

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

PRINTED: 04/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2021
NAME OF PROVIDER OR SUPPLIER ROLLING GREEN VILLAGE CARE CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SIXTH STREET NEVADA, IA 50201		
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F 000	<p>INITIAL COMMENTS</p> <p><i>SB</i> ✓ Correction Date: <u>4-24-21</u></p> <p>The Iowa Department of Inspections and Appeals (DIA) in accordance with the Medicare Conditions of Participation set forth in 42 CFR 483, Subpart B-C, conducted this Medicare Recertification and investigation of a complaint. The facility was found to be NOT IN COMPLIANCE.</p> <p>Total residents: 31</p> <p>Onsite dates: 3/17/2021 - 3/24/2021</p> <p>Complaint # reviewed during survey:</p> <p>#94894-C not substantiated</p>	F 000			
F 582 SS=D	<p>Medicaid/Medicare Coverage/Liability Notice</p> <p>CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must—</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of—</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the</p>	F 582			

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

TITLE

(X6) DATE

[Signature]

Administrator

4/23/21

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 582	<p>Continued From page 1</p> <p>facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on</p>	F 582			

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F 582	<p>Continued From page 2</p> <p>behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>-</p> <p>Based on interviews and record reviews, the facility failed to issue the Skilled Nursing Facility (SNF) Advanced Beneficiary Notice (ABN) and a Notice to Medicare Provider Non-coverage (NOMNC), to 1 of 3 residents reviewed (Resident #22) prior to providing care that Medicare usually covers, but may not pay for, because the care is not medically reasonable and necessary; or the care is considered custodial. The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 2/10/21 showed Resident #22 had a Brief Interview for Mental Status score of 5, indicating severe cognitive impairment. The MDS showed the most recent Medicare-covered stay as 12/1/20 through 12/13/20. The resident had diagnoses of psychotic disorder with delusions due to known physiological condition, anxiety disorder, unspecified, and ventricular tachycardia.</p> <p>Review of the SNF Beneficiary Protection Notification showed the resident started Medicare Part A Skilled Services on 12/1/20 and the last day covered of Part A service was 12/13/20. The facility initiated the discharge from Medicare Part A Services when the benefit days were not exhausted. The SNF ABN and the NOMNC was not provided to the resident due to a Coronavirus 2019 (COVID19) Pandemic outbreak at the facility.</p>	F 582			

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F 582	<p>Continued From page 3</p> <p>Review of online system PointClickCare at facility showed; Resident #22's census showed a level of care as hospice Medicaid as of 12/27/19.</p> <p>Resident #22's census showed a level of care as Medicare A (SNF) as of 12/1/20.</p> <p>Resident #22's census showed a level of care as hospice Medicaid as of 12/14/20.</p> <p>Review of Progress Note labeled, COMMUNICATION - with Physician, showed it had been faxed to the Physician and dated 12/21/20 at 6:42 a.m., facility inquired on form if they could have an order to admit to skilled level of care as of the date the resident tested positive for COVID 19 under the 1135 waiver on 12/1/20. The waiver allows for Medicare Part A coverage without a three-day qualifying stay for residents that require skilled care. The resident had a diagnosis of COVID19 and required twenty-four hour skilled observation, assessment, and droplet isolation. May also require medication management, care planning, therapy, as well as other services depending on the resident's response to the virus. It is believed that this residents skilled needs were best met staying in the SNF and transfer to the acute hospital was not necessary and could have caused additional risk of exposure to others and deterioration of their medical condition. The resident discharged from SNF on 12/12/20 and admitted back to their prior payer source (Nursing Facility with Hospice services) on 12/13/20 with current medications and treatments.</p> <p>The facility provided NOMNC form showed that</p>	F 582			

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F 582	<p>Continued From page 4</p> <p>services would end on 12/12/20 for the resident. The form lacked a signature.</p> <p>Review of the SNF ABN showed that beginning on 12/13/20 the resident might have to pay out of pocket for the care if they had no other insurance to cover their costs. The form did not contain a signature and no option was selected.</p> <p>Review of the Progress Note labeled, COMMUNICATION - with Physician, dated 12/23/2020 at 2:13 p.m., explained the notification returned and the physician signed agreement with the communication.</p> <p>Interview on 3/22/21 at 2:21 p.m., the MDS Coordinator stated that this was a tricky one, as the facility did not get an order until the resident's skilled days were almost over. They did not complete the ABN notifications due to this. They did notify Hospice who stated they would notify the family. They were not going to skill their hospice patients but the upper management wanted them to.</p> <p>Interview on 3/23/21 at 2:10 p.m., the Corporate Nurse stated that the resident's ABN was done during the time everyone had COVID and they had 45 cases so it was overlooked. The MDS Coordinator was working on getting the ABN completed. The Corporate Nurse stated they did not have a policy related to ABNs, and that they follow the standard practice.</p>	F 582			
F 758 SS=D	<p>-</p> <p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p>	F 758			

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F 758	<p>Continued From page 5</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:</p> <ul style="list-style-type: none"> (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their</p>	F 758			

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F 758	<p>Continued From page 6</p> <p>rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>-</p> <p>Based on interviews and record reviews, the facility failed to have documented interventions attempted before administering an as needed (PRN) anti-anxiety medication for 1 of 5 residents reviewed (Resident #17). The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment for Resident #17 dated 1/20/21 showed a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment. The resident had physical and verbal behavioral symptoms directed toward others verbal behavioral symptoms directed toward others for one to three days of the seven-day lookback period. The behavior was indicated to significantly interfere with the resident's participation in activities or social interactions and to significantly disrupt care or the living environment. The resident's current behavior status showed to be the same as the previous assessment. The resident had diagnoses of a traumatic brain dysfunction, anxiety, and depression.</p> <p>Review of the 3/21 Medication Administration Record (MAR) showed an order dated 12/3/20 for</p>	F 758			

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F 758	<p>Continued From page 7</p> <p>Ativan tablet one milligram (mg) given via G-tube every four hours PRN for aggressive behaviors for 180 Days.</p> <p>The 3/21 MAR showed Ativan given for the following days based on behaviors-</p> <ul style="list-style-type: none"> - 3/7/21 for yelling and hitting the wall, interventions not effective - 3/8/21 for yelling and hitting the wall, interventions not effective - 3/17/21 for yelling and hitting the wall, and pulling on feeding, interventions not effective. - 3/18/21 for yelling and cursing - 3/19/21 for yelling, crying out, and pounding wall, no effective interventions. <p>The Structured Progress note labeled PRN PSYCHOTROPIC MEDICATION ADMINISTERED dated 3/18/21 at 2:00 a.m. showed the behaviors observed was the resident yelling out, pounding on wall, and kicking feet. The precipitating factors area on the form showed the resident's room warm and quiet with the roommate resting with her eyes closed. The resident denied pain. The interventions attempted prior to administering medications were one to one with staff, repositioned in bed, and incontinent cares. The PRN medication administered .05 mg Ativan. The effectiveness of the medication showed no change in behavior.</p> <p>Review of the chart showed it lacked completion of other structured progress notes related to the interventions used before administering the PRN Ativan.</p> <p>Review of the Care Plan dated 1/13/19 showed the resident used psychotropic medications related to a traumatic brain injury (TBI) with the</p>	F 758			

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F 758	Continued From page 8 potential for injury to self or others, the disease process such as depression, and behavior management. The resident has antidepressants, antipsychotics, and antianxiety medication given PRN. The Care Plan included the intervention dated 10/14/17 to administer psychotropic medications as ordered by the physician. Staff was to monitor for side effects and effectiveness. The intervention dated 12/6/15 showed the resident has a PRN antianxiety order to be used if you are unable to decrease my anxiety with interventions such as one to ones, taking to a calm area, distraction, singing, talking about my bird feeder, and television (TV). Review of the Care Plan problem dated 5/6/19 showed that sometimes the resident may not think clearly or express herself clearly due to a TBI and at times, she may bang on the walls, swear, or shout. The problem included the intervention dated 5/6/19 explaining that when the resident is shouting or banging on the walls. Offer options to her like going on a ride around the building, listening to music, watching one of her favorite movies or TV shows. Interview on 3/23/21 at 10:54 a.m., the Director of Nursing (DON) stated they should chart in progress notes or on the back of the MAR what interventions they attempted.	F 758			
F 790 SS=D	- Routine/Emergency Dental Svcs in SNFs CFR(s): 483.55(a)(1)-(5) §483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care.	F 790			

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F 790	<p>Continued From page 9</p> <p>§483.55(a) Skilled Nursing Facilities A facility-</p> <p>§483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident;</p> <p>§483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services;</p> <p>§483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;</p> <p>§483.55(a)(4) Must if necessary or if requested, assist the resident; (i) In making appointments; and (ii) By arranging for transportation to and from the dental services location; and</p> <p>§483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to obtain an outside resource routine</p>	F 790			

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F 790	<p>Continued From page 10</p> <p>dental service to meet the needs for one of sixteen residents reviewed (Resident #30). The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 3/3/21 showed a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. The resident required supervision and set-up help with eating. The resident had diagnoses of anemia, diabetes mellitus, and heart failure.</p> <p>On 3/18/21 at 9:44 a.m., the resident said he would like to go to the dentist as he has issues with chewing sometimes. The resident said no one has ever offered him to see the dentist and he has issues with his teeth. The resident said that sometimes he has trouble chewing the meat but then he tells them and they grind it up for him.</p> <p>The Admission / Readmission Nursing Assessment / Baseline Care Plan dated 8/24/20 at 11:53 a.m., showed the resident has his own teeth with broken teeth. Has a partial at home but does not fit correctly. The resident's diet was regular with regular liquids. The condition of the resident's natural teeth showed some decayed or broken teeth present.</p> <p>The Care Plan problem dated 3/8/21 showed the resident showed a potential nutritional risk due to diet restrictions with diagnoses of hyponatremia and diabetes. The problem included the intervention dated 8/31/20 to monitor, document, and report as needed (PRN) any signs or symptoms of dysphagia (difficulty swallowing) that he exhibits such as pocketing, choking, coughing, drooling, holding food in mouth, several attempts</p>	F 790			

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F 790	<p>Continued From page 11 at swallowing, and refusing to eat.</p> <p>On 3/22/21 at 1:49 p.m., Staff B, Licensed Practical Nurse (LPN) said that they do dental assessments when they come into the facility and that they did not use to ask, they just started having the nurses do the assessment. They look at their teeth and if need treatment they ask if they want to go to the dentist. Then they will check with the family as needed. Staff B stated that Wendy is the one who checks to see on Admission if they want to see the dentist.</p> <p>On 3/23/21 at 10:27 a.m., the Social Worker said she completes a form with the resident about their contacts then after it is completed; it goes to the billing office. Then someone from the facility dentist if chosen contacts the family to get the resident enrolled.</p> <p>The undated Additional Information Needed for Face Sheet form showed the resident had no dentist and would like to the facility's dental provider.</p> <p>On 3/23/21 at 10:33 a.m., Staff C, Office Administration, said that the only residents he has seeing senior dental are representative payees.</p> <p>On 3/23/21 at 10:44 a.m., the Facility Dental Care Intake Specialist said they don't have the resident or their family's information so they probably were never contacted to get them on their services. They can contact the facility to get their information to get them started.</p> <p>On 3/23/21 at 2:10 p.m., the Corporate Nurse said they have no dental policy, "they follow the standard practice".</p>	F 790			

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

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NAME OF PROVIDER OR SUPPLIER ROLLING GREEN VILLAGE CARE CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SIXTH STREET NEVADA, IA 50201		
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F 790	Continued From page 12	F 790			
F 880 SS=D	<p>-</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable 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:</p> <p>-</p> <p>Based on observations, interviews, and record reviews, the facility failed to complete appropriate handwashing techniques following completion of catheter cares before repositioning a resident that required staff assistance with bed mobility for one of one residents reviewed (Resident #18). The</p>	F 880			

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F 880	<p>Continued From page 14 facility reported a census of 31.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 1/27/21 showed a Brief Interview for Mental Status (BIMS) score of 99. The staff assessment for the resident's cognition showed the resident had long and short-term memory problems. The resident's cognitive skills for daily decision-making showed to be severely impaired. The resident required extensive assist of two staff for bed mobility, how the resident moves from side to side in bed. The resident had an indwelling catheter and a stage four-pressure ulcer that was present on admission. The resident had diagnoses of unspecified intellectual disabilities, contracture of muscle, multiple sites, and pressure ulcer of the right hip stage four.</p> <p>Observation on 3/22/21 at 11:25 a.m., of Staff A, Licensed Practical Nurse (LPN), washed her hands, applied gloves, and explained the plan to the resident. Staff A cleaned the area with a gauze then with same gloves got new gauze. Staff A removed her gloves and sanitized her hands then removed the old dressing. Staff A got gauze sprayed with wound cleaner then cleaned the area removed her gloves and sanitized her hands. Staff A placed the dressing and dated the dressing with sharpie on the resident.</p> <p>Observation on 3/22/21 at 11:37 a.m. revealed Staff A cleaned the resident's penis, then with the same gloves opened alcohol wipes and cleaned the catheter tubing before draining. Staff A drained the catheter, then cleaned drainage tube and pocket. After emptying the catheter, Staff A went to the bathroom and washed her hands.</p>	F 880			

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F 880	Continued From page 15 Staff A completed washing her hands and shut off the sink with wet paper towels, then flushed toilet with her right hand and without performing hand hygiene got the resident a new brief. Staff A applied gloves, then rolled resident and put on the new brief. Staff A cleaned up room and then washed hands. -	F 880			

Rolling Green Village
100 South 6th Street
Nevada, IA 50201

Plan of Correction related to Annual Health Survey completed 3/24/2021

Preparation and implementation of the plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law.

F000 – Correction Date: April 24, 2021

F582 483.10(g)(17)(18)(i)-(v) Medicaid/Medicare Coverage/Liability Notice

1. Resident #22's ABN was mailed to his/her authorized representative on April 1, 2021.
2. The MDS Coordinator and Director of Nursing (DON) received education on 4/20/2021 by the Administrator to ensure that SNF ABNs (Advance Beneficiary Notice) and NOMNCs (Notice of Medicare Non-Coverage) are provided timely to residents and/or their authorized representative.
3. Through the facility quality assurance process, a tracking process for ABNs was implemented. The MDS Coordinator or designee will audit compliance monthly for 6 months. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.

F758 483.45(c)(3)(e)(1)-(5) Free from Unnecessary Psychotropic Meds/PRN Use. Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

1. Resident #17's care plan contains behavioral interventions which staff utilize prior to administering psychotropic medications.
2. Nurses received education to document non-pharmacological interventions that they are providing prior to administration of pharmacological prescriptions for psychotropic medications on 4/21/2021.
3. The DON or MDS Coordinator will conduct an audit of at least 3 residents, 3 times a month, for 3 months regarding PRN psychotropic medication documentation. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.

F790 483.55(a)(1)-(5) Routine/Emergency Dental Services in SNFs

1. An appointment request with dental services was made for Resident #30 on 3/26/2021.
2. Upon admission, each new resident is asked by the Social Worker if they would like dental services through a dental provider. The social worker will notify the MDS Coordinator of any resident who requests dental services, and an appointment request will be made with the dental provider to receive dental services. The nursing staff will initiate the process for scheduling

routine and emergency dental services to meet the needs of each resident as needed.

3. The MDS coordinator will communicate with residents currently not in the provider's system, to evaluate whether routine or emergent dental services are requested or necessary by 4/24/21. The MDS Coordinator will contact the dental provider regarding any new residents who like to receive their services.
4. The Administrator or designee will audit this process 1 time per week for 8 weeks. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.

F880 483.80(a)(1)(2)(4)(e)(f) Infection Prevention and Control

1. Caregiver staff have been assigned via Relias online learning class to watch the "Clean Hands" video by 4/24/2021.
2. The DON will re-educate staff on proper handwashing technique on 4/21/2021 during individual in-services.
3. A root cause analysis was conducted on 4/19/2021 involving the Infection Preventionist, Quality Assurance and Performance improvement (QAPI) and Governing Body.
4. The Infection Preventionist/DON will conduct handwashing audits during resident cares with CNAs 2 times a month for 3 months. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.