored Findings will be reviewed in Monthly QAPI Meeting.
5. Date of Compliance: 8/2/23.

F657 Care Plan Timing and Revision:

1. Resident R25 Care Plan/Kardex Updated w/Mechanical Stand Lift/Sling Size.
2. This had the potential to affect all Residents.
3. System Changes:
 - A) DON/Designee Completed In-Service with Nursing Staff on Following the Care Plan/Kardex for Resident Transfers on 7/14/23.
 - B) DON/Designee Completed 100% Care Plan/Kardex Audit on Mechanical Lift Transfers/Sling Size on 7/13/23.
4. DON/Designee will Monitor through Facility Audit Tool 2X/Week for 4/Weeks and then Monthly to ensure ongoing compliance.
5. Date of Compliance: 8/2/23.

F658 Services Provided Meet Professional Standards:

1. R4, R14, R21, R23, & R30 are Receiving Medications Ordered by Physician.
R19 and R20 have been Discharged from the Facility.
2. This had the potential to affect all Residents.
3. System Changes:
 - A) DON/Designee Completed In-Service with Licensed Nursing on Proper Medication Administration Technique & Administering Medications per Policy on 6/29/23.
 - B) DON/Designee Completed In-Service with Licensed Nursing on Following Back Up Pharmacy Procedure on 6/28/23.
4. DON/Designee will Monitor through Facility Audit Tool 3X/Week for 4/Weeks and then Monthly to ensure ongoing compliance. Monitored Findings will be reviewed in Monthly QAPI Meeting.
5. Date of Compliance: 8/2/23.

F684 Quality of Care:

1. R4 Wound Dressing is Applied per Physicians Orders.
2. This had the potential to affect all Residents.
3. DON/Designee Completed In-Service with Licensed Nursing on Completing Wound Care per Policy on 7/14/23.
4. DON/Designee will Monitor through Facility Audit Tool 2X/Week for 4/Weeks and then Monthly to ensure ongoing compliance. Monitored Findings will be reviewed in Monthly QAPI Meeting.
5. Date of Compliance: 8/2/23.

F689 Free of Accident Hazards/Supervision/Devices:

1. Immediate Fix:
 - A) R1 is being Transferred appropriately with the Mechanical Stand Lift and following Care Plan/Kardex.
 - B) Additional Slings were Delivered on 7/16/23.
2. This had the potential to affect all Residents.
3. DON/Designee Completed In-Service with Nursing Staff on Proper Use of Mechanical Lift per Manufacturer's Guidelines on 7/14/23.
4. DON/Designee will Monitor through Facility Audit Tool 2X/Week for 4/Weeks and then Monthly to ensure ongoing compliance. Monitored Findings will be reviewed in Monthly QAPI Meeting.
5. Date of Compliance: 8/2/23.

F690 Bowel/Bladder Incontinence, Catheter, UTI:

1. R2 is Receiving Proper Incontinent Care including Hand Hygiene.
2. This had the potential to affect all Residents.
3. DON/Designee Completed In-Service with Nursing Staff on Proper Incontinent Care/Hand Hygiene on 7/12/23.
4. DON/Designee will Monitor through Facility Audit Tool 2X/Week for 4/Weeks and then Monthly to ensure ongoing compliance. Monitored Findings will be reviewed in Monthly QAPI Meeting.
5. Date of Compliance: 8/2/23.

F 697 Pain Management:

1. R4, R19, R20, & R21 are Receiving Pain Medications as Ordered.
2. This had the potential to affect all Residents.
3. DON/Designee Completed In-Service with Licensed Nursing on Following Medication Administration Policy.
4. DON/Designee will Monitor through Facility Audit Tool 5X/Week for 4/Weeks and then Monthly to ensure ongoing compliance. Monitored Findings will be reviewed in Monthly QAPI Meeting.
5. Date of Compliance: 8/2/23.

F880 Infection Prevention & Control:

1. R2, R4, & R22 are Receiving Care from Staff who have Completed Proper Hand Hygiene.
2. This had the potential to affect all Residents.
3. DON/Designee Completed with Nursing Staff on Infection Control & Hand Hygiene on 7/13/23.
4. DON/Designee will Monitor through Facility Audit Tool 2X/Week for 4/Weeks and then Monthly to ensure ongoing compliance. Monitored Findings will be reviewed in Monthly QAPI Meeting.
5. Date of Compliance: 8/2/23.

58.20(1) 481—58.20(135C) Duties of Health Service:

1. Residents R4, R19, R20, & R21 are Receiving Pain Medications as Ordered by the Physician.
2. This had the potential to affect all Residents.
3. System Changes:
 - A) DON/Designee Completed In-Service with Licensed Nursing Staff on Following Physicians Orders/Medication Administration Policy on DATE.
 - B) Consulting Rph Completed a 100% Audit on Physician Orders on 7/19/23.
4. DON/Designee will Monitor through Facility Audit Tool 5X/Week for 4/Weeks and then Monthly to ensure ongoing compliance.
5. Date of Compliance: 8/2/23.